

Services for Carers Scrutiny Working Group

Final Report



A carer is a person who looks after someone who requires support because of old age, physical or learning disability, or for physical or mental health reasons

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Chairman's Foreword

The Services for Carers Scrutiny Working Group would like to pay tribute to the carers in Staffordshire. Without them, the lives of many other people would be of considerably lower quality and the pressure on care services would be considerably greater. We know that the number of carers in the county and the importance of their contribution are likely to grow.

We began our review of how the County Council is developing, and measuring the uptake of, services for carers at a time when there was concern about performance in this area.

We are pleased to have been involved at the outset of a programme to transform support for carers that has already seen an improvement in performance in this area.

We welcome the new Staffordshire Multi-Agency Strategy for Carers which commits the County Council and partners to the further work that is vital to ensuring that carers are sustained in their caring role and are able to have a life outside caring.

I would like to thank the Members of the Working Group for the time and attention they have given this review, which was of significant personal interest to those Members who themselves have or have had caring responsibilities.



**County Councillor Dennis Dixon
Chairman of the Services for Carers Scrutiny Working Group
December 2008**

1. Conclusions and Recommendations of the Services for Carers Scrutiny Working Group

- 1.1 The County Council has legal responsibilities towards carers. Over and above discharging these, there is a clear case on social and economic grounds for supporting carers. Given their economic contribution, we view supporting carers as investing to save. There are national and local drivers for reshaping support for carers including the new national strategy “Carers at the heart of 21st-century families and communities”, the Changing Lives programme for improving adult social care and ‘Narrowing the Gap’ in outcomes between vulnerable children and the other children in Staffordshire. These are behind the County Council’s instigation of a programme to improve support for carers. There are many aspects to effective support for carers, including recognition and access to such things as: information and advice; training; employment; ways to be heard; health, adult social care and children’s services including breaks from caring; leisure; financial support and so on. Therefore, it is imperative that the County Council works in partnership with others to support carers and there is a clear expectation, particularly associated with the related grant funding, that the County Council will do so. We have considered and been consulted on the action being undertaken to improve support for carers and we hope that the comments and recommendations that follow will contribute to this improvement.
- 1.2 To foster the necessary partnership approach, we felt that it was vital that a carers related target be included in the Staffordshire Local Area Agreement (LAA) 2008-2011. We are pleased that this is the case and that there is a delivery plan for the target to increase the number of carers receiving a needs assessment or review and a specific carers’ service or advice or information. We have endorsed the new Staffordshire Multi-Agency Strategy for Carers, which commits the County Council and partners to a course of action to improve support for carers. We welcome the developments in joint commissioning, including Joint Strategic Needs Assessment, that are taking place and look to the services that are commissioned and procured being increasingly better geared to the needs of the people in the county. Earlier in our work we responded to consultation on the Staffordshire Primary Care Trusts and County Council Social Care and Health draft Joint Commissioning Strategies from the point of view of their reference to carers. We confirm the views expressed in our response (See Appendix 2). In particular, we remain of the view that, at present, there is a need for a separate commissioning strategy for carers, encompassing commissioning for young carers appropriately, to give commissioning for carers equal status to commissioning for other groups and sufficient attention and resources to meeting the diverse needs of carers.

Recommendation 1: We recommend that commissioning for carers be given equal status to commissioning for other groups within the Joint Commissioning Unit and that the Unit has dedicated resources for the production of a commissioning strategy for carers.

- 1.3 However, we are concerned that having a number of separate high level plans and strategies can pose a risk to effective co-ordination and prioritisation of action. In the short term it is critical that these plans and strategies dovetail and in the longer term, as progress is made, we think that there may be scope for reducing the number of separate plans. We think it will be helpful if common wording recognising the role of carers, setting out the case for supporting them and the priorities for improving this support, is used across all relevant plans and strategies. So far as the County Council is concerned, it is important that their contribution to the achievement of these plans and strategies is prioritised and built into the hierarchy of County Council business plans. This is essential to ensure the allocation of sufficient resources, particularly where funding comes from mainstream budgets, and that action is taken. It is also important that partners' business plans reflect their contributions so that everyone's actions together cover the commitments in the high level plans and strategies.

Recommendation 2: We recommend that in three year's time consideration is given to whether there needs to be a separate commissioning strategy for carers or whether this commissioning needs to be integrated into the other commissioning strategies, in the context of how commissioning has matured and what is in the best interest of carers.

Recommendation 3: We recommend that the County Council ensure that their contribution to improving support for carers, in the context of the LAA and Multi-Agency Strategy for Carers, is prioritised and built into the hierarchy of business plans. In particular, that the 2009/2010 Thematic Improvement Plans for Healthier Communities & Older People and Children & Young People refer to improving support for carers.

Recommendation 4: Since the Carers Programme Board will oversee the implementation of the Multi-Agency Strategy for Carers and the delivery plan for the LAA target, we recommend that the County Council write to the County Council's partners under Strategy asking them to confirm how their contribution will be reflected in their business plans and how the County Council can help them to be good partners.

- 1.4 In regard to priorities, the need to raise awareness about carers and promote a positive attitude towards carers and caring, as a foundation for other improvement action, came across strongly in our review. Therefore we support the implementation of a change programme for the County Council (and partners) to become more carer focused. We have been consulted about the elements of the 'Think Carer' initiative and are particularly in favour of: the intention for the County Council to become an exemplar employer of carers; and the use of the Equalities Impact Assessment to encourage consideration of carers as a group, and the diversity of carers, in policy and service development. We feel that raising awareness should include elected Members, and that carers should be involved. We highlight the fact that this change programme will require some corporate resource, including for policy development.

Recommendation 5: We recommend that provision is made to raise awareness about carers among Staffordshire County Councillors and that consideration is given to doing this jointly with District/Borough Councillors and Primary Care Trust Board Members.

Recommendation 6: We recommend that, while the County Council works towards becoming an exemplar employer of carers, advice be issued for line managers and employees who are carers to explain how current human resources policies and processes can support them in their role.

Recommendation 7: We recommend that the County Council's Equality Impact Assessment Toolkit, and associated guidance and training be updated to encourage consideration of the implications for carers, and the diversity of carers, in respect of new or revised strategy, policy, function, services etc and, through the Staffordshire Equalities Network, partners be encouraged to take a similar approach.

- 1.5 The link from raising awareness to improving support for carers is about carers being identified (by themselves or others), informed about what is available to support them and enabled to access this support, including through assessment. The need for consistent provision of good quality information was evident in our review, so we support the implementation of a multi-agency information strategy.

Recommendation 8: We request that the following points are taken into account in the development of the information strategy:

- there needs to be clarity about the various audiences for information, what knowledge they need and why
- many agencies come into contact with carers and their employees need to be equipped to identify and signpost carers to sources of information and support - there may be economies of scale in joint workforce training
- there is a need for information provision for carers both together and separately from assessment
- we feel that the number of different definitions of a carer can be confusing - it may not be helpful to have an over prescriptive definition as this could put people off seeking information or support but consistency of language across agencies will be helpful
- there is a need to be clear about services that are available to everyone and those that are available to the people in greatest need
- there is a need to raise awareness of carers' assessments in a variety of ways (taking account of the fact that some people will actively seek information and support and others will not or cannot)
- clarity is needed on eligibility for assessment and services; assessment for carers being distinct from assessment for the person cared for; what assessment involves; and the potential benefits of assessment
- there is a need for a considered approach to information provision for carers together and separately from service users - where services are changing

both will benefit from communicating the case for change, positive outcomes and how services can be personalised

- the possibility of a single point of access to information for carers should be considered
- partner agencies should consider revising existing information sharing protocols or developing new ones to facilitate support for carers e.g. the establishment of a database of contacts.

- 1.6 We are clear that carers' assessments are the cornerstone of the County Council's support for carers. We support ambitious targets for increasing the number of assessments and efforts to ensure their quality. Assessments raise expectations and a greater number of assessments mean greater demand for information and services. However, we feel that contact with carers early in their assumption of a caring role and universal help (such as with contingency planning, using Direct Payments or accessing benefits) will contribute to better use of resources overall. It is right that there is a focus on carers' breaks, particularly in relation to the funding allocated to Primary Care Trusts, but commissioning must take account of the range of carers' needs. There needs to be a clear system for resource allocation through Direct Payments and Individual Budgets. We note that there is to be a review of the Social Care and Health Directorate charging policy and trust that this will take account of the implications for carers. We have been particularly concerned with the financial situation of older carers.

With regard to service development, there are circumstances that have been highlighted to us where providing carer-focused, streamlined provision is more of a challenge. We feel that these should be the focus for the further development of protocols for joint working. These are services for young carers making the transition to being adult carers; services for carers of young people making the transition to adulthood; support to carers of people discharged from hospital; and people caring for those at the end of their lives. Whilst it is important to get services right first time, in terms of resource allocation, we feel it may be useful to have flexibility to put a service in place to respond to urgent need and then review it promptly.

Recommendation 9: We recommend that the County Council identify and address any requirement for the further development of joint working protocols, focused on key points of interaction between services.

- 1.7 There is an expectation, particularly in the context of the Local Government and Public Involvement in Health Act 2007 and developing Joint Strategic Needs Assessment, for carers to have more of a say in the commissioning and delivery of services for themselves and the people they care for. We found that the County Council has made a great deal of progress in this respect but that further development is needed. Therefore, we support the development of a framework to ensure that there are consistent arrangements for consulting and engaging carers, recording and taking account of their views and feeding back the difference that such consultation and engagement has made. There are many parties, including overview and scrutiny and the Local Involvement Network who need to be a part of this framework and co-ordinate their roles in community engagement. We are

concerned that adequate resources are made available to develop community engagement across the Council.

We feel that it is important for there to be a “community of learning” about informing and engaging activity across partners and other parties to ensure that shared learning informs future development of a variety of ways in which carers can be heard. This should include, for example, learning about what types of events, activity and media work best or when to consult carers and those they care for separately.

Recommendation 10: We recommend that the development of the framework for consultation, engagement and feedback includes reference to the role of overview and scrutiny and the Local Involvement Network and that provision is included for sharing organisational learning and best practice.

Specifically, we support the extension of representation for carers in the partnership board structure that supports the delivery of the LAA, providing this is properly managed without creating unnecessary bureaucracy. We will ourselves promote the involvement of carers in scrutiny processes as appropriate.

Recommendation 11: We recommend that administrative support to the involvement of carers in the partnership board structure that supports the delivery of the LAA is built into appropriate job roles and responsibilities and that an appropriate officer is allocated oversight of these arrangements, as part of the framework for consultation, engagement and feedback.

Recommendation 12: We recommend that priority is given to engaging carers in the development of service specifications and measures of quality for services to carers that capture the difference made.

- 1.8 We welcome the planned improvement to performance management in respect of support for carers, in terms of processes across partners and an increased focus on outcomes. We feel a priority is the development of better, more timely management information, for example around young carers and ‘hidden’ carers and consider that this may have a resource requirement. The performance indicator NI 135 is largely quantitative and needs to take its place among a range of measures that show the difference made by providing support to carers. It is important that there are clear governance and accountability arrangements based on an understanding of the roles and responsibilities of the parties involved. A clear articulation of the respective roles of the Carers Programme Board and the Adult Care Board, in terms of performance management, would be useful, including how activity in relation to young carers will fit in.

Recommendation 13: We recommend that, in developing the performance management arrangements in respect of carers, the engagement of carers in measuring the quality of the support provided to them is prioritised.

Recommendation 14: We recommend that County Council adopt the relevant Action for Carers and Employment Partnership National Mainstreaming Toolkit role descriptions, supplemented by the job roles for Member Carers' Champion and Overview and Scrutiny Member that are attached as Appendices 6 and 7 and that the relevant partners be encouraged to adopt the remaining role descriptions. With reference to the overview and scrutiny role we would suggest that the County Council's Healthier Communities & Older People and Children & Young People Scrutiny and Performance Panels request an annual report for their joint consideration on progress in supporting carers.

2. Setting the Scene

- 2.1 The County Council's 2006/07 performance report was a source of reference for the Healthier Communities and Older People Scrutiny and Performance Panel when they were deciding their work programme for 2007/08. There were concerns about performance as measured by the performance indicator for Carers in Receipt of Services and Members were informed that this service area would be a focus for improvement. It is good practice for scrutiny work programmes to concentrate on where scrutiny activity can contribute to the County Council's improvement priorities. So, the Panel agreed to include a scrutiny review about services for carers in their work programme.

3. Terms of Reference

- 3.1 The purpose of the scrutiny review was to determine how the County Council is developing, and measuring the uptake of services for carers, with a view to contributing to enhanced provision of services for carers within the county.

- 3.2 The objectives for scrutiny Members were to:

- act as consultees in regard to proposed action to improve the County Council's performance in regard to services for carers;
- consider and comment on progress in regard to action being undertaken to improve the County Council's performance in regard to services for carers; and
- make constructive recommendations that, if implemented, will lead to improved performance by the County Council in regard to services for carers.

- 3.3 The scope of the review was:

- the legislative, strategic and policy framework governing the County Council's role and responsibilities in regard to services for carers;
- any relevant developments in the national and local context in which the County Council is working in regard to services for carers;
- the definitions and nature of the provision of services for carers, including eligibility, assessment, review and charging;
- the level of performance as measured by the performance indicator for Carers in Receipt of Services, in the context of overall performance in regard to services for carers and comparatively - to include the extent to which service provision meets the needs of carers;
- the factors affecting performance in regard to services for carers, including financial factors; which factors are directly or indirectly within the County Council's control; and the involvement of third parties; and
- the performance management arrangements in regard to services for carers.

4. Membership

4.1 The Panel appointed a Working Group of their Members to undertake this Scrutiny Review. The Members of the Services for Carers Scrutiny Working Group were County Councillors:

- Peter Davies;
- Dennis Dixon (Chairman);
- John Garforth;
- Sonja Oatley; and
- Kath Perry.

Councillor Terry Dix, also a Member of the Panel and the Chairman of the Council, was involved in his capacity as Carers' Champion.

5. Methods of investigation

5.1 The scrutiny process involved:

- the provision of a briefing pack to Members of the Working Group;
- the opportunity for Members to go along to carers' events held on Carers' Rights days and in Carers' Week;
- a series of Working Group meetings between November 2008 and November 2009 - an introductory presentation was given at the first meeting and after that, at Members' request, meetings focused on selected elements of the County Council's transformation programme for services to carers, with information given by appropriate officers and witnesses;
- a Working Group meeting to prepare a response to consultation on the Staffordshire Primary Care Trust and County Council Social Care and Health draft Commissioning Strategies, in respect of their reference to carers; and
- consultation with carers during Carers' Week in June 2008.

5.2 The Working Group also took account of:

- a previous Scrutiny Review conducted by the Staffordshire Health Scrutiny Committee into Health Services for Vulnerable Children (Young Carers); and
- the carers related reviews being undertaken by the health overview and scrutiny committees of Lichfield District Council and South Staffordshire Council - towards the end of their work Members received information from both Councils about their considerations and findings. (See Appendix 5.)

6. Findings

The Services for Carers Scrutiny Working Group's considerations and findings are set out below. The Working Group's activity has already given rise to some outcomes, which are included where appropriate in the paragraphs that follow.

6.1 **The legislative, strategic and policy framework governing the County Council's role and responsibilities in regard to services for carers**

6.1.1 The Working Group found that the main pieces of relevant legislation are:

- The Carers (Recognition and Services) Act 1995, which gave new rights and a clear legal status for carers and applies to carers of all ages - individuals who provide or intend to provide a substantial amount of care on a regular basis are entitled to request (at the time the person they care for is being assessed for community care services) an assessment of their ability to provide care and to sustain the care that they have been providing; local authorities are required to take into account the results of that assessment in making decisions about the type and level of community care services to be provided to the person receiving care.
- The Carers and Disabled Children Act 2000, which applies to carers over 16 - local councils have mandatory duties to support carers by providing services to carers directly; carers have the right to an assessment independent of the person they care for; local authorities are empowered to make direct payments to carers and disabled children aged 16 or 17 in lieu of the provision of services to them and for connected purposes; councils are enabled to support flexibility in provision of short breaks through the short break voucher scheme.
- The Carers (Equal Opportunities) Act 2004, which made three main changes to the existing law around carers' services - councils have a duty to inform carers, in certain circumstances, of their right to an assessment of their needs; provided that when assessing a carer's needs, councils must take into account whether the carer works or wishes to work, undertakes or wishes to undertake education, training or leisure activities; co-operation is facilitated between authorities in relation to the provision of services that are relevant to carers (local authorities can gain the help of housing, health, education and other local authorities in providing support to carers and if the local authority requests another authority to plan services, that authority must give that request due consideration).
- The Work and Families Act 2006, which extended the right to request flexible working for carers.

In addition, legislation on equalities and the Disability Discrimination Act can be of benefit to both carers and the people they care for, in terms of equal citizenship. The National Service Framework for Mental Health, Standard 6, gives a carer of a person with a mental health assessment the right to an assessment.

6.1.2 With regard to funding, Members found that there was a Carers Grant from the Government, which remained at £185 million in total for 2007/08. Twenty percent was allocated to children's services and eighty percent to adults' services. There were no conditions attached to the money but the Commission for Social Care Inspection do monitor the provision of services to carers. Guidance on the policy intentions behind the grant was issued to local authorities, which includes the promotion of joint working with health and also planning with stakeholders to ensure that the grant is spent on locally agreed priorities. Guidance was also issued on the

use of funding for emergency respite care, which was a new component of the Carers Grant payable from 1 October 2007.

- 6.1.3 The County Council had a Strategy for Carers in Staffordshire, covering the period 2005-2008, together with an action plan focused on: promoting employment; promoting health; improving support services; improving breaks; increasing assessments; raising awareness; carer participation; meeting the needs of black and minority ethnic carers, carers in rural areas and carers of people who misuse substances; and young carers. The Strategy was financed through use of the Carers Grant and some mainstream funding. It was put in place before the introduction of a Staffordshire Local Area Agreement (LAA) and, when the Working Group began, was coming to the end of its life. Members learned what had been achieved in each of the action plan areas (see Appendix 1).
- 6.1.4 The 2007-10 LAA Healthier Communities and Older People block contained the outcome of enabling carers, with associated performance indicators and targets. This outcome was reflected in the County Council's 2007/08 Strategic Plan, which prioritised supporting carers of vulnerable and older people both in their caring role and in maintaining their quality of life. In turn, the Council's 2007/08 Healthier Communities & Older People Thematic Improvement Plan, which supported the delivery of the Strategic Plan, contained the objective of enabling carers. It stated that "whilst the number of carers receiving services has increased ... significant improvement is required to support carers ...". There was no direct reference to young carers in the 2007/08 Children & Young People Thematic Improvement Plan, although young carers were considered part of the vulnerable children group. There was reference to young carers' representation on the Youth Action Council in the Staffordshire Children and Young People's Plan 2007-10.
- 6.1.5 The Working Group found that supporting policy includes:
- Staffordshire Social Care and Health Directorate Carers' Assessment and Services Policy and Eligibility Criteria (issued in December 2006);
 - Information for practitioners, carers and service users on Direct Payments for Carers (to be read with the above policy); and
 - Protocol for Identification, Referral and Assessment of Young Carers.

6.2 **Any relevant developments in the national and local context in which the County Council is working in regard to services for carers**

- 6.2.1 The New Deal for Carers programme of work was a commitment in the Department of Health's 2006 White Paper "Our Health, Our Care, Our Say". It includes: the revision of the 1999 Carers Strategy; setting up a help/advice line; provision of cover in emergencies; and an expert carers programme. The development of the strategy involved a major consultation process with carers and four task forces focusing on areas of particular relevance to carers: employment, income, equalities, and health and social care. The Working Group maintained an overview of the development of the Strategy, which was published in June 2008 - later than anticipated.

Members found that the needs highlighted in the Department of Health's consultation with carers are for:

- readily available, easily accessible, digestible information and guidance to navigate the information out there;
- consistent, quality service provision;
- service co-ordination around carers' needs;
- prompt assessments and service provision;
- streamlined processes;
- a change in negatives attitudes to carers and caring;
- changes to minimise the financial impact of caring; and
- support to minimise any adverse impact of caring on carers' health and wellbeing.

The vision in the strategy is that “by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full an equal citizen.” The Strategy outlines short term changes that will be implemented and longer term priorities.

- 6.2.2 The Working Group began at a time when the Staffordshire LAA was being refreshed for 2008-11. This included the selection of a smaller number of performance indicators as the most relevant to measuring its delivery. Quickly, it had become apparent to Members that the role of carers was critical to the achievement of the vision for future health and social care and that a multi-agency approach was essential to improving support for carers. The inclusion of a carers related target in the 2007-10 LAA had fostered this approach, ensuring that improving support for carers featured in partners' business plans. In 2008/09 the Carers Grant was to be paid as an element of the Area Based Grant. The LAA Strategic Partnership would determine how this was spent and Members were concerned that, without an associated performance indicator, the allocation of money to support for carers could be put at risk. Therefore, the Working Group made a representation to the Leader of the Council that a carers related target be included in the 2008-11 LAA. Their voice, among others, was listened to and such a target was included in the 2008-11 LAA.

Accordingly, carers remain a priority in the 2008/09 editions of the County Council's Strategic Plan and Healthier Communities & Older People Thematic Improvement Plan. The Staffordshire Children and Young People's Plan 2008 refresh included reference to work on 'Narrowing the Gap' for all groups of vulnerable children, with young carers given as the example. In the enjoy and achieve outcome area of the Plan there is a sub-outcome to “Promote the welfare and wellbeing of Young Carers and their families throughout Staffordshire” with associated performance measures and targets.

- 6.2.3 Members were of the view that the County Council should lead the development of a partnership approach to ensuring that all carers in Staffordshire have access to joined up, consistent and appropriate information and support to enable them to sustain their caring role and live their lives as they wish. They found that this requires: the provision of information through a range of mechanisms; flexibility from employers; easy access to ways carers can be heard; and effective co-ordination of health, adult social care and children's services, with other key agencies. It encompasses: recognition as individuals; information; opportunities for time off from caring; a voice; financial support; choice and access to a range of high quality

services for themselves; equity in accessing resources and making choices; and confidence in the range of quality services available to carers and those they cared for. Therefore, the Working Group were pleased to learn that the County Council's Social Care and Health Directorate had instigated a transformation programme to improve services to carers through their activity and in partnership. The transformation programme encompasses projects on: Strategy and Commissioning; Carer Involvement; "Think Carer"; and a Performance Framework.

6.3 The definitions and nature of the provision of services for carers, including eligibility, assessment, review and charging

6.3.1 The Working Group were keen to understand what the term "carer" is used to mean and found that there are several definitions for the term, used by a variety of different organisations. Members understood a carer to be a person who looks after another person who needs support because of old age, physical or learning disability or health needs, including mental health needs.

6.3.2 Legally, people who provide or intend to provide a substantial amount of care on a regular basis (unpaid) are entitled to an assessment of their ability to provide care and to sustain the care that they have been providing. To address this, Members found that the County Council has to define "regular and substantial care". This is difficult because of the diverse nature of care and the different abilities of individual carers and not wanting to discourage anyone who appears to play a significant caring role from having an assessment. The Social Care and Health Directorate are responsible for assessments for carers aged over 18 and the Children and Lifelong Learning Directorate are responsible for assessments for young carers. The Social Care and Health Directorate have adopted the following guidance:

A regular and substantial amount of care is where a carer:

- Provides long hours of help - about 20 or more hours each week for carers who are adults.
- Is likely to provide both personal and physical assistance and may also be carrying out a range of helping activities.

For people caring for someone with mental health needs the guidelines are treated flexibly as care may include types of support, such as emotional support, that are difficult to quantify.

The Children and Lifelong Learning definition of a young carer is focused on their life being restricted with reference to the five outcomes of the Every Child Matters national framework for children and young people. The number of hours involved may be considerably less.

6.3.3 An assessment is a chance for the carer to discuss what help they may need with caring and to balance caring with other aspects of their life, if they wish to continue caring. The assessment is used to determine what help can be provided. Carers must be offered an assessment separately from the person they care for but their assessment should be part of a holistic assessment of their needs and those of the people they care for. The person being cared for does not have to be assessed in order for the carer to have their own assessment, as long as the assessor is satisfied that the person being cared for would be eligible to receive community care

services. Assessments are carried out by social workers. It is good practice for carers who have had services arranged through the County Council to have a review annually.

- 6.3.4 The level of services provided to a carer is determined by the assessment of their needs and the care package limit of the person they care for. The combined cost of the services to the carer and the person they care for should not exceed the care package limit for the service user, except in circumstance where the service user requires constant supervision and the carer provides more than 50 hours of care a week. In such circumstances a one-off Direct Payment for the carer or regular carer specific service up to an additional £40 per week can be provided. The County Council's Fairer Charging Policy is applied to the cared for person when they receive community care services to give their carers a break from their caring responsibilities. Members found that the Social Care and Health Directorate's Charging Policy is to be reviewed.
- 6.3.5 Services for carers can be provided directly by the County Council, or commissioned from another provider. For carers aged 16 or over, they can be funded through a Direct Payment and may be purchased from an independent provider. These payments are not subject to means tests or fairer charging assessments. They are disregarded as income for means tested benefits. There are restrictions, for example the payments cannot be used to purchase a service for the cared for person or treated as payment for the care provided. Carers can receive a one-off direct payment up to a maximum of £200 in any single year.
- 6.3.6 The Working Group asked about the nature of the services that are provided to carers, noting that a service provided to the person being cared for can be of benefit to the carer. They found that services cover anything that helps a carer with their role including:
- information provision;
 - assistance with accessing benefits or the use of Direct Payments;
 - support from social services including emotional support;
 - advice and training relating to the caring role;
 - a break provided to the cared for person in order to relieve the carer of the direct responsibility of supervising or caring - in the service user's own home or another setting;
 - an activity or items that will enable the carer to pursue work, a leisure interest, training or to enjoy a break - examples include computer training, driving lessons, gym fees, help with domestic tasks, a mobile phone, washing machine, tumble dryer or air conditioning unit; or
 - assistive technology.
- 6.3.7 Members' discussion of such services included:
- the importance of children and young people not missing out on educational opportunities or social activities because of their caring responsibilities;
 - the balance between universal services, such as access to information, and personalised services - reference was made to Direct Payments helping to ensure services are tailored to the precise needs of the carer;
 - responsive services - Members were particularly concerned about those cases where older carers were looking after older people their circumstances could

change on a weekly basis, creating a considerable amount of work for their social worker; and

- the provision of services helping, where applicable, to prepare carers for a life after caring.

6.3.8 The Working Group asked in particular about provision of cover in emergencies. They learned about a contract to provide a countywide pilot scheme to give carers of adults reassurance that this person will be safely cared for in their own home when, at short notice, in an emergency situation, the carer is unable to provide the necessary care. Carers who register with the scheme will develop contingency plans for emergencies such as if they are involved in an accident, are suddenly admitted into hospital or have to look after another relative. There will be a contact, available at any time, to activate the contingency plans. Carers will also be given Carers Emergency Cards and key fobs to carry that will alert people to the service should they find carers unable to communicate. Carers will be able to list other family members or services as the first option to provide replacement care but a back up service can also be provided, aiming to respond within two hours. If necessary, this service can remain in place until other arrangements can be made, generally for up to 48 hours. The pilot scheme will develop a better understanding of the demand for such a service and the issues involved in delivering a flexible service to a range of carers and the people they care for. Lessons learned will feed into future service provision.

6.3.9 In relation to benefits, Members found that carers may be eligible for the Carer's Allowance if they are aged 16 or over and spend at least 35 hours a week caring for a person getting Attendance Allowance, or Disability Living Allowance (at the middle or highest rate for personal care), or Constant Attendance Allowance (at or above the normal maximum rate with an Industrial Injuries Disablement Benefit, or basic (full day) rate with a War Disablement Pension). You are not eligible for the Carer's Allowance if you are in full-time education with 21 hours or more a week of supervised study or earn more than £95 a week after certain deductions have been made (such as Income Tax). The weekly rate is £50.55. Members were concerned that this allowance is reduced by the amount of certain other benefits, including State Pension. They were particularly concerned about older carers. Members were informed that income had been a key area for consideration within the national strategy, and whilst short term commitments had been made in relation to helping carers maintain/access employment, there was only a long term commitment to review the structure of carers' benefits in the context of a fundamental review of the care and support system.

6.4 The level of performance as measured by the performance indicator for Carers in Receipt of Services, in the context of overall performance in regard to services for carers and comparatively - to include the extent to which service provision meets the needs of carers

6.4.1 At the outset of their work, Members asked about the number of carers in the county, to give an indication of the demand for services. The 2001 census information showed that there were 89,545 unpaid carers, including 2,212 young carers; 11.1% of the population. It also showed that a higher proportion of carers were not in good health compared to the proportion of the general population who were not in good health. The economic value of the contribution of carers in Staffordshire is put at £1,265 million. Given the demands on the care system, it was clear to the Working Group that the number of carers is likely to increase and that their role will increase in importance and value.

6.4.2 The Working Group also asked for a definition of what was being measured by Indicator C62 Services for Carers:

Indicator	C62 Services for carers
Definition	The number of carers receiving a 'carer's break' or a specific carers' service as a percentage of clients receiving community based services
Numerator	number of carers receiving a 'carer's break' or 'specific carers' service' during the year following an assessment or review
Denominator	The number of clients receiving a community-based service during the year

6.4.3 In November 2007, Members were informed about the action plan already in place to address performance as measured by this indicator. Following this through, by the end of 2007/08 there had been an improvement in performance. This was mainly due to the introduction of Direct Payments for carers and a refresh of the advice and guidance about assessment that was given to employees. However, Staffordshire remained behind many other local authorities in the number of recorded carers' assessments. Members agreed that this quantitative measurement needed to be set in context and they extended the original timescale for their review in order to scrutinise the elements of the transformation programme and their effect on performance.

6.4.4 The Working Group had been concerned that C62 did not allow the provision of information to be counted, when meeting the need for information was of particular importance to carers. However, for 2008/09 the National Performance Indicator NI 135, included in the LAA, measured carers receiving needs assessment or review and a specific carers service, or advice and information (as a percentage of people receiving a community based service in the year), which resolved this issue. Members clarified that the indicator relates to carers of adults, the carers can be of any age although almost all those recorded are adults.

6.4.5 From the baseline of what had been achieved under the 2005-2008 Strategy for Carers, the Working Group considered the Strategy and Commissioning; Carer

Involvement and “Think Carer” elements of the transformation programme as set out in the following paragraphs.

- 6.4.6 Transformation programme: Strategy and Commissioning - The development of strategy and commissioning responded to the need for co-ordination around services for carers and the expectation that the County Council would plan with stakeholders to ensure that the Carers Grant was spent on locally agreed priorities. The Carers Grant part of the Area Based Grant was £3.11m for 2008/09 (split as previously between adults’ and children’s services). The Working Group were aware of the development of commissioning taking place across the County Council and of moves towards joint commissioning between social care and health. In Social Care and Health, in 2008/09 an exercise will be undertaken to examine contracts carefully and make sure that they are more outcome focused. The Working Group were provided with details of the contracted carers’ services extending into 2008/09 and the associated funding streams. In regard to young carers, contracts had been brought into line with the Children’s Fund commissioning arrangements so that they adhered to the Children’s Fund’s strict Commissioning Framework, which was outlined for Members.

Moving on, the two Primary Care Trusts in the county and the County Council’s Social Care and Health Directorate produced four draft Joint Commissioning Strategies for four main groups of need: older people; mental health, learning disability; and physical and sensory disability for consultation. The Working Group were invited to comment on these from the perspective of their reference to carers. Their response is attached as Appendix 2.

Towards the end of their work, the Working Group Members were provided with the “Commitment to Carers” new Multi-Agency Strategy for Carers in Staffordshire. It reflects many aspects of the new national strategy, emphasising that carers are not just the business of Social Care and Health Directorates. The Working Group endorsed the strategy as there was a basis for the priorities it contained in the evidence that the Working Group had received. The Strategy was considered for formal adoption by the partner agencies at a meeting of the Adult Care Board, which is part of the structure supporting the delivery of the LAA, in November 2008.

- 6.4.7 Transformation programme: Carer Involvement - This development responded to the need for carers to have more say in the way in which services were planned and delivered. As Members of the Healthier Communities and Older People Scrutiny and Performance Panel, the Working Group Members were aware of the national context for the development of service user and carer involvement across social care and health. This included responding to the provisions of the Local Government and Public Involvement in Health Act 2007, which included the introduction of Local Involvement Networks. They were also aware of the development of Joint Strategic Needs Assessment (JSNA) as an element of commissioning. The purpose of JSNA is to provide an evidence-based picture of the health and wellbeing of a particular population. Inequalities and needs are identified, helping commissioners to prioritise and then target services and resources to deliver better health and wellbeing outcomes for these people. JSNA is an ongoing way of working to maintain an up-to-date picture and find out if services are making a difference, and gives weight to information obtained from engagement with people using services and their carers.

The Working Group focused their enquiries on the involvement of carers so that their voice has a demonstrable impact on the services that they receive. Members received details of involvement activity which included:

- the Social Care and Health Directorate taking a much more pro-active role in both the Carers' Rights days in December 2007, December 2008 and Carers' Week in June 2008 (Members attended some of the events to obtain first hand experience);
- 'Your Voice' conference in April 2008 for users of Adult Social Services and their carers - this had set out the future vision for Social Care and had included a question and answer session, workshops and real life stories;
- an event in July 2008 involving service users, carers and stakeholders in commissioning strategies through the Local Involvement Network;
- a questionnaire for carers;
- monthly improving customer experience visits by Social Care and Health District Directors;
- district conversations with day centre service users and carers;
- consultation on buildings based respite care;
- Young People's Carers Network;
- Learning Disability Carers Forums;
- Local Development Groups for mental health users in the south of the county; and
- Adult Care Panel.

They found that there were various beneficial outcomes from this activity including:

- carers being identified and offered assessments;
- several people who had previously been involved with RAGE (Relatives Action Groups for the Elderly), who had campaigned against the closure of residential homes, had joined the Adult Care Panel and taken on the role of a "Critical Colleague";
- a commitment by Social Care and Health Directorate District Directors to hold conferences in their districts; and
- information to help shape strategy and commissioning, which is attached as Appendix 3.

The Working Group found that there was good progress but much more to do. Other initiatives planned included: an e-panel of carers who were part of the Citizen's Panel and involvement in Vulnerable Adults Safeguarding Board case review. Members highlighted other opportunities for contact with carers such as at day services, social clubs and through voluntary services such as Alzheimer's Cafés and on a one-to-one basis with professionals, including advocacy.

The principle of whether service users and carers should be listened to separately was discussed. In practice, Members found that a flexible approach to involvement would be needed as different arrangements would be appropriate in different circumstances.

- 6.4.8 Transformation Programme: "Think Carer" awareness raising project - It was clear to Members that raising awareness about carers is essential to improving support to carers. Members were asked for their feedback on the initiatives underway or being

considered for inclusion in this project. Some of the involvement activity, such as the Carers' Rights days and Carers' Week, also contributed to raising awareness. The Working Group were supportive of the following actions to raise awareness internally and externally:

- the establishment of officer Carers Champions within each district and the Mental Health Service and the appointment of the Chairman of the County Council as Member Carers' Champion;
- 'Carers Conversations' within each district over September and October 2008;
- District Management Teams discussion about carer developments;
- the inclusion of carers in staff training;
- the County Council becoming an exemplar employer of carers and encouraging partners to do the same;
- the consideration of carers needs in equality impact assessments;
- the production of a communications plan to support the development of the strategy, linked to information sharing; and
- encouraging work by others such as referral, services in local communities, signposting.

The Working Group highlighted:

- the need to raise awareness about young carers in a non-stigmatising way, particularly in schools where staff would need to be equipped to identify young carers;
- the value of face to face contact (for example involving carers in staff training);
- the importance of ensuring that staff are equipped to put human resources policy into practice;
- the need for information sharing and equipping frontline staff to signpost carers for support; and
- the potential for efficiency in working with partners on communications.

6.4.9 The Working Group returned to consider performance as measured by NI 135 in September 2008. They were provided with a breakdown of performance as at July 2008. The indicator was rated as 'green', with the target of 13% likely to be met if the rate of improvement since the start of the year is maintained. Data was given for each district with five districts rated as 'green' and three rated as 'amber' (there being a concern about the achievement of the target performance). This was based on the assumption that all assessments result in (at least) the provision of information.

6.5 The factors affecting performance in regard to services for carers, including financial factors; which factors are directly or indirectly within the County Council's control; and the involvement of third parties

- 6.5.1 Since the performance indicator NI 135 hinged on the provision of assessments, the Working Group were keen to explore why carers might not come forward for assessment or what prompted carers to come forward for assessment. At their request, some research was undertaken during Carers' Week in June 2008 to provide some answers to this question. The questionnaire used and an analysis of the responses is attached as Appendix 4.
- 6.5.2 Generally, Members were clear that the actions of partners will have an impact on improving support to carers and that combined, co-ordinated effort is likely to be more successful. They found that key county partners were considered to be: the two Primary Care Trusts, because poor physical and mental health impacts on carers' ability to sustain their role and places additional burdens on health and social care services; the eight District/Borough Councils, because, as for health services, through the services they provide they are well placed to identify and support carers; and the two carers' associations, which provide both contracted and non-contracted support to carers. Members highlighted the need for County Council and other partners' 'front line' staff to be able to identify and refer carers for assessment. Work with GPs and joint work between the Fire Service and Social Care, where Fire Officers undertaking Fire Safety Checks were identifying vulnerable people and bringing them to the attention of the Social Care and Health Directorate were identified as examples of how this was being addressed.
- 6.5.3 The Working Group asked about the County Council's infrastructure and the Local Strategic Partnerships for the LAA in relation to influence and leadership of improvement. For 2007/08 the structure of the Social Care and Health Directorate had been reorganised on a district basis and one of the District Directors was assigned to lead on the transformation programme, supported by one dedicated officer. Following this restructure the former Carers Partnership Board was replaced by a Carers Programme Board, chaired by the District lead Director and including representation from the County Council, Primary Care Trusts, District/Borough Councils and the two carers' associations in the county.

In respect of the LAA, the Adult Care Board is the partnership board for the Healthier Communities and Older People theme. Countywide partnership boards for mental health, learning disabilities, physical & sensory disabilities, older people and carers of people with learning disabilities feed into this board.

The Working Group spoke to the Chair of the countywide carers group. Discussion highlighted:

- the importance of co-ordinated administrative support to and management of carer involvement in the LAA structure and in general;
- the value of early involvement of carers in developments and prioritisation;
- communicating the case for change;
- communicating how services can be personalised;
- prioritising improvement action and communicating positive outcomes to reduce anxiety about change; and

- the importance of information sharing e.g. a database of contacts.

6.5.4 The Working Group considered the use of resources, noting that it is advantageous that carers take up the benefits to which they are entitled. Members also made reference to the benefit to some carers of Direct Payments and Individual Budgets.

With reference to the National Strategy, Members found that it had been announced that Primary Care Trusts nationally would be allocated £150 million over two years from April 2009 to provide carers with breaks and would be required to work with local authority partners to publish joint plans - as part of the JSNA.

Members discussed the possibility of other organisations undertaking carers' assessments. Currently, legislation requires that assessments are 'signed off' by qualified social workers. However, this is not to say that some of the background work couldn't be done elsewhere, for example by voluntary organisations. It is the subject of national debate as to whether there should be a requirement that professionals undertake the assessment. Members were pleased to find that this possibility will be explored.

6.5.5 With regard to demand pressure, Members queried the impact on resources of an increase in the number of carers identified for assessment. This would require more staff time and more work at the "front end" but should ultimately reduce the level of crisis work undertaken.

6.5.6 Other factors considered by the Working Group were:

- the performance of contracted service providers;
- the availability of services out in the community;
- the quality of services, being particularly depend on positive interaction between people;
- equalities issues; and
- the availability of management information.

6.6 **The performance management arrangements in regard to services for carers**

6.6.1 Members were aware of the development of the County Council's Performance Management Framework, including the corporate Performance Management Information System that provides reports on LAA and other performance indicators, including NI 135. They were aware of the accountability for performance of Cabinet, the Corporate Management Team and Directorate Management Teams. In respect of the LAA the Carers Programme Board will oversee the delivery of the transformation programme of the Multi-Agency Strategy for Carers in Staffordshire and the delivery plan for improving performance as measured by NI 135.

6.6.2 In respect of NI 135, the target for 2008/09 is 13%. The Working Group queried whether the target is sufficiently high. They noted that the target increases to 17-18% in the next year and 21% in the year after that and that this rate of improvement is felt to be ambitious.

Considering the variations between districts in performance on this indicator, Members questioned whether there is consistency in data entry and what is being counted. They noted that it is for performance managers in each locality to establish

the factors affecting performance, as recorded, so that these can be addressed. This includes whether assessments are being done and data entered. It is also the role of the performance managers to quality assure the performance information. Members found that discussions had taken place with assessment teams who had been asked to let the lead District Director know of any 'blockages' in systems/processes so that these can be resolved and good practice made consistent across the county. The Working Group asked about guidance, training and the use of ICT to support this. They found that that the recording system is somewhat antiquated but that training has taken place on its use over the last three months, which had not been taking place for a while in anticipation of a new system.

Given that there had been a change in the indicator, Members queried the ability to gain an accurate picture of performance over time. However, they felt that this concern should not hamper progress and that the indicator should be placed in the context of other performance information to provide a picture of progress. They found that when the Commission for Social Care Inspection assessed the Authority they do not just look at the indicator but also look at the level of engagement with service users and the support provided for carers. As an illustration, with reference to the Annual Review Meeting, Inspectors had been pleased with an improvement in the level of engagement with Users and Carers, but it was acknowledged that there was a need to improve the pathway for the carers into employment and to look at pre-employment and employment skills. There was a view that the need for audit can be reduced through effective self-assessment.

6.6.3 The Working Group explored the Performance Framework element of the transformation programme. Members found that its purpose is to:

- develop effective systems to measure, monitor and support improved outcomes for carers, including monitoring of carers' satisfaction; and
- create effective and sustainable performance systems across partner organisations to measure and maximise combined performance.

Members found that contract management was within the scope of this work.

Members were supportive of the development of qualitative performance measures to support the management of the quality of services. They found that Quality Standards for carers will be developed. They also asked about good practice guidance and found that this was being reviewed. For example, guidance on assessments had been issued to social workers, containing ten good practice points such as ensuring that information was not just left with carers but that they were given an opportunity to talk through how they might act on it.

The Working Group also explored organisational learning in the context of performance management. Their discussion covered:

- learning from carer involvement events to inform future involvement;
- learning from pilot projects - reference was made to the 'In Control' Pilot;
- learning what media for communication with carers worked best - reference was made to webcam, the use of community watchdogs, advertising, press contact, council publications, displays in doctors surgeries and libraries; and

- shared learning with partners, particularly in respect of carer pathways between services, such as around hospital discharge, to address the need for streamlined processes.

6.6.4 In discussing roles and responsibilities, towards the end of their work, Members considered the Action for Carers and Employment partnership National: Mainstreaming Toolkit. This provided role descriptions for local authority Cabinet Members, Chief Executives, Directors of Adults' Care, Directors of Children's Care, local authority and Primary Care Trust Lead Officers for Carers, and local carers support organisations.

7. Implications

7.1 Resources and Value for Money - The Working Group have considered how support for carers is resourced. In section 1 of this report, we have drawn attention to various areas where we feel there are resources implications for the County Council: capacity for commissioning for carers; becoming an exemplar employer of carers; developing community engagement; and developing performance management information.

7.2 Equalities and Legal - Paragraph 6.1 of this report refers to the legislative context for the County Council's responsibilities towards carers. The Working Group have considered equalities issues in respect of supporting carers; paragraph 1.4 and recommendation 7 refer.

7.3 Risk - Supporting carers mitigates the risk of them being unable to sustain their caring role or to have a life outside caring which would place an additional burden on the County Council's services.

8. Acknowledgements

8.1 The following County Council officers supported the Services for Carers Scrutiny Working Group:

Christine Whitehead	District Director, Social Care and Health Directorate
David Goodfellow	Carers Enabler, Social Care and Health Directorate
Sarah Garner	Scrutiny and Performance Support Officer
Julie Roberts	Senior Support Officer, Member and Democratic Services.

8.2 The Working Group would like to thank the following people for their contribution:

Jim Brady	Assistant Director, Lifelong Learning
Brenda Constable	Lichfield District Councillor
Terry Dix	Chairman of the Council and Carers Champion
Carol Marsh	Head of Staff Development, Social Care and Health
Jan Mitson	South Staffordshire Council
Colin Savage	Chair, Countywide Carers Group
Nicola Sawyer	County Manager, Access and Information, Social Care and Health Directorate
Chris Stanley	Lichfield District Council

Those carers who responded to the Working Group's questionnaire during Carers' Week in June 2008.

County Councillor Dennis Dixon
Chairman of the Services for Carers Scrutiny Working Group
December 2008

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List of Appendices/Background Papers

- Appendix 1: Progress report on the implementation of the 2005-2008 Strategy for Carers in Staffordshire
- Appendix 2: Staffordshire Primary Care Trusts and Staffordshire County Council Social Care and Health Draft Joint Commissioning Strategies Consultation - response of the Services for Carers Scrutiny Working Group
- Appendix 3: Information from Your Voice event and Staffordshire Carers Survey
- Appendix 4: Analysis of research undertaken during Carers Week in June 2008
- Appendix 5: Cross Reference with other Scrutiny Reviews
- Appendix 6: Role Description for Member Carers' Champion
- Appendix 7: Role description for Overview and Scrutiny Member

- Work Programme 2007/08 - Services for Carers Scrutiny Review report to the Healthier Communities and Older People Scrutiny and Performance Panel 9 October 2007 and minutes of the meeting

- Written information provided for and notes of the meetings of the Services for Carers Scrutiny Working Group held on:

- 23 November 2007
 - 30 April 2008
 - 24 September 2008
 - 24 November 2008
- Statistics about carers from the 2001 Census
 - Staffordshire Health Scrutiny Committee Health Services for Vulnerable Children (Young Carers) Scrutiny Review Final Report
 - Local Area Agreement for Staffordshire 2007-2010 and 2008-2011
 - Staffordshire County Council Strategic Plan 2007/08 and 2008/09
 - Healthier Communities & Older People and Children & Young People Thematic Improvement Plans 2007/08 and 2008/09
 - Children and Young People's Plan 2007-2010 and 2008 refresh
 - A Strategy for Carers in Staffordshire 2005-2008
 - Staffordshire Social Care and Health Directorate Carers' Assessment and Services Policy and Eligibility Criteria
 - Information for practitioners, carers and service users on Direct Payments for Carers
 - Protocol for Identification, Referral and Assessment of Young Carers
 - Staffordshire Primary Care Trusts and Staffordshire County Council Social Care and Health Joint Commissioning Strategies
 - "Commitment to Carers" Multi-Agency Strategy for Carers in Staffordshire
 - Carers Grant Guidance to Local Authorities
 - "Valuing Carers" Carers UK (September 2007)
 - New Deal for Carers - Findings from stage one of the adult and young carers' engagement programme
<http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Carers/NewDealforCarers/index.htm>
 - "Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own" Department of Health (June 2008)
 - Action for Carers and Employment partnership National: mainstreaming toolkit
<http://www.acetoolkit.com/lifeoutside.asp>

Progress report on the implementation of the 2005-2008 Strategy for Carers in Staffordshire

Promoting employment

Staffordshire County Council (SCC) and South Staffordshire NHS Foundation Trust in partnership with Carers Association Southern Staffordshire (CASS) undertook surveys to identify staff who are carers and to get feedback about their employments policies with a view to developing a more carer friendly approach. Completed questionnaires were received and evaluated by CASS. The response rate to the County Council was rather low and so further action will be taken as part of an initiative to make the County Council an exemplar employer of carers. Currently the Foundation Trust is considering a report produced by CASS on the results of a follow up survey of carer employees. Part of the work reviewing training for carers will evaluate and develop training aimed at helping carers to return to paid employment building on courses such as those aimed at building self awareness/confidence which have been run by carers' associations.

Promoting Health

The work of the 'Promoting Health' sub group led to engagement between Social Care and Health (SC&H), Health and Voluntary sector staff and to the inclusion) of the aim to develop and expand the use of GP carers' registers in order to offer health checks, information and referral on to key organisations within the first Local Area Agreement (LAA). Although this failed to promote significant action the delivery plans to achieve targets set for the new Carers Indicator within the refreshed LAA include the development of more support to carers via GP practices. This builds on the work by carers associations to encourage the identification of patients who are carers and the provision of information to them, as well as their development of successful projects to promote carers health and wellbeing.

Developing of a range of support services

The carers associations and other projects funded through the Carers Grant continue to provide support to carers. Increased investment has led to development of Alzheimers and Approach cafes across Staffordshire and further developments are underway to provide improved information, advice and recreational opportunities for people with dementia and their carers. A home based carers emergency support pilot scheme is being developed by Crossroads and the inclusion of carers' indicators within the LAA has led to a number of other initiatives to support carers within individual districts.

Increasing the number and range of breaks for carers

More breaks have been made available to carers through the Carers Grant and a Home Based Respite Service established with three providers in different parts of County providing a more cost effective and carer focussed approach. The need for carers' breaks is recognised in the Changing Lives programme and focussed within some SC&H commissioning strategies. Consultation carried out with carers of adults with learning disabilities is informing planning and commissioning of new breaks services and a project looking at reprovision of NHS respite beds is underway. Further work is required to identify what flexible carer's breaks services are required as the result of personalisation and other changes to services.

Developing Direct Payments for carers

The Carers Short Breaks Fund administered by CASS has successfully provided a range of carers with one-off payments and this initiative was followed by the launch of the Carers Direct Payments scheme which enables carers to receive one off payments and, in exceptional circumstances, regular Direct Payments following carers' assessments. Many more payments than anticipated have been made and the targets for provision of one-off payments in the original LAA were far exceeded.

The scheme is currently being reviewed to ensure that available resources are used more consistently and fairly across Staffordshire.

Increasing the number of carers assessments undertaken and recorded

There has been a gradual increase in the number of recorded carer's assessments that have led to the provision of services, but Staffordshire still lags behind many other local authorities in the number of recorded carer's assessments. More work needs to be done to ensure that the work SC&H assessment staff do to support carers is recorded through carers' assessments. Work to develop a better understanding of the needs of carers is also needed to ensure that carers are identified and assessed, both by SC&H staff and those from other agencies in a position to refer carers on for carer's assessments. Increasing carer awareness amongst staff from organisations in contact with carers, to ensure that carers are provided with or signposted to appropriate support.

Inclusion of the carer's indicators within the LAA provided opportunities to raise the profile of carers amongst organisations within districts and there is now greater engagement and activity at a district level in developing successful events on Carers Rights Day and in Carers Week which reach many more carers. Carers associations maintain a major role in this work. Work to raise awareness of the importance of supporting carers both within SC&H and with other partners is underway and being developed through the 'Think Carer' project within the Changing Lives programme.

Participation of carers in the planning and development of services

Carer's forums are now part of the Learning Disability Partnership Board Structure. The 'User Carer Involvement project' has developed a number of initiatives to increase engagement with service users and carers e.g. a carer's e-panel, an annual countywide conference and monthly ICE (Improving Customer Experience) visits by managers to service users and carers.

A survey of carers who had received carer's assessments was undertaken to gather feedback about outcomes and quality of assessments and led to the initiatives outlined above. The survey also identified carers who were interested in contributing to discussions about planning and development of services.

Meeting the needs of specific groups of carers

Initiatives have been taken to engage with BME carers and to provide them with appropriate services. Work with members of BME communities in East Staffordshire will aim to refocus services in order to make them more culturally appropriate. Developments in meeting the needs of rural carers have been limited although a 'Carers Count' initiative is developing in the particularly rural area of South Staffordshire. Young Carers' projects are serving more young carers, supported by new sources of funding via the Children and Lifelong Learning Directorate. The Directorate has also developed a joint working protocol with SC&H.

**Staffordshire Primary Care Trusts and
Staffordshire County Council Social Care and Health**

Draft Joint Commissioning Strategies

Consultation Response – Services for Carers Scrutiny Working Group

Please note - The Scrutiny Working Group is only part way through its Review of Services for Carers and, as its work progresses, Members will be considering further information and evidence to address the Terms of References for the Review. The comments in this response are based on Members' findings to date and are made without prejudice to any comments and recommendations that the Scrutiny Working Group may wish to make, upon conclusion of the Review, in their final report.

1. Which of the strategies is this response about?

All of them.

2. Have you been considering the full strategy or the summary document?

The full strategies.

3. Do you agree with the general direction of the strategy and its priorities? If not, can you tell us what you think should be different?

We are pleased to have the opportunity to comment on the commissioning strategies from the perspective of their reference to carers.

Given that these are joint commissioning strategies, with regard to their general direction, we would like to see articulated the intention for the County Council and the PCTs to work in partnership to lead on the development of a multi-agency approach to services for carers, in the context of the Local Area Agreement.

We welcome the focus on carers and the recognition of their role that is evident in the strategies. However, we feel that this recognition should be articulated in a stronger and more consistent way across them. There should be greater emphasis of the growing demand for, and role of, carers nationally and locally, to support the vision for future health and social care, including the economic implications of their contribution.

As part of this, with reference to the needs analyses, there should also be a consistent, clear articulation of the link (in terms of care planning and delivery) between supporting carers and them supporting service users (such as people with long term conditions). We feel that this is best expressed in the strategy for People with a Learning Disability and would like to see this level of consideration replicated in the other strategies, including with reference to preventing crises.

We understand that it is intended to produce a separate commissioning strategy for carers, which we would support on the basis that it dovetails with these 'tailored' strategies and recognises the diversity of carers (not just according to the type of needs of the person cared for) including on an age basis. The strategy for Physical and Sensory disabilities is the only one to cover carers from minority communities

and, again, we would like to see such equalities considerations replicated in the other strategies.

We would like to see consistency across the strategies with reference to the approach to increasingly involving carers in planning, commissioning and designing services and also to contributing to performance management by reviewing services from a qualitative perspective. We are aware that some good work is already underway in this area and we agree with prioritising co-ordinated arrangements (as part of the governance arrangements) for service users and carers' views to be fed in. It is important to recognise the potential role of the Local Involvement Network in this respect.

4. If you have read the full strategy, do you think there is information missing which should be in the strategy? If so, could you tell us what that is?

We are aware that the national Carers Strategy has just been published and would expect this to be taken into account in finalising the commissioning strategies.

With reference to needs and priorities, we note for example that the strategy for Older People highlights the levels of older carers (with whom the Working Group is particularly concerned) and carers in rural areas but the specific needs/risks highlighted do not follow through to the commissioning priorities. We would expect such considerations to be addressed in the next stages of the commissioning process.

We feel it would be useful to have some clear headline information about the resources available to deliver support for carers, including reference to workforce.

The Mental Health strategy is least well advanced in terms of carer- related actions and we look to this being developed.

5. Looking at the commissioning priorities and planned actions, are there any you disagree with? If so, can you tell us why you disagree with them? Do you have any alternative suggestions or conclusions?

-

6. Are there any other needs, priorities and planned actions that you think should be in the strategy? Can you tell us what they are?

We feel that there is generally insufficient reference to services for carers in the strategic objectives and supporting actions and a tendency to focus on respite, which is only one aspect of support for carers. Before support can be given to carers, they need to be identified/ referred. Both the County Council and the PCTs are well placed as agencies to do/promote this (with reference to equipping employees to be 'eyes and ears', have a 'professional conversation' with, and be responsive to, carers). We would like to see this highlighted, along with offering assessments to carers, in all of the strategies.

We are aware that the Carers Grant is currently used to commission a variety of support services. Prioritisation and action planning needs to take account of carers' other areas of need (such as information and advice, accessing services, contingency

arrangements, health and well-being, finances, employment, training and leisure) both generically and where particular needs exist in certain circumstances.

For example, from our work so far, it is clear that information provision is critical to carers (whether or not they are 'eligible' for any other form of support) and that this information needs to be easily sourced, consistent and streamlined. We think that there are times of particular need when it is really important for health and social care to work effectively together to inform and support carers, such as hospital discharge, end of life and times of crisis (particularly 'out of hours'). We would like to see this highlighted in all of the strategies.

In the next stages of the commissioning process, it may be appropriate to prioritise particular areas for action, for example services for carers of those people currently making the transition from children's to adults' services. This could help provide positive examples that could be communicated to allay the concerns of others about new models of service. We are concerned that people do not get 'lost' in the transition to new models of service.

7. Did you find the strategy or summary clear? Are there ways you think we could make it more clear?

We refer to our comments about consistency of content.

Name: Services for Carers Scrutiny Working Group

Organisation and Job Title (if applicable): Staffordshire County Council Councillors

Are you responding as a person who uses health or social care services which this strategy is about? No

Are you responding as a carer? No

Please note - We are responding from the point of view of Councillors who are scrutinising Services for Carers, which may include reference to our own personal experiences.

How could we contact you if we wanted to talk with you about your views?

Through Sarah Garner, Scrutiny and Performance Support Officer, 01785 27 6144 or sarah.garner@staffordshire.gov.uk

We would be pleased to receive any feedback available from this consultation about others' views in regard to the focus on carers.

NB This response was submitted by the deadline for comments on the draft strategies of 30 June 2008

Extract from the report of the “Your Voice” conference for users of adult social services and their carers held on 10 April 2008

and

Report of the Staffordshire Carers Survey 2008

“Making a difference – ideas for action

In this final session of the conference people talked about what would need to happen for them to have real confidence that their voice as a user and carer is being heard. This is what they came up with:

- We need choice, quality and variety in services for individuals – we need to be offered more than one option to choose from.
- We want genuine communication – getting all the facts and information so that we can make decisions.
- We want to see meaningful change arising from consultation.
- We want to have proper human resource planning to ensure good quality services.
- We want users and carers groups in the north of the county – with a focus on action.
- We need to understand what Direct Payments mean in a language that we can understand such as Makaton.
- We want regular local meetings with the same people so that we can become more confident in sharing our views.
- We need advocates to speak for people who can't talk or who don't like talking out loud.
- We need early preparation time to facilitate service user involvement in events like this.
- We want communication and involvement in different forms such as Makaton.
- We want to invite Madeleine Fullerton (District Director for East Staffordshire), the District Manager, the Service Manager and Sue Adey to come and speak to us at Steepleview Resource Centre.
- We want more action and less talking!
- We want service users and carers to have voting rights on the various boards and panels that make the decisions.
- We want user and carer referendums on the key issues.
- We need the best possible two way communication with users and carers and to make sure that they are really listened to.
- We want you to do what you say you are going to do – when you promise to call us back, please make sure that you do.
- We need a strong locality voice for users of mental health services and their carers.
- We feel that Changing Lives and Direct Payments are good for younger people, but as older people we want reassurance that our day centre will not close.
- We want better communication such as road shows in our towns and villages and leaflets distributed by GPs.
- We want appropriate sums of money to be allocated to meet each service user's needs – until this happens it is impossible for us to say how we want In Control to work.
- We want a district user and carer newsletter distributed every couple of months with our free newspaper.

“As Elvis once said, we want a little less conversation and a bit more action!”

What happens next?



Users and carers expressed a wide variety of ideas and opinions at this conference. However, some issues came up again and again. These were the common themes:

- We are the experts and we know what we want – so listen to us!
- We have got lots of good ideas about how to improve services.
- We want regular local forums where we can work with each other and tell you about these ideas.
- We want you to communicate with us in lots of different ways and in a language that we can understand.
- We want services which offer good information, easy access and a quick response.
- We want real involvement in planning and decision making.
- We want simpler systems, less paperwork and a reduction in bureaucracy.

Eric Robinson concluded the conference by thanking everyone for the energy and ideas that they had brought to the day. Eric promised to:

- Take away users and carers ideas and turn them into an action plan.
- Make sure that this report and the action plan are widely circulated to users and carers.
- Hold another conference in 12 months time so that we can all see the progress that has been made.
- Make sure that there are regular local opportunities for users and carers to get involved.
- Keep listening to users and carers because they really do know best.”

In Carers Week in June 2008, a series of drop in events were held across the county to give information to people about how carers can get help and support and keep healthy and well. As agreed, on behalf of the Working Group, Officers at these events kindly encouraged people to fill in the following questionnaire.

Staffordshire
County Council

**Healthier Communities and
Older People Scrutiny and
Performance Panel**

2008/09 Work Programme

Dear Carer (or person who thinks they might be a carer!)

Some of Staffordshire's County Councillors undertake overview and scrutiny activity. This is a way for them to represent the interests of communities and help the County Council and partners to improve services and outcomes for people in the county. As part of this activity, they may review what is being done in a particular service area and make recommendations to the people making decisions about what should be done to improve.

At present, a Scrutiny Working Group is looking at how the County Council is developing, and measuring the uptake of, services for carers.

A carer is someone who, without payment, cares for someone else (for a substantial amount of time on a regular basis) who because of illness or disability cannot manage without help. Carers have a legal right to an assessment of their needs. This is a chance to discuss with social services what help they need with caring and to balance caring with other aspects of their life. Social services use the assessment to decide what help to provide.

The Working Group want to find out about why some carers don't come forward for assessment and what prompts carers to come forward for assessment. We would like to hear from you about this and hope you can spare the time to answer the question/s over the page. Getting your views will help us think about what recommendations we might make and also make sure that these are evidence-based.

The Working Group thank you for your help.

Question for carers who have never had a carers assessment:

Please would you give the reason or reasons why you have not had an assessment?

or

Questions for carers who have had a carers assessment:

Thinking back to before you had your assessment, please would you give the reason or reasons why you had not had an assessment?

What prompted you to have an assessment?

Responses

Note: The questions were kept simple to constrain the answers as little as possible.

Total number of responses received: 39 (the majority from Lichfield and Tamworth districts).

25 people answered the question for carers who have never had a carers assessment: Please would you give the reason or reasons why you have not had an assessment?

Of the 25 people who answered this question:

9 people did not know about carers assessment
3 people referred to no social worker involvement being the reason for not having had an assessment (2 other responses also referred to this) - 1 of these responses referred to a complex situation of family interdependencies and not having time to be assessed
2 people did not want an assessment - 1 of these referred to just getting on with it and, as a relative, not classing themselves as a carer
1 person did not know why they hadn't had an assessment
1 person had not really thought of having one
1 person was not sure why they hadn't had an assessment and referred to being given a break by other relatives
1 response referred to being independent but still could do with some help
1 person had been offered an assessment but had declined it on the grounds that they weren't providing substantial care
1 person had only recently increased the level of care they were providing
1 person had declined an assessment on the grounds that they just wanted further information
1 person did not feel they would benefit from an assessment and just wanted information about what was available
1 person was in the process of having an assessment
1 person referred to not being offered an assessment but having had assistance with accessing benefits
1 person referred to a wish to be assessed but having been told that their 16 yr old child did not fit the criteria

14 people answered the questions for carers who have had a carers assessment

Of the 14 people who answered these questions, 6 gave answers about why they had not previously had an assessment as follows:

3 people did not know about carer assessment
1 person felt it didn't matter as they were coping and didn't have time to think about themselves or their own life
1 person did not require an assessment before
1 person, when made aware, felt that it would be intrusive
(In addition 1 person had applied for an assessment some time ago but hadn't heard back)

14 people gave reasons for what prompted them to have an assessment as follows:

5 people referred to the involvement of a social worker specifically (2 of these referred to the subject being raised during assessment of the person cared for)
4 people cited the involvement of a social services (1 of these referred to the subject being raised during assessment of the person cared for)
1 people identified the involvement of a health professional
2 (plus reference in another 3 responses) cited a problem, deterioration or crisis in respect of the person being cared for and/or themselves
1 referred to contact with a carers organisation
1 had an assessment to find out about direct payments

Analysis

The events attracted lots of different people: those who were already recognised (by themselves or others) as carers, those who already knew something about what is available, those who thought they might be carers and those who knew nothing about what is available. These people were those who were able to leave, or bring with them, the people for whom they care. A report on the events is attached as an appendix.

Lots of different reasons have been given for having or not having a carers assessment. However, the above information provides a useful 'snapshot' of views around carers assessment and it is reasonable to conclude that:

- There is a need to raise awareness of carers assessments in a variety of ways (taking account of the fact that some people will actively seek support and information and others will not or cannot)
- There is a need for promotion/communications around carers rights
- Clarity is needed on: eligibility for assessment; assessment for carers being distinct from assessment for the person cared for; what the assessment involves; and the potential benefits of assessment
- Various agencies have contact with carers and their employees need to be equipped to promote carers assessments
- There is a need for information provision both together and separately from carers assessment

- Various responses referred to a crisis prompting people to seek help - whilst not all crises can be prevented, contact with carers early in their assumption of a caring role and help with contingency planning might mean that some crises could be prevented.

Learning from other Scrutiny Reviews

1. The Staffordshire Health Scrutiny Committee had previously reviewed health services for vulnerable children (young carers) in Staffordshire. The focus of the recommendations arising from this review covered.

- Strategic development of services for young carers and the involvement of young carers in this
- Awareness raising and training about young carers
- Identifying young carers
- Referral of young carers for support from voluntary organisations
- Access to information, healthcare and respite
- Use of Direct Payments by young carers aged 16-18
- Supporting young carers in connection with hospital discharge.

2. Towards the end of their review, the Staffordshire County Council Services for Carers Scrutiny Working Group met with the Chair of the Lichfield District Council Scrutiny Working Group who had been reviewing support for carers at district level and were also preparing their final report. The Councillors discussed their findings and found that there was consensus about the importance of the following:

- Awareness raising about carers
- Promoting easy access to good quality information for carers
- Promoting information sharing for the benefit of carers
- Promoting service user and carer engagement
- Preventing crisis
- Supporting carers in the workplace
- Developing performance management information
- Promoting effective joint working around transition and young carers
- Supporting carers in connection with hospital discharge.

3. The South Staffordshire Council scrutiny review of voluntary carers was still ongoing as the County Council Services for Carers Scrutiny Working Group was drawing to a close. Members found that their terms of reference are:

- To establish the services that are available to carers in South Staffordshire and the responsible service providers
- To examine how carers are made aware of the services and benefits that are available to them
- To examine how access to services is maintained in remote rural areas.
- To explore ways South Staffordshire Council can best influence the organisations providing services to carers
- To investigate how South Staffordshire Council can support Carers in the district.

The panel undertaking this review are still collecting evidence. However an early conclusion is that the best way for South Staffordshire Council to help Carers in the area is to promote and support organisations like the Carers Association South Staffordshire and benefit information lines such as the Carers Allowance Information Line run by the Pension Service.

Role Description for Member Carers' Champion

Staffordshire County Council recognises and values the role of carers in the county, supporting those who need help because of old age, physical or learning disability or ill health, including mental ill health. Many of the County Council's employees will have a caring role. We consider that the role of carers is of such importance that it is appropriate to have a County Councillor undertake the role of Carers Champion. The points below describe the elements of this role.

Leadership

- To maintain the profile of the subject of carers within Staffordshire County Council
- To promote awareness of the role of carers among Staffordshire County Councillors
- To promote engagement with carers across Staffordshire County Council
- To promote awareness of the role of carers as appropriate when in contact with other organisations as a Staffordshire County Councillor
- To engage in such Member level networking as is appropriate to the role, for example attendance at relevant conferences
- To undertake a lobbying role in regard to carers issues if and where this is appropriate

Communications

- To act as a figurehead for internal and external communication on the subject of carers
- To draw attention to any national, regional or local developments relevant to Staffordshire's approach to supporting carers

Performance Management

- To contribute to the performance management of the County Council's support for carers as appropriate, for example working with overview and scrutiny
- To pursue any links with other bodies involved in supporting carers where liaison could be appropriate and beneficial

Appropriate (Adult Care/Children's Care/Health etc) Overview and Scrutiny Committee Work Programme

As a Scrutiny Member you may want to:

- Ask the relevant Executive Member for an overview of your authority's approach in respect of carers, including roles and responsibilities
- Check that a multi-agency Carers' Strategy is in place for your area
- Ask for, at least, an annual report about how your authority is contributing to the delivery of this strategy and supporting carers, including working in partnership, for scrutiny
- Question how carers feature in your authority's (and partners') business plans, including financial plans, particularly if you have the chance to contribute to their preparation
- Monitor performance against any associated headline performance indicators or other performance measures
- Ask how carers will have a say in the design, delivery and evaluation of services commissioned by your authority (and partners' services)
- Ask about joint working between adults' and children's services in respect of transition and young carers
- Ask about how your authority (and partners) promote/s equality of opportunity for carers
- Ask about how your authority (and partners) support/s employees who are carers
- Consider the level of awareness about carers among Members and officers in your authority and the associated training provision, including how local Members are equipped to signpost carers to sources of support
- Find a way to engage carers in scrutiny processes
- Consider the implications for carers when undertaking scrutiny reviews, for example if you are involved in policy development
- Consider undertaking a more in-depth review if there are any concerns about progress/performance/practice
- Report on your findings, making recommendations if appropriate
- Monitor the implementation of any agreed recommendations