

Scrutiny Report

Support for Adult Carers

**Report of the Social Services Scrutiny Panel
January 2005**

CHAIRMAN'S FOREWORD

I am pleased to present the final report of the Social Services Scrutiny Panel on Support for Adult Carers.

When the Social Services Scrutiny Panel decided to undertake this scrutiny, we were keen to hear from informal carers and we were fortunate enough to meet a number of carers, who shared their experiences with us. We were also kindly invited to some carers' support groups' meetings. This gave us a good cross section of the groups in Worcestershire and this is reflected in the report.

The Scrutiny Panel also enlisted the assistance and experience of co-opted members from the community and voluntary sector.

I would like to take this opportunity to thank all those involved in the scrutiny, from the community and voluntary sector, the health service and social services, and of course the carers we met. Without their help and insight, this report would not have been possible.

I hope that the exercise proves to be valuable in helping to unite the voluntary sector, health and social services to provide support for adult carers in Worcestershire.

John Witherspoon
Chairman of the Social Services Scrutiny Panel
December 2004

Social Services Scrutiny Panel Membership

Mr J Witherspoon
Mr C T Wareing
Mr M H Broomfield
Mrs Mary Drinkwater
Mrs L Edginton
Mr D Woodward-Sheath
Mrs J M Davy
Mrs B Passingham
Mrs M C G Wills
Mr J W Parish
Mr M M G Oborski

Co-opted Members to the Social Services Scrutiny Panel

Mary Collett, Service Users Network
Mary Wilkinson, Age Concern
Carol Warren, Worcestershire Primary Care Trusts
Gloria Newman formerly from the Worcestershire Association of Carers

Scrutiny Support Team

Suzanne O'Leary (Overview and Scrutiny Manager)
Samantha Morris (Overview and Scrutiny Officer)
Joanne Bailey (Overview and Scrutiny Officer)

Scrutiny Liaison Officer

Terry Davies, Social Services Scrutiny Liaison Officer

Contributions

The Social Services Scrutiny Panel would like to thank:

South Worcestershire Primary Care Trust
The Smallwood Heath Centre, Redditch
The Mental Health Centre, Bromsgrove
The Wendron Centre, Bromsgrove
Elm View, Kidderminster
Carers Unit, Worcester
The Alzheimers Disease Society, Bromsgrove
The Village Carers Group, Martley
The Worcestershire Association of Carers, Worcester
St Annes Relative Carer Support Group, Malvern
The Stourport Carers Unit, Stourport
The Droitwich Spa Carers Support Group, Droitwich
Staff from the Social Services Directorate, Worcestershire County Council

CONTENTS

Section		Page
	Chairman's Foreword	2
	Membership	3
	Executive Summary	5 - 6
	Scrutiny Report:	
Section 1	Introduction	7 - 8
Section 2	Carers' Assessments	8 - 11
Section 3	What services are provided to support Adult Carers?	11 - 14
Section 4	What proportion of the budget is spent on services for Carers?	14 - 15
Section 5	Carers' awareness of services	15 - 18
Section 6	Partnership working with the NHS	19 - 21
<i>Appendix 1</i>	Eligibility Criteria – Example Case Studies	22 - 25
<i>Appendix 2</i>	County Council Support for Early Intervention Initiatives: 2004/2005	26
<i>Appendix 3</i>	Schedule of Activity	27 - 28
<i>Appendix 4</i>	Documents Received by Social Services Scrutiny Panel	29 - 31
<i>Appendix 5</i>	Adult Carers Contacts	32 - 33
<i>Appendix 6</i>	Map showing percentage of people in households, aged 16 and over, providing unpaid care, by Unitary Authority/Local Authority District, April 2001	34

Social Services Scrutiny Panel

SUPPORT FOR ADULT CARERS

EXECUTIVE SUMMARY

1. Informal, unpaid carers play a vital role in supporting relatives or friends who need support because of age, physical or learning disability or illness, including mental illness.
2. The Social Services Scrutiny Panel wanted to find out how carers were being supported by Social Services and agreed at their meeting on 31 March 2004, to examine the support services the County Council provides for adult carers.
3. The Scrutiny Panel agreed the following terms of reference:

To examine:

- a) How many carers assessments are being undertaken and how progress is being made to improve performance in this area;
 - b) Whether efforts to improve numbers of assessments have had an impact on quality of services provided.
 - c) What services are provided to support adult carers?
 - d) What is carers' experience of the services they receive?
 - e) What proportion of the budget is spent on services for carers?
4. During the scrutiny two other issues emerged:
 - Carers awareness of services, and equally Social Services awareness of carers; and
 - Partnership working with the NHS.

All of these issues are discussed in more detail in the report.

5. **Recommendations**

Respite Care - Recommendation 1

We recommend that respite care services should be pre-bookable, and subsequently available, to allow carers to plan for all forms of break, including holidays.

6. ***Voluntary Sector Support for Carers - Recommendation 2***

We recommend that the Director of Social Services and the Chief Executives of local NHS bodies ensure that their organisations work more closely with the voluntary sector to co-ordinate support activity for carers.

7. ***Identifying Carers - Recommendations 3 & 4***

We recommend that Social Services Directorate seeks the support of Parish Councils in identifying adult carers in their area and highlighting to them what help is available. This should be done in liaison with local voluntary sector support groups.

We recommend that Social Services works with the Worcestershire Association of Carers and the three Primary Care Trusts to explore how the "I'm a carer" card could be used to better support carers.

8. ***A Carers Register - Recommendations 5 & 6***

We recommend that a joint carers' register should be developed, combining information from social services, the NHS and the voluntary and community sector. Clearly, any information sharing must be compliant with both the Data Protection Act and Caldicott principles.

We recommend that the Carers Unit investigate different and innovative methods for distributing information to carers. Furthermore, we also recommend that carers get information about services that may be available as early as possible, along with appropriate information about the long term implications of the services users' condition.

9. ***Eligibility for services - Recommendation 7***

We recommend that the eligibility criteria are re-produced in a range of appropriate formats.

10. ***Partnership working with NHS – Recommendations 8 and 9***

We recommend that the Director of Social Services work with the NHS to help develop GPs understanding of carers needs and develop mechanisms for sharing information.

We recommend that the Health Scrutiny Panel notes the health-related issues raised in this report and considers whether to pick these up in its future work programme.

Social Services Scrutiny Panel

SUPPORT FOR ADULT CARERS

Scrutiny Report

1. INTRODUCTION

- 1.1. Informal, unpaid carers play a vital role in supporting relatives or friends who need support because of age, physical or learning disability or illness, including mental illness. Without these carers it would be impossible for many service users to live at home. The 2001 census indicated that in Worcestershire approximately 57,000 people are caring for relatives and friends.
- 1.2. Caring for someone is a difficult job and two recent high profile national cases¹ have emphasised the problems that carers can face and their real need for support. The Social Services Scrutiny Panel was interested to find out how carers were being supported and agreed at their meeting on 31 March 2004, to examine the support services the County Council provides for adult carers.
- 1.3. The Scrutiny Panel agreed the following terms of reference:
- To examine:
- a) How many carers assessments are being undertaken and how progress is being made to improve performance in this area;
 - b) Whether efforts to improve numbers of assessments have had an impact on quality of services provided.
 - c) What services are provided to support adult carers?
 - d) What is carers' experience of the services they receive?
 - e) What proportion of the budget is spent on services for carers?
- 1.4. During the scrutiny two other issues emerged:
- Carers awareness of services, and equally Social Services awareness of carers; and
 - Partnership working with the NHS.
- All of these issues are discussed in more detail in the report.
- 1.5. At an early stage the Scrutiny Panel agreed that young carers (i.e. carers who are under the age of 18, usually caring for a parent or other relative) should not be included in this scrutiny. Issues around young carers are complex and it was considered they could not have been covered in the time available.

¹ In the first case, a man suffering with Alzheimer's was left in hospital in Kent as his wife could no longer care for him. The second case was of a couple in the North West of England who attempted suicide due to the difficulties they faced caring for their adult daughter with Asperger's Syndrome.

Scrutiny Panel's Activity

- 1.6. Gloria Newman formerly from the Worcestershire Association of Carers, Mary Collett from the Service Users Network, Mary Wilkinson from Age Concern and Carol Warren from Worcestershire Primary Care Trusts were co-opted onto the scrutiny panel for this scrutiny exercise.
- 1.7. During the scrutiny, members of the panel met the following: Managers and Social Workers from each of the four areas of adult work – Learning Disabilities, Mental Health, Older People and Physical Disabilities; Christine Lewington, User/Carer Development Manager, Heather Gray, Carers Development Officer for Adults with Physical Disability and Sensory Impairment, Claire Goodchild, Joint Development Manager at Older and Physically Disabled People's Services, South Worcestershire Primary Care Trust; the Director of Social Services, Jennie Bashforth and the Cabinet Member with Responsibility for Social Services, Liz Eyre.
- 1.8. Members of the Scrutiny Panel were particularly keen to hear the views of carers. We therefore attended a number of carers groups across the County and also invited several carers and carers' representatives to attend a scrutiny panel meeting. We recognise that we have only heard from a small number of carers and have not conducted a comprehensive survey of all carers' views. The examples given in the report may, in many cases, be isolated problems. However a number of themes did appear to emerge and a number of messages were repeated by several groups. We hope that highlighting these will contribute to the development of effective and responsive support for carers.

2. CARERS' ASSESSMENTS

- 2.1. Since the introduction of the Carers (Recognition and Services) Act 1995 every carer providing regular and substantial care has the right to request an assessment of their needs, so long as they are unpaid and not part of a voluntary organisation and providing the person they care for has had a community care assessment. The assessments are carried out by Social Workers to assess the carer's ability to provide and to continue to provide care for the relevant person.
- 2.2. It was clear that the number of carers assessments being carried out by Social Services were initially quite low, and that efforts were being made to increase the amount done. The Scrutiny Panel was therefore interested to explore how many carers assessments were being undertaken and how progress was being made to improve performance in this area.

Number of Assessments being done

- 2.3. The Scrutiny Panel asked what capacity there was within Social Services to conduct assessments of carers needs. The Director of Social Services assured members that there is significant capacity to carry out joint and separate carer assessment and that the figures (see table below) demonstrate this improved capacity. The Social Services Directorate's policy is of continuous improvement. All social work teams include the assessment of carers in their core business and since the

Carers Unit was established these have been recorded on the new CLIX system. The Carers Unit staff support this and enable staff to engage with the process for the assessment of carers.

- 2.4. Members were pleased to find that the number of carers' assessments had increased considerably in the last year (see table below) from 8% to 20.8% this year with a target of 30% by the end of 2004/05.

Year	Number of Assessments
2002-03	2718
2003-04	5344
2004-05	6906 (forecast for March 2005)

- 2.5. The Scrutiny Panel asked how this had been achieved. It was explained that a project team had been established comprising staff from the Carers Unit, central support staff and information specialists. The remit of this team was to examine all the reasons why the recording of carers' assessments was low (e.g. assessments actually not completed, assessments completed but not on CLIX) and to remedy this. The Carers Unit have worked intensively with social workers to ensure that all eligible carers have an assessment that is then properly recorded.
- 2.6. The Panel asked about the involvement of Black and Minority Ethnic (BME) communities in carers' assessments. We found that 1.09% of carers' assessments in 2003/04 were from BME communities and this appears to be a low figure in the light of the BME population of Worcestershire. This issue is being explored further with the aim being to ensure that there are no barriers to accessing services by any of Worcestershire's residents. It is vital that diversity awareness continues to be developed amongst social workers and managers at all levels. In this context, the Scrutiny Panel specifically propose that translation services need to be made more widely available.
- 2.7. Scrutiny panel members found examples of good practice in conducting assessments which they felt should be replicated in other parts of the County, for example in Redditch there was 18½ hours per week dedicated officer time to completing carers assessments and this was now being replicated in Malvern.
- 2.8. Members of the Panel asked how many of these assessments were carried out jointly with the users assessment and how many were conducted separately. It was explained that it is government policy that wherever appropriate, the carer should be assessed jointly with the service user and this had been social work practice for over twenty years. It is clear that in most situations this is what users and carers wish for. The Scrutiny Panel recognised that there are, however, situations where a separate assessment is appropriate. These could include where the disability of the service user is such that they cannot participate in the assessment process or where there is a serious difference of opinion between what the service user desires and what their carer needs. Separate assessment can also be appropriate in situations where the carer's needs are exceptionally complex. All carers

who are entitled to an assessment can request a separate assessment if they wish. In 2003/04 just under 400 such separate assessments were conducted (7.5% of the total).

Quality of assessments

- 2.9. In its discussions with carers, the Scrutiny Panel heard a number of views about the assessment process. It is acknowledged that this is not a comprehensive survey, and any problems cited may be isolated cases. However a number of issues were raised several times and are worth highlighting.
- 2.10. A number of carers appeared unaware whether they had been assessed. Others felt their assessment had not been very thorough. The number, length and complexity of the forms to be completed was also raised by some as an issue. On some occasions some carers felt that the assessments were not reviewed to take into account changes in circumstances frequently enough.
- 2.11. A cultural shift is needed to ensure social workers understood carers' needs, particularly for black and minority ethnic carers. The Director considered that the drive to increase the number of assessments had raised their awareness of the issues. Performance in terms of numbers of assessments done did vary across teams, and there was still some way to go in mental health, but performance overall had improved.

Training for staff

- 2.12. Clearly effective training for staff conducting assessments is vital and the Scrutiny Panel asked what training is being provided to social workers. The Director confirmed that the Commissioning Strategy for Carers, the Carers and Health Strategy and Social Services Training Programme for 2005/06 all identify training on carers issues. Additionally the Carers Unit will continue to provide in-house training on specific issues relevant to carers. Qualifications are a means to an end and not an end in themselves and should be promoted to the staff.
- 2.13. The Panel found that South Worcestershire PCT is aiming to develop a training programme for its staff so that they are aware of carers' needs. The Director confirmed that there were plans for joint training with Primary Care Trusts.
- 2.14. There was some discussion within the Panel on the types of skills needed by staff conducting assessments, some members considered that they should have traditional social work skills. It is clear that staff as a minimum needed to understand carers needs and we welcome these efforts to identify and develop training for staff on carers needs. The Panel, while aware of the views of some Directors of Social Services that the profession should move to an all-graduate entry, nevertheless feels that personal qualities in Social Workers, together with the ability to do the job, are of greater importance to users of the service. The Panel further believes that opportunity for continuing professional development should be made available to all staff. To this end, we recommend that line management be trained in modern performance management

techniques in order to carry out regular assessments of staff, to ascertain aspirations and concerns before identifying training and development needs.

3. WHAT SERVICES ARE PROVIDED TO SUPPORT ADULT CARERS?

- 3.1. Carers have a right to request an assessment of their needs. They may then be eligible for certain services provided by Social Services. In addition the service user may also be eligible to services such as day care or home care which, indirectly, support carers.

The Carers Unit

- 3.2. The Carers Unit was established in September 2003 and the offices opened in January 2004 to provide a central point for information and support for both carers and professionals. Its main functions are:
- Information and advice
 - Undertaking assessments of carers where appropriate
 - Collecting information about carers' services
 - Data collection and analysis
 - Services planning and development
 - Research and training.
- 3.3. The Carers Unit is based in Worcester City Centre but has a countywide remit. The Unit is open to the public Monday – Friday and carers can contact the Unit directly or be referred by other organisations. The Unit is staffed by: a Carers' Unit Manager, eight Carers' Development Workers and four support staff. Carers' Development Workers have a dual role: offering one to one ongoing support for individual carers and developing services that are available to support carers. Their work is varied and involves: frequent day-to-day contact with carers; finding information for a carer, providing practical help, guidance and emotional support, assisting carers through the maze of services, conducting assessments when appropriate, and making referrals to social services and other organisations.
- 3.4. Members of the Scrutiny Panel visited the unit and met development workers. They noted it was a small unit with a huge task to engage with carers and encourage social workers to fully understand carers' needs. However the staff appeared to be very hard working and committed and there had been signs of progress since it opened.

Respite Care

- 3.5. The key service provided that appears to most directly assist carers is respite care, which enables them to take a break from caring. In discussions with carers and their representatives it became very clear that respite is vital to enable carers to continue their role. The Scrutiny Panel heard that carers need respite services that are reliable, regular, planned well in advance and tailored to the needs of the carer and user.
- 3.6. Respite care comes in a number of forms. Carers can get support at home by using the sitting service, care attendant scheme, home care agency, or by directly employing an alternative carer. Respite can also be provided in other people's homes, for example by using the adult placement scheme, or fostering service.
- 3.7. Respite care can also be provided away from the user's home, e.g. using day care, hospices, residential and nursing homes, or by offering holidays away from home.
- 3.8. The respite services currently provided are welcome and no concerns were raised with us about their quality. Indeed, the carers we spoke to would appreciate more services being available. However individual carers experiences do vary. Some told us that they found the services offered to users, and themselves, were not always appropriate; transitions were particularly difficult e.g. we heard that one person with learning difficulties transferring to Older People's team at age 65 found a much reduced service. Others noted that care workers do not always meet the needs of the individual, e.g. a care worker wanting to put a user to bed at an inappropriate time. We do not know if these are isolated examples and urge the Directorate to use the development of the Commissioning Strategy to ensure consistency in quality of services.
- 3.9. One issue that was raised was about the flexibility of respite services provided in the community. Some carers considered respite services to be inflexible as beds could not be booked sufficiently in advance to enable them to plan ahead. We asked what the Directorate is doing to ensure that respite services are flexible and responsive to users and carer needs, and also whether any assessment had been done of what extra resources may be needed for respite services.
- 3.10. The Director agreed that ways must be found to offer more flexible respite care and assured us that through the development of the commissioning strategy, Social Services is aware that both the type and range of service provision of respite services need to be developed. There are also plans to research the impact of respite beds and their appropriateness in terms of providing the right type of support to carers.
- 3.11. The Scrutiny Panel asked whether respite beds were being used to alleviate delayed discharges. The Director confirmed that this was not the case, although Social Services aim to maximise the use of resources. Respite beds may be used on discharge from hospital if this is an appropriate step down facility agreed by the multi disciplinary teams, but this should not affect planned breaks for carers.

Recommendation 1

We recommend that respite care services should be pre-bookable, and subsequently available, to allow carers to plan for all forms of break, including holidays.

Direct Payments

- 3.12. Direct payments to service users and carers were introduced in 2003. They are payments made by Social Services to either service users or carers so they can arrange their own care. The money can be used to buy social care services that a person needs, as identified through an assessment.
- 3.13. Members considered that the provision of direct payments to purchase help in the home is a particularly useful way of ensuring that the service user can access services that are flexible and meet their needs. The Panel recognised that direct payments do not suit everyone. However members considered this service should be encouraged and expanded. We therefore asked what was being done to make direct payments more universally available. We were pleased to hear from the Director that in the last 18 months the number of carers supported by Direct Payments had increased from zero to 167. This was largely as a result of the appointment of a Direct Payment Development Officer. Social Services also noted that they would continue to invest in the development of Direct Payments for carers over the next three years, as well as developing the day/evening sitting services. This will include a night support service.

Commissioning Strategy for Carers

- 3.14. A Service Commissioning Strategy, written with the help of carers and their experiences, is due out in 2005. The Director of Social Services advised that there were national standards for the quality of support services and the developing Commissioning Strategy was also key. This was nearing completion and would then be subject to a three-month consultation period. Carers had been involved in its development and it was agreed that the Social Services Scrutiny Panel would be given an opportunity to comment on the Strategy.
- 3.15. Members noted that carers of people with mental health needs often had different support needs to other carers.
- 3.16. Members asked whether there is a recognition that carers would benefit from access to counselling services and whether this type of service would be commissioned.
- 3.17. The Director assured the Scrutiny Panel that there is recognition that a range of counselling services would benefit carers and this features in the Commissioning Strategy for Carers. She noted that counselling can be provided in a number of ways from the less complex counselling through peer support, such as that gained in carer support groups, to the more complex specialist counselling support. The Panel recognises that counselling services in primary care were radically reduced, and even stopped, by the PCT's, but urge Social Services to continue to support

the development of a range of services and to negotiate with the PCTs to discuss how some of these services can be reintroduced over the next three years in a non-discriminatory way.

Voluntary Sector Support for Carers

- 3.18. During the scrutiny it became clear that the wide range of voluntary support groups throughout the County are an invaluable source of support and guidance for carers. The voluntary and community sector is able to provide services to those carers not eligible for statutory provision. In addition, many carers prefer to approach local voluntary support groups for advice and support, rather than Social Services. It is vital, therefore that the independence of voluntary groups is maintained.
- 3.19. The Scrutiny Panel noted the added value contributed by the voluntary sector and asked how these groups are being supported by Social Services.
- 3.20. The Cabinet Member explained to the Panel that there was a Best Value Review of the County Council's Relationship with the Voluntary and Community Sector, the outcomes of which could have an effect on Social Services relationships with the Voluntary and Community Sector.

Recommendation 2

We recommend that the Director of Social Services and the Chief Executives of local NHS bodies ensure that their organisations work more closely with the voluntary sector to co-ordinate support activity for carers.

4. WHAT PROPORTION OF THE BUDGET IS SPENT ON SERVICES FOR CARERS?

- 4.1. There are essentially two sources of funding support to carers. There is the Carers Special Grant that is managed and accounted for separately.
- 4.2. Grants for Carers stand at £1,127,000 so far for 2004/05. Some funding is also available through the Mental Health Specific Grant. In addition funding is also available from the base budget. This primarily supports the cost of respite care; for example, residential and nursing care placements, home care, grants to voluntary organisations, etc.
- 4.3. A full breakdown of this expenditure is given below:

**Services to Support Carers in Worcestershire:
Overall Budget for 2004/05**

Service Area	Spend	Percentage
Joint Training Programme	£22,037	0.6%
Information and Advice Services	£20,500	0.5%
Carers Support Groups	£3,000	0.1%
Carers Unit	£438,000	11.6%
Day/Evening/Night Support Services	£234,224	6.2%
Direct payments for Carers	£157,710	4.2%
Planned Breaks	£2,855,157	75.5%
Support for Young Carers	£12,500	0.3%
Administration and Planning	£39,257	1.0%
TOTAL	£3,782,385	100.0%

Notes:

1. *The overall budget for carers support in 2004/05 is made up of*
 - a) *£1,127,000 carers Specific Grant and*
 - b) *£2,655,385 from base budget.*
2. *In addition to the above direct spend, there will be many services provided or purchased for service users, which will have a positive benefit for the carer.*

- 4.4. Of the £3,782,387 budgeted to spend in 2004/05 on carers, £371,500 (10%) will be spent on children's services.

5. CARERS' AWARENESS OF SERVICES

- 5.1. One issue that was raised a number of times during the scrutiny was whether carers were aware of the services described above and their right to request an assessment. In the scrutiny panel's discussions with carers and their representatives it was noted that carers often do not know what support may be available to them. The Scrutiny Panel examined the reasons why some carers may not be aware of services or their right to request an assessment.

Identifying Carers

- 5.2. One possible reason is that some people do not identify themselves as "carers", for example a parent of a child with a physical disability may simply see themselves as being a parent and therefore not approach social services for assistance. The establishment of the Carers' Unit may help here, as it is not a traditional social services office and people who are caring for relatives or friends may feel more inclined to contact them for advice.
- 5.3. The Scrutiny Panel heard how the Carers Unit is trying to identify "hidden carers" and isolated carers through a publicity/media strategy. As an example, this year all libraries participated in an awareness campaign about the development of a new Carers Unit, with giant book marks placed in strategic places throughout all libraries. This publicity awareness ran for three months. Each month a news article features in

the free press. The purpose is to encourage carers to relate with the person and/or issue raised in the article thus enabling them to identify themselves as a carer. Similarly, throughout Carers Week the Carers Unit staff visited community halls, supermarkets, local rural events to enable carers to identify with the term 'carer' and access support.

- 5.4. A core function of the Carers Development Officer's role is to encourage local communities to recognise those who are carers and offer support. The Carers Unit has begun work with district councils to enable their staff to identify hidden carers.
- 5.5. The Scrutiny Panel also considered that Parish Councils could play a key role, both in identifying carers within their community and in working with the voluntary sector in signposting those carers to support services that may be available.
- 5.6. The Scrutiny Panel was also told how some carers might approach local voluntary support groups, rather than Social Services. The Voluntary Sector's input is therefore vital to any attempt to identify carers.

Recommendation 3

We recommend that Social Services Directorate seeks the support of Parish Councils in identifying adult carers in their area and highlighting to them what help is available. This should be done in liaison with local voluntary sector support groups.

- 5.7. The Worcestershire Association of Carers circulates an "I'm a carer" card for carers to hand to their GP for placing on file. This is a useful way of helping GPs to identify carers. It also alerts GPs to the fact that there is someone at home who needs care if the carer is taken ill. However, although the card is placed on the GP's file, it is not copied to Social Services. This seems to be a wasted opportunity.

Recommendation 4

We recommend that Social Services works with the Worcestershire Association of Carers and the three Primary Care Trusts to explore how the "I'm a carer" card could be used to better support carers.

A Carers Register

- 5.8. In response to questions about how the Social Services Directorate is planning to improve the timeliness and quality of information provided to carers, it was stated that once carers are identified more easily through a combined joint carers' register, it would be far easier to distribute relevant information to them.
- 5.9. The Carers Unit is currently developing a database listing carers who contact them. Members asked what work was being done to develop a joint carers' register with the NHS. The Director explained that health and social care are already working in partnership to develop the single assessment process in Worcestershire. This will be instrumental in

developing a single assessment supported by a single IT system and this will fully cover carers' records.

- 5.10. Again the voluntary sector plays a role here as some groups may have details of carers unknown to either Health or Social Services.

Recommendation 5

We recommend that a joint carers' register should be developed, combining information from social services, the NHS and the voluntary and community sector. Clearly, any information sharing must be compliant with both the Data Protection Act and Caldicott principles.²

Information to Carers

- 5.11. During our discussions with carers it became apparent that information is not always available to them at the right time and in the right format. Paradoxically it was also pointed out that sometimes carers report they receive too much information, which they find difficult to filter or remember.
- 5.12. The Scrutiny Panel recognises that very often the stress of caring can affect the way carers receive and deal with information about services. This means it is important that they are provided with such information more than once and in different formats and highlights the possible need for counselling services to be available to help carers understand the information.
- 5.13. It is also vital that, at the start of their caring, carers are appropriately informed of the long-term implications of the service users' condition. For example the Carers Unit could issue a special pack to carers of people with Alzheimer's.
- 5.14. The establishment of the Carers Unit has provided a focus for Social Services to raise the profile of services available to carers. Some of the ways they have attempted to contact carers are described above (paragraph 5.3) and these are welcomed. However, there is a continuing need to find different and innovative methods of distributing information to carers, particularly focusing on the type of information provided, when it is provided and where carers can access it. Some possible locations in addition to GP practices could include the website, mobile library, "one-stop shops", the Worcestershire Beacon or via voluntary groups.

Recommendation 6

² Caldicott Principles sit under the Data Protection Act 1998. Every Health organisation and every Council with Social Services responsibilities must appoint a Caldicott Guardian to ensure the principles are adhered to. The principles are:

- justify the purposes for using confidential information;
- only use it when absolutely necessary;
- use the minimum that is required;
- only allow access on a strict need to know basis;
- ensure all staff know their responsibilities;
- ensure all staff understand and comply with the law.

We recommend that the Carers Unit investigate different and innovative methods for distributing information to carers. Furthermore, we also recommend that carers get information about services that may be available as early as possible, along with appropriate information about the long term implications of the services users' condition.

Eligibility for services

- 5.15. The Scrutiny Panel heard that there were some concerns about raising carers' expectations of what support may be available. First of all, not all carers would be eligible for support provided by social services.
- 5.16. All carers are eligible to receive information, advice and signposting to appropriate services. Equally all carers providing regular and substantial care are entitled to request an assessment of their own needs if they wish. However eligibility criteria apply to services and members were concerned that carers would not realise this.
- 5.17. The Eligibility Criteria for Adult Services were published by Worcestershire County Council in 2002/03. They were reviewed in 2004 and a revised copy of the booklet was published on the Directorate's public information Internet site. This review included formal consultation with around 200 voluntary and community based organisations. The guide has recently been re-written to take account of comments and issues raised since the previous review and this will be published on the Internet and a revised public information booklet will be produced.
- 5.18. Although the contents of the original booklet have been revised to take on board comments received, the eligibility criteria themselves have not changed and there are currently no proposals to change them as they are in accordance with government guidance. Members requested further information describing typical situations within each of the four categories. Examples drawn from real cases are attached as Appendix 1.

Recommendation 7

We recommend that the eligibility criteria are re-produced in a range of appropriate formats.

- 5.19. The Scrutiny Panel acknowledges that resources are finite and that careful consideration should be given to raising carers' expectations unduly. However, we consider that it is right to try to identify carers to ensure they are aware of their entitlement to request an assessment.

6. PARTNERSHIP WORKING WITH NHS

- 6.1. Support for carers comes not only from social services, but also from the NHS. Indeed a GP is likely to be a carer's first port of call if they are having any problems. In addition, any problems with health and social services provided to users can have an adverse impact on carers. Carers are not concerned who provides the services so long as they are timely and appropriate. It is therefore vital that social services and the NHS work to a seamless agenda with clear standards.
- 6.2. The Scrutiny Panel's discussions have highlighted that, despite some excellent practice on both sides, partnership between health and social services still needs improving. For example there were reports of poor coordination between services at discharge from hospital and lack of information sharing. We asked the Cabinet member if she was content with the level of joint working with the Health Service.
- 6.3. The Cabinet Member and Director explained how partnership working with the NHS had greatly improved and was continuing to do so. The Cabinet Member now chaired two partnership boards and budgets were being pooled in some areas.
- 6.4. The Scrutiny Panel heard from Claire Goodchild, Joint Commissioning and Development Manager for South Worcestershire Primary Care Trust and Social Services Directorate. She described the work she had been doing jointly with the Carers' Unit to address the increased health needs that carers experience and the health support, advice and information that carers may need to provide care to the care receiver. Recommendations emerging from this work included:
- identifying a lead for carers at executive level
 - identifying a Carers lead within each GP practice and service;
 - developing a training programme for health staff so that they are aware of carers' needs;
 - providing a training programme to carers on health related issues, possibly under the Expert Carer scheme;
 - promote the establishment of a carers' register in primary care;
 - working with GPs to help develop their understanding of carers needs.
- 6.5. Ms Goodchild also noted that:
- a pilot expert carer programme for SW PCT was expected to be set up in April 2005;
 - A carers lead secondment had been proposed in the SW PCT Local Delivery Plan; and
 - A long term conditions and chronic disease management case coordinator was going to be appointed to coordinate healthcare.
- 6.6. This is clearly a positive and welcome development. We support the idea of each Primary Care Trust in Worcestershire identifying a carers' lead. We hope that Worcestershire Association of Carers' experience of running

a pilot scheme of having a carers support worker in GP practices is drawn on as this programme develops.

The Role of GPs

- 6.7. GPs are a vital element in support for carers. The Scrutiny Panel heard how the level of support for carers at GP practices varies from practice to practice. In most cases carers were sign-posted on to other services. This is positive, although it should be noted that it might not be helpful for some carers when they are approaching GPs because they are at their most vulnerable.
- 6.8. During the scrutiny it was suggested that sometimes GPs lack confidence in the ability of Social Services to provide timely, sustainable services for carers and are therefore reluctant to make a referral. Some GPs are wary of raising carers' expectations of services that may be available. We agree that it is not productive to raise expectations, but carers still have a right to be aware of the support that may be available, and of their right to request an assessment of their needs.

Recommendation 8

We recommend that the Director of Social Services work with the NHS to help develop GPs understanding of carers needs and develop mechanisms for sharing information.

- 6.9. In some practices there were carers' support workers, however we accept this would not be cost effective across every practice. However members heard that GP attached social workers and linked workers were universally welcomed. We are pleased to find that there are plans to extend provision of GP attached social workers as resources become available.
- 6.10. The scrutiny has highlighted a number of NHS and GP-related issues and we very much hope the Worcestershire Primary Care Trusts will respond positively to these. It is of course the Health Scrutiny Panel that has the power to make recommendations to local NHS bodies.

Recommendation 9

We therefore recommend that the Health Scrutiny Panel notes the health-related issues raised in this report and considers whether to pick these up in its future work programme.

Information & Communication Technology

- 6.11. The scrutiny panel asked what is being done to develop integrated information systems between health and social care.
- 6.12. This is a very complex area with health system changes being driven by the National Programme for Information Technology (NPfIT). There is a major change programme under way in Social Services which is called "Better Services, Better Systems" and one of the outcomes of this programme will be a fully integrated electronic social care record which

will link with electronic health records. This is a long term project but we have already established an electronic Single Assessment Process, which is currently being piloted across health and social care.

- 6.13. Social Services explained that they had spent many months ensuring that they collect as much information as possible about carers who come into contact with the Carers Unit and that this information feeds into their central system ensuring that all statistics about carers are used to inform central government of work with carers.
- 6.14. As part of the “Better Services, Better Systems” programme they are looking to integrate all directorate systems so that information sharing can be more effective.

ELIGIBILITY CRITERIA – EXAMPLE CASE STUDIES

The case studies below describe typical situations within the four categories of eligibility criteria and are drawn from real cases.

Critical Priority 1

Mrs J had become a sudden carer to her mother, S, who had been diagnosed with Alzheimer's. Aside from her caring role, Mrs J was also going through a breakdown of her marriage, was thousands of pounds in debt, had recently lost a high paid job in London and was having difficulty understanding and coming to terms with her mother's illness and the change of roles between them. Mrs J had also been diagnosed with depression and was on anti-depressant medication.

Evidence of providing substantial amounts of essential care. Evidence of high risk of cared for person having to enter residential care: -

Mrs J was having to undertake and prompt S with all of her personal care needs, toileting needs and health needs. Without this help, S would not have remembered how to do these things and so she would have been at risk of self-neglect, malnutrition, not taking essential medication, bed sores, ulcers etc. Mrs J also provided support with nighttime needs as S was at risk of falling if she did not receive support to get out of bed and on/off the toilet. Without this support S would not have been able to remain out in the community due to the risks around her health and well being. Therefore 24hour residential support would have been the option.

Evidence of immediate risk of collapse to carer and caring situation, High risk to the health, safety and well being of carer. Carer not being able to continue caring without support being put in place:

Mrs J just could not cope with her change in role, the other difficulties she was having in her personal life and the demand and dependence her mother now exerted on her. She rang the social services office at the end of her tether stating that she could not cope, would "rather die than continue like this" and did not know if she could continue to care for her mother without support, or even if support was put in place.

As there were obvious risks to both mother and daughter and Mrs J's physical, emotional and mental well being. A carer's assessment was carried out (along with a community care assessment for mum) and services put in place to support Mrs J and prevent total breakdown of the situation. This was frequently reviewed to ensure that both S and Mrs J were safe, to ascertain from Mrs J about whether she wanted to continue caring, and to ensure services were meeting needs.

Substantial Priority 2

Providing substantial amounts of care...risk of collapse.

The cared for has high level of physical and emotional need.

The carer is carrying out the task of caring with inadequate support, either from family, friends, neighbours or from formal services.

Their own health is challenged either through physical causes or because they are emotionally exhausted.

This is complicated in the case of EMI (Elderly Mentally Infirm), severe Mental health problems or Acquired Brain Injury as the task is being carried out for a person who may no longer be recognised as the person the carer has known and loved.

Providing substantial amounts of care and without help.....cared for....

Carer providing care for person with Stroke and Vascular Dementia. As the person deteriorates, a point is reached where the carer can no longer cope. Urgent need for respite services, Home Care, a whole range of assessments and information/support. Plus emotional support to make decisions for the future.

Where it becomes unsafe for the cared for to receive care solely from their carer. This could be the cause or after effect of problems/deterioration with both cared for and carer.

Are no longer willing or not able to provide care.

Carer becomes ill (either short or long term). Some carers' conditions will mean periods of ill health, sometimes severe. Over and above the 'normal' viral illnesses, carers' will frequently suffer from stress conditions, depression, maybe ME. They become physically and emotionally exhausted and need a break, and sometimes this is permanent.

This should never suggest a judgement on carers' who choose to stop caring. Often it can be an acknowledgement that enough is enough. Indeed, many carers' care way beyond what is 'normal' and once their caring role stops, the effects of being a carer often continue for a long while.

Are at risk of abuse or risk with regard to health and safety.

Carers' often care single handed for the person being cared for. They may have to move them/transfer them from bed to chair or to a commode/shower chair, and many houses are far from ideal for these tasks. A health and safety assessment would identify that two people are required to carry out such tasks safely, or that a hoist may have to be installed (and used properly).

Many carers' carry out demanding tasks that 'professionals' would consider unsafe/unwise.

Not all 'cared for' people are receptive to being 'cared for' and some carers' are open to abuse (the converse is also true). In the case of those with mental health problems, their condition may deteriorate and they may exhibit degrees of violence. This is often the case with EMI and people with a Learning Difficulty who display 'Challenging Behaviour'.

Moderate Priority 3

The carer has some difficulty with some aspects of the caring role or domestic routines:

I.e. Gardening, Hoovering, Laundry.

The carer has difficulty managing or participating in some aspects of work, learning, education due to the impact of the caring role but this does not pose a significant risk to their well-being - I.e. only being able to work part time or flexi time due to their caring role....

The carer has difficulties fulfilling some social, domestic family roles, routines or responsibilities due to the impact of the caring role but this difficulty does not pose a significant risk - i.e. not being able to baby sit grandchildren etc..

The carer experiences some social isolation - i.e. does not have contact with as many people as they used to or unable to attend as many clubs, activities as they used to...

Usually in these experiences, carers will be signposted to voluntary organisations etc.. that may be able to help and support them.

Janie, 78, cares for her husband (80) who has had a mild stroke. Although Jake (husband) has regained most of his independence, and so can now wash and dress himself and see to all of his own personal needs, Janie still provides support to Jake emotionally and practically - through cooking his meals etc. It was always Jake who took care of the garden, and because Janie has some arthritis and finds it difficult to bend down she is unable to keep the garden up together. Janie is also finding it increasingly tiring and difficult to keep up together with her housework as she tires easily.

Also, because it was Jake who could drive, Janie is now finding it more difficult to get out and about to see her friends. Although a couple of her local friends will call in on a weekly basis to have a chat to Janie, Janie misses her friends from her Bridge Club and wishes there was a way she could get to see them occasionally. Consequently, Janie is beginning to feel more socially isolated from her friends.

Low Priority 4

Providing substantial care but limited difficulty...

This has nothing to do with comparative levels of care provided but the ability or aptitude/commitment of the carer to carry out the full range of caring tasks.

This may be related to emotional attachment/loyalty/love/physical capacity/education/understanding of manual handling/own health and welfare.

Difficulties arise at 'crisis points' and/or they may be able to access services at this point or they may be other informal supporters available.

No risk with regard to health and safety.

Understanding the concepts of safe manual handling and possibly having had training in such.

Person cared for has no physical risk with regard to movement or does not display aggression.

The carer would have no personal health problems, which would affect this.

It must be stated that even at this 'level' of caring, there is always the subtle accretion or gradual increase in emotional drain which is often unrecognised by the carer until it has become a serious problem of stress or exhaustion.

County Council Support for Early Intervention Initiatives: 2004/2005

- Support for Volunteer Centres £54219
- Information services £45988
- Advocacy services £86879
- Befriending and home support £187692
- Wellcheck £69769
- Handyperson scheme £160823
- Sitting service £118199 (includes some funding from Carers Grant)
- Recycling furniture £14254
- Support for BME in community £63169 (Cultural groups, outreach workers, information and Wellcheck)
- Housework pilot £38659

Also pay 23 small groups across the county sums below £5000 (e.g. social clubs, etc) to a total of £36985

Schedule of Activity

31 March 2004	Social Services Scrutiny Panel agreed next topic to be Support for Adult Carers
14 June 2004	Press Release 'Carers urged to share their experiences'
15 June 2004	Social Services Scrutiny Panel Co-opted members agreed as Gloria Newman formerly from the Worcestershire Association of Carers, Mary Collett from the Service Users Network, Mary Wilkinson from Age Concern and Carol Warren from Worcestershire Primary Care Trusts. Christine Lewington, User/Carer Development Manager attended to give a background on the issues in a presentation entitled, 'Developing Services to Support Carers'.
23 June 2004	Briefing on Carers Assessment Process and Information on the services offered to Carers by Social Services Directorate (including budgetary information) at County Hall, Worcestershire for all members of the Social Services Scrutiny Panel and co-opted members.
	Meetings with Managers and Social Workers from each of the four areas of adult work – Learning Disabilities, Mental Health, Older People and Physical Disabilities.
	Meeting a Carer Mrs Kathryn Brookes with Mr J Witherspoon and Mrs B Passingham at her home in Redditch.
28 June 2004	Discussion with Bev Shanks from Older People at The Smallwood Heath Centre in Redditch for Betty Passingham, Jennette Davy, Maurice Broomfield, Tom Wareing and John Witherspoon
29 June 2004	Discussion with Steve Perry from Mental Health Centre at Windsor Street in Bromsgrove for John Witherspoon and Margaret Wills
8 July 2004	Discussion with Yetta Mathews and Karen Taylor of Physical Disabilities at Wendron Centre in Bromsgrove for Margaret Wills, John Witherspoon, Mary Wilkinson and Mary Collett.
12 July 2004	Discussion with Gail Greer of Learning Disabilities at Elm View in Kidderminster for John Witherspoon, Mary Drinkwater, Gloria Newman and Carol Warren
13 July 2004	Members visit to Carers Unit in Worcester to meet with carers and attend support groups
21 July 2004	Data on the Impact of the Carers Unit on Carers

	Assessments issued by Terry Davies, Social Services Scrutiny Liaison Officer
22 July 2004	Carers (Equal Opportunities) Act 2004 receives royal assent
26 July 2004	Social Services Scrutiny Panel
26 August 2004	Alzheimers Disease Society in Church Hall in Bromsgrove attended by John Witherspoon and Derek Woodward-Sheath
2 September 2004	Village Carers Group at Heaton House in Martley attended by John Witherspoon
3 September 2004	Worcestershire Association of Carers at The Friend's Meeting Place in Worcester attended by John Witherspoon, Tom Wareing and Margaret Wills
6 September 2004	St Annes Relative Carer Support Group at Worcester Road in Malvern attended by Jennette Davy and Mary Wilkinson
8 September 2004	Social Services Scrutiny Panel
15 September 2004	Whinray Coates and Irene Fisher invited at the request of Liz Lloyd of Worcestershire Association of Carers to join Social Services Scrutiny Panel for meetings
16 September 2004	Stourport Carers Unit at Olive House Guest House in Stourport attended by Jim Parish, Carol Warren and Maurice Broomfield
	David Scourfield invited to join Social Services Scrutiny Panel on 21 September 2004
21 September 2004	Social Services Scrutiny Panel
30 September 2004	Droitwich Spa Carers Support Group at The Old Library Centre in Droitwich Spa attended by Mary Drinkwater and Tom Wareing
15 October 2004	Social Services Scrutiny Panel
25 October 2004	Feedback from Gloria Newman, formerly from the Worcestershire Association of Carers circulated
10 November 2004	Report from Terry Davies, Social Services Scrutiny Liaison Officer circulated to Social Services Scrutiny Panel
15 November 2004	Social Services Scrutiny Panel
15 December 2004	Social Services Scrutiny Panel

Appendix 4

Documents received by Social Services Scrutiny Panel

Title	Author	Date Received
Developing Services to Support Carers – June 2004	Worcestershire County Council –Social Services	June 2004
Carers Special Grant – Action Plan 2004 – 05 – April 2004	Worcestershire County Council –Social Services	
Carers Assessment Form	Worcestershire County Council –Social Services	
Carers Corner April 2004 Issue 1	Worcestershire County Council - Carers Unit	
Caring News February 2004 Volume 4	Worcestershire Association of Carers	
Minutes from 28 June 2004 Carers Consultation Meeting on Learning Difficulties	Worcestershire Association of Carers	9 July 2004
Personal letter from citizen	-	21 June 2004
Notes from a Meeting with a Carer	Councillors John Witherspoon and Betty Passingham	23 June 2004
Timetable of Droitwich Spa Carers Group meetings	Droitwich Spa Carers Group	June 2004
Timetable of Stourport Carers Group	Stourport Carers Group	June 2004
Timetable of Worcestershire Association of Carers	Worcestershire Association of Carers	June 2004
Notes from a Meeting with a Carer	Councillor Betty Passingham	14 July 2004

Notes from a visit to Mental Health Social Services, Windsor Street, Bromsgrove	Councillor Margaret Wills	29 June 2004
Notes from a meeting with Team Manager at Learning Disabilities, The Elms, Kidderminster	Carol Warren	12 July 2004
Notes from a visit to the Waldron Centre, Bromsgrove	Mary Wilkinson of Age Concern	8 July 2004
Notes from a meeting with Learning Disabilities, The Elms, Kidderminster	Gloria Newman, Co-opted Member of Social Services Scrutiny Panel	12 July 2004
Notes from a meeting with Older People at Smallwood Health Centre, Reddich	Councillors Betty Passingham, Jennette Davy, Maurice Broomfield and Tom Wareing	28 June 2004
Notes from a meeting with Mental Health Services at Bromsgrove	Councillors Margaret Wills and John Witherspoon	29 June 2004
Notes from meeting with staff at Carers Unit, Worcester	Councillors John Witherspoon, Margaret Wills and Suzanne O'Leary (Overview and Scrutiny Manager)	13 July 2004
Copy letter sent by Mrs Gloria Newman, Co-opted member of Social Services Scrutiny Panel	Gloria Newman	31 July 2004
Carers Corner July 2004	Worcestershire Carers Unit	July 2004
Notes from meeting at Psychiatric Day Centre, Malvern	Mary Wilkinson	September 2004
Notes from meeting at St Anne's Relative Carers Support Group	Councillor Jennette Davy	6 September 2004
Notes from meeting at Worcestershire Association of Carers	Councillor Margaret Wills	3 September 2004

Notes from meeting for Alzheimer's Disease Society in Bromsgrove		26 August 2004
Notes from meeting to Village Carers Group at Martley		2 September 2004
Notes from meeting with Worcestershire Association of Carers		3 September 2004
Notes from meeting with Stourport Carers Group	Carol Warren	16 September 2004
Notes from meeting at Olive House, Stourport	Councillor Jim Parish	16 September 2004
Notes from meeting of Adult Carers at Droitwich	Councillor Mrs Mary Drinkwater	30 September 2004
Fax re Scrutiny Involvement in Budget Setting Process	Gloria Newman	25 October 2004
Report	Terry Davies, Social Services	10 November 2004
Report	Jennie Bashforth, Director of Social Services	17 November 2004

Adult Carer Contacts

Worcestershire Carers' Unit

Pierpoint House
10 Pierpoint Street
Worcester
WR1 1TA

Tel: 0800 389 2896

Email: carers@worcestershire.gov.uk

Website: <http://www.worcestershire.gov.uk/home/cs-social-adultsandolderpeople/cs-social-carers.htm>

Worcestershire Association of Carers

17H Shrub Hill Industrial Estate
Shrub Hill Road
Worcester
WR4 9EL

Tel: 01905 26500

Fax: 01905 745216

Email: mail@carersworcs.org.uk

Website: www.carersworcs.org.uk

Who Cares in Worcestershire?

<http://www.wedo.org.uk/>

This website is a directory of voluntary and community groups involved in health and care in Worcestershire.

Carers UK

20-25 Glasshouse Yard
London
EC1A 4JT

Tel: 020 7490 8818

CarersLine 0808 808 7777

Email: info@carersuk.org

Website: <http://www.carersuk.org/Home>

The Alzheimers Society - Worcester

Room 18
Angel Centre
Angel Place
Worcester
WR1 3QN

Tel: 01905 22195

Email alz-worcester@freeuk.com

Helpline 01905 763322

Website <http://www.alzheimers.org.uk/Worcester>

The Alzheimers Society - Wyre Forest

83 New Road
Kidderminster
DY10 1AE

Telephone 01562 823800

Email alzheimers@wyreforestbranch.freeserve.co.uk

Website www.alzheimers.org.uk/Wyre Forest

Worcestershire Association of Service Users

c/o Community First
141 Church Street
Malvern
Worcestershire
WR14 2AN

Telephone: 01684 580860

Fax: 01684 573367

Email: michaelc@communityhw.org.uk

Website: www.wasu.org.uk

Disabled Living Foundation

380-384 Harrow Road
London
W9 2HU

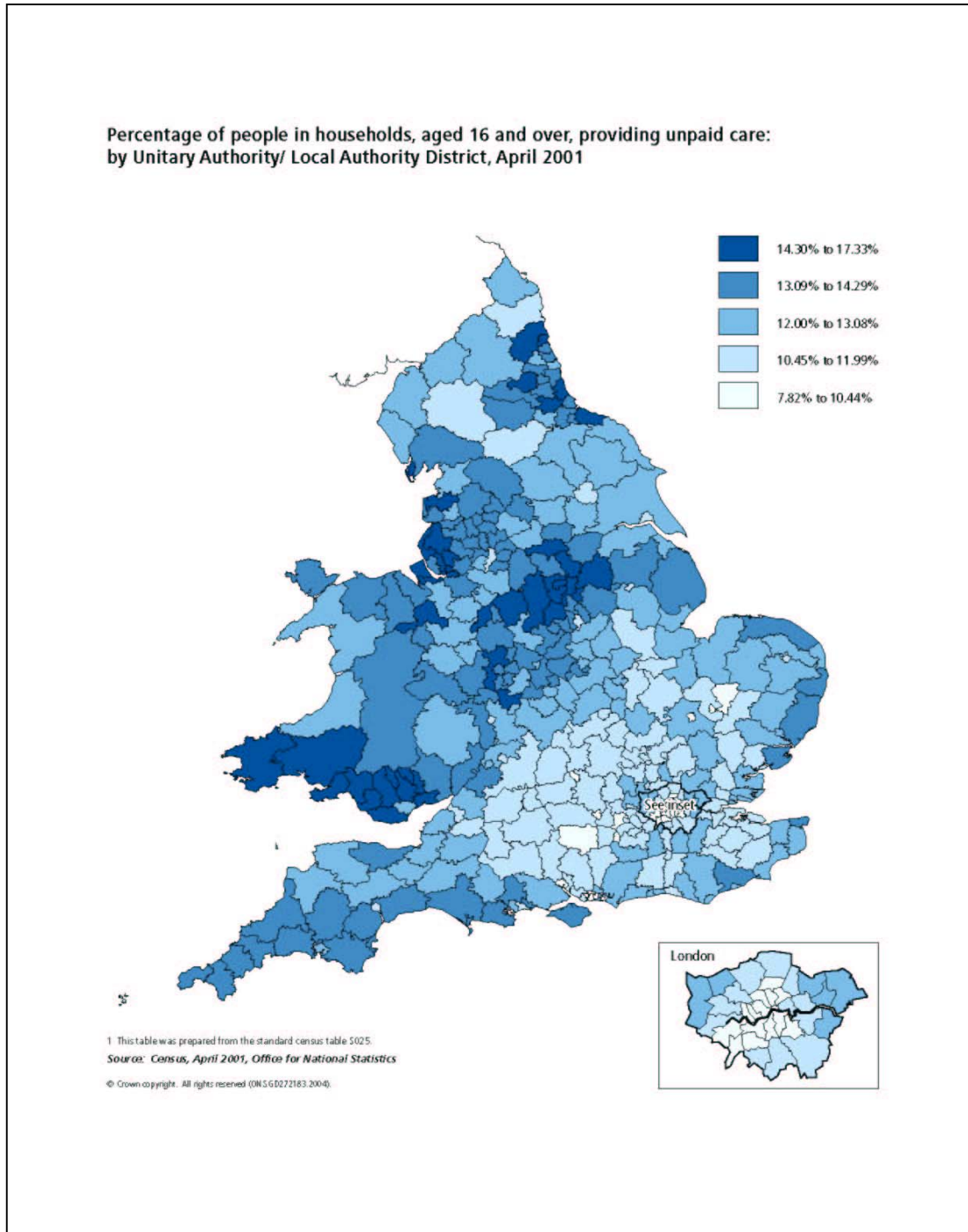
Helpline: 0845 130 9177

Fax No: 020 7266 2922

Email address: advice@dlf.org.uk

Website: www.dlf.org.uk

Percentage of people in households, aged 16 and over, providing unpaid care, by Unitary Authority/Local Authority District, April 2001



Further copies of this report are available from:
Overview and Scrutiny Team
Democratic Services Unit
Worcestershire County Council
County Hall
Spetchley Road
Worcester
WR5 2NP

Tel: 01905 766916

E-mail: scrutiny@worcestershire.gov.uk

www.worcestershire.gov.uk/home/cs-mas-dsu/cs-mas-committee-services-scrutiny-index/cs-mas-committee-services-scrutiny-reports

Cabinet
8 February 2005

SCRUTINY REPORT ON SUPPORT FOR ADULT CARERS

Response of Councillor Mrs Eyre, Cabinet Member with Responsibility for Social Services, Health and Well-being to the report of the Social Services Scrutiny Panel, December 2004: Support for Adult Carers

1. In responding to this report I recognise and thank the Social Services Scrutiny Panel for its supportive work in this important area of service delivery. The council spends around £3.8 million on carers supporting around 7,000 people but recent census information shows that there are 57,000 carers in Worcestershire, 10,000 of which care for more than 52 hours per week.
2. No Cabinet Member can ever have the time and resources to delve in great depth into all areas covered by a Directorate. I welcome this particular piece of complementary scrutiny. In particular it identifies the extremely valuable role played by the co-opted members of a Panel: in this case members of the voluntary sector and volunteers from a variety of the Adult Care areas. Their help and insight is invaluable. It is also pleasing to see the level of support afforded, in partnership, by representatives of the PCT's and medical communities.
3. The extent to which carers in Worcestershire were being supported, the areas of support, and the effectiveness of the provided support was a joint concern of the Directorate and mine around the time of the Joint Review. It was the comment in the Joint Review: "*The Council has paid insufficient attention to assessing and meeting the needs of carers*" that led to the Directorate's improved strategic approach and the setting up of the Worcestershire Carers Unit. Great strides have been made but this is never an area for complacency, there was and still is much to do. The Carers Unit has now been running for 16 months, this scrutiny is particularly helpful at this time and its timing, giving Panel members a solid grounding when a new Commissioning Strategy concerning Carers is coming to Cabinet, is opportune.
4. The approach of the Panel has been particularly focussed, concentrating on the range and quality of services, performance, improvement in performance and the allocation of resources services for carers.
5. I was pleased to see a concern of mine, awareness of and access to available services, as an emerging issue.

6. Partnership working with the NHS is still in its infancy and has a way to go but great strides are being made in this area. There is a willingness from all parties to succeed.
7. As the recommendations are important I prefer to respond to each in turn.

Recommendation 1 Respite Care

We recommend that respite care services should be pre-bookable, and subsequently available, to allow carers to plan for all forms of break, including holidays.

Response - Pre-bookable arrangements are already made for many respite resources, but this does need extending and must be part of the service for eligible carers. The stress caused by the breakdown of booked respite is so considerable that I would recommend that the Directorate's practices be modified to ensure such an occurrence does not happen except in extreme unforeseen cases. Broken promises are worse than no promises. In addition I believe we should find more flexible ways of providing respite care and make much greater use of direct payments. The Carers Commissioning Strategy, out for consultation, supports this view.

Additionally, I am aware that a research project will be undertaken by Chris Lewington, which will examine current arrangements and identify improvements and expected outcomes.

Recommendation 2 Voluntary Sector Support for Carers

We recommend that the Director of Social Services and the Chief Executives of local NHS bodies ensure that their organisations work more closely with the voluntary sector to co-ordinate support activity for carers.

Response - It is anticipated that post April 05 both a Section 31 Partnership Agreement for Older People, and an Agreement for Physical Disabilities will be set up, joint commissioning with pooled budgets arrangements will be part of the mix and two Partnership Boards will emerge. The Director of Social Services and the Lead Local Authority Member for these Boards will ensure that Carer support is a standing item for focus, planning and performance reasons on the agenda of these two Boards. This should ensure closer working between both organisations.

A particular area of interest to the Panel was counselling services, which in the PCTs has historically been radically reduced. The Panel urges Social Services to continue to support the development of a range of services and to negotiate with the PCTs to discuss how some of these services can be reintroduced over the next three years in a non-discriminatory way. As an ex-carer that benefited considerably from counselling services I am pleased to see such services will be recognised in the Directorate's Commissioning Strategy for Carers.

The Best Value Review of the County Council's Relationship with the Voluntary and Community Sector should clarify relationships between the Sector and Social Services, improving the targeted, measurable, delivered outcomes for carers.

Recommendation 3 - Identifying Carers

We recommend that Social Services Directorate seeks the support of Parish Councils in identifying adult carers in their area and highlighting to them what help is available. This should be done in liaison with local voluntary sector support groups.

Response - This is not a role that Parish Councils have typically undertaken. Not all areas have Parish Councils. Some areas have Town Councils. There are 57,000 adult carers in Worcestershire. Experience has made me aware that not all carers wish their caring role to be known to others. Not all Parish Councils would see their role as one that related to carers. The volume of work could be considerable, costs could be involved and risk is a factor for the Parish Councils.

The Panel's recommendation has merit, particularly that related to communications.

May I suggest that a task group is set up, involving representatives of Parish Clerks, the voluntary sector, and one or two Panel members with officer support, to look at this suggestion and bring findings back to the Panel within 9 months? This timeframe allows for the interruption of the forthcoming elections. A pilot might be appropriate in one of the larger villages. Following the further research, if it was found that there was willingness and mechanisms for Parish Councils to be involved, the Directorate could look at, in view of its community leadership role, how best it could support those Parish Councils that wanted to engage. This initiative could have particular relevance in the more sparsely populated / more rural areas in Worcestershire.

Recommendation 4 - Identifying carers - "I'm a carer" card

We recommend that Social Services works with the Worcestershire Association of Carers and the three Primary Care Trusts to explore how the "I'm a carer" card could be used to better support carers.

Response - Joint working is always the way forward but I am mindful that the PCTs do already have a mix of significant and challenging priorities.

This recommendation should be put to the respective partnership Boards as part of recommendation no.2 The Director of Social Services has agreed to pursue this point. This is a particularly valuable suggestion as increasingly carers may fall into the more vulnerable older age bracket or they could well be involved in traffic accidents or traffic delays where the Carer's Alert Card is more appropriate.

Recommendation 5 - A Carers' Register

We recommend that a joint carers' register should be developed, combining information from social services, the NHS and the voluntary and community sector. Clearly, any information sharing must be compliant with both the Data Protection Act and Caldicott principles.

Response - This recommendation should be put to the respective partnership Boards in line with the response to recommendation no.2. The Director of Social Services and the Lead Member will pursue this point.

Recommendation 6- Eligibility for Services

We recommend that the Carers Unit investigate different and innovative methods for distributing information to carers. Furthermore, we also recommend that carers get information about services that may be available as early as possible, along with appropriate information about the long term implications of the services users' condition.

Response - This is part of the remit of the Carers Unit. They are looking at and working on new and innovative ways. I have asked the Director that as well as continuing this piece of work the Unit bring more marketing and communications experience to the table. The Unit should report back to the Panel in 9 months' time on progress to date. The Commissioning Strategy 2005 will also cover this point.

Recommendation 7 - Eligibility for services

We recommend that the eligibility criteria are re-produced in a range of appropriate formats.

Response - I fully agree with this statement and have asked the Director to ensure this point is actioned in line with recommendation 6.

Recommendations 8 & 9 - Partnership working with NHS

We recommend that the Health Scrutiny Panel note the health-related issues raised in this report and consider whether to pick these up in its future work programme.

Response - I fully agree with this statement. The Panel has identified several areas where it appears further work by the Health Scrutiny Panel, in relation to carers, could be valuable:

- a lead PCT for Carers
- greater GP engagement
- carer's needs as part of the continuous professional development programme for GPs
- mechanisms for sharing information

The Health Scrutiny Panel is currently undertaking a piece of work " Access to Services for Adults and Older People." It may wish to pick up these points as part of that Scrutiny.

It is important to note that the Joint Commissioning and Development Manager for the SWPCT and the Carers' Unit are working together on a programme which includes the identification of a lead for carers at executive level.

Other streams of work are:

- jointly addressing the increased health needs of carers,
- health support, advice and information for carers, identifying a Carers lead within each GP practice /service,
- an awareness training programme for health staff,

- a training programme for carers on health related issues, possibly under the Expert Carer scheme - a pilot April 2005
- the establishment of a carers' register in primary care;
- working with GPs to understand carers' needs.
- A carers lead secondment had been proposed in the SW PCT Local Delivery Plan;
- a long term conditions and chronic disease management case coordinator to coordinate healthcare.

In addition SSD and SWPCT are jointly aiming to develop a carer awareness-training programme for their staff. Joint training will be organised with the Social Services and the PCTs.

I appreciate that GPs are self-employed and work under contract and in partnership with the PCTs. Again it is the prerogative of the GPs and the PCTs to set their priorities.

The scrutiny is right in its identification that some GPs, because of previously poor experiences, are wary of raising carers' expectations. GPs' engagement is a very important point.

It has been suggested to me that there would be value in asking the Local Medical Council to consult with GPs on this point. May I suggest that a two-pronged approach is taken?

1. The Director develops a mechanism to keep both the Health and Social Services Panels informed about the work of joint Health and Social Services programmes such as the one mentioned above.

And

2. The Panel chairman writes, together with the chairman of the Health Scrutiny Panel, a joint letter to the secretary of the Local Medical Council asking him for his views and to consult with GPs for their views on this point. SWPCT and the Directorate to be kept informed of the response.

8. Whilst this has been a good piece of scrutiny, I know that the Directorate is not complacent and has even more to do in this area. The scrutiny raised other questions over and above the recommendations. I have asked the Director to ensure the new Commissioning Strategy picks up on all the issues above and the issues identified in the scrutiny as listed below:-

- Are the services offered to users and carers always appropriate?
- Transition arrangements can be particularly difficult e.g. from the LD service to the OP service,
- Care workers do not always meet the needs of the individual, with respect to "put to bed times",
- Translation services could be made more widely available,

- Are the numbers of carers' assessments from BME communities adequate?
 - Is the dedicated officer time to completing carers' assessments equitably provided around the county? The scrutiny implies "Performance in terms of numbers of assessments done did vary across teams."
 - There are a number of communication and quality issues:
 - Do carers know that they can request a separate assessment where appropriate?
 - Are carers always aware that they have been assessed?
 - Are assessments sufficiently thorough?
 - Are the number, length and complexity of the forms an issue?
 - Are assessments reviewed frequently enough?
9. I was particularly concerned to read "A cultural shift is needed to ensure social workers understood carers' needs, particularly for black and minority ethnic carers." And "there was still some way to go in mental health. Carers of people with mental health needs often had different support needs to other carers. The scrutiny panel is right, this fact should be fully recognised. The Director will ensure these two points are taken on board through the 2005 commissioning strategy.
10. I bring to the attention of the Scrutiny Panel the fact that the 2005 Commissioning Strategy for Carers to is now out for consultation.
11. I recommend that all Councillors, the Voluntary Sector and those representing Adult Care engage with this consultation. In particular I would be pleased to think that, as the Scrutiny Panel was not able to have full sight of it during their work the Panel - Councillors and co-opted members - would now, before the consultation date ends, be in a position to feed collective comments back to the Directorate, and myself.
12. I thank the Scrutiny Panel for the kind remarks concerning the staff at the Carers Unit, Pierpoint Street, Worcester. These staff work day in and day out to assist the carers around the county.
13. Finally, we should never forget the hidden carers who struggle – it is hoped that all Councillors, in their role as community leaders, would help to spread the word about this important County resource for Carers – the Carers Unit.

**Cllr Liz Eyre, Cabinet Member Social Services, Health and Well-being
17th January 2005**