

Adult Social Care and Health Overview and Scrutiny Committee

31 October 2012

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK** on **WEDNESDAY, 31 OCTOBER 2012** at **10:00 a.m.**

The agenda will be: -

1. General

- (1) Apologies**
- (2) Members' Disclosures of Personal and Prejudicial Interests.**

Members should declare any interests at this point, or as soon as the interest becomes apparent. If the interest is prejudicial, and none of the exceptions apply, you must withdraw from the room. Membership of a district or borough council only needs to be declared (as a personal interest) if you wish to speak in relation to this membership.

- (3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 5 September 2012**
- (4) Chair's Announcements**

2. Public Question Time (Standing Order 34)

Up to 30 minutes of the meeting is available for members of the public to ask

The public reports referred to are available on the Warwickshire Web
www.warwickshire.gov.uk/committee-papers

questions on any matters within the remit of this Committee. Questioners can speak for up to three minutes.

For further information about public question time, please contact Ann Mawdsley on 01926 418079 or e-mail annmawdsley@warwickshire.gov.uk.

3. Review of South Warwickshire Community Emergency Response Team (CERT) and other developments in community services

Jane Ives (Director of Operations) and Christine Howell (General Manager, Adult Community Services, South Warwickshire), South Warwickshire Foundation Trust will present this report.

4. Questions to the Portfolio Holders

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holders (Councillor Izzi Seccombe (Adult Social Care) and Councillor Bob Stevens (Health) on any matters relevant to the remit of this Committee.

5. Carers Strategy Refresh 2012-15

This report sets out the Carers Strategy Refresh for 2012-15.

6. Fairer Charges and Contributions – Impact of Changes

This report gives an update on Fairer Charges and Contributions.

7. Quality Accounts

Martyn Harris will give a verbal update on the Quality Accounts Task and Finish Groups.

8. Work Programme

This report contains the Work Programme for the Adult Social Care and Health Overview and Scrutiny Committee.

9. Any Urgent Items

Agreed by the Chair.

JIM GRAHAM
Chief Executive

Adult Social Care and Health Overview and Scrutiny Committee Membership

Councillors Martyn Ashford, Penny Bould, Les Caborn (Chair), Jose Compton (Vice Chair), Richard Dodd, Mike Gittus, Carolyn Robbins, Kate Rolfe (S), Dave Shilton and Sid Tooth (S)

District and Borough Councillors (5-voting on health matters) One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:	Councillor Derek Pickard
Nuneaton and Bedworth Borough Council:	Councillor John Haynes
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	Councillor George Mattheou
Warwick District Council:	Councillor Michael Kinson OBE

Portfolio Holders:- Councillor Izzi Seccombe (Adult Social Care)
Councillor Bob Stevens (Health)

General Enquiries: Please contact Ann Mawdsley on 01926 418079
E-mail: annmawdsley@warwickshire.gov.uk.

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Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 5 September 2012 at Shire Hall, Warwick

Present:

Members of the Committee Councillor Les Caborn (Chair)
 “ Martyn Ashford
 “ Penny Bould
 “ Jose Compton
 “ Richard Dodd
 “ Carolyn Robbins
 “ Kate Rolfe
 “ Sid Tooth

District/Borough Councillors Sally Bragg (Rugby Borough Council)
 Michael Kinson OBE (Warwick District Council)
 George Mattheou (Stratford-on-Avon District Council)
 Derek Pickard (North Warwickshire Borough Council)

Other County Councillors Councillor Bob Stevens (Portfolio Holder for Health)
 Councillor Angela Warner

Officers Zoe Bogg, Reablement Service Manager
 Kirstin Clarke, Team Manager, Social Care and Support
 Wendy Fabbro, Strategic Director of People Group
 Kate Harker, Joint Commissioning Manager
 Martyn Harris, Democratic Services Officer
 Carol Judge, Strategic Lead for Safeguarding Adults/Deprivation of
 Liberty Safeguards Manager
 Di King, Service Manager, Locality North
 Chris Lewington, Interim Head of Strategic Commissioning
 Ann Mawdsley, Senior Democratic Services Officer

Also Present: Ann Aylard, Lead Consultant Psychiatrist, CWPT
 Michael Curry, Parent Carer
 Jed Francique, General Manager, Integrated Children’s Services,
 CWPT
 Jane Ives, Director of Operations, SWFT
 Dr Eloise Jessop, GP lead on mental health, Warwickshire North
 Consortia
 John Linnane, Public Health
 Len Mackin, Warwickshire LINK
 Heather Norgrove, Commercial Director, George Eliot Hospital
 Dr Helen Rostill, Head of Psychological Therapies, CWPT
 Deb Saunders, Warwickshire LINK Manager
 Sue Smith, General Manager Age Independent Mental Health, CWPT
 Josie Spencer, Director of Operations, Community Services, CWPT

1. General

(1) Apologies for absence

Apologies for absence were received on behalf of Cllr Mike Gittus, Cllr Dave Shilton, Cllr John Haynes (Nuneaton and Bedworth Borough Council), Cllr Izzi Seccombe, Cllr Claire Watson, Mark Radford (UHCW) and Megnana Pandit (UHCW).

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Martyn Ashford declared a personal interest as a member of the NHS South Warwickshire Foundation Trust.

Councillor Penny Bould declared a personal interest as:

1. a psychotherapist in private practice sometimes making referrals to CAMHS
2. a trade unionist
3. a member of a government supported on-call team for post-disaster work.

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service.

Councillor Kate Rolfe declared a personal interest as a private carer not paid by Warwickshire County Council.

Councillor Angela Warner declared a personal interest as a GP practicing in Warwickshire.

(3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012

The public minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012 were agreed as a true record and signed by the Chair.

Matters Arising

None.

(4) Chair's Announcements

The Chair gave an update on the work being done with District and Borough partners on the Warwickshire health scrutiny partnership. He added that a meeting would be set up in the late autumn between the

Committee and the District and Borough Councillors to agree a working protocol and to share work programmes.

2. Public Question Time

None.

3. Questions to the Portfolio Holders

Councillor Bob Stevens made the following points:

- The Shadow Health and Wellbeing Board agenda was moving forward. The decision on whether the Chair would be a political or independent appointment was yet to be made, and this would be made by full council.
- The South Warwickshire CCG was well advanced and expected to go through their authorisation in the latter half of December as part of Wave 3 of the authorisation process.
- Warwickshire North CCG and Rugby and Coventry CCG were making progress towards their authorisation, both in Wave 4.
- He had received a response to his letter sent to Worcestershire in relation to their review of hospital services, and assured members of the committee that Warwickshire would be involved in any developments.

Councillor Sally Bragg asked Councillor Bob Stevens why, in light of the downgrades to A&E at Rugby St Cross, there were still red A&E hospital signs in the town? It was agreed that this was misleading for the public and could in some cases be dangerous. The Chair noted that this had been an area highlighted by the Task and Finish Group responding to the Rugby A&E consultation in 2010 and undertook to follow this up.

4. Commissioners report on Child and Adolescent Mental Health Service (CAMHS) Improvements

Kate Harker introduced Dr Eloise Jessop, a GP from the Warwickshire North Consortia, who was the lead on mental health and was attending to give a GP perspective on the CAMHS service. She presented the report, noting the following:

- i. Clear targets had been put in place for waiting times. Q2 results would have to demonstrate that 95% of children and young people referred were waiting less than 18 weeks between assessment and treatment. If these targets were not met, financial penalties could be imposed.
- ii. There had been a huge amount of work done and a lot of investment made by CWPT, and this level of sustained change had not been seen before. It was however important to hold the Trust to account across a range of areas such as waiting times, quality of services, choice, engagement with customers, robust and accurate information and clear communication channels.

- iii. Benchmarking between different CAMHS services was difficult, due to the nature of services delivered locally. Commissioner did still need to be confident that the service being received locally was on a par with others.
- iv. The commissioning team felt that a further report in December would allow time to ensure that the targets that had been put in place had been met. In the meantime they were recommending that soft market testing was done so that all options were clear.

Dr Eloise Jessop noted that she had seen an improvement with the stakeholder workshop that had been held by CWPT, which was backed by the systems changes that had been introduced. It would now be down to looking at the data and working towards Quarter 2.

Wendy Fabbro noted that reassurance would only come with hard data, which was not yet available to be assessed, but that there had been a positive approach which had resulted in improvement. She added that this committee had asked commissioners to consider soft market testing and to look at comparative data to evidence whether Warwickshire was receiving a good service comparatively. She made the point that while soft market testing could be taken as an indication that services could potentially be put out to tender, but it could also demonstrate the value of the services that were in place. Soft marketing testing was not an indication of lack of faith.

During the discussion that ensued the following points were noted:

1. A query was raised about staff recruitment and the difference between the original estimate that 15 staff were needed to drive waiting times down and the 6.6 that had been recruited. Josie Spencer stated that CAMHS were confident that they would be able to address waiting times and make the necessary improvement with the measures put in place.
2. It was acknowledged that summer could be a difficult time for the service with school holidays, but the end of Q2 would be 'D-Day' to meet the clear target for a reduction on waiting lists.
3. Concern was raised about the inconsistent service across the county, which was an issue that the Committee had highlighted during consideration of previous reports.
4. The Committee acknowledged the negative impacts that financial penalties (2% of the budget) or going out to tender could have on the delivery of services.

The Committee, having considered and commented on the effort and resource that CWPT have applied to driving down CAMHS waiting times and to transforming services to better manage future demand, agreed to:

1. CWPT attending the meeting on 5 December (Quarter 3) and again on 6 March (Quarter 4) to report on their progress in remodelling services and the resulting performance in bringing down waiting times to within the contractually agreed maximum waiting times.

2. Support the recommendation that commissioners explore soft market testing, the possibility of a franchise arrangement and interest in a tendering process should CWPT fail to meet their contractual waiting times targets and report back to the December meeting.

5. Child and Adolescent Mental Health Services (CAMHS) – Waiting Times – September 2012 Update

Jed Francique, Ann Aylard and Dr Helen Rostill presented the report, giving a further update on the information provided to the June meeting. The headline information was:

- i. The two major themes that ran alongside the work being done were in relation to the quality of the service being provided and the capacity for improvement.
- ii. Figures in September showed a 44% improvement in the reduction of the number of children and length of waiting times from April.
- iii. Patient experience was measured on entry to the service and six months in. These outcome measures give an indication of how good the service is and on average children had seen an improvement in their lives through accessing CAMHS services indicating strength in the service.
- iv. The CAMHS team were not complacent and recognised there was still a long way to go.
- v. A lot of work had been done on data quality resulting in CAMHS having more confidence that they were in a robust position and presenting an accurate picture.
- vi. The reduction in waiting times and the work done in pathway development meant the service had become more appropriate for children and young people.
- vii. The introduction of a centralised booking system would result in a more efficient and effective way of booking.
- viii. The targets referred to in the previous item had only come into play for Q2 onwards and had not been in place for Q1.
- ix. The target for referral to treatment was 18 weeks in Q2, 16 weeks in Q3 and 14 weeks in Q4. The national norm was 18 weeks.
- x. The penalty for not achieving the target was £136,000 which correlated to the amount of money invested in the system to reduce waiting times. This figure had not been planned or budgeted for and if applied would have to come out of services. As CAMHS spent a large percentage of their budget on staff, any financial penalties would reduce the number of staff available to deal face-to-face with children.

Ann Aylard reported that two new consultant psychiatrists had been recruited for North Warwickshire, and these appointments were expected to make a big difference to the service in the north. There had been difficulties recruiting the appropriate people with the right skills and reliability. Dr Helen Roskill added that

capacity was a national problem, and Government had introduced a four-year plan for talking therapies to try to address this. She made the following points:

- I. Every time a report was produced for O&S, attention was drawn to the consistent positive outcomes being achieved for children and young people accessing the service, which produced significant differences for families. Positive feedback was received from over 90% of users of all sites.
- II. Revision of clinical pathways was ongoing to ensure that every service was evidence-based, met NICE guidelines and delivered high quality services.
- III. There was a willingness being shown by partners on the CAMHS Steering Group (including CWPT and WCC) for integrated working, including workforce planning. This reinforced the knowledge that a holistic approach across the health and social care sector was needed to find sustainable solutions.

During the ensuing discussion, the following points were raised:

1. Members expressed concern at the possible implications to services of financial penalties being imposed.
2. There was currently a high level of demand in Rugby and the Trust would need to discuss this with commissioners to ensure resources were correctly allocated.
3. In response to the earlier comments about the reliability of data over the summer period, Josie Spencer agreed to circulate updated information to the Committee.
4. A query was raised regarding the amount of support offered to families waiting for treatment, particularly where there was a high level of emotional distress or challenging behaviour. Ann Aylard responded that more robust processes had been introduced over the summer which would lead to written information, advice for managing situations and signposting elsewhere during the waiting time. She added that risk assessment were always carried out and where necessary people were seen quickly. Concerned families were also able to speak to a clinician at any time to get support and the CWPT website offered a vast amount of guidance, information and links.
5. 89% of children and young people were seen within nine weeks of their initial assessment.
6. In cases where deterioration occurred while on a waiting list, the expectation was that families would contact CAMHS and where necessary, treatment could be brought forward. It was felt that this put the responsibility back onto children and families and that the Trust should be supporting people more. Jed Francique responded that the next step was to develop a holistic service which CAMHS would be one of many partners, organised around the needs of children and young people, with good communication between agencies. This would include up skilling the wider workforce and the ability to identify issues earlier.

7. Members asked for Nuneaton and Bedworth and North Warwickshire data to be presented separately.
8. In terms of recruitment and training, there was a national drive to raise the baseline of the level of skill in the workforce for mental health. Locally CWPT invested in staff through both external and internal CPD courses, capitalising on the skills within the organisation to develop other members of staff.
9. While it was not known exactly why the average Strength and Difficulty Questionnaire figures for Warwickshire were higher than average, contributing factors could be the threshold for services resulting in a higher level of complexity or the fact that other areas in the country had much higher levels of investment in primary mental health care work. Kate Harker noted that Warwickshire now had five primary mental health workers and a clear role for that team was about up skilling and building capacity across different agencies.
10. Members agreed that there needed to be more communication about the new booking system, which would deliver appropriate waiting list management, redefining some roles and using new technology.
11. While targets for achievement would involve meaningful dialogue between commissioners and providers, it was clear that a clear improvement in the outcomes for young people had to be evidence based, and that a critical aspect of future working was about partnerships.
12. The re-referral rate was a key measure for CAMHS and Members requested that this information be included in future reports.

The Chair thanked the CWPT representatives for their report, stating that he was encouraged by the work being done in moving forward.

The Committee agreed to:

- receive a briefing note with the latest September data;
- receive a further update report, including outcome data and re-referral data, at their meeting on 5 December 2012.

6. Ofsted/CQC Inspection

Wendy Fabbro gave an update on a recent joint Ofsted/CQC Inspection looking at child protection in Warwickshire where parents had mental health, drug or alcohol problems.

An action plan had been compiled from the lessons learned, with three key actions:

1. Recording and data sharing – particularly files for each organisation identifying the impact for children.
2. Commitment to joint training for adult services and children services staff, specifically in safeguarding, so that all staff had an understanding of the

- impact on families. The possibility of joint supervision from adult services and children services staff was also being considered.
3. Production of a 'Think Family Strategy' setting out exactly what the Group was intending to deliver for families. This was scheduled into the work programme for early 2013.

The Chair thanked Wendy Fabbro for her update.

7. Public Health Transition – Shadow Year Developments

John Linnane introduced his report, providing an overview of how the new public health system will look and function post April 2013 and the work being done locally to ensure transformational change while still delivering the full range of public health responsibilities effectively and efficiently.

John Linnane reported that baseline funding for public health had been identified in indicative form by the Department of Health, based on historical logic and setting out a minimum settlement that would be ring-fenced for public health. The final allocation was expected by the end of the year.

Members requested a list of abbreviations and acronyms to be included in future reports.

The Chair thanked John Linnane for his report.

8. Hospital Discharge and Reablement Services

Wendy Fabbro passed on the apologies of Jane Ives (South Warwickshire Foundation Trust), who had had to leave the meeting early. She passed on Jane Ives' apologies for her late report and that Jane was satisfied that the report tabled with the agenda incorporated her views.

Zoe Bogg and Di King presented the progress report on hospital discharges and reablement services, including an update on the recommendations made by the Hospital Discharges and Reablement Services Task and Finish Group agreed by Cabinet on 14 July 2011.

During the ensuing discussion the following points were noted:

1. In response to a query regarding the safety of the system for patients who could have a number of transfers in rapid succession, it was noted that a 'Discharge to Assess' model was being considered which would identify a case management structure and manager to ensure a safe pathway for patients. It was agreed that this system should include a user feedback element to ensure open communication.
2. Members agreed the importance of reablement, which was not always easy when dealing with people who may suffer from dementia.

3. The problem of patients being discharged and then having long waits for medicine prescriptions to be filled, was highlighted.
4. It was noted that it was possible that a piece of work would be commissioned to consider how 'moving on beds' would be managed in the future.

The Chair thanked officers for an excellent report.

The committee voted to continue the meeting beyond three hours in accordance with Standing Order 30.7.

9. Q1 Performance Report

Chris Lewington presented the report setting out Quarter 1 performance.

The report was agreed.

10. Crisis House Provision

Sue Smith, General Manager Age Independent Mental Health, CWPT, presented the report setting out the background to crisis house provision and giving an update on the current occupancy levels of the two crisis houses in Warwickshire. She added that the situation was under constant review and that the contract for this service would end at the end of 2012. CWPT were working with Commissioners to ensure that services were meeting the needs of the residents of Warwickshire, including the crisis house provision.

A discussion followed and the following points were raised:

1. People had to be in psychiatric crisis and referred through appropriate people including Home Treatment Teams, to take up residency in the crisis homes.
2. Each of the homes had different criteria, but the aim of the house and the team was to get people back into their own homes as quickly as possible, before dependencies were built.
3. Feedback on the houses from users, carers and the teams was reviewed on an ongoing basis.

The Chair thanked Sue Smith for her report and requested an update before the Crisis House contracts were renewed.

11. George Eliot Hospital

Wendy Fabbro gave a verbal update from the member stakeholder group at George Eliot Hospital, which had presented an Outline Business Plan to the Department of Health, seeking approval for its plans to secure a new strategic partner through open competition. She noted that the member stakeholder group

enabled good involvement from a range of patient and professional groups, and had a good consensus on the way forward. Heather Norgrove confirmed that the Government response was expected shortly, after which the procurement process could begin.

Heather Norgrove confirmed that the decision-making process would include a health impact assessment, and that this would be confirmed formally to the Health and Wellbeing Board.

Wendy Fabbro stated that the process would then move to a confidential commercial stage, but these would be brought to scrutiny as soon as they were available.

The Chair thanked Wendy Fabbro for her update. He also thanked Heather Norgrove for her regular attendance at ASC&HOSC meetings, and asked that an update be brought to Committee at an appropriate time.

12. Department of Health Consultation on Health Scrutiny

The Chair referred to the draft response that had been circulated, highlighting the importance of the consultation. He asked Members to forward any comments to Ann Mawdsley and undertook to forward a copy of the final response to members of the committee.

13. Quality Accounts

Martyn Harris outlined the progress in setting up the Task and Finish Groups for each of the five Trusts and asked that any questions in relation to this work be forwarded to him.

The Chair thanked Martyn for the work that he had done in progressing the Quality Accounts Task and Finish Groups, which were a new venture in partnership working.

14. Work Programme

The Work Programme was agreed.

15. Any Urgent Items

None.

16. Reports Containing Confidential or Exempt Information

The Committee resolved that:

“Members of the public be excluded from the meeting for the items mentioned below on the grounds that their presence would involve the disclosure of exempt information as defined in paragraph 3 of Schedule 12A of Part 1 of the Local Government Act 1972”.

17. Exempt Minutes of the Meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012

The Exempt minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 19 June 2012 were agreed as a true record and signed by the Chair.

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Chair of Committee

The Committee rose at 1.30 p.m.

Item 4

Adult Social Care and Health Overview and Scrutiny Committee

October 31st 2012

Review of South Warwickshire Community Emergency Response Team (CERT) and other developments in community services

1. Introduction

This is a review of developments that have taken place in Community Services in the last 12 months.

12 months ago concerns were raised about the ability of services in the South of the County to be able to deal with demand over the winter. The number of emergency admissions was rising, there were breaches of the 4 hour A&E target, and patients were waiting weeks for a bed in a community hospital. Modelling identified that an additional 9-26 beds would be required over the previous year to cope with the predicted demand.

It was proposed that Arden Ward, a community hospital ward at RLSRH should reduce in beds from 28 to 18 and should move onto the acute site, into the space vacated by Dugdale Ward. The resources from the closure of the 18 Acute and 10 community beds would be invested into enhanced community services, particularly a Community Emergency Response Team (CERT). SWFT agreed to pump prime the new service, with double running of the CERT team and community hospital for a period.

The proposal paper also noted that changes were happening at the Nicol Unit and in the development of Community Services in the Stratford area.

2. Report on Developments

CERT

A Community Emergency Response Team was developed in the Warwick District. This team consists of nurses, physiotherapists, Occupational Therapists and assistants. Recruitment took longer than was initially estimated, but the team was in place and fully operational from April 2012. The team is attached to the Intermediate Care Service. They accept referrals both for facilitated discharge from hospitals and admission prevention, from GPs, to enable patients to be cared for in their own homes. The team has a 2 hour emergency response time. Patients are fully assessed and provided with nursing care or rehabilitation as necessary in their own homes.

Initially it was hoped that patients would be transferred on to other services in 72 hours but this has not but this has not been achievable. Following their initial urgent care response, patients are either: discharged as independent; transferred to Intermediate Care routine flow for ongoing therapy; referred to Reablement; or to Adult Social Care for a package of care.

Additional resources were also put into the Stratford ACT team that had previously been developed under the Cutting the Cost of Frailty project. This team was then also able to develop and urgent response service and was renamed the Stratford CERT team to avoid confusion from referrers.

The CERT teams, Reablement and the hospital discharge coordinators worked closely together to develop patient pathways. Reablement has also expanded during this time frame and now accept referrals directly from CERT using trusted assessments, avoiding duplication and improving patient flow.

Arden Ward

It was proposed that Arden ward should move to Warwick Hospital, following the closure of Dugdale ward in April 2012. Winter pressures and the demand on emergency beds (Year to date adult emergency admission are 10% above plan) meant that it was not possible to close Dugdale Ward. The number of beds on Arden ward did reduce initially to 24 beds in April.

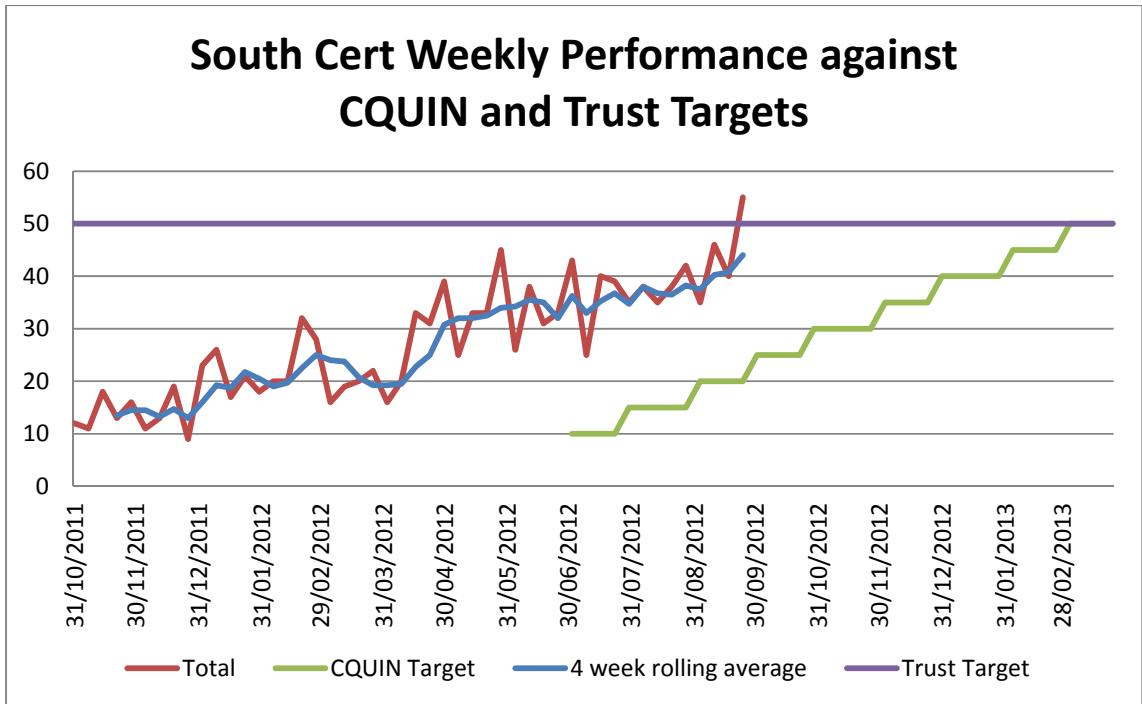
With funding available for rebuilding on the Royal Leamington Spa Hospital site for the expansion of the Acquired Brain Injury Unit, it became necessary for Arden to vacate the site in September 2012. An alternative site for Arden ward was found on the Helen Ley site in North Leamington, 4 miles away from RLSRH. Following refurbishment of the site Arden ward moved into the Helen Ley Centre on 27th September. This site will provide 18 community hospital beds. It remains under the full management of SWFT, the nursing, medical, therapy and support services have all moved with the patients and continue to provide all care. The ward had an inspection from CQC on 3rd October which was completely satisfactory and the ward has been fully registered with the CQC.

3. Outcomes and benefits

The project has been extremely successful. More patients are now cared for in their own homes and the pressure has been reduced on Warwick Hospital. The A&E target (95% of patients discharged or admitted with 4 hours) which was missed in 3 of the 4 quarters in 2011/12 – has been met every month since the new services started, aligned with additional changes to emergency medical processes at Warwick Hospital..

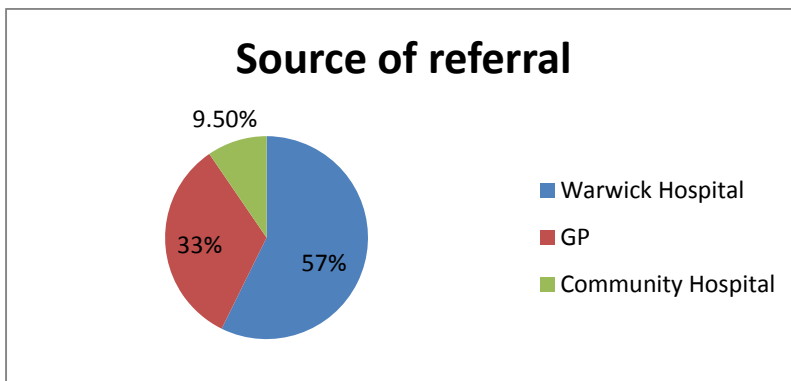
3.1

CERT has been given a Care Quality Indicator (CQUIN) target by the CCG of achieving 50 referrals a week to the service by April 2013. It is on track to meet this target. The graph below shows the number of referrals accepted against the target. Between April 2012 and October 2012, Warwick CERT received 521 referrals and Stratford CERT, 393, a total of 914 in six months compared to a baseline figure of 250 prior to the changes.

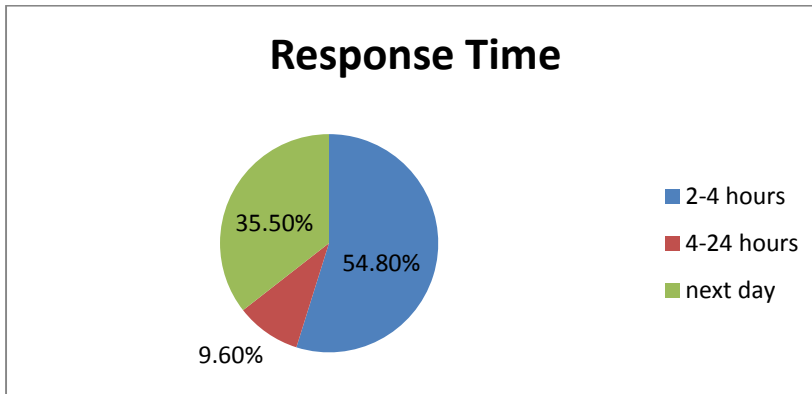


3.2 An audit of a sample of referrals received between April and October shows:

Source of referral:

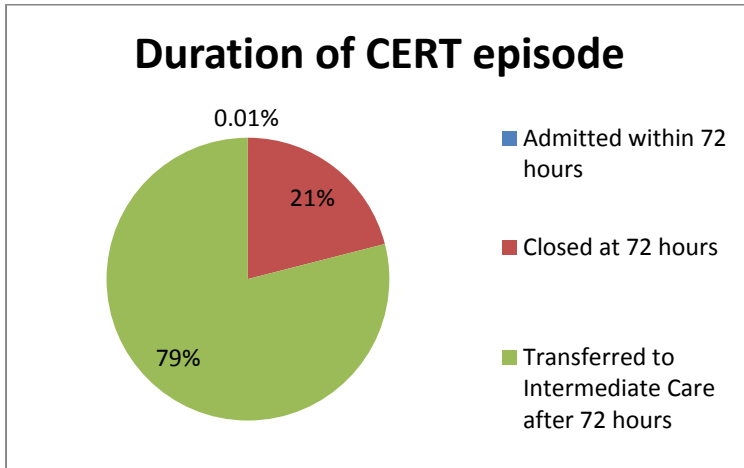


Response times for admission prevention cases:

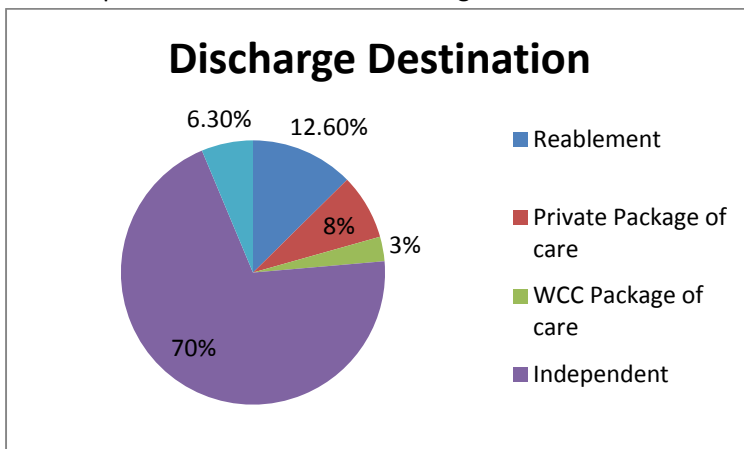


55% of patients were seen within 2 hours. Where patients had to wait until next day, this was often at the request of the family when making arrangements.

Duration of CERT episode:



Services patients referred to on discharge from CERT:



The patients identified as Independent were able to manage in their own homes with no further support.

System Outcomes.

As part of the wider transformation programme we are measuring a number of indicators across the system. The first 5 months data in comparison with the same 5 months in 2011/12 are encouraging.

- 7% increase in elderly discharges from EAU (short stay admissions)
- 15% reduction in deaths (in elderly and frail elderly)
- 3% reduction in frail elderly readmissions
- 15% reduction in % of Frail elderly discharged to NH who were previously living at home.

Next Steps

1. An action plan is in place to help us reach and sustain our CQUIN target of 50 referrals per week which identifies case finding, skill mix, changes to shift patterns and communication as factors to be considered.
2. We are currently reviewing our community services in the Shipston and Alcester areas. We are working with the Shipston GPs to review the level of community services required in the area to meet demand. We are reviewing the utilisation of the inpatient beds at Ellen Badger Hospitals looking at developing the model of care as at the Nicol unit and developing a more responsive admission prevention option. As part of this review we are modelling to determine the most suitable number of inpatient beds at the facility.
3. We are working with the Alexandra Hospital in Redditch to further develop discharge pathways for Warwickshire patients.

Christine Howell

General Manager, Adult Community Services, South Warwickshire, SWFT

15.10.12

Item 5

Adult Social Care & Health Overview & Scrutiny Committee

31st October 2012

Carers Strategy Refresh 2012-15

Recommendation:

The Carers Strategy Refresh will be submitted to Cabinet on 22nd November. Overview & Scrutiny Committee comments are requested and will be reported verbally at Cabinet.

1.0 Key Issues

- 1.1 A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner, a child or friend who is ill, frail, disabled or has mental health or substance misuse problems. Young carers are children and young people up to the age of 18 whose life is affected by looking after someone with a disability or long-term illness or condition. The number of carers is likely to increase significantly and 3 in 5 of us can expect to be a carer at some point in our lives.
- 1.2 Health and social care services are dependent upon the role played by informal carers. The most recent estimate of the saving to health and social care services through the support provided by informal carers is £119 billion nationally, the equivalent of funding the whole NHS. In the current economic climate this support is more valuable than ever.
- 1.3 In the 2001 Census 53,221 people in Warwickshire identified themselves as providing unpaid care for another person, 58% of these were women. Included within these figures were over 1,220 young carers although this is considered to be an underestimate and recent national research indicates that the figure is more likely to be nearer 4,880. Nearly 9,500 of the total number of carers were providing over 50 hours of unpaid care per week although, again, recent research suggests that it is more likely to be double that figure and that carers regularly providing over 20 hours per week were more likely to experience an impact on their own health. The overall figure for carers is in line with the national average of 10%. However, there are differences across the districts that make up the county with North Warwickshire (11.4%) and Nuneaton and Bedworth (11%) indicating a higher number of carers in those areas.

- 1.4 The number of carers known to Social Care is fewer than 10,000 and this may be due to a range of factors including carers experiencing no need for services at the present time, lack of awareness of available services, current ineligibility for services and/or reluctance (on the part of the cared for or the carer) to accept external help. Warwickshire's Carer Support Services for adult and young carers are in touch with just under 6,000 carers, some of whom are also known to Social Care Services.
- 1.5 There is mounting evidence to suggest that many of those taking on a caring role may experience poorer health and wellbeing as a direct result of that role and of those carers who have a prior health problem themselves many experience a deterioration in their condition due to their caring responsibilities. The impact on their health may range from physical injury, sleeplessness, fatigue to anxiety and stress. This applies equally to adult and young carers.
- 1.6 Carers may also find that their caring role can reduce their leisure, educational and employment opportunities and, particularly in the case of younger carers, may impose limitations which have long term consequences for their economic welfare.
- 1.7 The White Paper, "Caring for our future: Reforming care and support" outlines important new rights for carers and these are embodied in the draft Care and Support Bill which is detailed in Section 1.4 of Warwickshire's Carers Strategy Refresh. The proposals include:
- New duty on local authorities to establish and maintain an information and advice service relating to care and support for adults and carers
 - New duty to promote diversity and quality in provision of services
 - Automatic assessment if carer has eligible needs
 - New rights to services for carers following assessment
 - No requirement to provide regular and substantial care so any carer with needs could be assessed
 - New rights to be consulted on the assessment of the cared for
 - New rights in primary legislation for carers to receive a copy of the care plan and to be consulted

Preparation work will be needed to review practice in the light of the new requirements although Warwickshire has already adopted policies particularly in relation to assessments which put it in a strong position to respond to the new legislation. The right to services as a result of an assessment may incur additional expenditure although the Government has indicated that additional funding will accompany the new legislation.

- 1.8.1 Carers, nationally and locally, have identified the kind of support and services that can make the greatest difference to their ability to provide care. This Strategy builds upon existing positive practice and proposes actions which will help to ensure that carers in Warwickshire are supported to sustain their caring role and protect their health and wellbeing.

2.0 Proposal

- 2.1 This Strategy reflects the four key priorities of the national Carers Strategy and picks up the key themes of the Caring For Our Future White Paper and the draft Care and Support Bill. Led by the People Group, this Strategy has been developed in partnership with NHS Warwickshire Primary Care Trust, informed by consultation with carers in Warwickshire and has drawn on the Joint Strategic Needs Assessment, the draft Joint Health & Wellbeing Strategy and current client group and condition specific strategies, including the End of Life Strategy, to provide a robust basis for constructive planning with Clinical Commissioning Groups and other partners across all sectors to embed carers within their area of activity.
- 2.2 The four key priority areas of the Strategy, under which actions are grouped, are:

Priority 1 - Easy access to information and early identification of carers to promote preventative interventions

Carers have said that the right information at the right time is essential. This may be information about practical support, benefits, available services or condition specific information to help them plan their caring. Actions within this area centre on early identification of carers and improving access to information at all stages in their caring role. Among the actions to achieve this are:

- All client group and condition specific strategies will consider and incorporate carers' need for information especially relating to practical caring skills and care pathways and sources of support.
- Carer awareness training will be made available to all frontline staff within the County Council and made accessible to other stakeholders to aid effective identification and signposting to sources of support.
- Public-facing information provision within health and the County Council will consider and reflect the carers pathway.
- Early identification of those caring for people near the end of their lives
- Extending authority to health practitioners to carry out carers' assessments
- Promoting carer and self funder's use of the Resource Directory to purchase care direct.

Priority 2 - Timely information and services to assist adult carers to retain or return to employment and ensure that young carers are protected from inappropriate caring

Carers, whose employment is at risk, need to know at an early stage how to access information and support to retain or return to employment. Young carers need to be identified to ensure that the right level of support is offered to their families. Among the actions to achieve this are:

- Reviews of replacement care will be undertaken to explore a wide range of options to support working carers.

- Information about caring whilst working to be easily accessible
- A Whole family approach will be promoted across social care to ensure that young carers are identified and supported.

Priority 3 - Flexible personalised support which enables carers to have a family and community life

Carers and those they look after need access to a range of services including those outside of social care to enable them to maintain a family and community life. Among the actions to achieve this are:

- All client group and condition specific strategies will consider and incorporate carers' need for services which will promote family and community life.
- Commissioning intervention to stimulate the development of community services involving approaches that enable people to share their experience, knowledge and skills with others in their community.
- Preparation for the introduction of new carers' rights contained in the draft Care & Support Bill.

Priority 4 - Support to maintain carers' physical and mental health

Carers whose health may be at risk need to be identified and supported to promote their own wellbeing. Among the actions to achieve this are:

- Regular health checks for carers
- Carers assessments to focus on carer's health and wellbeing
- Future planning for carers to identify their needs when their caring role ends
- Planning for the cared for person which will focus on establishing a secure future by considering accommodation, funding, legal issues to provide peace of mind for carers.
- Training for carers in practical caring techniques

3.0 Financial Implications

- 3.1 These proposals can be delivered within available budgets. Support to carers is acknowledged to be a cost effective way to deliver best care outcomes based on recognition that the average cost of support to carers per week would always be significantly outweighed by the cared for person's support package where care would otherwise be delivered by the state.
- 3.2 Support for carers to address the impact of the caring role is considered within the cared for person's assessment. This may be achieved by the provision of services to the cared for person such as replacement care or a creative use of the cared for person's support package to enable the care to take time away from the caring role. These services are delivered, and charged to, the cared for person.

- 3.3 A carer's assessment provides an opportunity to focus on the carer's health and wellbeing and their life outside of the caring role. This may result in a Direct Payment that will enable the carer to access support to achieve their personal outcomes such as gym membership, relaxation classes or an educational course.

4.0 Equality considerations

An equality impact assessment has been undertaken for the Strategy and it is highlighted that equality considerations have been incorporated into the Delivery Plan.

5.0 Timescales associated with the decision/Next steps

The Carers Strategy Refresh will be submitted to Cabinet on 22 November 2012 and will be formally launched after that date. Any comments from the O&S Committee will be reported verbally to Cabinet.

Background Papers

1. Caring for our Future: reforming care and support, Dept of Health, 2012
2. JSNA, End of Life Strategy, Dementia Strategy, Learning Disability Strategy, Joint Health & Wellbeing Strategy(Draft).

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Warwickshire Joint Carers' Strategy Refresh

Carers are everybody's business

2012 – 2015

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Section One

1.1 Introduction

Health and social care services are dependent upon the role played by informal carers. The most recent estimate of the saving to the NHS through the care provided by informal carers is £119 billion¹ nationally, the equivalent of funding the whole NHS. In the current economic climate this support is more valuable than ever and yet many carers find themselves without adequate support or even access to information that could make their role easier to sustain. Research² has clearly identified a link between caring and deteriorating health and the negative impact this is having on those members of our communities who are providing this care, including a significant proportion of children and young people.³ Considered in purely economic terms we are failing to invest in one of our most valuable resources. In human terms we are allowing some of our citizens, their children, and the people they care for to live unnecessarily difficult lives with long term consequences for carers' health, and economic opportunities. This strategy has been developed as a framework for a more holistic approach to supporting carers which builds on, and contributes to, key developments related to carers within other strategies and the re-organisation of health services. It provides a clear guide to the commissioning of services that will support and enable carers to continue in their caring responsibilities and participate in family and community life

1.2 Who are carers?

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner, a child or friend who is ill, frail, disabled or has mental health or substance misuse problems.⁴

Young carers are children and young people (up to the age of 18) whose life is affected by looking after someone with a disability or long-term illness. The person they care for may be a parent, a sibling, another family member or a friend. The terms 'disability' and 'long term illness' do not just mean a physical illness or disability, but also cover, for example, mental illness, learning disability, substance misuse, frailty and old age. Many young carers continue to become Young Adult Carers (aged 16-25).

¹ Carers UK, 2011

² Always on Call, Always Concerned, Princess Royal trust for Carers, 2011

³ Becker, Aldridge and Dearden, 1998

⁴ Recognised, valued and supported: Next steps for the Carers Strategy, 2010

Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would in the same situation; looking after their parent, partner, child or best friend and just getting on with it. A caring role may last a few months or years but for some it may last for the rest of their lives.

1.3 Policy Framework

The National Strategy for Carers, *Carers at the heart of 21st century families and communities: A caring system on your side*. (June 2008) has five key objectives stating that carers should be:

- Respected as expert partners in care and will have access to the integrated and personalised services they need to support them in their caring role
- Able to have a life of their own alongside their caring role
- Supported so that they are not forced into financial hardship by their caring role
- Supported to stay mentally and physically well and treated with dignity; and that,
- Children and young people need to learn, develop and thrive, to enjoy positive childhoods and to achieve positive educational and social outcomes, while being protected from inappropriate levels of caring

The National Strategy sets out the government's commitment to services for all carers including those under eighteen and acknowledges the current difficulties many carers experience in accessing services from health and social care.

The National Strategy was updated by the Coalition Government in *Recognised, valued and supported: Next steps for the carers strategy (2010)* which includes more direction as to the priorities for action. The update to the carers' strategy highlights the importance of carers having control over the support and services they receive and re-states the target of everyone who is eligible for personal budgets, and wishing to take them up, having one by April 2013. This is a target that Warwickshire County Council has also adopted.

Warwickshire County Council and its partners are committed in their determination to address the gaps that exist in meeting the needs of young and adult carers. The achievement of this goal requires a strategic plan which, not only sets out the direction of travel, but defines the actions needed, the agencies responsible and includes measurable outcomes.

This Carers' Strategy Refresh builds on the previous Warwickshire Carers Strategy 2009 -2012 and takes account of developments in supporting young and adult carers and their families both nationally and locally.

The priorities are detailed in Section 2 of this document.

1.4 Legal Framework

The legal framework currently governing support for carers is poised on the threshold of significant and far reaching change. New legislation and policy directives are combining to raise the profile of carers by giving them new rights and requiring improved methods of identification with a view to providing them with support. The major changes for carers are contained in the following:

Caring for our future: Reforming care and support White paper 2012

This document contains proposals for transforming care and support in two major ways: by promoting people's wellbeing and independence through better information and earlier identification and intervention; and, giving people greater control and choice over the services they use. It refers to carers throughout and identifies the underpinning principles as:

- The health, wellbeing, independence and rights of individuals are at the heart of care and support; timely and effective interventions help to ensure a good quality of life for longer.
- People are treated with dignity and respect, and are safe from abuse and neglect; everybody must work to make this happen.
- Personalisation is achieved when a person has real choice and control over the care and support they need to achieve their goals, to live a fulfilling life, and to be connected with society.
- The skills, resources and networks in every community are harnessed and strengthened to support people to live well, and to contribute to their communities where they can and wish to.
- Carers are recognised for their contribution to society as vital partners in care, and are supported to reach their full potential and lead the lives they want.
- A caring, skilled and valued workforce delivers quality care and support in partnership with individuals, families and communities.

The Government has committed to extending flexible working rights to all employees, thereby removing any stigma that may attach to requests for changes in working patterns. Skills for Care, the organisation with responsibility for developing the skills of the care workforce is working closely with employers through the Employers for Carers Forum to encourage better workplace support for carers.

The role that local authorities play in care and support is changing. Instead of purchasing or providing care and support, authorities will increasingly be expected to take a leadership role in a local area: identifying the needs of the local population, supporting communities to keep people active, empowering people to take control through personal budgets and direct payments, providing

information and advice, and ensuring a responsive range of care and support options is available.

The Draft Care and Support Bill

The **Draft Care and Support Bill** places the promotion of individual well-being as the driving force behind care and support and aims to pull together previous social care legislation (including all the previous Carers legislation) into one unified act with a simplified approach and more consistent pathways. It also provides the legislative framework for recent policy developments such as personalisation. It is anticipated that the Bill will pass into legislation in 2013/14 and will be implemented in 2015.

The period covered by this Strategy runs parallel with the timetable for consultation and implementation of the Bill and provides an opportunity to plan with all stakeholders for the changes it may bring in business process, training of staff and sourcing and resourcing of possible new services. The Delivery Plan in Section 4 of this Strategy focuses on key areas for attention.

The elements of the draft Bill which have particular relevance to carers are as follows:

- A duty on Local Authorities to provide an information and advice service to help people understand how the care system works, what services are available locally and how they can be accessed. Local Authorities would also have a duty to ensure a diverse range of quality services to meet needs and to work with other local organisations to integrate services with the aim of promoting well-being and improving quality and outcomes.
- A duty on Local Authorities to take a proactive approach, make earlier interventions and provide services which are intended to prevent, delay or reduce people's needs for care and support. The aim will be to prevent or reduce dependency rather than responding to crisis situations.
- Carers will, for the first time, have a legal right to have a carer's assessment of their needs without having to meet the requirement that they are providing substantial and regular care. The duty on Local Authorities regarding carers will be comparable with that for the people they care for. There will be a new framework for assessing eligibility for support which will be set out in regulations.
- There will be a new duty on Local Authorities to meet carers' eligible needs and to review their care and support plan regularly to ensure that their needs continue to be met. Local authorities will be required to meet the eligible needs of carers by providing services to the cared for or to the carer. Services which might prove most helpful to carers could include help with housework or gardening, or the purchase of a laptop to help them stay in touch with family and friends, or gym membership to support the carer's own health and wellbeing. The draft Bill also

allows for the carer's needs to be met by providing support directly to the person they care for through replacement care to enable the carer to take time away from the caring role.

- Carers will have new rights to be consulted in relation to the assessment and support plan of the person they care for and to have a copy of the support plan.
- Young carers under the age of 18 who care for adults will be supported by children's services rather than adult care and support. At the age of 18 the responsibility will switch to adults services although adult services can be brought into transitions planning before the young carer's 18th birthday at the carer's request. There will also be a new duty to continue any children's services which a young carer is receiving past the age of 18, if appropriate adult care and support is not in place.
- New provisions in the draft Bill will enable parent carers to be assessed under adult law as well as children's law enabling them to access services that they may currently be unable to use.
- Deferred payment options ie repayment of care charges from the sale of the customer's home are to be routinely offered with Local Authorities likely to be able to charge interest on the deferred payment.
- There will be a single, consistent route to establishing entitlement to care and support for adults. Eligibility will be determined by a national threshold rather than by individual local authorities.
- Adult safeguarding will be strengthened by the creation of a clear framework of responsibilities and governance arrangements, including the establishment of a Safeguarding Adults Board to support a strategic and integrated multi-agency approach.

The **Social Care (Local Sufficiency of Supply) and Identification of Carers Bill**

This is a Private Member's Bill which has strong cross party support. It makes several key provisions which would help support the draft Care and Support Bill. If successful it would place duties on local authorities to:

- provide sufficiency of supply of social care services.
- ensure sufficiency of supply of social care services for disabled people and carers who wish to work or go into education; and,
- Require NHS and schools and further and higher education establishments to identify young carers

The duty to identify carers would be invaluable in raising the profile of carers' needs and could be a powerful tool in bringing carers into the mainstream and helping to ensure that carers really are everybody's business. The requirement to provide a sufficiency of supply recognises that carers and people with disabilities have the right to expect appropriate services to be available to support them in returning to or maintaining their employment in much the same way that local authorities have a role to play in ensuring appropriate provision of childcare to enable parents to work if they wish to.

The Power of Information – A ten year framework for transforming information for the NHS, public health and social care.

Published by the Department of Health this information strategy commits to a single integrated national website for health and care information. It will offer carers the ability to access services as well as health and care records online subject to authorisation by the person being cared for. It will be possible for carers to have access to information they need to help the person they care for through a single portal reducing the complexity of navigating web systems.

The framework calls for the offer of information prescriptions for people providing up-to-date, accurate information accessible directly online or via health professionals sourced from the NHS and patient organisations about specific conditions, treatment options, housing support, benefits, local care services, self-help and support groups.

NHS Care Objectives: Draft mandate to the NHS Commissioning Board.

The main areas of importance for carers within this mandate are to:

- Improve the quality and availability of information about NHS services, with the goal of having comprehensive, transparent, and integrated information and IT, to drive improved care and better healthcare outcomes. Alongside local authorities and the voluntary and community sector, the NHS has an important role in supporting carers both to care effectively and to look after their own health and wellbeing. To facilitate both new and experienced carers in accessing information, advice and support, including appropriate respite care.
- Improve the support that carers receive from the NHS, in particular by early identification of a greater proportion of carers, and signposting to information and sources of advice and support; and, working collaboratively with local authorities and carers' organisations to enable the provision of a range of support, including respite care.

NHS Operating Framework 2011-13

This has clearly stated objectives in relation to carers and these can also be found in more detail in Appendix 2. In brief, these objectives require Primary Care Trusts and Local Authorities to work closely together to agree funding and support for carers in their localities. Appendix Three: Expenditure on Support for Carers includes the funding for these arrangements.

Clinical Commissioning Groups (CCG's)

From April 2013 Warwickshire will have three Clinical Commissioning Groups (CCG's): Warwickshire North CCG (covering North Warwickshire and Nuneaton and Bedworth), Coventry and Rugby CCG and South Warwickshire CCG. These groups will take on NHS Warwickshire's commissioning responsibilities as part of the Government's plans for the NHS and together with the NHS Commissioning Board will be responsible for working with local partners to ensure that carers are identified and supported.

Arden/Warwickshire Clinical Commissioning Groups (CCG's) fully appreciate the role, knowledge, expertise, value and contribution of all carers in Warwickshire and will recognise carers importance by continuing to fund a range of services to support their health needs and to provide respite care. CCG's will continue to work with partner organisations to identify carers and their personalised requirements, which fit with individual needs and family preferences.

At the time of drafting this Strategy South Warwickshire CCG has already clearly stated an expectation that its providers should "ensure that the ethos of 'No Decision About Me Without Me' is demonstrable in all services, and ...that patients and their families/carers be involved in developing care plans and development of services" and that the "views of local GP practices, patients and carers" will inform commissioning priorities.

The Coventry & Rugby CCG has also committed to working with "practices and staff to develop a culture of seeking the views and experiences of our patients and their families at every step, to help us further improve the quality of our local services".

The outcome frameworks for the CCGs are still being finalised at the time of writing this Strategy but it is the intention of Warwickshire County Council to establish robust working relationships with the CCGs and this Strategy's delivery plan underpins this aim.

Details of the relevant current legal framework governing support to carers can be found in Appendix 2 of this document.

1.5 How we developed this strategy

This strategy is based on the four key priorities within the National Carers Strategy⁵ and those identified by Warwickshire's own carers. To establish local priorities we

⁵ Recognised, valued and supported: Next steps for the Carers Strategy, 2010

have drawn on the draft Joint Health & Wellbeing Strategy, the Joint Strategic Needs Assessment, Warwickshire County Council's Corporate Business Plan 2012/13 and the outcomes of recent consultations carried out as part of the Learning Disability Strategy and Dementia Strategy work and also conducted a survey of carers, parents caring for a child with a disability and Young Carers in Warwickshire. Workshops with carers have enabled us to achieve a deeper understanding of key issues raised in the consultation. Carers who are part of the Transformation Assembly have also been involved in reviewing and refining the content of this Strategy document.

We have striven to ensure that carers who have been historically under represented among carers accessing support services, such as parents or carers of people with Autism, carers who have an illness or disability themselves, carers from some black and minority ethnic communities, carers who are trying to balance caring with work, carers supporting someone with a terminal diagnosis and carers who are providing care for someone who lives a long distance away are also included in this Strategy.

1.6 Financial Support for the Carers' Strategy Refresh

A detailed account of the financial support for this Strategy can be found in Appendix 4 of this document. The principles upon which this financial support is based are:

- Promotion of the use of universal services
- Replacement care services which enable carers to take a break are provided as part of an adult customer's support plan and charged to the customer
- For carers who meet Fair Access to Care (FACS) eligibility criteria - support to enable them to live a life outside of their caring role will be provided via Direct Payments which are not currently subject to charging.
- Carers are "everybody's business" – carer awareness training is made freely available to frontline staff across Warwickshire County Council, Health and other partner organisations, improving identification of carers and appropriate signposting to support.
- Carers assessments are "everybody's business" – frontline members of operational social care teams for Physical Disabilities, Older People, Learning Disabilities and Mental Health are equipped to assess and support both customers and carers; within an acute setting, nurses' health assessments of patients involve and consult carers.
- Joint planning with the Primary Care Trusts and Clinical Commissioning Groups wherever possible and appropriate.
- Subject to the recommendations relating to carers in the Draft Care and Support Bill passing into legislation further financial modelling may be required to address likely fiscal impact.

1.7 Monitoring of the Carers' Strategy Refresh

The detailed framework for monitoring and evaluating the achievement of this Strategy's priorities can be found in Appendix 5 - Making it happen and knowing when we have.

In brief, the monitoring approach incorporates statutory measures aligned to the Adult Social Care Outcomes Framework for 2012/13⁶, Warwickshire County Council's Corporate Business Plan 2012/13 and Strategic Delivery Framework, and the NHS Operating Framework requirements.

Carers within the Transformation Assembly will be involved in evaluating progress and achievement

Measures and outcomes relating to carers will be incorporated into all strategic documents and for all client groups and will be subject to the rigorous monitoring and evaluation processes adopted for assessing the achievement of individual strategies.

The key outcomes against which the success of this Strategy will be evaluated are those identified as priorities by carers themselves:

- Young Carers are able to thrive and achieve their educational goals
- Carers are able to access financial/benefits advice and information
- Carers are able to access practical information/ support for their caring role
- Carers are able to retain, or return to, employment
- Carers are able to have a family and community life
- Carers are able to take a break away from their caring role
- Carers have access to emotional support

1.8 Glossary of Terms

You may come across the following terms in this document:

Customer	person using social care services
Direct Payment	payment made to a customer or carer's bank account following an agreed support plan for them to use flexibly to achieve their desired outcomes

⁶ Transparency in outcomes: a framework for quality in adult social care

Resource Allocation System tool for allocating funding in relation to assessed needs.

Replacement Care support provided to enable the carer to have time away from the caring role. This may be for a period of hours or days and may also be referred to as carers breaks or respite.

Memorandum of

Understanding

A formal declaration by Adults' and Children's Social Care Services to work more closely together to ensure that young carers are better identified and supported

DRAFT

Section Two

2.0 Overall Vision for the Warwickshire Carers' Strategy Refresh

All carers, including those under eighteen, will be supported in their caring role and to help maintain a balance between their caring responsibilities and their life outside of caring whilst supporting the person they care for to achieve their own outcomes.

This vision is founded on the following principles:

- Co-production – we will work in partnership with carers to design, commission and develop services that support them
- Partnership – we will work with other key stakeholders in health, social care and the independent and voluntary sectors
- Communities – we aim to increase the capacity of communities to develop networks of support
- Personalised Support – we will use a whole family approach in assessing for and delivering support to ensure that carers and cared for receive individualised and appropriate services that help them achieve their own outcomes. We aim to build upon what carers are able and willing to do and take into full account the appropriateness of their input and the impact of caring on them. This approach recognises that many adult carers are unable to draw on extended family support and that some customers may need services to reduce the impact of caring responsibilities
- A Life Outside Caring – services provided will support the carer to have a life outside of caring and help to sustain the caring role
- The Right Service at the Right Time – securing the right services, at the right time, in the right place, for the cared for, will reduce the need for carers to have services in their own right.
- Criteria for access to services – criteria for access to non-universal services eg social care assessments, personal support, replacement care and reablement will be readily available and clearly stated.

2.1 Framework for the Carers Strategy Refresh

The Carers' Strategy published in 2008 identified five outcomes for carers to be achieved by 2018. These are that carers should be:

- Recognised and supported as an expert care partner
- Able to enjoy a life outside caring
- Not financially disadvantaged by their caring role
- Mentally and physically well and treated with dignity ; and that,
- Children and young people will be thriving, protected from inappropriate caring roles.

The Coalition Government has refreshed this strategy, retaining these aims but identifying four priority areas which incorporate the above outcomes:

Priority 1 - Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

Priority 2 - Enabling those with caring responsibilities to fulfil their educational and employment potential.

Priority 3 - Personalised support both for carers and those they support, enabling them to have a family and community life.

Priority 4 - Supporting carers to remain mentally and physically well.

This Strategy details how we will work within these priorities to deliver better outcomes for carers in Warwickshire.

Priority 1

Supporting early self-identification and involvement in local care planning and individual care support planning

Information

Although 3 in 5 of us are likely to help to look after someone during our lifetime caring is not something that most people expect to happen to them. Over 84% of carers surveyed recently did not anticipate ever having to carry out this role. In addition, people with caring responsibilities often do not identify themselves as carers and may even be distressed to be addressed as such. Research⁷ has shown that people may be providing care for several years before they consider themselves to have this role and this is particularly the case where the cared for is an ill or disabled child when the carer usually prefers to describe themselves as a parent.

Information is an early requirement when someone takes on caring responsibilities. Consultation⁸ and successive national and local surveys have cited this as key to enabling and sustaining a caring role. 37% of respondents to local consultation in Warwickshire⁹ indicated that they have experienced difficulty in accessing the information they needed and for some carers, such as parents and carers of those on the Autistic Spectrum, this figure was nearer 60%.

“Once I had my son’s diagnosis we were left to source information for ourselves...I felt abandoned” Warwickshire Carer

The type of information most required by carers is information related to the illness/disability of the person they care for with practical guidance on how best to manage the care for that person, benefits/financial advice, and support for themselves in the form of a listening ear, support group or emotional support and a break. Carers in Warwickshire have expressed a preference for being able to access information at or near the point of diagnosis and for this to be offered in a variety of ways.

These local findings echo those being identified at a national level. In 2009 the Department of Health commissioned Carers Direct, a national, focused information and advice service for carers comprising an information website and a contact centre offering a telephone helpline. The aim of the combined service was to provide an easily accessible information and support service for carers which was able to signpost to local sources of support. A recent review of the service¹⁰ found that significantly fewer people had accessed it than originally expected concluding that people may not identify themselves as carers and may not know what social care has to offer or where to look for this information. It also concluded that carers are not an homogenous group and their information requirements need to be met in a variety

⁷ Carers UK, 2009

⁸ Carers Strategy Refresh Carers Questionnaire, WCC, 2012

⁹ Carers Questionnaire, WCC 2012

¹⁰ Review of Carers Direct Information and Advice, Dept of Health, 2012

of ways with a web-based approach providing only part of the picture. Part of the reasoning behind these conclusions came from findings that 60% of adults 65+ have never accessed the internet and that adults in lower socio-economic groups are less likely to access the internet.

The most popular reasons for people calling the Carers Direct Helpline related to welfare benefits for themselves, and those they care for, and social care assessments. The most frequent outcomes from calls involved being signposted to local authorities/organisations or other sources of specific information regarding benefits or assessments.

The draft Care and Support Bill published in July 2012 sees information as a priority and includes a requirement on local authorities to have robust and accessible information provision for local users of social care services.

Clearly information provision for carers using language that they will relate to is extremely important in terms of more effective targeting.. It may not be helpful to use the word "carer" at all on public - facing information but instead referring to people who help to care or support others or, where appropriate, parents. All service commissioning strategies should consider and make plans for the information requirements of carers and should consider how clear signposting to this information can be achieved post diagnosis and throughout the caring journey so that carers can help prepare themselves for their caring role.

Re-ablement

Re-ablement services are available countywide and offer people periods of intensive support following an illness or disability to enable individuals to regain independence and confidence. Carers are key partners in sustaining the re-abling process after the re-ablement package has finished and helping to prevent readmissions to hospital services. It is important that carers are fully aware of what re-ablement offers and are routinely involved as part of the re-ablement process and are offered appropriate information and signposting to carer support.

Acknowledgement and Involvement

Recognition and acknowledgement of a carer's expertise and involvement contributes significantly to the development of well co-ordinated and effective support packages. Improving carer awareness is key to ensuring that staff in health, social care and partner agencies recognise and support carers as part of their everyday work. Feedback from frontline staff attending carer awareness sessions run by Warwickshire County Council in 2009/10 emphasised the value to their personal practice of having a better understanding of the carer's role. For Young Carers, it is essential that schools and colleges work to identify young carers and promote information to assist them in self-identifying and seeking support.

The Adult Social Care Customer Assessment processes have been revised with the involvement of customers and carers and fully recognise the carer's input and

considers the impact of the caring role on the carer and the support required to sustain the caring relationship. The Carers Assessment provides an opportunity to acknowledge the carer as an individual and to reflect on their life outside the caring role.

Involving carers in designing local care provision demonstrates our recognition and acknowledgement of the carer's role and expertise. Examples of this approach include involvement of carers in all stages of the commissioning process from service reviews to tender evaluation. We have developed an extensive register of interested carers who are willing to work with us in planning and reviewing services and social care processes. Further improvements can be achieved by working more collaboratively with other stakeholders and commissioning partners to prevent duplication in consultation and to maximise available resources.

What we will do to achieve Priority 1:

Actions

- All local strategies will consider opportunities appropriate to their client group or purpose to facilitate early identification of carers and signposting to carer support services and sources of information
- Provide good quality information about caring for specific conditions/illnesses which is easily accessible within appropriate health, social care and community settings including GP practices, hospitals and children's centres.
- Provide good quality information about available services and how to access them and ensure that this is widely promoted through partner agencies including employers.
- Offer signposting and information for carers of people approaching the end of their lives through training and awareness raising of social care staff.
- Promote identification and provision of information to carers during the period that their cared for person is using reablement services
- Collaborate with commissioning partners to maximise the outcomes from consultative and engagement activities and reduce duplication
- Continue to monitor carers' involvement in individual care planning and the outcomes achieved
- Work collaboratively with schools and colleges to facilitate early identification of Young Carers and signposting to appropriate support.

Priority 2

Enabling carers to fulfill their educational and employment potential – ensuring that carers are not financially disadvantaged and that children will be thriving and protected from inappropriate caring roles.

Carers make up over 12% of the national workforce, equating to 1 in every 7 employees¹¹. The refresh of the National Carers' Strategy¹² identified that 90% of working carers are aged 30 and over and in their prime employment years. The peak age for caring is 45–64 when many employees will have gained valuable skills and experience.

For carers who are in employment, taking on a caring role often results in reduced hours, or, for some, the need to move to a closer work location or give up work completely. It may also impinge on their opportunities for career advancement if it is perceived their caring responsibilities could negatively impact on their flexibility and availability. This is particularly the case where a carer's working hours need to accommodate the person who is reliant on them for support such as a disabled child or frail elderly parent.

For many carers the financial impact of giving up work to care is significant. It can plunge families into difficult economic circumstances through choices and decisions made early on that are reactive to the intensity and emotional upheaval of the caring role, rather than as part of a planned and informed approach.

The most recent national survey of carers identified that over a quarter of all carers' ability to take up or stay in work had been affected by their caring responsibilities with nearly 40% having to leave work altogether and over a third having to reduce their hours.¹³ Directly related benefits such as Carers Allowance are not set at a level which equates to a realistic alternative to the financial rewards from employment and the Personal Social Services Survey of Adults Carers in England

¹¹ Carers UK, 2009

¹² Recognised, Respected and Valued: next steps for the carers' strategy, Dept of Health, 2010

¹³ Survey of Carers in Households 2009/10

2009/10 found that 41% of carers had experienced financial difficulties as a direct consequence of their caring role.

Providing unpaid care to older people and people with disabilities is costly. Many unpaid carers leave employment and experience costs to themselves in terms of foregone earnings. Initial findings from a new study at the London School of Economics and Political Science (LSE) now show that carers leaving employment also involves high costs to the public purse. The study shows that the public expenditure costs of carers leaving employment in England amount to around £1.3 billion a year.¹⁴ This figure is based only on the costs of Carers' Allowance and lost tax revenues on foregone incomes. The figure would be even higher if other benefits and lost national insurance contributions on foregone incomes were also taken into account.

25% of respondents to the most recent survey of carers in Warwickshire indicated that they were economically inactive due to their caring role. In some areas of Warwickshire as much as 8% of the ward population are combining full-time work and caring (Coleshill North & South, Leek Wootton, Sambourne). Additional factors, such as the rural nature of parts of the county are also significant for carers as this can affect the supply of services in their locality, the availability of transport and the availability of local work opportunities.

A national survey found that over two-thirds of carers who wished to return to work felt that the factor likely to help most in taking up paid employment was flexibility in hours¹⁵. Other significant factors were the ability to work from home and access to affordable replacement care. Carers are restricted in many cases from pursuing employment that would require overnight absences or working away from home. Awareness of the right to request flexible working was low among carers with over three-quarters not aware of this right.

Due to the wide dispersal of families there are an increasing number of carers who find themselves providing care for someone who may be living in another part of the town, region, country or even the world.¹⁶ Nearly half of carers in this situation indicated that that their work had been affected and that they felt tired, stressed and anxious due to their caring role. Nearly a quarter had changed their working pattern to care and 24% had reduced their hours or seniority to cope with their caring role. 43% cited flexible working arrangements as the single most commonly available support with around a quarter benefiting from employer-provided support networks or stress management support. A clear majority of distance carers identified information about help and services for the person they care for as a priority.

For carers to be able to make informed choices about combining work and caring and to understand the financial implications of those choices they need good quality information about their employment rights, appropriate support services and replacement care at a very early stage in their caring role. Employers would also

¹⁴ **Personal Social Services Research Unit (PSSRU)** at the LSE, 2012

¹⁵ Survey of Carers in Households 2009/10

¹⁶ Caring at a distance:bridging the gap, Carers UK, 2011

benefit from an increased awareness of the options that might be available to their employees.

Young Carers and Young Adult Carers

Carers who are under 16 and in the 16-34 age group are those most likely to have their education affected by their caring role.

Studies have found that the negative impacts of caring on young carers are largely due to a lack of adequate health and social care for disabled/ill adults although other factors include the nature of illness/disability of the care recipient, family structure, age, gender and cultural considerations. There may also be a disinclination on the part of a young carer's family to access support services due to an apprehension of what social services interventions may result.¹⁷

Young carers may routinely be involved in domestic chores, general caring (giving medication, assisting with mobility), personal care and emotional support. In some families, as well as one or more of these caring tasks, young carers will also provide child care for younger siblings.¹⁸ Young adult carers may find it difficult to fit their caring responsibilities around post 16 education, apprenticeships, or a job.

Research carried out into young carers¹⁹ of school age found that the impact was significant in all age groups with 28% of 5-15 age group experiencing educational difficulties or missing school. A consequence of a fragmented education manifests itself in the disproportionately high numbers of young carers who go on to work in the care industry due in part to being unable to achieve educational qualifications that would equip them to seek other work and partly to their caring experience having shaped their expectations of what they are able to do.²⁰

Early identification of young carers is key to the success of supportive interventions. There is significant focus within this Strategy on schools and other professionals working with young carers to ensure that staff are sufficiently skilled in recognising the signs and symptoms which could point to a child/person having a caring role. GP Practices are now required to identify carers within their practice and doctors need to be aware of the welfare of children and young people when they see patients who are cared for by children and young people.

A Whole Family Approach to supporting young carers, bringing together all key agencies including health, social care, education and the voluntary sector will maximise opportunities for securing good quality outcomes. Members of staff from

¹⁷ Survey of Carers in Households 2009/10

¹⁸ C Dearden, 2001

¹⁹ Becker, Dearden, 1998

²⁰ Becker, 2009

these services are often best placed to identify young carers and enable them and their families to access appropriate and timely support.

Warwickshire Young Carers Project has recently been successful in bidding for funding to support the “Caring to Succeed Project”, a three year programme that will champion the personal development needs of young carers aged 13 – 25. The project aims to give young carers the same chances as their peers and will include homework clubs, drop ins at local colleges and personal action plans. It will work in close partnership with other local initiatives including Warwickshire Fire and Rescue to deliver their FLARE programme, with Warwickshire Association of Youth Clubs (WAYC) to deliver Peer Mentoring and other personal development programmes, and with Warwickshire Clubs for Young People (WCYP) on personal development skills and qualifications with the aim of providing young carers with useful life skills.

The Warwickshire Joint Health & Wellbeing Strategy 2012 consultation document identifies the importance of facilitating access to employment as a means of promoting good health and wellbeing for carers and it would be helpful to see this extended to include the needs of young carers to have access to a good education during school and training years.

There must also be a true and active commitment by all agencies to work co-operatively to ensure young carers and their families know where and how they can access support and feel confident to do so.

What we will do to achieve Priority 2:

Actions

- Develop a communication strategy with key statutory and voluntary sector partners and employers to ensure that working carers are aware of their right to request flexible working and that information about combining work and caring is widely available through employers and carer support services
- Scope with partner agencies a wider range of flexible and affordable support and care replacement options that are effectively marketed to carers to enable them to take up employment and education opportunities
- Work with schools to ensure that each school has a designated staff member for young carers who will play a crucial role in improving outcomes for this group of vulnerable children during their educational years.
- Ensure that key partner agencies are aware of, and committed to whole family working practices through the adoption of agreed young carer pathways and referrals and support protocols that underpin the memorandum of understanding between adult and children’s services.
- Inclusion of Young Carers in the “Schools and Training” part of the Warwickshire Joint Health & Wellbeing Strategy

- Work with colleges, local universities, private sector and voluntary organisations to give consideration to the specific needs of young and adult carers and to provide opportunities to develop skills and access to employment.
- Equip social care teams with information to aid carers wishing to retain their employment or, where carers are wishing to re-enter the job market, to refer to Job Centre Plus.

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Priority 3

Personalised support for carers and those receiving care, enabling them to have a family and community life

The national drive towards the transformation of adult social care, in particular moving towards more personalised services, has highlighted the need for carers and customers to have more choice and control over the services and support they receive.

It is important that carers as well as the customers they support have access to a personal budget when they have been assessed as having eligible needs and that carers are able to exercise choice and control in the use of their budget so that they are supported to care in the most appropriate way.

In addition carers need to be involved with the support planning of the person they care for in order that they can support their cared for person with decisions around their social care and support arrangements and to help ensure that decisions made by the customer are not having a negative impact on the carer in terms of service delivery.

Warwickshire County Council's adult and children's social care services are committed to a whole family approach. This ensures that the initial contact with families identifies all those in need of support and considers the caring roles being undertaken by adults and children when assessing for, and allocating, support services.

The Department of health report on *Carers and personalisation: improving outcomes (2010)* highlights the effectiveness of a whole family approach when conducting social care assessments. It states that although personalisation and the drive to implement self directed support assessments is important "working with carers as partners and taking a collaborative approach enables the contribution of carers to be a positive element in working towards a support plan and not a punitive method of reducing payment". This point specifically underlines the importance of not only taking account of 'social capital' as part of a customer's self directed support assessment but also recognising the role and value of a carer by including them in the assessment and care planning process and ensuring that support and services are also available to them, where needed to sustain this caring relationship.

The recently revised Self Assessment Questionnaire and Support Plan for customers in Warwickshire aims to identify the needs and desired outcomes of the customer. It also considers the role undertaken by the carer and the impact of that care-giving on the carer to determine the need for breaks or replacement care which form part of the customer's support plan and contribute to the framework needed to maintain the caring role.

Where the carer is employed and wishes to retain their employment, or where a carer wishes to take up work, the assessment will help to identify the type of support required to enable this to happen. In many cases this may require the provision of replacement care and will be accompanied by appropriate referral to specialist

information about carers' rights to flexible working or to training organisations, or Job Centre Plus.

Breaks from the caring role are often reported by carers as the most important thing to them to allow them to continue caring. The benefit of carers receiving breaks is confirmed by national research, for example, by Carers UK who found that those carers who were not receiving a break from their caring role were more likely to suffer from mental health problems, 36% compared to 17% of those carers getting a break²¹. Carers who do not get breaks are far more likely to fall into ill health. Support, which allows carers to take some time off can prevent them from being pushed to breaking point²².

Defining breaks or replacement care for carers has been a complex issue due to gaps within the existing legislation causing some confusion about what constitutes a carer's service, and the difference between respite and a carer's short break and who is this provided to and for. It remains in law that the provision of replacement care in the form of respite or sitting services is a service to the cared for because it includes elements of personal care and is therefore classified as a community care service. The Draft Care and Support Bill introduces welcome clarity about replacement care and identifies it as a service to the cared for but with a clear purpose of supporting the carer.

Warwickshire County Council's interpretation of replacement care is that respite care and sitting services/breaks are services to the customer and form part of the customer's personal budgets as they are services directly delivered to them even though the purpose of the replacement care may be to support the carer. This is in line with the proposed new draft legislation. From April 2012 the charging policy in Warwickshire was changed to make all replacement care services have been subject to charges and are costed as part of the customer care package.

A Resource Allocation System (RAS) for carers has also been developed. The main aim of this is that services to carers in Warwickshire can be provided in a fair, clear and transparent manner. Although the budget allocation from a carer's RAS will be relatively small these will be used to directly support the carer's needs in their own right where they see fit. Where it works well carers report a creative use of the money and confirm that the opportunity to use funding flexibly meets their own individual needs.

To facilitate identification and provision of support to carers at the earliest opportunity it may be helpful to explore extending the power to conduct carers' assessments to colleagues within health services and this is identified as a specific action for scoping within the delivery plan.

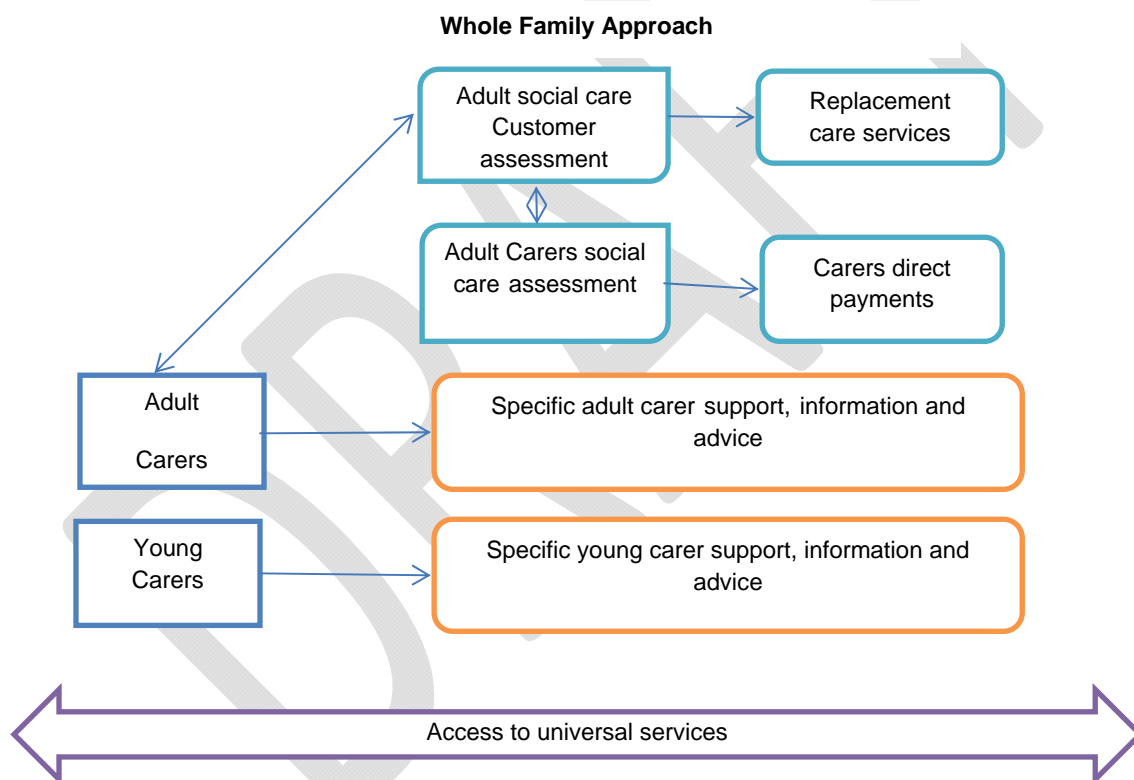
Following a carer's assessment, if the impact of caring on the carer is assessed as substantial or high, they may be provided with a personal budget which will be non-

²¹ Hearts and minds: the health effects of caring (2004) Carers UK

²² Survey of carers in Households (2010) NHS information centre

chargeable and can be used for carers to purchase support for themselves in order that they are able to continue caring or to live a life outside of caring. Examples of this include: a budget to pay for the activity – where this is clearly linked to physical/emotional wellbeing e.g. gym membership, college course, counselling; and/or a budget to purchase services that will directly support the carer to continue caring and will sustain the caring role dependant on the specific outcomes a carer has identified eg cleaning/gardening/home maintenance service, a one-off payment to purchase a specific item. Flexibility in the use of the personal budget for the carer is paramount. This ensures that carers are able to maximise the use of this fund to have a life outside of caring.

The diagram below reflects how the processes relate to each other within adult social care.



Recent consultation with carers of people with Dementia and those caring for children and adults on the Autistic Spectrum has identified a need for better joint working between health and social care agencies to facilitate accessing information, diagnosis, treatment and support . Many carers are experiencing extreme isolation and an inability to live a family and community life due to the lack of appropriate support services and respite for the person they care for. Many of these carers are experiencing the symptoms of ill-health including fatigue, depression, anxiety or disturbed sleep. These issues are considered in more detail in Priority 4 – Supporting carers to remain physically and mentally well

A frequent comment during those consultations has been

“If I can get the right services for .(the person I care for) I don’t need any support for myself”

It is crucial for the wellbeing of those carers that the people they care for get timely assessments and appropriate support services. It also makes better financial sense to invest in support services for the customer, which will help achieve a better outcome for both the customer and their carer and help to prevent the health impacts identified above.

Replacement Care

Good quality replacement care is crucial to maintaining the health and wellbeing of carers. Some carers are able to call on their family and friends to help out and for certain carers this is their only recourse because of a lack of appropriate care to meet the particular needs of the person they care for. Consultation carried out in Warwickshire for the review of respite services for people with learning disabilities, complex physical disabilities and autism indicates that there are gaps in the provision of replacement care for children and adults on the Autistic Spectrum and/or with challenging behaviour.

Carers who do not have support from family and friends are reliant on replacement care service. Earlier sections of this Strategy have identified some of the reasons for carers needing replacement care and these can include: to support their employment, to enable them to attend their own medical or dental appointments, to attend to urgent business, to take a holiday or a regular planned break or even to enable them to take time off to recover their own health following an illness. In short, carers need replacement care to enable them to exercise choice and control over their lives and to do this they need it to be flexible and responsive to their requirements.

Media exposure of the abuse of adults in residential and respite facilities has served to raise carers’ concerns about replacement care and this was evidenced within the consultation with people with learning disabilities, complex physical disabilities and autism and their carers, carried out in Warwickshire early in 2012,²³ . Carers’ top priorities for replacement care were identified as:

- Confidence and trust in the provider and staff
- Cared for person must enjoy and benefit from the service

²³ Review of respite services for people with learning disabilities, physical disabilities and autism, WCC, 2012

- Good communication between staff and cared for and between the service and carers

Carers said they judged the quality of the provision by how much the cared for person appeared to have enjoyed it, how well rested they looked, levels of personal hygiene when they returned and their willingness to use it again.

Replacement care can take many forms. Current models include residential care, home-based services (also known as “sitting services”) or activity-based sessions. Assistive technology and telecare are also increasingly being used to provide more independence for carers and the people they care for through the use of equipment and aids which enable carers to feel more confident about leaving the cared for person alone for periods of time.

The range and type of replacement care will need to develop to meet increased future demand and to ensure that the needs of carers such as those who wish to retain, or return to, employment, are met both in terms of responsiveness and affordability. This demand will be driven by the new rights for carers within the draft Care and Support Bill.

There may also be benefits to carers from creative support packages for the person they care for and the ability of the cared for person to take advantage of community support initiatives. The White Paper, “Caring for our Future: reforming care and support”, envisages the development of wider opportunities for citizens to become involved and supportive of their local communities. It is the Government’s intention to build on existing examples of good practice and roll out volunteering options such as time banks and other approaches that enable people to share their experience, knowledge and skills with others in their community.

In the light of this it is timely to review replacement care services across all client groups to ensure that we have an appropriate range of provision to meet this challenge and this Strategy’s delivery plan includes actions to take this forward.

End of Life Caring

Carers of people approaching the end of their lives have an important role in the provision of care. They should be closely involved in decision making and recognised as having their own needs. Whether the caring role is for weeks, months or years, carers need support to ensure that this period is the best it possibly can be for the person they care for and, just as importantly, for themselves.

Carers need information about the likely progress of the person’s condition and services that are available. This should include what palliative care resources can be made available to support a carer when the person they care for wishes to die at home, away from a hospice or ward setting e.g. access to a hospital style bed within the home, access to district nursing and equipment, help with bathing and other

practical caring activities. They may also need emotional support and counselling during the person's life and following bereavement and access to financial information and advice.²⁴

Warwickshire's End of Life Strategy²⁵ identified carers' priorities as:

- Clear information throughout their caring role including out of hours services
- A named worker to ensure continuity of care.
- An assessment of their own needs as early as possible to identify a clear pathway of support.
- Confidence that their needs will be incorporated into support for those of the patient.
- Access to 24 hour support which is accessible and responsive to their individual requirements.
- Training to enable them to be confident care givers particularly at this sensitive time
- Emotional support

To ensure the best possible support is offered it is important to identify carers who care for someone approaching end of life at the earliest opportunity and ensure that this information is used and shared sensitively with colleagues. Raising the awareness of social care staff to the important role they can play and providing the training and support to aid this for all staff including domiciliary care workers, social workers and their managers will be crucial in achieving better outcomes for people approaching the end of their lives and their carers.

To support adult social care workers to deliver high quality end of life care, Skills for Care has developed a number of specific qualifications and from September 2012 all the units developed as part of the new end of life qualifications will be added to the existing health and social care diplomas.

Young Carers

A study carried out in 1998 found that over 60% of young carers were caring for someone with a physical illness or disability, with nearly a third caring for someone with mental health problems and 14% caring for someone with learning disabilities.²⁶

Whilst progress is being made in supporting young carers more needs to be done in order to achieve good outcomes for this vulnerable group of children/young people.

²⁴ End of Life care Strategy, DH, 2008

²⁵ End of Life Care Strategy for Warwickshire, WCC & NHS Warwickshire, 2009

²⁶ Becker, Aldridge and Dearden, 1998

A whole family approach is instrumental to ensuring that young carers are protected from inappropriate levels of caring. Further work is needed to ensure that protocols between adult and children's social care services and local health services are developed to ensure that all the carers involved are considered within support plans and that the carers' input and needs, be they adults or children, are taken into account.

There must also be a true and active commitment, by all agencies, to work co-operatively to ensure young carers and their families know where and how they can access support and feel confident to do so.

What we will do to achieve Priority 3:

Actions

- All strategies working across Health and Social Care need to identify clear pathways for accessing services and make this information easily available to carers at an early stage in their caring role.
- All strategies working across Health and social care need to consider how services can achieve better joined up working practices.
- All strategies to review replacement care provision (including residential respite and short breaks) with the aim of widening the availability and range of affordable, appropriate and easily accessible provision through redesign and de and re-commissioning as appropriate.
- To facilitate early identification of people approaching end of life, and their carers, and to ensure timely and sensitive offers of support the introduction of an indicator on CareFirst home screen to be scoped.
- Future planning for the cared for - develop a template for use in helping carers to plan for, and feel more confident about, the future of the person they care for
- Future planning for carers - develop a template for use in helping carers to prepare and plan for when their caring role may end.
- Review the existing assessment, review and cross-referral social care processes to determine appropriateness with whole family working approach and develop new protocols as required.
- Roll out cultural and business process training for frontline staff on new customer and carer assessments.

Priority 4

Supporting carers to remain physically and mentally well

Over 80% of carers report that caring has had a significant negative impact on their physical and/or mental health²⁷ and nearly 40% have had to put off medical treatment because of their caring role. Carers have cited the lack of practical and financial support as contributing to this impact with uncertainty about the future of local services and reductions in public spending causing additional stress and anxiety. A frequent comment during the recent consultation carried out in Warwickshire²⁸ was that “Social services are only interested in crisis situations.”

The intensity of the caring role, living in the same household as the cared for person and the length of the caring role have all been found to be signifiers of poor health in carers with two thirds of carers who provide over 20 hours per week reporting adverse effects on their health. Over half of all carers reported that their health had been affected in some way with the most common effects being: fatigue, feeling stressed, having disturbed sleep and feeling irritable. Carers also reported experiencing depression and physical strain and the need to contact a GP to meet their own health needs.

Just under half of all carers indicated that caring had an impact on their leisure or social activities. This research also found that 27% of all carers reported that they had been caring for over 10 years with 1 in 8 caring in excess of 20 years.

Recent Government policy has highlighted carers as a group experiencing comparative poor health. Research on populations of carers has consistently demonstrated that caring has a pronounced adverse effect on psychological health with 40% of carers presenting significant distress and depression levels²⁹

Recent consultation within Warwickshire³⁰ indicated that 44% of all carers felt they were not looking after themselves well enough with half of this number reporting that they were neglecting themselves and citing the main reasons being the need to put others first, lack of sleep, feeling anxious and no time to attend to own health concerns.

“Delaying my operation as have to look after my child, I don’t get enough sleep – when I have spare time I need to catch up with housework...” Warwickshire Carer

²⁷ In Sickness and in Health, Carers UK, 2012

²⁸ Carers Questionnaire, WCC, 2012

²⁹ Supporting Carers Action- An action guide for GPs and their Teams. Royal College of GPs and PRTC, 2011

³⁰ Carers Questionnaire, WCC, 2012

Carers who provide over 20 hours of care per week and who lived with the person they cared for were more likely to experience a significant impact on their health³¹.

“Because my wife and I have cared for our son for 50 years it has become the norm to put him first and we don’t really think of ourselves.” Warwickshire Carer

Carers providing more than 20 hours of care per week over prolonged periods are twice as likely to experience psychological distress over a period of two years than non-carers and the risk of distress increases proportionately in line with the amount of time devoted to caring each week. The adverse psychological effects associated with caring continue to be evident after the caring role has ceased.

The effects of caring on physical health can include back injury (reported by one fifth of carers in one survey) and high blood pressure (10%). Providing high levels of care is also associated with a 23% higher risk of stroke.

The incidence of intensive caring appears to be much more widespread than previously thought leading to many more carers being potentially at risk of ill-health. The General Household Survey 2009/10 found that 48% of carers surveyed provided care for 20 hours or more per week, 30% of carers provided care for 35 hours or more per week and 22% of carers provided care for 50 hours or more per week. This compares to 10% of carers who were providing over 50 hours of care per week as identified in the 2011 Census.

Regular health checks can help to optimise carers’ health and wellbeing by highlighting issues which can be dealt with at an earlier stage. Recent health checks carried out in Warwickshire as part of an initiative involving joint working between Guideposts Carers Support Service and some GP practices revealed that between one third and a half of all carers taking part needed a follow up appointment with their own GP to address health issues flagged up by the health check. Not all GP practices offer health checks for carers. Fewer than a quarter of carers who responded to the Carers UK survey reported that their GP had offered a health check.

The new Clinical Commissioning Groups offer opportunities for social care and health to work together to promote better health and wellbeing for carers. It is encouraging that the South Warwickshire CCG’s Commissioning Intentions includes specific mention of carers:

“These commissioning intentions have been developed by the clinical leaders in South Warwickshire. They are based on the priorities identified in the Warwickshire Joint Strategic Needs Assessment and Health and Wellbeing Strategy, national and SHA priorities, QIPP work streams and views of local GP practices, patients and carers”.

Multiple and Long-term Caring Roles

³¹ Survey of Carers in Households 2009/10.

Although most (83%) carers provide care for one person only the numbers of those caring for two or more are increasing with 14% caring for two people and 3% looking after 3 or more suggesting an increased intergenerational element with carers caring for a child and also an older person. Those carers who are actively caring for more than one person are among those who are most at risk of health problems, as are those who have a long term caring roles spanning decades.³²

“Because I care for my very ill husband I do not get a break from caring even when my grandson is in respite”. Warwickshire Carer

“I have never had a break from caring, so I haven’t taken a holiday or rest for over 30 years.” Warwickshire Carer

“I have not been on holiday for 8 years due to parent and now son, both of whom need 24 hour care.” Warwickshire Carer

The impact of long-term and multiple caring for people who fall below the threshold for services should not be underestimated, nor caring for those who are unable, or do not wish, to access community services which might give their carer a break. These carers are also prey to disturbed sleep, fatigue and a lack of breaks and it is timely to review our approach to supporting these carers to minimise the negative health impacts.

“I always put my daughter’s needs first, when she gets angry she slams doors, puts holes in walls within the house. I feel tired and very drained and feel like I shout all the time” Warwickshire carer

Carers have told us that practical support and the opportunity to take breaks can make a huge difference to their physical and mental health.

Two thirds of carers caring for over 20 hpw indicated that replacement care would be required if they were to take a break for a couple of days. The majority of those (91%) said that if they were to take a break they would need a relative’s support with this with only 6% using a paid worker.

Respondents to the recent Warwickshire carers questionnaire³³ revealed that just under half were able to take a regular break with 49% of those indicating that support enabling them to do this came from family and friends. Comments from carers indicate that they consider respite and breaks to be expensive and some carers of people with dementia or autism or other forms of challenging behaviour feel that behavioural issues prevent anyone other than family (where this exists) providing replacement care.

³² Survey of Carers in Households 200910.

³³ Carers Questionnaire, WCC, 2012

42% of carers have not had a break of 2 days or more since they began caring. These carers are most likely to be over 65, living in same household, providing over 20 hours per week, with bad or fair health and on low incomes.³⁴

Emotional wellbeing

Caring for someone with a serious illness or disability has its own emotional impact and managing the practicalities of caring such as: medication, medical appointments, benefits, and social care support can be daunting and stressful. It is perhaps not surprising that in terms of emotional wellbeing only a fifth of carers who responded to the Warwickshire carers' survey felt able to describe themselves as happy and fulfilled most of the time and 70% of carers felt they were not confident about the future.

"You cannot feel happy/fulfilled constantly when you have no idea what the future holds."

"I am healthy and fit at present, but will shortly be 65 years old and am worried about the future re my son and wife who both have mental health issues".

Future Plans

Carers would welcome the opportunity to plan ahead, to consider the future of the person they care for and their own. This reflects one of the outcomes from the Learning Disability Strategy to develop future plans which will consider the longer term needs of the person they care for taking into account accommodation, legal guardianship and financial security. Carers have also identified a need to plan for their own future when they may no longer be in a caring role and may need to be prepared to re-enter employment, training or education.

Housing Related Support

Where and how carers, and the people that they care for, live can have a major impact on their health and wellbeing. Improving access and mobility within the home through the use of assistive technology or Disabled Facilities Grants or relocating to more appropriate supported accommodation such as Extra Care can be a very practical way of increasing the independence of customers and reducing pressure on carers. Access to information about housing related support options is key for all agencies working with carers and carers themselves.

Young Carers

Being a young carer can have detrimental effects on young people, including problems at school, health problems, emotional difficulties, isolation, lack of time for leisure, feeling different, pressure from keeping family problems a secret, difficulties with transition to adulthood, lack of recognition and feeling they are not being listened to.

³⁴ Survey of Carers in Households 200910

In the first study of its kind, the Children's Society and the Open University School of Health and Social Welfare found that 70% of former young carers suffered long-term psychological effects, and 40% had mental health problems.

The psychological effects included problems relating to people in a social context and difficulty making friends.

Many miss out on playtime and end up adopting a parental role, which can make it difficult for them to adjust to situations where they are expected to behave like children, such as at school.³⁵

Research indicates that relatively small numbers of young carers are currently being identified or assessed for support. The reasons for this may include blurred boundaries of responsibility between adults and children's services; a lack of awareness among many professional groups of young carers' needs and concerns; and young carers' own lack of awareness of their entitlements, and their reluctance to seek formal help.

The research consistently reports positive feedback from young carers about young carers' projects. In this setting many young carers consider their problems and experiences to be valued, understood and recognised. They prefer support that is non-intrusive and provided by individuals and organisations other than statutory services.

Researchers questioned 66 former young carers about the effects they thought their childhood experiences had had on them in later life, 28% said they suffered physical health problems, such as bad backs due to lifting relatives.

In other local authority areas school nurses already carrying out health checks for looked after children used exactly the same format for young carers. Part of this approach included asking them more about the practical tasks they undertake and their own health and hygiene. This has revealed incidents of age inappropriate caring roles such as moving and handling of their parent/or sibling and also that some young carers own needs for dental or eyesight checks or general welfare were being neglected.

³⁵ Bilborrow, 1992; Aldridge and Becker, 1993a, Dearden and Becker, 1995, 1998); Dearden and Becker, 2000); Aldridge and Becker, 1993a); Becker, Aldridge and Dearden, 1998; , 1992; Dearden and Becker, 1995, 1998; Marsden, 1995; Dearden and Becker, 1998

What we will do to achieve Priority 4:

- Work with individual GPs and the Clinical Commissioning Groups to facilitate regular health checks for carers and access to appropriate counselling support.
- Countywide training for carers in managing care for people with specific conditions/illnesses such as Autistic Spectrum Disorder, Dementia, Mental Illness, etc. All strategies need to consider practical training for carers within their proposals for workforce development and training.
- Support for the cared for is provided to enable carers to attend support groups where no other replacement care is available
- Carers' health issues to be recognised more widely within the Joint Health and Wellbeing Strategy
- Ensure that appropriate whole family approaches are adopted to ensure that cared for people receive appropriate levels of service and that carers of all ages are able to access breaks
- Work with school nurses to provide health checks for young carers
- Future planning for the cared for to enable carers to feel confident about the future of the person they care for
- Future planning for carers to enable carers to prepare for when their caring role may end.
- Ensure that a whole family approach is used when making transition arrangements
- Carer's Assessments will offer the opportunity to focus on the carer's health and wellbeing with Direct Payments being offered to eligible carers to creatively support related outcomes eg through gym membership, fitness classes, etc.
- Provision of county-wide support offering emotional, 1 to 1, peer and group support, relaxation and coping strategies, and practical management of the caring role eg moving and handling
- Ensure that schools and colleges are aware of their role in offering appropriate interventions to young carers in collaboration with partner agencies such as Young Carers Project, Children's Services, etc.

Section Three

Appendix 1: Key demographics

In the 2001 Census 53,221 people in Warwickshire identified themselves as providing unpaid care for another person. The gender split indicated that 58% of these carers are female, which is in line with the national trend.

Of these over 1,220 were young carers. We know that this number has grown over the intervening years and will always be an underestimate of the true number of children and young people given that the census questionnaire was completed by parents, rather than children, and made no mention of conditions such as mental health, substance misuse or HIV/Aids. More recent research indicates that there are four times³⁶ more young carers than are officially recognised. This would mean there are about about 4,880 young carers in Warwickshire.

The overall figure for carers is in line with the national average of 10% and slightly lower than the regional figure overall. However, there are differences across the districts that make up the county with North Warwickshire (11.4%) and Nuneaton and Bedworth (11%) indicating a higher number of carers in those areas.

The 2001 Census identified 9,444 (17.7%) carers providing over 50 hours of unpaid care per week. More recent research³⁷ suggests that this figure could be doubled and that carers regularly providing over 20 hours per week were more likely to experience an impact on their own health.

Nationally, most carers are caring for just one person, however, 17% are caring for two or more people. The group most likely to be providing care for two or more people are those aged 45-64. The survey of carers in Warwickshire carried out in 2012 found that 89% of respondents care for one person, 7% care for 2 and 5% care for 3 or more and that 84% of the respondents live with the person they care for – a category of carer most likely to experience a significant impact on their own health.

Over half of carers (55%)³⁸ have their own health problems including physical disability/impairment, sensory impairment, mental ill-health and learning disability. About 1 in 5 adults with a long-term limiting illness are also carers³⁹.

A comparison of carers with the general population⁴⁰ found that significantly fewer carers described their health as good (62% against 76% in the general population)

³⁶ BBC and University of Nottingham, 2010

³⁷ Survey of Carers in Households 2009/10

³⁸ Personal Social Services Survey of Adult Carers in England 2009/10

³⁹ Survey of Carers in Households 2009/10

with only 54% of those who were caring for someone in the same household and 52% of those caring for more than 20 hours per week describing their health as good. Those aged over 65 are most likely to provide care for someone in the same household. Two-thirds of carers reported feeling tired, over half had disturbed sleep, half had feeling of stress and over a third depressed.⁴¹

Profile of Carers Accessing Social Care Services

⁴⁰ Health Survey for England Adult trend tables, 2008

⁴¹ Personal Social Services Survey of Adult Carers in England 2009/10

**Table 1. 1: Breakdown of carer numbers by intensity of caring and by district
(Census 2001)**

	No. providing unpaid care	% population providing unpaid care	No. carers providing care 50+ hrs per wk	% carers providing care 50+ hrs per wk
North Warwickshire	7,070	11.4%	1,441	20.3%
Nuneaton & Bedworth	13,212	11.0%	2,906	22%
Rugby	9,059	10.3%	1,534	16.9%
Stratford on Avon	11,532	10.3%	1,716	14.8%
Warwick	12,348	9.8%	1,847	14.9%
Warwickshire	53,221	10.2%	9,444	17.7%
West Midlands	558,421	10.6%	119,277	21.3%
England & Wales	5,217,805	10.0%	1,088,336	20.1%

Table 1.2: Breakdown of carer numbers showing distribution of carers known to Adult Social Care by district

pcl District	Number Of Carers	% Number Of Carers	Number Cared For	% Number Cared For
Unknown	1520	31.44%	1532	30.60%
North Warwickshire Borough	442	9.14%	461	9.21%
Nuneaton & Bedworth Borough	833	17.23%	877	17.52%
Rugby Borough	735	15.20%	763	15.24%
Stratford-on-Avon District	637	13.17%	658	13.14%
Warwick District	668	13.82%	715	14.28%
Total	4835	100.00%	5006	100.00%

There appears to be some degree of North-South pattern with those in the North providing less low-level caring and more high-level caring and the reverse being true in the South. There are particularly high numbers of carers in Nuneaton and Bedworth who are providing more than 50 hours of unpaid care per week and maintaining paid employment.⁴²

Those who are providing more than 50 hours of care each week are split fairly evenly across the ten year age bands 35 – 75 years, with a slight peak in the 55 to 64 age group. It should be noted that about 15% of carers are actually over the age of 75 years and hence likely to themselves be in poorer health.

Nuneaton and Bedworth have a greater number of people providing over 50 hours of care than the rest of the County, a large proportion of which are from minority communities. This picture is reflected in the figures from Adult Social Care, which indicate that there are more people in receipt of social care support in the north of the county. However, there are higher numbers of carers over 70 years of age in the districts of Warwick and Stratford.

The higher intensity of the caring role in Nuneaton and Bedworth and to some extent North Warwickshire is also illustrated in the tables showing the carer support levels reported in the customer's "My Assessment" questionnaires. See tables on pages 34-35.

The following profile emerged from the recent Warwickshire Carer Survey⁴³:

Just under 540 carers responded to the carers questionnaire. Approximately half of all respondents felt they had had a health assessment carried out by a nurse and the majority felt that they had had their concerns as a carer taken in to account.

A third of all respondents felt that the person they care for had received a social care assessment and again the majority felt that they had had their concerns as a carer taken into account. A third of all respondents felt they had received a carer's assessment.

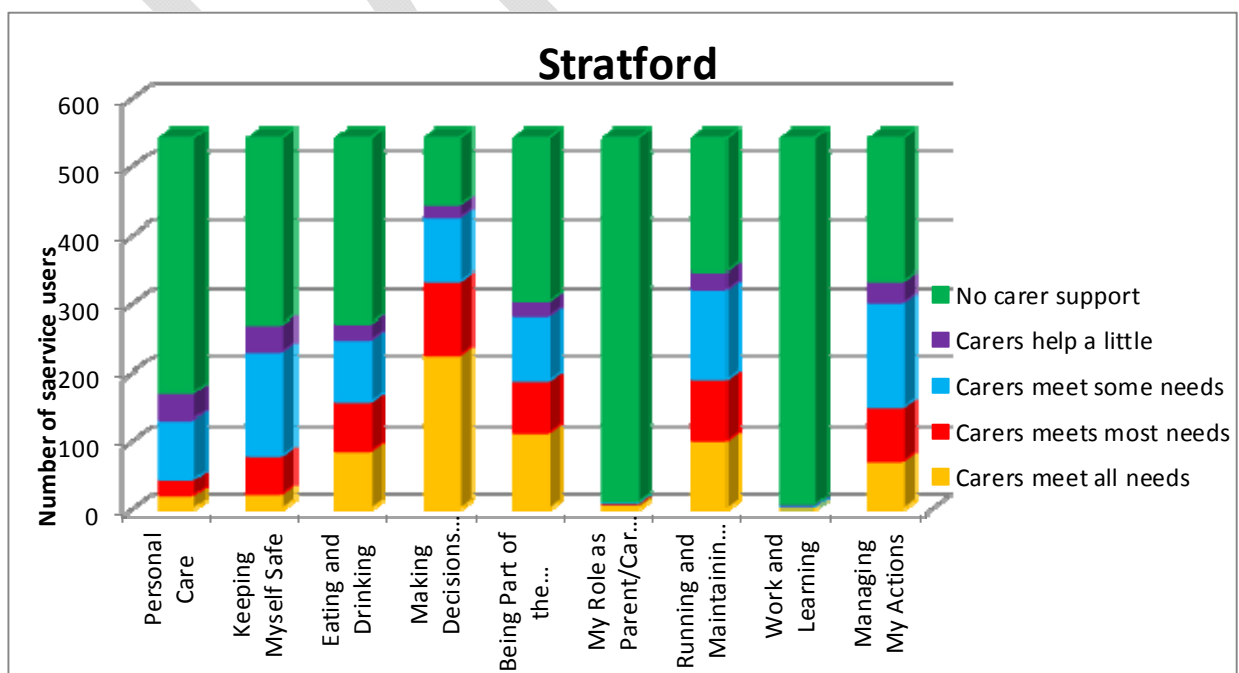
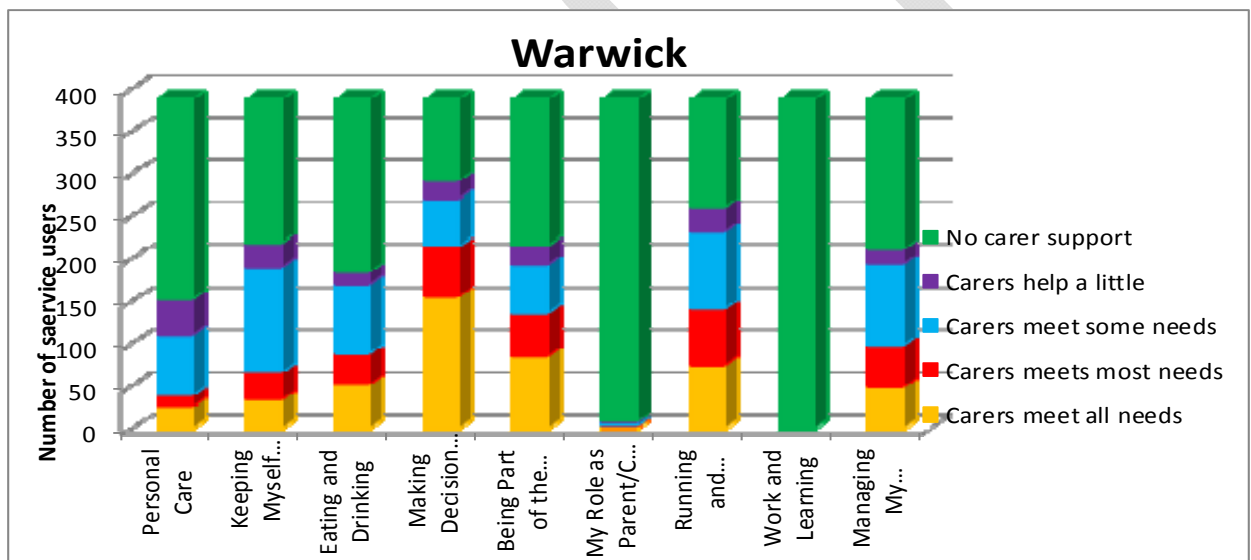
Half of the respondents overall indicated that they were able to take a regular break with 49% indicating that the support that enabled them to do this came from family and friends.

68% of carers said they were not confident about the future, with the majority of respondents citing uncertainty about the quality of care for the person they care for as being the main reason for their anxiety. Those carers who were most concerned about the future were parents/carers of people with Autistic Spectrum Disorder (73%).

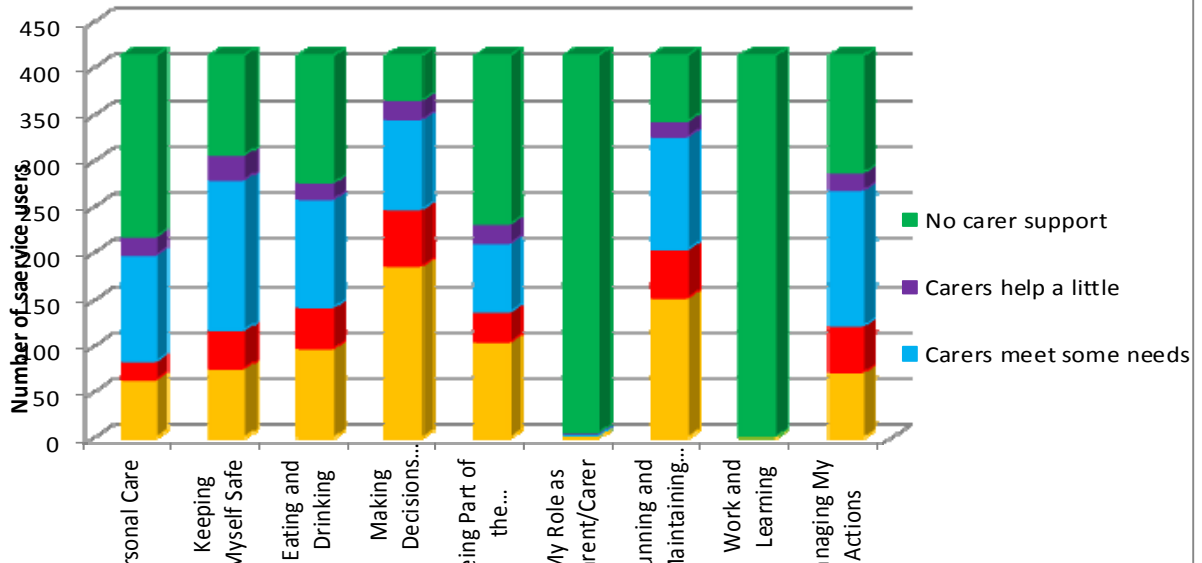
⁴² JSNA.2011.

⁴³ Carers Questionnaire, WCC, 2012

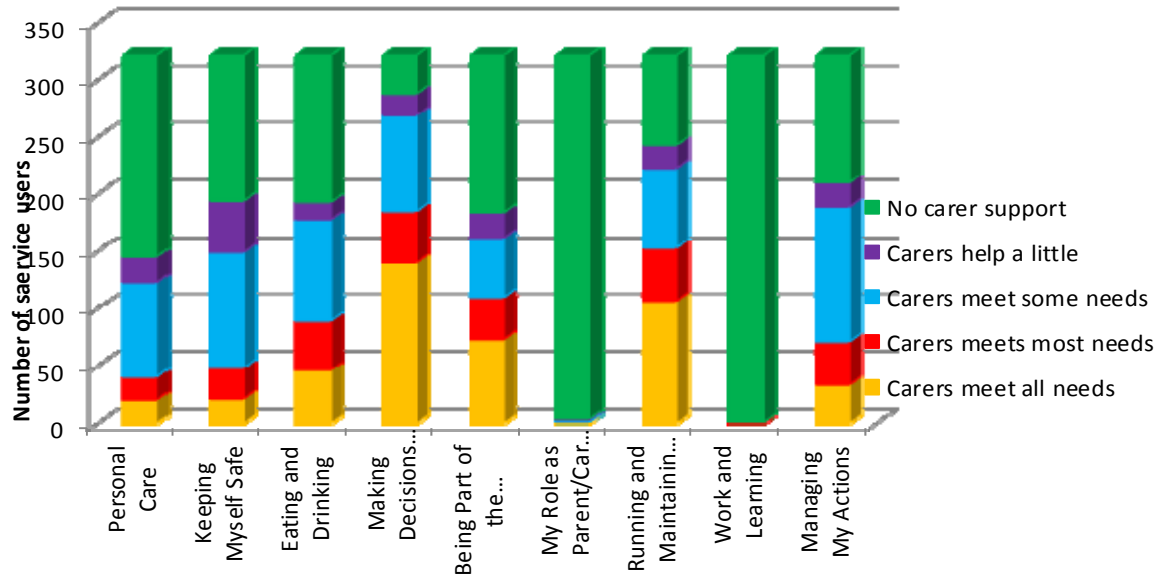
25% of respondents overall indicated that they were currently not working due to their caring role. However, this increased to 40% for carers of people with Autistic Spectrum Disorder.



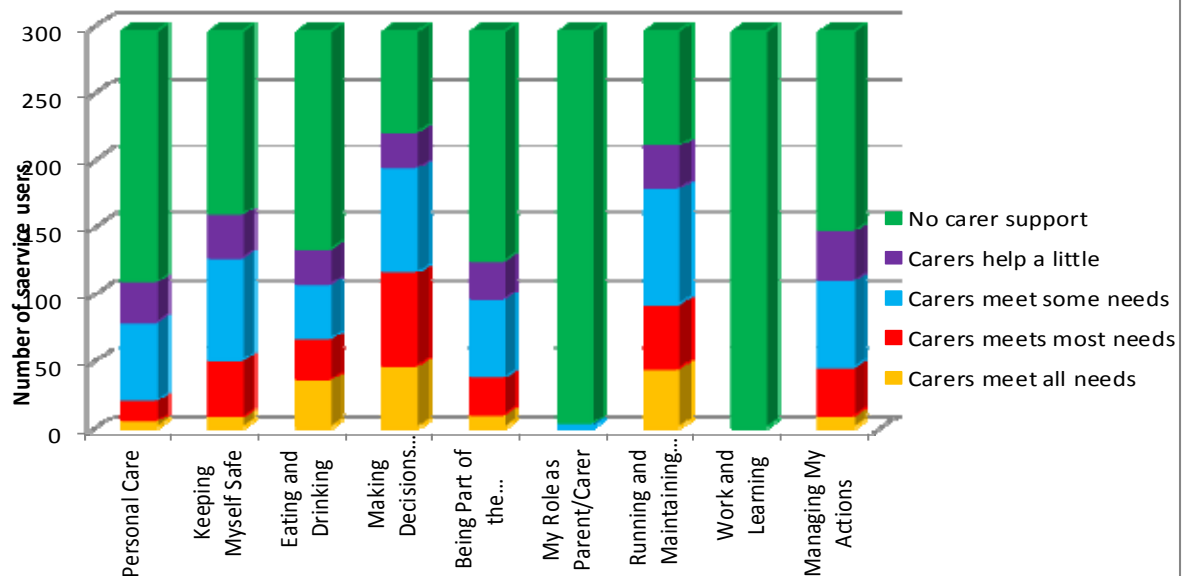
Nuneaton and Bedworth

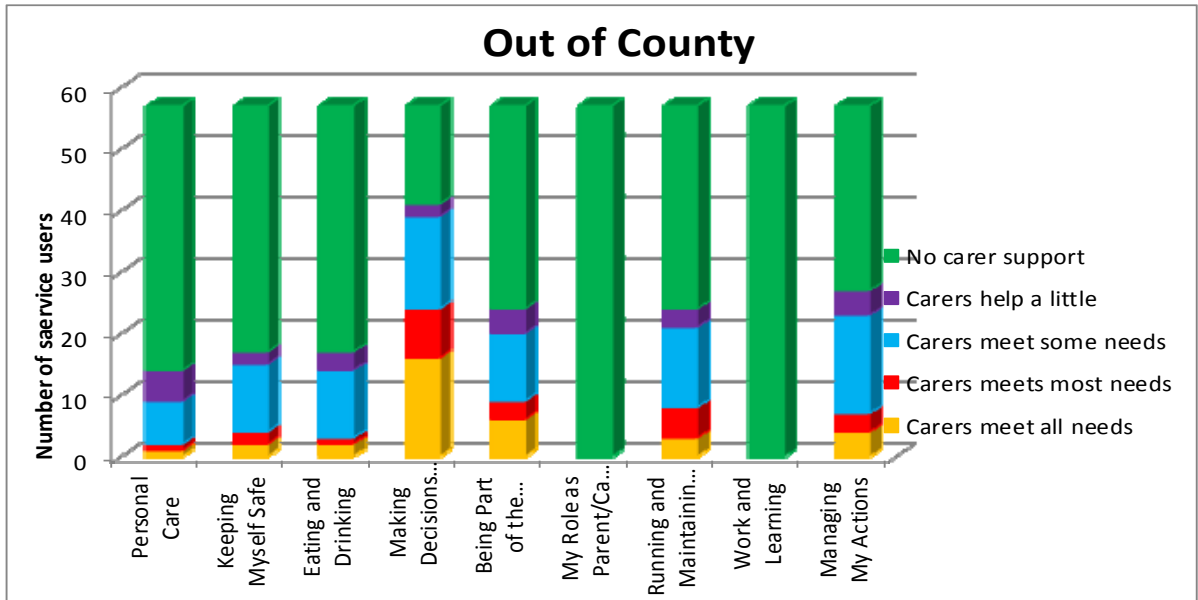


North Warwickshire

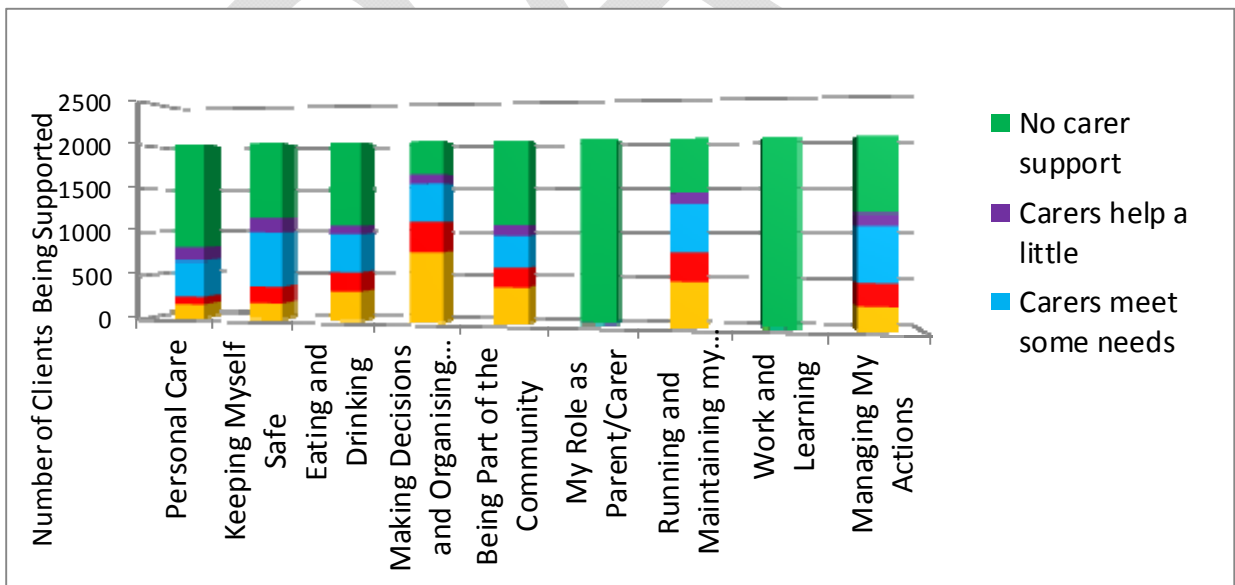


Rugby





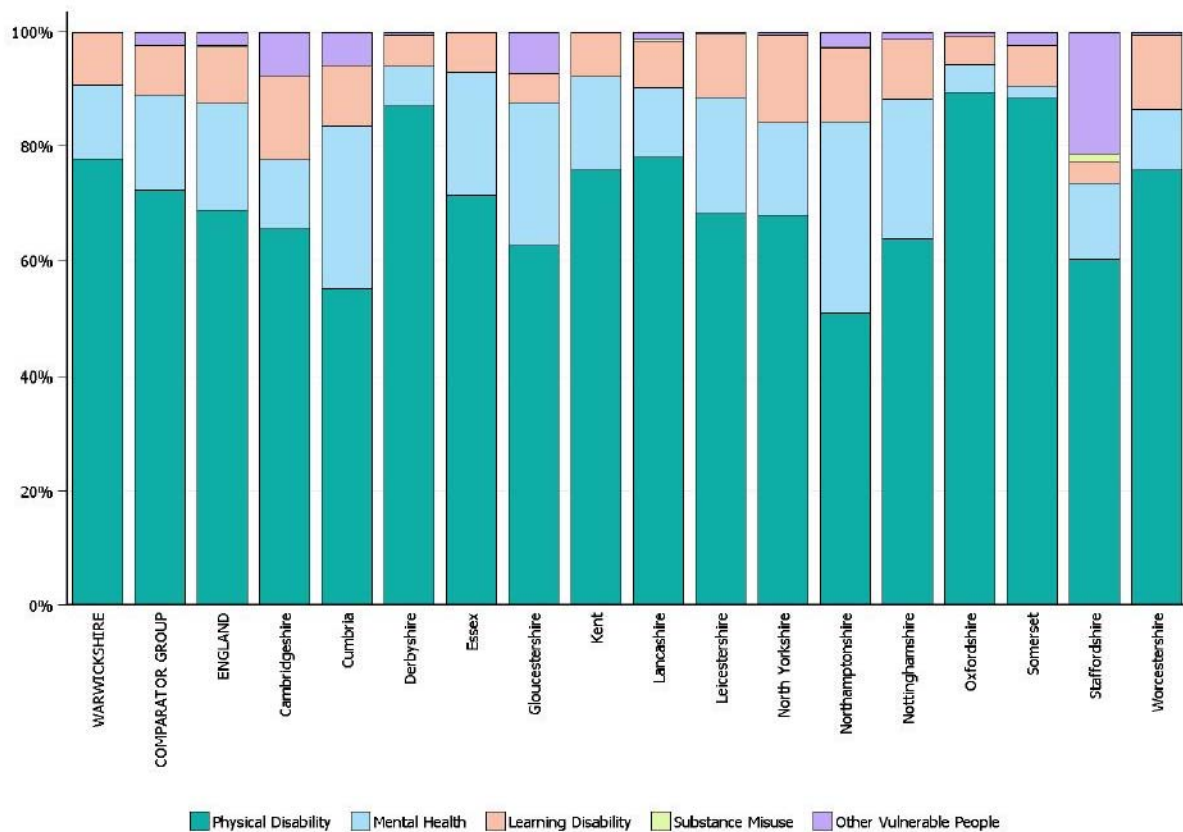
Carer Support Levels Reported in My Assessment Questionnaires (June 2010 to February 2012)



How Warwickshire compared with other local authorities in provision of carers services in 2010/11 (the last year for which figures are available)

Carers receiving services, information and/or advice

The following table shows the percentage of carers who received services, information and/or advice during the year, by primary client group of the cared for person



Ethnic Profile of Ethnic background of Carers Questionnaire respondents

Analysis of the ethnic background of those carers who responded to the survey indicates a lower representation of people in all non white categories.

Ethnic Group Profile

	Carers Strategy Questionnaire Ethnic Group profile	Warwickshire Ethnic Group profile
White: British	91.0%	88.3%
White: Irish	2.2%	1.2%
White: Other White	2.6%	2.7%
Mixed: White and Black Caribbean	0.0%	0.5%
Mixed: White and Black African	0.0%	0.1%
Mixed: White and Asian	0.2%	0.4%
Mixed: Other Mixed	0.2%	0.3%
Asian or Asian British: Indian	2.0%	2.9%
Asian or Asian British: Pakistani	0.4%	0.8%
Asian or Asian British: Bangladeshi	0.0%	0.2%
Asian or Asian British: Other Asian	0.2%	0.4%
Black or Black British: Black Caribbean	0.4%	0.5%
Black or Black British: Black African	0.4%	0.5%
Black or Black British: Other Black	0.0%	0.1%
Chinese or Other Ethnic Group: Chinese	0.0%	0.5%
Chinese or Other Ethnic Group: Other	0.2%	0.5%

Ethnic background of carers who have received social care assessments, services and/or information.

NB: Carer's Ethnicity for clients with current agreement

Carers Ethnicity	Number In Group	%	% Excluding Unkown group
Caribbean	14	0.18%	0.49%
Chinese	1	0.01%	0.03%
Gypsy/Roma	1	0.01%	0.03%
Indian	90	1.14%	3.13%
Other Asian	11	0.14%	0.38%
Other Ethnic Group	9	0.11%	0.31%

Other Mixed	2	0.03%	0.07%
Other White	30	0.38%	1.04%
Pakistani	5	0.06%	0.17%
Unknown	5049	63.69%	
White & Asian	3	0.04%	0.10%
White & Blck Carib	5	0.06%	0.17%
White British	2676	33.75%	92.95%
White Irish	32	0.40%	1.11%
TOTAL	7928	100.00%	100.00%

The above tables appear to indicate that our recording of carers within social care needs to improve if we are to have an accurate profile of carers in Warwickshire on which we can base our commissioning intentions. They would also suggest that we may need to improve targeting of certain minority ethnic communities to ensure that take up of services reflects that profile. Actions to improve recording of carer data and better targeting of information and services are included in the Delivery Plan.

Appendix 2: National & Legal Context

A summary of the current key policy and legislative framework is given later in this section. However, it feels appropriate to give priority to the two draft bills out to consultation which, if enacted, will substantially change, for the better, how carers are supported. These are:

- Draft Care and Support Bill; and,
- Draft Social Care (Local Sufficiency of Supply) and Identification of Carers Bill

The **Draft Care and Support Bill** places the promotion of individual well-being as the driving force behind care and support and aims to pull together previous social care legislation into one unified act with a simplified approach and more consistent pathways. It also provides the legislative framework for recent policy developments such as personalisation. The Bill will represent a wholesale change in the way that carers, disabled people and older people are supported by communities.

It is anticipated that the legislation will come in the fourth session of parliament i.e. 2013/14, but this will not be confirmed until the Queen's Speech in June 2013. Implementation would then be in 2015. There will be costs associated with carers' new rights which are provisionally planned for 2015.

The key elements are as follows:

- A duty on Local Authorities to provide an information and advice service to help people understand how the care system works, what services are available locally and how they can be accessed. Local Authorities would also have a duty to ensure a diverse range of quality services to meet needs and to work with

other local organisations to integrate services with the aim of promoting well-being and improving quality and outcomes.

- A duty on Local Authorities to take a proactive approach, make earlier interventions and provide services which are intended to prevent, delay or reduce people's needs for care and support. The aim will be to prevent or reduce dependency rather than responding to crisis situations.
- Assessments will focus on the needs and desired outcomes of the cared for person and their carer(s) rather than on the services to be provided. The assessment must be carried out without regard to whether the individual is eligible for services and eligibility will be determined by a national threshold rather than by individual local authorities.
- Local Authority arrangements for charging will be standardised and transparent. Deferred payment options ie repayment of care charges from the sale of the customer's home are to be routinely offered with Local Authorities likely to be able to charge interest on the deferred payment.
- There will be a single, consistent route to establishing entitlement to care and support for adults.
- The personalisation approach whereby individuals are offered an assessment of their needs followed by a care and support plan and a personal budget is defined in this legislation.
- Carers will, for the first time, have a legal right to have a carer's assessment of their needs without having to meet the requirement that they are providing substantial and regular care. The duty on Local Authorities regarding carers will be comparable with that for the people they care for. There will be a new framework for assessing eligibility for support which will be set out in regulations. There will be a new duty on Local Authorities to meet carers' eligible needs and to review their care and support plan regularly to ensure that their needs continue to be met. Carers will also have new rights to be consulted in relation to the assessment and support plan of the person they care for and to have a copy of the support plan.
- The draft Bill clearly states that local authorities would be required to meet the eligible needs of carers, either by providing services to the cared for or to the carer. Services which might prove most helpful to carers could include those which give the carer a break from their caring responsibilities such as help with housework or gardening, purchase of a laptop to help them stay in touch with family and friends, or gym membership to support the carer's own health and wellbeing. The draft Bill also allows for the carer's needs to be met by providing support directly to the person they care for through replacement care to enable the carer to take a break.

- Young carers under the age of 18 who care for adults will be supported by children's services rather than adult care and support. At the age of 18 the responsibility will switch to adults services although adult services can be brought into transitions planning before the young carer's 18th birthday at the carer's request. There will also be a new duty to continue any children's services which a young carer is receiving past the age of 18, if appropriate adult care and support is not in place.
- New provisions in the draft Bill will enable parent carers to be assessed under adult law as well as children's law enabling them to access services that they may currently be unable to use.
- Adult safeguarding will be strengthened by the creation of a clear framework of responsibilities and governance arrangements, including the establishment of a Safeguarding Adults Board to support a strategic and integrated multi-agency approach.
- Development of a new structure for overseeing the education and training of the future healthcare workforce and ensuring supply of appropriately qualified staff keeps pace with health service needs.
- Strengthening the Health Research Authority and enabling it to function more effectively, achieve a unified approval process for research and promote a proportionate approach among those involved in research. Benefits arising from this are expected to include reduction in duplication and red tape and the development of more efficient research approaches.

The **Social Care (Local Sufficiency of Supply) and Identification of Carers Bill** is a Private Member's Bill which has strong cross party support. It makes several key provisions which would help support the draft Care and Support Bill. If successful it would place a duty as follows:

On local authorities to

- provide sufficiency of supply of social care services.
- ensure sufficiency of supply of social care services for disabled people and carers who wish to work or go into education; and,

On NHS bodies to identify carers

On schools to identify young carers

On further and higher education establishments to identify young carers

The duty to identify carers would be invaluable in raising the profile of carers' needs and could be a powerful tool in bringing carers into the mainstream and helping to

ensure that carers really are everybody's business. The requirement to provide a sufficiency of supply recognises that carers and people with disabilities have the right to expect appropriate services to be available to support them in returning to or maintaining their employment in much the same way that local authorities have a role to play in ensuring appropriate provision of childcare to enable parents to work if they wish to.

Health and Social Care Act (2012)

This Act will introduce comprehensive and far-reaching changes in the way in which the NHS is organised. It will abolish the current structures for commissioning and delivering health services and replace them with new clinically-led commissioning groups in which GPs will play a leading role. Carers are not directly affected by this Act but may be indirectly affected by any resulting changes in the way in which services are delivered to the person that they care for. Carers may indirectly benefit from the emphasis within the Act for commissioning intentions to be informed by those who use them and their carers.

Putting People First

Putting People First sets out the government's plans to reform adult social care. It defines these achievements as: '... a mainstream system focused on prevention, early intervention, enablement and high quality personally tailored services'. Key to its success will be for each individual to have 'maximum choice and control over the services they receive.'

Putting People First confirms that carers as well as the individuals they care for are integral to the success of the core values of personalisation '...real change will only be achieved through the participation of users and carers at every stage.

A Vision for Adult Social Care: Capable communities and active citizens (2010)

This builds on the principles of Putting People First and sets out the key priorities that need to be achieved in order that the visions set become a reality. In particular the document focuses on councils providing "personal budgets, preferably as direct payments, to everyone eligible within the next two years". In particular, it states the need to provide more carers with a direct payment to purchase breaks from caring over the next few years. In addition, it highlights the need for society and communities to take responsibility for social care as well as the state; "communities and wider civil society must be free to run innovative local schemes and build local networks of support"

The vision for adult social care sets out key principles of social care reform including;

Prevention; individuals maintaining independence for as long as possible will contribute to this.

Personalisation: people taking control of their own care and resultant services and support, where personal budget are key to its success

Partnership: this should be between individuals, communities, voluntary and private sector, NHS and Councils

Plurality: broadening of the market in terms of service provision will enable it to react well to the diversity of individual needs

Protection: individuals being safeguarded from abuse and neglect

Productivity: local accountability driving up improvements, with agreed and published quality outcomes helping to achieve this

People: the importance of a skilled workforce that is capable of leading this change.

The re -design of carers' services needs to be viewed within the context of the vision and principles laid out above. The vision sets targets and challenges for local authorities and others to make the changes required to reform adult social care, with carers being key agents within this change who need to be supported in order to contribute as fully as possible within society and within the social care economy.

The National Strategy for Carers – *Carers at the heart of 21st century families and communities 2008.*

The National Strategy for Carers, *Carers at the heart of 21st century families and communities: A caring system on your side.*' (June 2008) has five key objectives stating that carers should be:

- Respected as expert partners in care and will have access to the integrated and personalised services they need to support them in their caring role
- Able to have a life of their own alongside their caring role
- Supported so that they are not forced into financial hardship by their caring role
- Supported to stay mentally and physically well and treated with dignity
- Children and young people need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes, while protecting them from inappropriate caring

The Strategy sets out the government's commitment to services for carers and acknowledges the current difficulties many carers experience in accessing services from health and social care.

This Strategy was updated by the Coalition Government in **Recognised, valued and supported: Next steps for the carers strategy (2010)** in which four priority areas were identified for action over the next four years. These priorities relate back to the outcomes that the Government is seeking to achieve:

- Priority 1 - "*Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages*" - relates most closely to the **first outcome**.
- Priority 2 - "*Enabling those with caring responsibilities to fulfil their educational and employment potential*" - relates most closely to the **third** and **fifth** outcomes.
- Priority 3 - "*Personalised support both for carers and those they support, enabling them to have a family and community life*" - relates most closely to the **second outcome**.
- Priority 4 - "*Supporting carers to remain mentally and physically well*" - relates directly to the **fourth outcome**.

Young Carers, parents and their families – Key principles of practice

In 2008 the Children's Society published 'Young carers, parents and families: key principles of practice'⁴⁴. These principles are intended to be used alongside legislation and guidance already in place to enable agencies to respond to the recommendations of national policy, which affects young carers and their families. Using these key Principles of Practice will help ensure the best use of resources and promote whole family working.

In 2008 the Children Society published 'These principles are intended to be used alongside legislation and guidance already in place to enable agencies to respond to the recommendations of national policy, which affects young carers and their families. Using these key Principles of Practice will help ensure the best use of resources and promote whole family working.

The six key principles are detailed below:

- Children's welfare should be promoted and safeguarded by working towards the prevention of children undertaking inappropriate care of any family member
- The key to change is the development of a whole family approach and for all agencies to work together, including children and adult services, to offer co-ordinated assessments and services to the child and the whole family
- Young carers and their families are the experts on their own lives and as such must be fully involved in the development and the delivery of services
- Young carers will have the same access to education and career choices as their peers

⁴⁴ Frank and McLarnon 2008

- It is essential to continue to raise awareness of young carers and to support and influence change effectively. Work with young carers and their families must be monitored and evaluated regularly
- Local young carer projects and other targeted services who work with young carers should be available to provide safe, quality support to those children who continue to be affected by any caring role within the family.

Currently, there are three main pieces of legislation that define statutory duties in relation to the assessment and support of carers. These are:

- The Carers Recognition & Disabled Services Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004

Solicitor, Luke Clements summaries these in his 3rd edition of *Carers and their Rights in Relation to the Law* and underlines that local authorities have a duty to assess carers who provide or intend to provide a substantial amount of care on a regular basis and have the power to provide services to carers following an assessment. Clements states that the importance of the assessment process in gauging the impact on a carers ability to maintain 'daily routines' such as family relationships, employment, training and leisure commitments are a core requisite of any good assessment process.

The Equalities Act 2010

The Equalities Act 2010, for the first time, has recognised the role of carers and states that:

If you're looking after someone who is elderly or disabled, the law will protect you against direct discrimination or harassment because of your caring responsibilities. This is because you're counted as being 'associated' with someone who is protected by the law because of their age or disability. You're already protected from discrimination and harassment if they happen at work, but the new law will also protect you, if you are caring for a disabled person:

- *when you shop for goods*
- *when you ask for services*
- *when you get services*
- *when you use facilities like public transport.*

This is an important step in ensuring that carers' basic human rights are protected. Incorporating carers into the equalities law provides a platform for people who use services and their families to live as equal citizens.

Supporting People to Live and Die Well – a framework for social care at the end of life

Published in 2010 this report is the work of an advisory group of leaders in social care co-ordinated by the National End of Life Care Programme (NEoLCP). It maps out how social care commissioners and providers, together with those involved in training and education, can boost social care's role in end of life care for individuals and their families by:

- Offering training and support to the social care workforce – from domiciliary care workers to social workers and their managers –to recognise the skills they already have and to develop new ones
- Consider end of life care within the current changes to commissioning and delivery of social care
- Embedding end of life care within the wider education and training changes currently taking place in social work and future developments in training and skills for the wider social workforce
- Incorporating end of life care within the personalisation and re-ablement agendas where there are significant opportunities for improving the experience of people approaching the end of their lives and their carers
- Strengthening palliative care social work in specialist settings and as an educational and supportive resource in mainstream services
- Achieving greater integration across all care and support services, particularly between social and health care
- Ensuring a robust evidence base to support the ongoing development of good social care practice in end of life care.

Appendix 3: Expenditure on support for carers

The Carers Special Grant from central Government was discontinued in 2009/10. Current funding for services to support carers is provided from within the overall County Council budget and through targeted funding from Warwickshire NHS Primary Care Trust.

Previously characterised by large block contracts for carers services the Carers Budget is developing a different profile to ensure that funding is allocated to where it can be used to facilitate personalisation and greater flexibility. This means moving away from block contracts to an increasing use of commissioning frameworks which enable frontline staff, customers and carers to purchase services that are tailored to their needs and which work well with personal budgets.

The following table provides an indication of how carers were supported in 2011/12 and some of the costs associated with that support. Using the measure NI 135 which calculates support to carers as a percentage of the service delivered to customers we know that 4071 carers received a carers' service, break or advice/information in the year following a carer's assessment or review.

The following table does not include the cost of providing the assessment service or the commissioning of support services.

Jointly Funded Support for Carers in Warwickshire

Following the refresh of the National Carers Strategy the Government identified a sum of £400 million nationally to be made available from 2011-15 through the NHS specifically for the purpose of providing support and breaks for carers.

The NHS Operating Framework for 2012/13 NHS requires PCT clusters to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets, and that these plans should be in line with the Carers Strategy.

In 2011/12 NHS Warwickshire transferred funding of £637,000 through a S256 agreement to Warwickshire County Council for support for carers. This was used to provide breaks for carers through the Home Care Framework and residential respite contracts and the following table provides a summary of provision resourced using that funding. For 2012/13 NHS Warwickshire will transfer a further £500,000 through a S256 agreement to Warwickshire County Council to continue funding and supporting carers.

In addition Warwickshire Primary Care Trust contributed £191,500 funding to services within the third sector during 2011/12 specifically to support carers and provide respite breaks.

The following table identifies the funding of services providing support to carers in 2011/12

Support	2011/12 £*	No. of people receiving a service	Service Delivered
Replacement Care - Short Breaks	£2,425,700**	229	27,576 hours
- Residential Respite		567	16,194 nights
Day care	£ 192,200	212	
Homecare	£1,904,700	745	
Direct Payments:			
One-off	£ 33,900	95	
Ongoing	£1,559,300	290	
Carer Support Services (Adult and Young Carers)***	£ 535,000	4,500 Adult carers 830 Young carers	

* Figures rounded

** Includes £637,000 transferred from NHS through Section 256 agreement for support to carers

*** Includes a contribution from the NHS Warwickshire Primary Care Trust

Appendix 4: Current services supporting priorities

Current services supporting Priority 1 and identified gaps in provision

Supporting early self-identification and involvement in local care planning and individual care planning.

Service	Who provides it and how?
Information Services	
<ul style="list-style-type: none"> • Fact sheets on specific condition • Signposting to specialist information • Basic benefits advice and signposting to specialist information • Quarterly newsletter • Support groups 	Guideposts Carers Support Service
<ul style="list-style-type: none"> • Quarterly newsletter for carers of adults with Learning Disabilities 	Learning Disabilities Partnership Board
<ul style="list-style-type: none"> • Quarterly newsletter written by parents and carers caring for a child or young person with a disability 	Parent and Carer Steering Group - Integrated Disability Service
<ul style="list-style-type: none"> • Information about support for Young Carers for parents/carers, schools, Police, Social Care Services for adults and children 	Carers Support Service – Warwickshire Young Carers Project
Carer Awareness &	

Recognition	
<ul style="list-style-type: none"> This tool is targeted at frontline staff to encourage them to consider how they might be able to assist carers by informing staff about the caring role and enabling them to signpost carers appropriately. 	Carer Aware eLearning tool, Warwickshire County Council – available to WCC staff and free access on internet for other agencies
<ul style="list-style-type: none"> Cultural Training for social care assessment and reviewing staff Police, Social Care Services for adults and children 	Commissioned by Warwickshire County Council for frontline staff in social care teams and Customer Service Centre
<ul style="list-style-type: none"> Working with schools, 	Carers Support Service – Warwickshire Young Carers Project
Involvement of carers in local care planning and individual care planning	
<ul style="list-style-type: none"> Carers engaged in commissioning processes 	Warwickshire County Council - Transformation Assembly. A register of carers who work in partnership with WCC.
<ul style="list-style-type: none"> Carers involved in assessment & planning process 	Warwickshire County Council – Social Care Self Directed Support (SDS) process involves carer in the assessment of cared for and development of support plan.
<ul style="list-style-type: none"> Parent/Carers involved in decision making, commissioning and service direction 	Integrated Disability Service – Parent & Carer Steering Group, Countywide Parent and Carer Forum

Identified gaps in provision

- **Good quality information about caring for conditions/illnesses easily accessible within health, social care and community settings**
- **Good quality information about available services and how to access them.**
- **Information for carers of people approaching the end of their lives**
- **Clear links to housing related support**

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Current services supporting Priority 2 and identified gaps in provision

Enabling carers to fulfill their educational and employment potential

Current Services	Who provides it and how?
<ul style="list-style-type: none"> Carers Assessment identifies carer's wish to work/pursue education and addresses this within carer's support plan. 	Social Care Services – utilising Direct Payment to fund educational course
<ul style="list-style-type: none"> Customers Assessment identifies where replacement care is required to support carer's employment/education 	Social Care Services – addresses need for replacement care within customer's support plan.
<ul style="list-style-type: none"> Replacement care 	Social Care Services – utilising Homecare Framework, other services, Personal Budgets, Direct Payments.
<ul style="list-style-type: none"> Young Carers Service 	Carers Support Service – Warwickshire Young Carers Project - liaison with schools/colleges/employers to provide support/awareness raising

Identified gaps in provision

- A wide range of affordable care replacement options to enable carers to access education and employment opportunities**

Current services supporting Priority 3 and identified gaps in provision

Personalised support for carers and those receiving care, enabling them to have a family and community life

Current Services	Who provides it and how?
<ul style="list-style-type: none"> Carers' Assessment – identifies need for support to maintain a family/community life 	Social Care Services – utilising Direct payments to provide appropriate support eg laptop to aid communication with family/friends
<ul style="list-style-type: none"> Customers' Assessment – identifies need for carer to take breaks to maintain family and community life 	Social Care Services – incorporates replacement care within customer's support plan to enable care to take a break to maintain family/community life
<ul style="list-style-type: none"> Provision of support to cared for including replacement care enabling carers to take a break from their caring role and also provision of emergency replacement care to avoid hospital admission of cared for. 	Homecare Framework – this is a structure with access to a wide range of service providers able to put care staff in to the customer's home to replace the informal carer or take the customer out, enabling the carer to take a break.
<ul style="list-style-type: none"> Residential respite 	A range of specialist providers able to offer personalised care and support in a residential setting, enabling the informal carer to take a break from the caring role.
<ul style="list-style-type: none"> Specialist palliative care inpatient day hospice and outpatient service. Also training for carers in their own home in practical caring. 	Myton Hospice - offering a whole family approach to caring support and training, emergency support, information and 1:1 support for people with a terminal diagnosis and their carers.
<ul style="list-style-type: none"> Day Hospice, Hospice at Home, Lymphoedema and Bereavement Support Services, 	Mary Ann Evans Hospice – providing emotional support and information and 1:1 support for people with a terminal diagnosis and their carers.
<ul style="list-style-type: none"> Day Hospice facility, Hospice at Home 	The Shakespeare Hospice - providing care for patients with life limiting illnesses and support for families and carers. Services include emergency support,

	information and 1:1 support
•	
• Support for schools, settings and families caring for a child/young person with autistic spectrum disorder	Autism Team includes social workers, teachers, inclusion assistants and youth worker. Integrated Disability Service

Identified gaps in provision

- **Better joined up services between health and adult and children’s services, supporting children and adults with Autistic Spectrum Disorder.**
- **Future planning for cared for to enable carers to feel confident about the future of the person they care for.**
- **Future planning for carers to enable carers to prepare for when their caring role may end.**
- **Wider range of support options within the community.**

Current services supporting Priority 4 and identified gaps in provision

Supporting carers to remain physically and mentally well

Service	Who provides it and how?
<ul style="list-style-type: none"> Carers' Assessment – identifies need for support to promote health and wellbeing 	Social Care Services - utilising Direct Payments to provide appropriate support to achieve desired outcome eg gym membership, referral to counselling services, life coaching
<ul style="list-style-type: none"> Customers' Assessment – identifies – need for carer to take breaks to maintain health and wellbeing 	Social Care Services -incorporates replacement care within customer's support plan to enable carer to take up gym membership/counselling, etc
<ul style="list-style-type: none"> Carers' Support Service 	Guideposts Carers Support Service – advice and information Carers Support Service – Warwickshire Young Carers Project - advice and information
<ul style="list-style-type: none"> Training for carers: to relieve anxiety, provide practical caring skills, moving and handling, on caring for specific conditions eg dementia, autism, etc Training for young carers to help manage caring role, how to seek help, etc 	Guideposts Carers Support Service – direct provision of training eg caring with confidence and via training delivered by specialist providers. Carers Support Service – Warwickshire Young Carers Project - direct provision by Project staff
<ul style="list-style-type: none"> Emotional Support, 1 to 1 and group support Emotional Support, 1 to 1 and group support 	Guideposts Carers Support Service – provided through staff by phone, home visits and groups and peer support from other carers Carers Support Service – Warwickshire Young Carers Project - provided by Project staff by phone, face to face and within

	group setting
<ul style="list-style-type: none"> • Training for parents/carers of newly diagnosed children : Early bird and APT 	Integrated Disability Service – provided by staff on 1:1 and group basis

Identified gaps in provision

- **Regular health checks for carers**
- **Countywide training for carers in managing care for people with specific conditions/illnesses**
- **Support for cared for provided to enable carers to attend support groups where no other care is available**

Appendix 5: Making it happen & knowing when we have

Framework for monitoring and evaluating delivery against Carers Strategy Refresh priorities

Adult Social Care Outcomes Framework – (ASCOF)

There are four domains within the ASCOF, three of which carry a carer-related outcome measure:

- 1 Enhancing quality of life for people with care and support needs
Carer -related outcome measure: Carers can balance their caring roles and maintain their desired quality of life
- 2 Delaying and reducing the need for care and support:
Carer -related outcome measure: Earlier diagnosis, intervention & reablement mean that people and their carers are less dependent on intensive services
- 3 Ensuring that people have a positive experience of care and support.
Carer -related outcome measure: Carers feel that they are respected as equal partners throughout the care process
- 4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

NHS Operating Framework – Carers

The NHS Operating Framework 2012/13 requires that PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets. For 2012/13 this means plans should be in line with the Carers Strategy and be explicitly agreed and signed off by both local authorities and PCT clusters and identify the financial contribution made to support carers by both local authorities and PCT clusters and that any transfer of funds from the NHS to local authorities is through a section 256 agreement. This information is included in Section 3 of this Strategy.

Coventry and Warwickshire Partnership Trust (CWPT) Carers Monitoring

Carers Key Performance Indicators (KPI's) are included within the performance dashboard for CWPT and are as follows:

Performance Indicator	Threshold	Method of Measurement	Frequency of reporting
Implement the carers element of the 'Equal Partners Strategy'.	Update on progress by end of Q1 with plans to fully implement with timescales.	Carers Support Report to illustrate how the Provider has implemented the strategy.	Bi-annual
Number and % of clients in receipt of services who have their main carer identified and recorded in their care plan with contact details.	100%	Data reported quarterly. Number and %, month actual and year to date.	Quarterly
Number and % of carers that have been identified who have been offered a carers assessment, where appropriate, and where accepted the assessment has been undertaken and recorded in the patients care plan.	100%	Data reported quarterly. Number and %, month actual and year to date.	Quarterly
All individuals at risk of falling and their carers will receive a brief intervention including information orally and in writing about what measures they can take to prevent further falls	95% compliance for patients identified as at risk of further falls	Quarterly progress/audit report to CQR	Quarterly

Warwickshire Corporate Business Plan 2012-13

The delivery of the Carers Strategy Refresh action plan will also contribute to the achievement of Warwickshire County Council's Corporate Business Plan in the following areas:

Warwickshire's residents have more choice & control

The proportion of those using social care who have control over their daily life

Warwickshire's residents have more choice & control

The proportion of people who use services and carers who find it easy to find information about support

Section Four

Delivery Plan

The following tables provide a summary of all the actions from each priority heading with associated outcomes and performance measure.

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Priority 1 - Supporting early self-identification and involvement in local care planning and individual care support planning.

Outcome	Actions	Measures	Lead/Reporting Officer
<p>Carers are identified at an early stage in their caring role and provided with, or signposted accurately to, sources of information and support.</p>	<ul style="list-style-type: none"> • Promote Carer Aware eLearning tool on intranet to frontline staff across all Directorates of County Council to raise awareness and early identification of carers and facilitate signposting to appropriate information. • Promote Carer Aware eLearning tool on internet to partner organisations in all sectors. 	<p>No. of WCC staff completing Carer Aware e Learning Tool on intranet.</p> <p>No. of uses of WCC internet Carer Aware e learning Tool.</p>	<p>Learning & Development WCC</p>
<p>Carers have easy access to information and advice about benefits, services and practical support for their caring role.</p>	<p>Ensure that carers information needs are met by:</p> <ul style="list-style-type: none"> • Improving information availability and utility for carers, enabling them to access information and advice relating to services and support for customers and carers. • Addressing the requirements of the draft Care and Support Bill for a comprehensive information service. • Integrated working across local health and social care strategies and associated web/helpline -based information services 	<p>Carers Survey</p>	<p>Carers Lead Officer</p>

	<p>and effective linking to national sources of information and support.</p> <ul style="list-style-type: none"> • Providing multi-accessible formats ie not only web-based. • Achieving integrated working across health and social care to ensure carers are accurately signposted to sources of specialist information ie specific conditions, financial advice, brokerage, end of life care, etc • Using language and terminology that promotes accessibility ie not “carer” 		
Carers are able to access practical information/ support for their caring role	All local health and social care strategies to incorporate carers’ requirements for good quality practical information about caring for conditions/illnesses and make this information available within appropriate health, social care and community settings including GP practices, hospitals and children’s centres and via web portals.	Carers Survey	Head of Strategic Commissioning
Carers looking after people who are approaching the end of their lives are identified at the earliest opportunity and given appropriate support	<ul style="list-style-type: none"> • Scoping for introduction of “indicator” on Carefirst screen to denote terminal diagnosis and alert practitioner to offer appropriate support and signposting for carer. • Training for social care staff to inform and support their interaction with carers of 	No. of End of Life carers identified.	IMT

and information at each stage of the caring role	people with a terminal diagnosis.		
Carers have a clear understanding of reablement , its benefits and their own role in supporting its objectives	Early identification of carers at hospital discharge and onset of reablement service and provision of information to carers about reablement during the period that their cared for person is using this service.	No. of carers identified and signposted/referred to support	Hospital discharge Teams Reablement Teams
Carers are engaged and have a voice	Scope greater collaboration across social care and health engagement programmes to maximise the outcomes from consultative and engagement activities and reduce duplication	No. of collaborative engagement activities	Carer & Customer First Team
Carers feel consulted and involved in individual care support planning.	Frontline staff ensure carers are involved in individual care support planning and the outcomes identified.	Monitor carers satisfaction with involvement No. staff trained in inclusive support planning	New Care First measure awaited
Young Carers are able to thrive and achieve their educational goals	Work collaboratively with schools and colleges to facilitate early identification of Young Carers and signposting to appropriate support.	No. of young carers identified by schools and colleges No. of young carers	Young Carers Project

		referred to social care/health services	
Carers are identified at an early stage and given appropriate information and support.	Carers assessments offered by health practitioners within health settings ensuring that carers receive information, support and signposting at the earliest possible stage enabling them protect their health and wellbeing.	No. of health practitioners trained to offer carer assessments No. of carers assessments carried out by health practitioners	Carers Lead Officer
Adult and young carers within families/households are identified and given appropriate support.	<ul style="list-style-type: none"> • A Whole Family Approach is applied to assessments of children and adults to identify carers and linked to work underway to implement the Memorandum of Understanding between Adult and Children's Social Care Services. • Review of practices within adult and children's teams to ensure consistency of approach in supporting carers. 	Revised protocol in place. Frontline staff in Adult and Children's Social Care Services trained in revised protocol	TBC
Carers are able to access information about local services	Promotion of the Resource Directory to carers and self funders.	Increased use of Resource Directory	TBC
Carers from Black and Minority Ethnic communities are able to access information	Carers Support Service outreach activity to BME communities and employers to promote awareness of support	Increase in BME carers taking up services	Carefirst

about available support		Increase in BME users of Carers Support Service	Guideposts Carers Support Service
Carefirst carer data profile improved	Review carer data entry requirements and recording practice to ensure profile of carers is updated to inform commissioning decision-making.	BME data for carers improved	IMT/Business Intelligence

Priority 2 - Enabling carers to fulfil their educational and employment potential – ensuring that carers are not financially disadvantaged and that children will be thriving, protected from inappropriate caring roles.



Outcome	Actions	Measures	Lead/Reporting Officer
Carers are aware of their right to request flexible working	<ul style="list-style-type: none"> Information about combining work and caring available to practitioners and carers on WCC carers web pages together with signposting to specialist information and 	No. of staff/teams trained No. of employed	Learning & Development

	advice.	carers maintaining employment?	New Care First measure awaited
Carers at risk of giving up employment identified at earliest opportunity	<ul style="list-style-type: none"> • Frontline staff in social care and Customer Service Centre Carer receive awareness training regarding employment right to request flexible working and information about combining work and caring. • Carers at risk of giving up employment prioritised for assessment. 		Carers Lead Officer
Carers are able to access a range of support options to help them maintain their education/ employment	<ul style="list-style-type: none"> • Use of Homecare Framework to source replacement care. • Use of assistive technologies and telecare/telehealth support to enable carers to maintain education/employment. 	<p>Replacement care used to support education/employment</p> <p>No. of instances where assistive technology, etc used to support education/employment</p>	New Care First measure awaited
Young carers thriving and achieving at school and protected from inappropriate levels of caring	Establish clear pathway to implement the memorandum of agreement between Adult and Children's Social Care Services to ensure that young carers are identified and supported from an early stage	Academic achievements of young carers compared with general population	Learning & Achievement/To Be Confirmed
Young Carers are able	Work with schools to ensure that each school	No. of schools with	Learning & Achievemen

to thrive and achieve their educational goals	has a designated staff member for young carers who will play a crucial role in improving outcomes for this group of vulnerable children	designated staff member for young carers	To Be Confirmed t/
Young adult carers (18-24) are supported in achieving academic and employment success	Work with colleges, local universities, private sector and voluntary organisations to give consideration to the specific needs of young carers and to provide opportunities to develop skills and access to employment.	% of young adult carers in education or employment	TBC
Carers supported into work	<ul style="list-style-type: none"> • Carers with learning disabilities supported into work • Scope expansion of service provided by WEST (Warwickshire Employment Support Team) to include support for all carers . 	No. of carers supported into work or training	Service Manager, Strategic Commissioning
Carers have access to educational courses	Promote Adult Community Learning courses to carers via social care teams and carers support services.	No. of carers accessing ACL courses	Carers Lead

Carers Strategy Refresh 2012-14

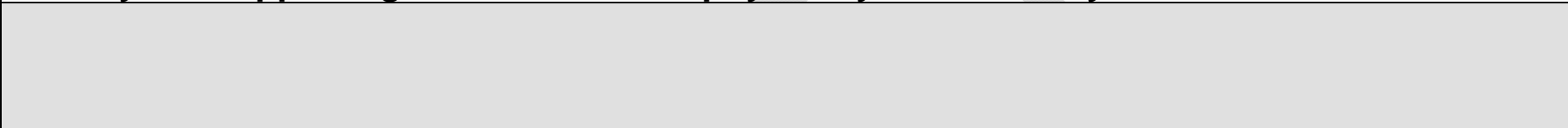
Priority 3 – Personalised support for carers and those receiving care, enabling them to have a family and community life

Outcome	Actions	Measures	Lead/Reporting Officer
Carers have access to information about clinical and social care pathways and experience seamless services in health and social care	Local strategies to identify clear information about clinical and social care pathways for and ensure access to this information for carers.	<p>Each Strategy to include clinical & social care pathways</p> <p>Each Strategy to identify where and how information will be made available and how it can be integrated in to existing carer information services.</p>	Service Redesign Officers/Clinical leads
Carers are able to access a range of appropriate and affordable replacement care.	<p>Improve range and availability of replacement care options by:</p> <ul style="list-style-type: none"> • Requirement for all local Strategies to consider replacement care options for carers. • Review of replacement care provision to inform commissioning intentions. • Consideration of commissioning to stimulate development of community/volunteer-based support options. 		

Carers feel supported in planning for the future care of the person they look after	Future planning for the cared for – to develop a template for use in helping carers to plan for, and feel more confident about, the future of the person they care for through consideration of financial, accommodation and legal issues which may need to be addressed to provide security for the cared for person and peace of mind for the carer.		Carers Lead Officer
Carer feel supported in planning for their own future	Future planning for carers - develop a template for use in helping carers to prepare and plan for when their caring role may end. This may need to address bereavement support, training/education and social/community support.		Carers Lead Officer
Carers are able to experience and enjoy a life outside of their caring role	Roll out cultural and business process training for frontline staff on new Customer and Carer assessments. The new Carers Assessment to focus on the carer's life outside of caring and their health and wellbeing.		Learning & Development
Carers experience seamless service transfer at transition	Apply the Whole Family Approach to transition arrangements ensuring that the transfer from Children's to Adult services provides carers with	Carers outcomes met	Transition teams

	clear information and care pathway.		

Priority 4 – Supporting carers to remain physically and mentally well



Outcome	Actions	Measures	Lead/Reporting Officer
Carers are mentally and physically well	Work with individual GPs and the Clinical Commissioning Groups to facilitate regular health checks for carers and access to appropriate counselling support.		Carer Lead Officer
Carers trained in practical management of caring role	Countywide training for carers in managing care for people with specific conditions/illnesses such as Autistic Spectrum Disorder, Dementia, Mental Illness, etc. All strategies need to consider practical training for informal carers within their proposals for workforce development and training.		Service Redesign Officers/Clinical leads

Carers are able to obtain replacement care to enable them to access support for themselves	Customer assessments include consideration of need to for replacement care to enable carer to access own support eg 1to1 or group support for carers.	Carer outcomes met	Carers Lead Officer
Young Carers health and wellbeing is protected.	Work with school nurses to provide health checks for young carers	No. of young carers attending health checks	Young Carers Project/Learning & Achievement (To Be Confirmed)
Carers of people who are at the end of their lives receive timely and appropriate support	<ul style="list-style-type: none"> • Ensure that appropriate End of Life requirements are built into contract specifications / quality requirements. • Provision of training on Gold Standard Framework and Liverpool Care Pathways for residential care / home care providers. • Training for front line Social Care Services staff on providing appropriate, timely and sensitive support to carers following a terminal diagnosis. 	<p>Contracts include End of Life requirements</p> <p>Training provided for social care and independent sector care staff.</p>	End of Life Social Care Lead/ Learning & Development/Service Redesign Officers
Carers are mentally and physically well	Carer's Assessments will offer the opportunity to focus on the carer's health and wellbeing with Direct Payments being offered creatively to support related outcomes eg through gym membership, fitness classes, etc.		Social Care Services Team Managers
Carers are mentally	Provision of county-wide support offering	Contract monitoring	Carers Support services

and physically well	emotional, 1 to 1, peer and group support, relaxation and coping strategies, and practical management of the caring role eg moving and handling.	requirements	
Young Carers are able to thrive and achieve their educational goals	Ensure that schools and colleges are aware of their role in offering appropriate interventions to young carers in collaboration with partner agencies such as Young Carers Project, Children's Services, etc.		Integrated Disability Services

Item 6

Adult Social Care and Health Overview and Scrutiny Committee

31st October 2012

Charging Review Update

Recommendations

(1) That the committee notes the content of this report and review whether another report would be required in another year's time in the light of the potential changes arising from the White Paper and the Dilnott report.

1.0 Introduction

- 1.1 In October 2010 Cabinet approved a series of increases in charges for community care services under the Fairer Charging guidelines. These changes were guided by the principle of removing subsidies from charges other than those generated by means testing.
- 1.2 The first stage of the increases was implemented in December 2010, and the last stage was implemented in April 2012.
- 1.3 In October 2011 the Adult Social Care and Health Overview and Scrutiny Committee received an update on the impact of the Charging Review and asked for a further report to be made in a year's time. This report provides that update.

2.0 Summary of Changes in Charges

- 2.1 The changes in charges can be summarised as follows (Appendix 1 sets out the actual rates):
 - 2.1.1 The income threshold below which no charges are payable was reduced from Income Support + 40% to Income Support + 25% (the government guideline level).
 - 2.1.2 The maximum weekly charge (which was £387.13) was removed.
 - 2.1.3 The method of charging would change from being based on planned levels of usage to actual levels of usage.

- 2.1.4 That inflationary increases in costs would continue to be reflected each year.
- 2.1.5 All charges were planned to increase to full cost with no subsidy by April 2012.
- 2.1.6 Transport and Day Care charges were broken up from a single average rate to three rates to more fairly reflect the different costs of different types of usage.

2.2 The original brief for the Charging Review was subsequently extended to incorporate the following:

- 2.2.1 The implementation of full cost charging for carers sitting services.
- 2.2.2 An increase in charging rate for customers of internal residential care homes to reflect the full cost of internal residential care.

3.0 Effects on Customers

3.1 In the assessment of the proposals the potential impact on customers was considered. The recording of the reasons for changes in service packages has been undertaken and Appendix 2 sets out the information recorded over the last 18 months.

3.2 This shows approximately 220 events over 18 months within the context of there being 3,500+ homecare customers at any one point in time (or more clients if other service types are included). It is important to have some caution in the interpretation of this data because upon detailed investigation the actual reasons for changes in services have not always been related to the charging review.

3.3 The Charging Review has been implemented at the same time as a range of other very significant initiatives which also impact on demand, for example reablement, more rigorous application of FACS criteria, etc. This makes it more difficult to isolate and measure the impact of the Charging Review on customers. Anecdotal commentary from colleagues in other authorities suggests that where significant charging increases have been implemented in relative isolation (i.e. without lots of other changes happening at the same time) then increases in charges do result in reductions in demand.

3.4 At the same time as the charging review has been implemented, the reablement service has been developed and expanded. The reablement service is free, and can last for up to 6 weeks. Therefore, for a very significant proportion of new customers, no charges at all are levied for up to 6 weeks, and on top of this, if the need for ongoing services is significantly reduced due to reablement (or due to any other service that helps to retain or develop independence) then the cost of the ongoing services is lower, and as a direct consequence the level of charges to

customers are lower.

- 3.5 Taking a full cost payer to illustrate the impact of activity, when charging rates increased from £9.66 to £11.36 per hour in Phase 1 then for every hour of existing service that keeps being provided an additional £1.70 of income is received, but for every hour reduction in service £9.66 of existing income is lost, and for every additional hour of service £11.36 of extra income is gained. I.e. changes in activity have the potential to impact on charging income very significantly.
- 3.6 For context in 2011/12 Warwickshire County Council was above average for the proportion of home care and day care costs funded from client contributions, and was around the average for the proportion of direct payments costs funded from client contributions.
- 3.7 The specific impact at the level of each individual is not something that has been monitored systematically as to do so would be administratively expensive. In addition, when assessing the impact of this particular initiative it is difficult to take the impact on a small group of individuals and then generalise about the impact on a group of thousands of individuals.
- 3.8 The impact on an individual depends upon many factors over and above any change in charging rate. For example (1) The charge may not change in proportion to the change in charging rate due to means testing. (2) A large increase in charge may not impact much on someone who has considerable means. (3) An apparently small increase in charge could have more of an impact on an individual who has very low income but is above the charging threshold, for example if an individual then spends less on food, heating, or other things that are essential to their health and well-being, or (4) a service user may reduce the service they receive out of objecting in principle to the increases in charges or due to the belief that they can no longer afford the services, resulting in inadequate care provision etc. However the means test is intended to help to prevent these things from happening.
- 3.9 The impact has been managed/mitigated by extensive consultation at the design phase resulting in changes to the implementation plans, and the use of the means test and the DH recommended minimum level of income protection have helped to ensure that that charges only increase where there is a means to pay.

4.0 The Factors Impacting on Charging Income

- 4.1 The following table summarises the significant factors that impact on community care charging income levels.

Factors that reduce income levels	Factors that increase income levels
Removal of subsidies for chargeable services (the Charging Review) – in so far as it suppresses demand both in terms of customers wanting to stop services, reduce service levels, or switch to cheaper services	Removal of subsidies for chargeable services (the Charging Review) – in so far as it increases the average amount paid per individual
Reductions in demand facilitated by reablement, telecare, equipment, and adaptations	Increases in demand for community care as an alternative to residential care for example as facilitated by reablement, telecare, equipment and adaptations. This results in less residential care income replaced by more community care income
Loss of income because reablement is not chargeable (but this loss of income is more than offset by the reductions in demand for services after reablement)	Demographic demand pressure. As demand increases and services increase, so does income.
More rigorous application of FACS criteria	Inflation on fee rates to providers. As fee rates inflate, charging rates inflate.
Reductions in the average assessed income of customers due to the impact of the recession in the levels of income and savings	Increases in supported living and extra care as alternatives to residential care
Welfare reform. The government's intention is to reduce the net cost of welfare support to the country. If benefit levels reduce, the proportion of nil payers and lower part payers would increase.	
Modernisation of day opportunities is reducing the demand for traditional day services. This in turn is reducing demand for traditional transport services which in turn reduces transport costs and therefore reduces transport income.	
Reductions in homecare costs driven by the new framework contracts (refer to Section 7.2).	

4.2 Some factors have multiple effects. For example the Charging Review has the dual effect of increasing income due to the charging rate but also reducing income due to suppressing demand, and reablement both reduces community care income as it is not chargeable and it reduces existing need for homecare, but it also delays or prevents residential care which actually increases the demand for the alternatives such as homecare and therefore increases homecare income in this respect.

4.3 Having set out the complicating factors, the following commentary sets out some measures of activity.

4.4 Demand for services has been changing since December 2010 when the Charging Review was introduced. The following table summarises the significant changes in demand (in terms of headcount) across the client groups across the period from December 2010 to the present (further detail is available in Appendices 3-6):

Activity (client count)	Older People	Learning Disabilities	Physical Disabilities	Mental Health
Home care	Reducing client numbers, increasing hours	Increasing	Flat	Increasing
Day care	Reducing	Reducing	Reducing	Flat
Transport	Measure not available but varies quite closely with day care			
Telecare	Flat	Flat	Flat	Flat
Reablement	Increasing	Flat	Flat	Flat
Direct Payments	Flat	Increasing	Increasing	Increasing
Respite Care	Reducing	Flat	Flat	Flat

4.5 The one area where client count does not change in the same direction as the total volume of services provided is home care for older people. For this service, the number of clients is reducing, but the total number of home care hours is increasing.

4.6 Having summarised changes in demand, the following commentary summarises changes in income levels.

4.7 Income that relates to homecare, daycare, transport, and telecare is all recorded together. Appendix 7 shows how this income has changed over time. Income levels stepped up noticeably in December 2010 and April 2011 (Phase 1 and Phase 2 of the Charging Review). However, the later stages of the Charging Review are not matched by such noticeable changes in levels of income.

4.8 This may be in part because reductions in levels of demand for various reasons (as explained above) were creating offsetting reductions in income, and in part because the increases in income for the later stages of the Charging Review were smaller than the increases for the earlier stages.

4.9 The Charging Review has changed the mix of full payers, part payers and nil payers. The proportion of full payers has reduced because the increases in charging rates have lifted charges above the rate that some of the previous full payers could afford, and those full payers will now be counted as part payers. The proportion of nil payers has also reduced, because the charging floor was reduced and therefore a number of clients who used to be nil payers will now be part payers. The proportion of part payers has as a consequence increased (refer to Appendix 12).

4.10 In respect of carers sitting services for which charges have been introduced, from a sample of 63 customers 52% are nil payers, 27% are part payers, and 17% are full payers.

- 4.11 Levels of residential respite care income did increase noticeably, because the increase happened at one clear point in time such that changes in the charging rate can reasonably be linked to changes in the levels of charging income. Appendix 16 shows how the level of income changed, and Appendix 14 and Appendix 15 show how demand for residential respite care has reduced. Whilst it is clear that demand has been reducing, it is not clear how much of this may be related to the Charging Review.
- 4.12 Direct payments income is not explicitly measured in a way that is easy to report automatically at this point in time. This is because direct payments expenditure is paid out net of any charges to customers. Information can be observed in terms of the net level of activity and expenditure on direct payments, but not in terms of gross levels of chargeable income and gross levels of expenditure. Net expenditure on direct payments has slowly increased over the last few years, therefore any increase in income from charging must have been more than offset by increases in demand for direct payments.
- 4.13 The change in the maximum charging rate for internal residential care may have had an impact on customer choice. However, the number of customers paying the full rate is a very small proportion of the total number of customers, and there is the additional factor to consider of the plans to sell the remaining eight residential care homes.

5.0 Savings Compared to Target

- 5.1 The original savings target set for the Charging Review was £3.1 million pounds per year by the end of the review. In summary savings of approximately £2.7 million are estimated to have been delivered with a further £0.5m of income savings replaced by savings on costs/prices. This is because by the time Phase 4 was implemented in 2012, the unit cost of homecare had been reduced below the figure that was forecast at the beginning of the charging review and therefore the charging rate was reduced to line up with the cost. This meant that no additional income was received and in effect savings in the costs of homecare saved the same money first. If it were not for the cost savings replacing income savings then the Charging Review would have saved an estimated £3.2 million per year (refer to Appendix 18).

6.0 Financial Assessments and Income Collection

- 6.1 The Charging Review created a high level of additional workload in terms of reassessing customers. The final stage of the review was in April 2012 and since then efforts have been focussed on improving performance in terms of timely financial assessments.
- 6.2 Targets have been set of visiting clients within 2 weeks of notification, and having diarised visits within 2 days of notification. A target of 4 visits per day per visiting officer have been introduced, and the work of visiting

officers has been streamlined.

6.3 The duties of booking visits and dealing with visit queries have been separated in order that the task of booking visits is not delayed by dealing with queries, and an electronic diary/booking system has been introduced.

6.4 Visiting officers now use laptops to input assessment details only once rather than noting things down on paper during a visit and then inputting them into a system back at the office at a later date.

6.5 These actions have helped to improve the timeliness of financial assessments since April this year (refer to Appendix 17).

6.6 Income collection rates (i.e. the % of due income actually collected) do not appear to have changed as a result of the Charging Review. Overall levels of debt are similar although the age profile of debt is slightly older (Appendix 13).

6.7 Charges are now based on actual usage of services. Some changes to systems have facilitated the ability to do this with minimal additional long term expenditure on invoice raising costs. However, as a result of this policy there has been an increase in the number of variations between the care actually provided and invoiced for and the care originally planned.

7.0 Equality Impact Assessment (EIA)

7.1 An EIA was completed for this change at its conception. At that time equalities were considered to have a high relevance in respect of age, disability, and gender, medium relevance in terms of race and religion, and low relevance in terms of sexual orientation.

7.2 The initiative impacts on people with disabilities because that is the client group for the services being charged for. The initiative impacts more on older people because older people have the means to pay more than younger adults with disabilities. The initiative may impact more on women simply because there are more older customers who are women because of the difference in life expectancy (but men are the majority of service users in terms of adults with learning disabilities).

7.3 Although the initiative inevitably impacts on people with disabilities, older people, and women by its nature, there is no information to suggest that the initiative has impacted systematically inappropriately from an equalities perspective.

8.0 Current / Future Charging Issues

8.1 A significant factor which is changing the context within which charges for adult social care services are made is the increasing prevalence of personal budgets. Where clients have personal budgets, it is increasingly in the client's interest to have regard to seeking services that provide the best value for money that can be obtained with the budget available. In the

past, it was mostly only in the interest of the local authority to secure value for money, because individual clients would not necessarily have any reason to know the actual costs of their care, or have any control over the actual costs of their care, or have much choice in what care they received. The current set of charges for community services are based on the current average cost of care. However, this means that the actual cost of care for any given care package may be higher or lower than the average. Consideration is being given to the sustainability of this position, and whether or not it would be appropriate to move to a position where all charges were based on the actual specific price/cost of the specific services received in each individual case rather than based on averages. At the moment, work is being done to find out what other local authorities are doing about this issue, what systems and policies other local authorities use in order to charge in this way, and the potential impacts on customers of such a change.

8.2 Another issue to have regard to is that the new framework contract for homecare does not incorporate any uplifts for inflation in April 2013, and the nature of the contract may actually reduce costs. It may do this because individual clients purchasing homecare from the framework contracts using their personal budgets will have an incentive to buy homecare from the cheapest providers on the framework (all other things being equal) which did not exist in the past. This buyer behaviour, if it happens, would reduce the average cost of home care. In addition, in order to secure business, providers may wish to revisit and reduce their prices within the framework contract and this, if it happens, would also reduce the average cost of home care. All of these factors together may mean that the unit cost of home care could potentially reduce or stand still in 2013/14 rather than increase, and the change in charging rate would follow the change in cost.

8.3 The unit cost of residential respite care has been increased to the level of the residential care rate, however, the cost of residential care varies with some services from some providers costing more than this. This is a situation that may need to be reviewed in order to maintain charges in line with the full cost of services.

8.4 The social care white paper set out a number of issues that will impact on charging customers for community care services, for example:

8.4.1 Entitlement to a personal budget will be enshrined in law.

8.4.2 Veterans compensation payments will no longer count as assessable income.

8.4.3 But no decision has been taken on the fundamental issue of how to fund the costs of adult social care in the longer term (i.e. the funding issue considered by White Paper and the Dilnot Review).

Background Papers

1. Cabinet 27/5/2010 "Fairer Charging and Contributions"
2. Cabinet 17/6/2010 "Fairer Charging and Contributions"
3. Adult Social Care and Health Overview and Scrutiny Committee 12/10/2010 "Fairer Charging and Contributions"
4. Cabinet 14/10/2010 "Fairer Charges and Contributions"
5. Portfolio Holder (Adult Social Care) Decision Making Session 26/5/2011 "Charging Review – Further Proposals Relating to Both Community and Residential Care"
6. Cabinet 8/9/2011 "Charging for Community Services"
7. Adult Social Care & Health Overview and Scrutiny Committee 25/10/2011 "Fairer Charges and Contributions – The Impact of Changes"

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Charging Rates

Appendix 1

Service	Unit Type	Determinant	06/04/09	13/07/09	05/07/10	06/12/10 *	11/04/11	03/10/11	02/01/12	09/04/12
			£	£	£	£	£	£	£	£
Homecare	Per Hour	Flat rate	9.14	9.22	9.66	11.36	13.37	15.10	14.24	14.24
Homecare Sitting	Per Hour	Flat rate	n/c	n/c	n/c	n/c	n/c	n/c	7.12	14.24
Daycare All Client Groups	Per Day	Flat rate	5.25	5.30	5.55	10.43	15.69	15.69		
Daycare OP/MH	Per Day	Flat rate							22.60	25.21
Daycare PD	Per Day	Flat rate							36.12	40.28
Daycare LD	Per Day	Flat							41.91	46.74
Telecare	Per Week	Flat rate	4.50	4.55	4.76	4.76	4.87	4.87	4.87	4.87
Transport Flat	Per Journey	Flat rate	1.26	1.27	1.33	3.25	5.29	5.29	5.29	
Transport 0-5	Per Journey	Up to 5 miles								5.17
Transport 5-10	Per Journey	5 to 10 miles								8.63
Transport 10+	Per Journey	Over 10 miles								12.23
Direct Payments PA Rate	Per Hour	Flat rate			9.66	10.53	10.78			
Residential Respite	Per Day	Flat rate	3.94	3.94	4.13	51.80	51.80	51.80	51.80	51.80
Internal Residential Care	Per Week	Flat rate					397.18	659.00 (June)	659.00	659.00
Other Chargeable Services	£ cost of service	Flat rate	n/c	n/c	n/c	75%	100%	100%	100%	100%
Transport costs incorporated into means tested charges							With effect from Dec 2010			
Charging cap of £387.13 p/w discontinued							With effect from Dec 2010			
Income floor reduced from Income Support + 40% to Income Support + 25%							With effect from Dec 2010			
Charging based on actual usage rather than planned usage							With effect from Dec 2010			

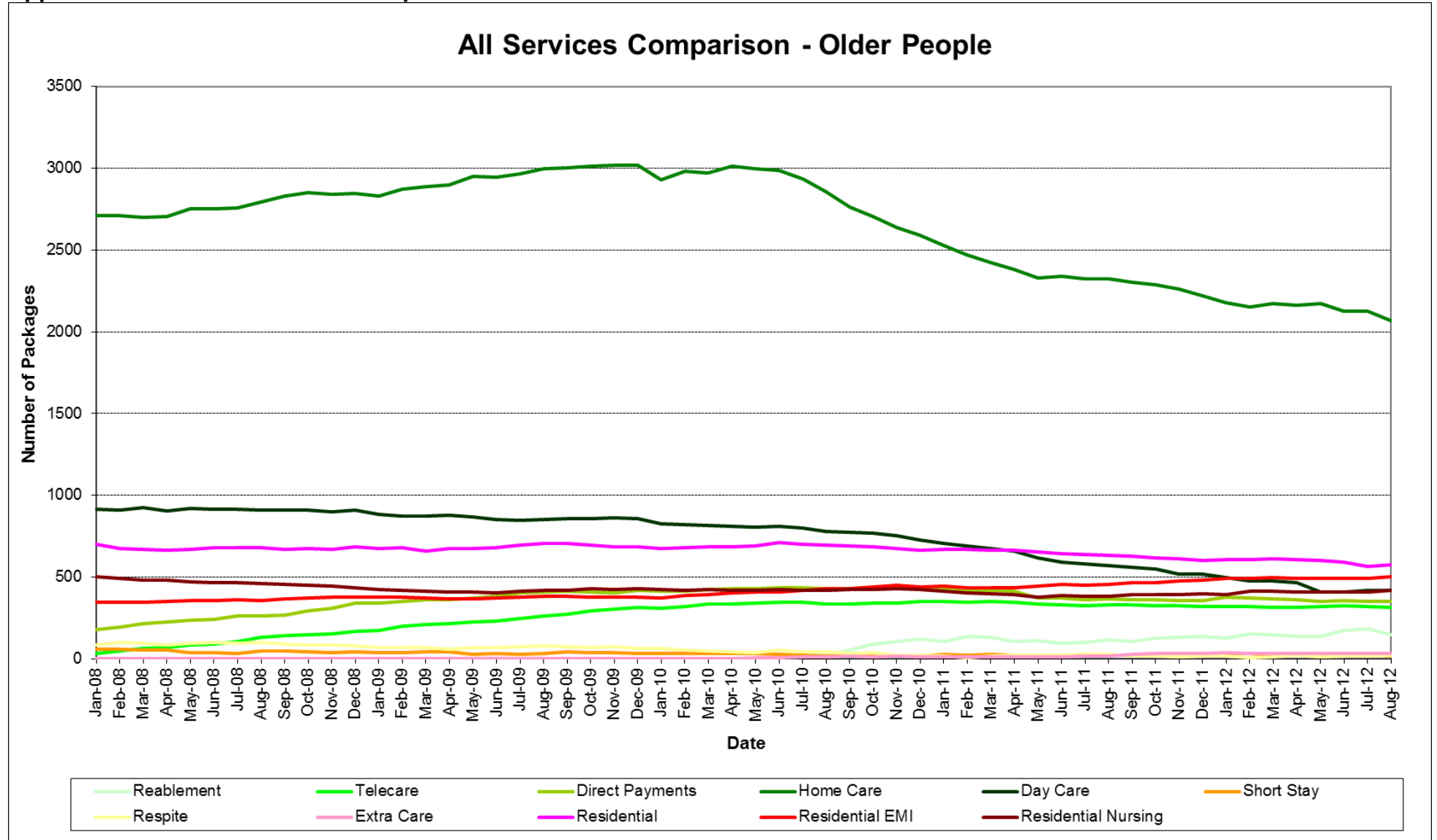
Note: If no charge was made at a point in time then the box will say "n/c". Blank boxes just mean that the figure is not included in the table, not that there was not a charge.

Appendix 2 – Reasons for Changes in Service Tagged to the Charging Review

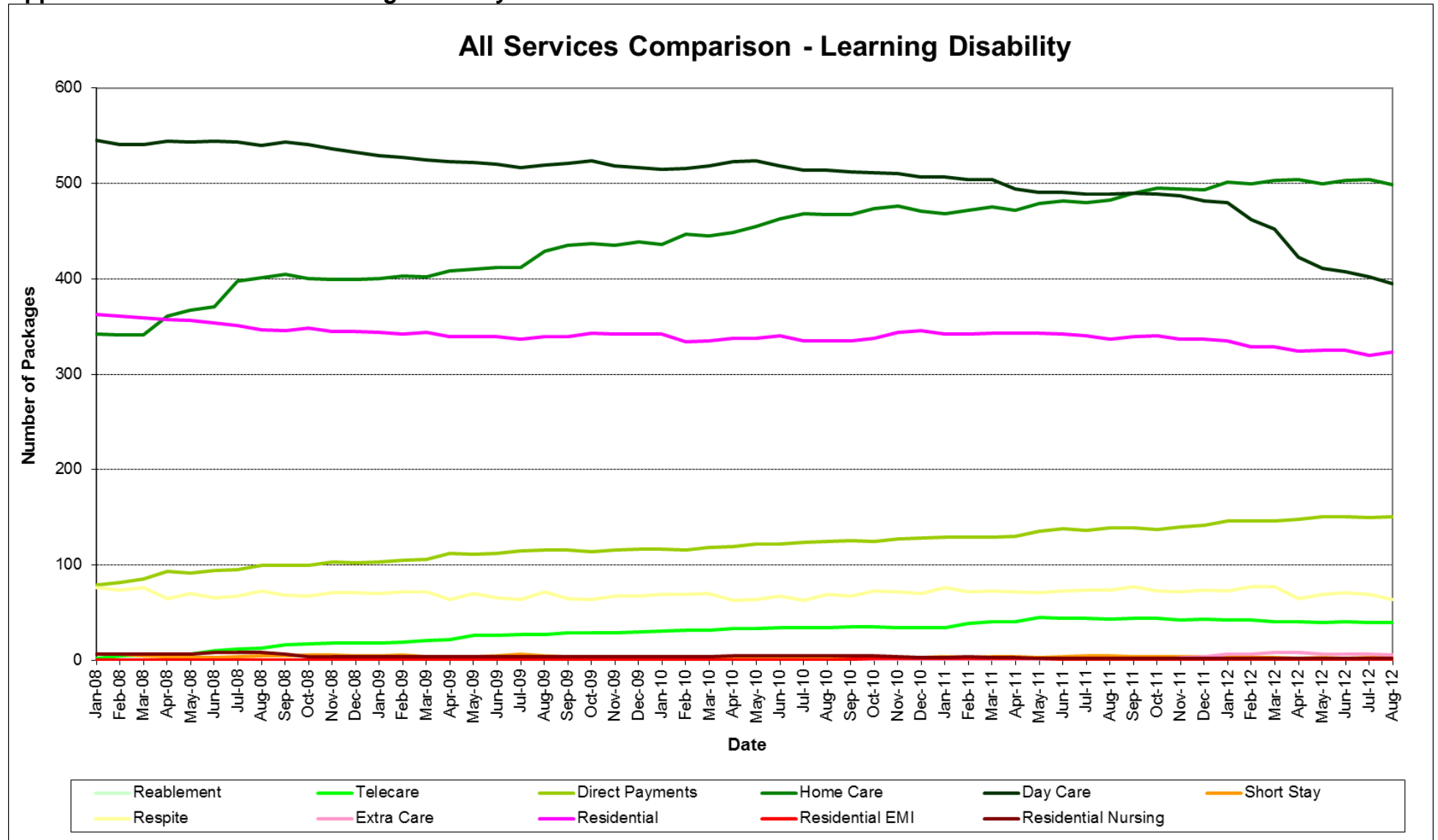
End Reason	Total Events by Fairer Charging Reason	Dementia	Hearing Impairment	Learning Disability	Mental Health (Not Dementia)	No Client Group Recorded	Physical Disability	Visual Impairment
Ended Service	86	12		3	4	2	64	1
Reduced Service	12	1		2	2	1	6	
Changed to Day Care	13	10		1			2	
Changed to Direct Payment	5	1	1			1	2	
Changed to Home Care	9	1	1	4		1	2	
Changed to Residential/respice Care	88	46		1	11	4	26	
Changed to Telecare Equip/service	6	2					4	
Grand Total	219	73	2	11	17	9	106	1

This information shows where the recorded reason for a change in service has been attributed to the impact of the charging review. However, it only records information about customers already within the system, it does not show information about situations where potential customers decline to take up services at the financial assessment stage and therefore do not enter into the local authority care management system.

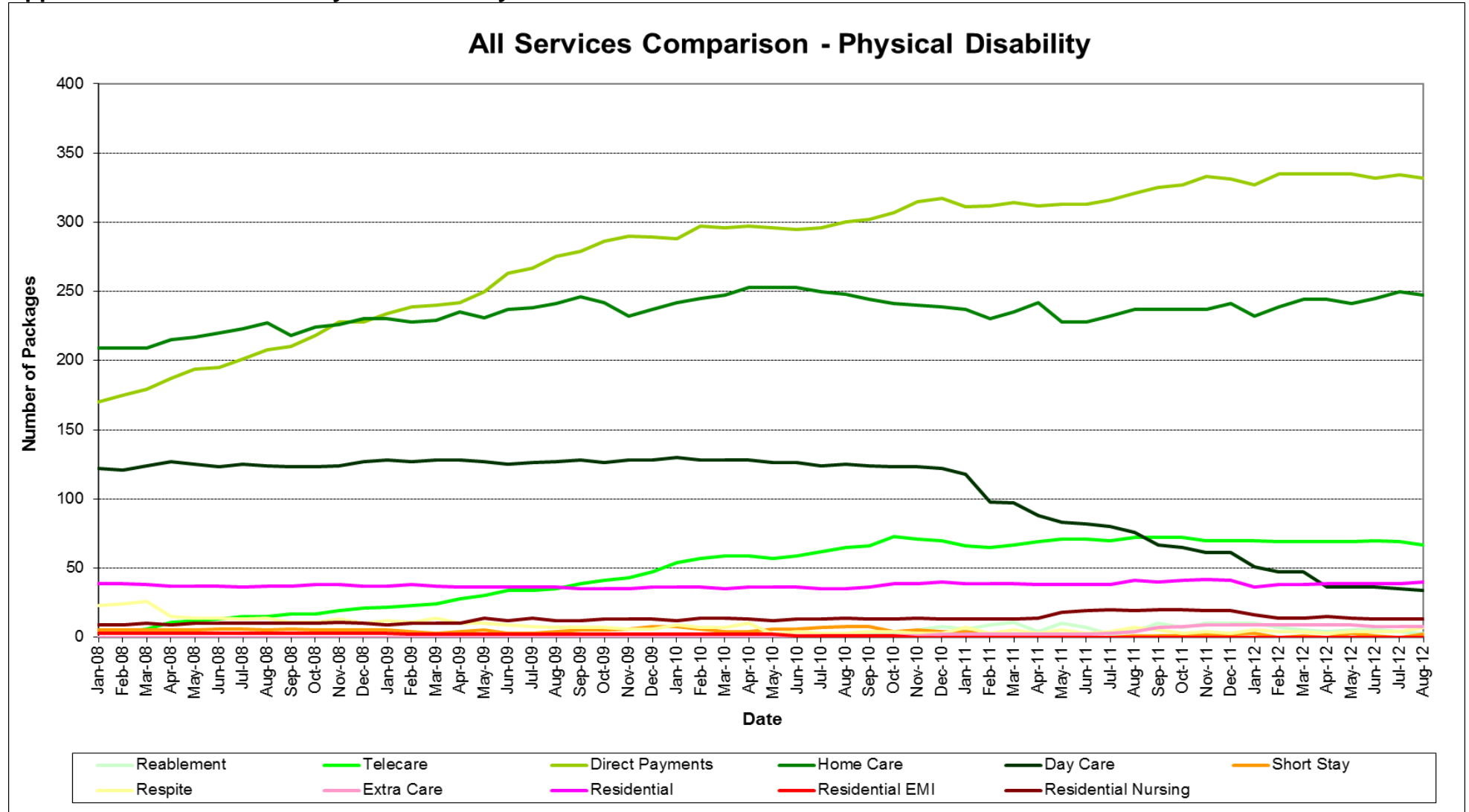
Appendix 3 - Demand for Older People's Services



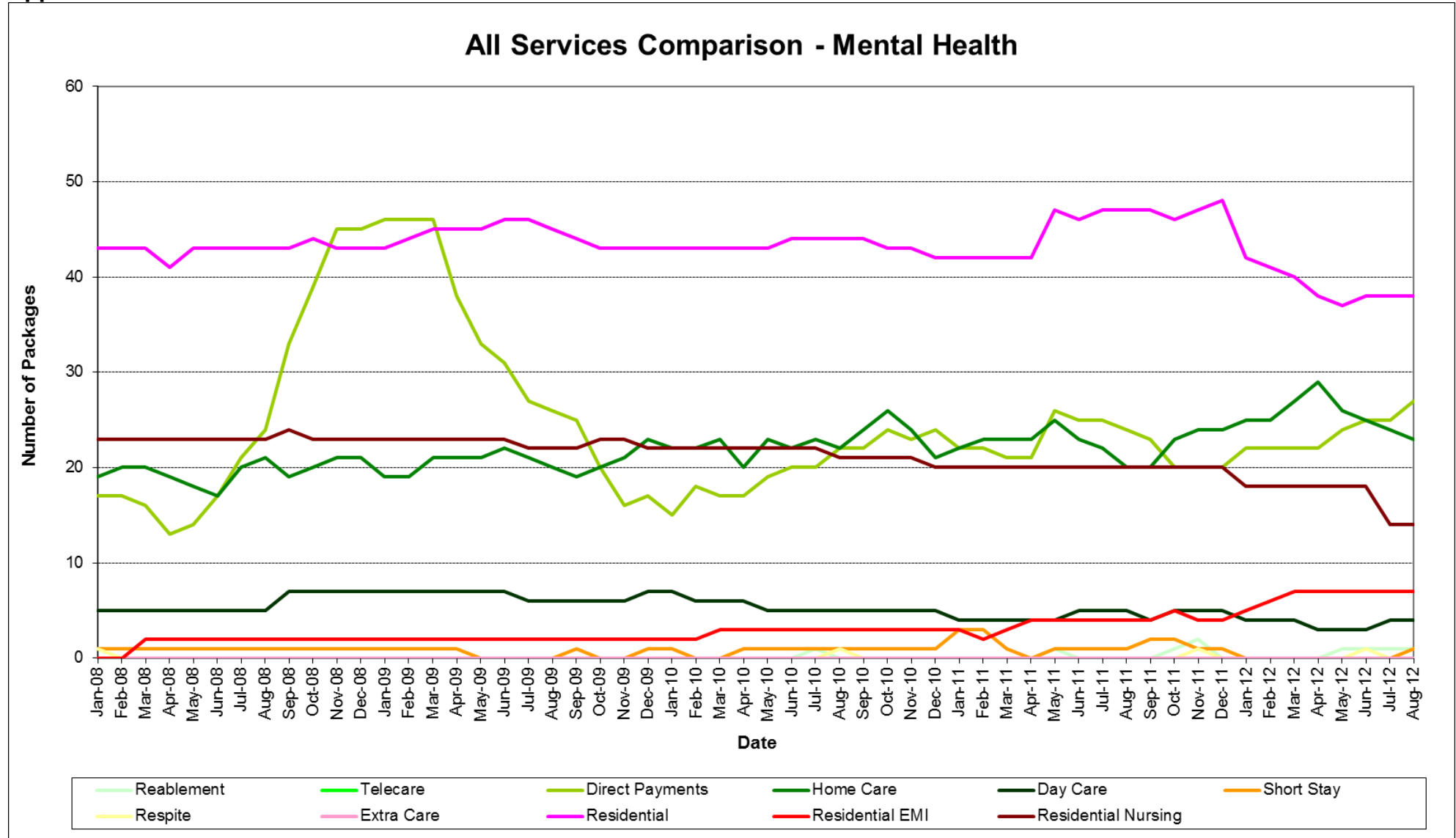
Appendix 4 – Demand for Learning Disability Services



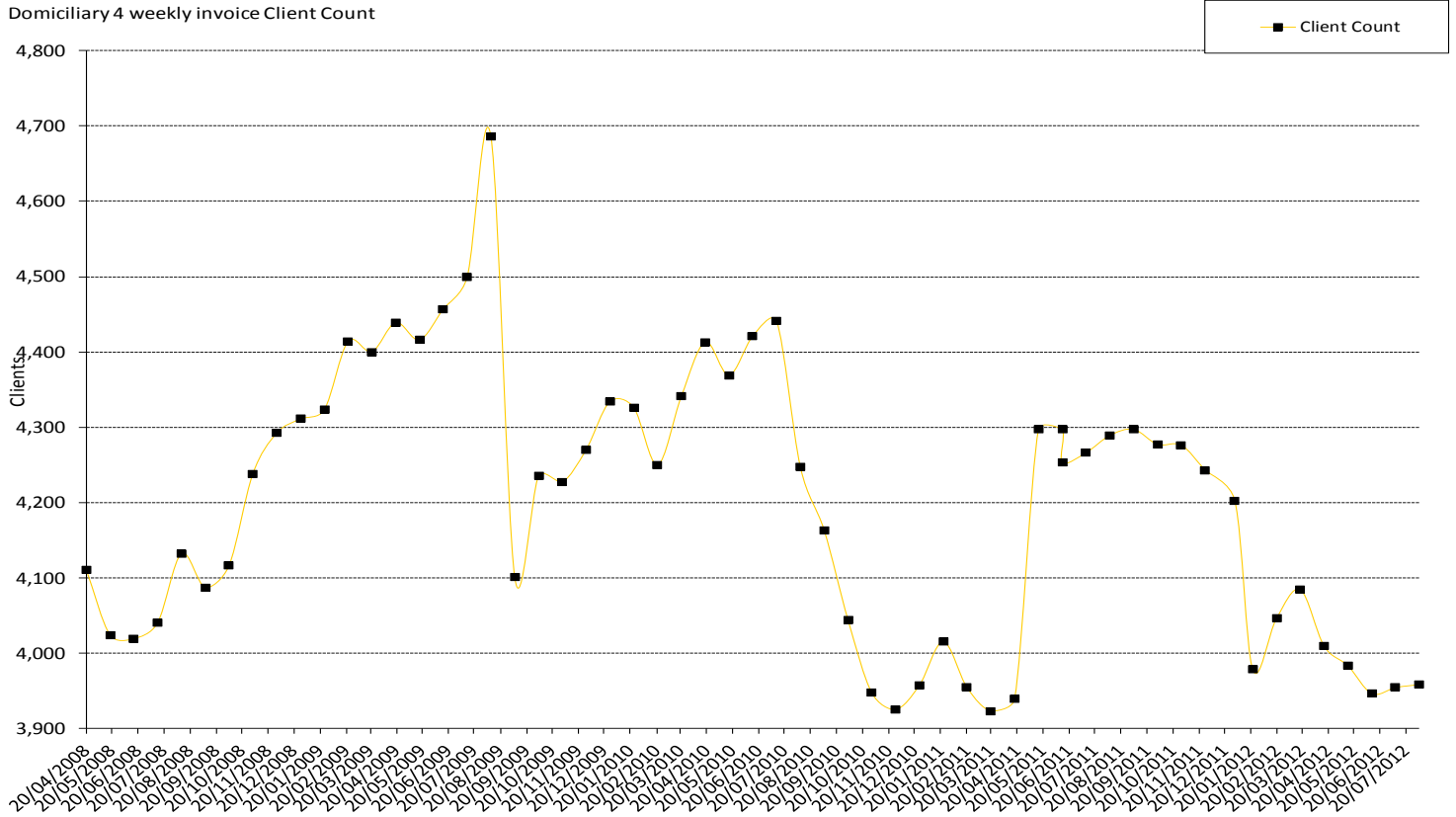
Appendix 5 – Demand for Physical Disability Services



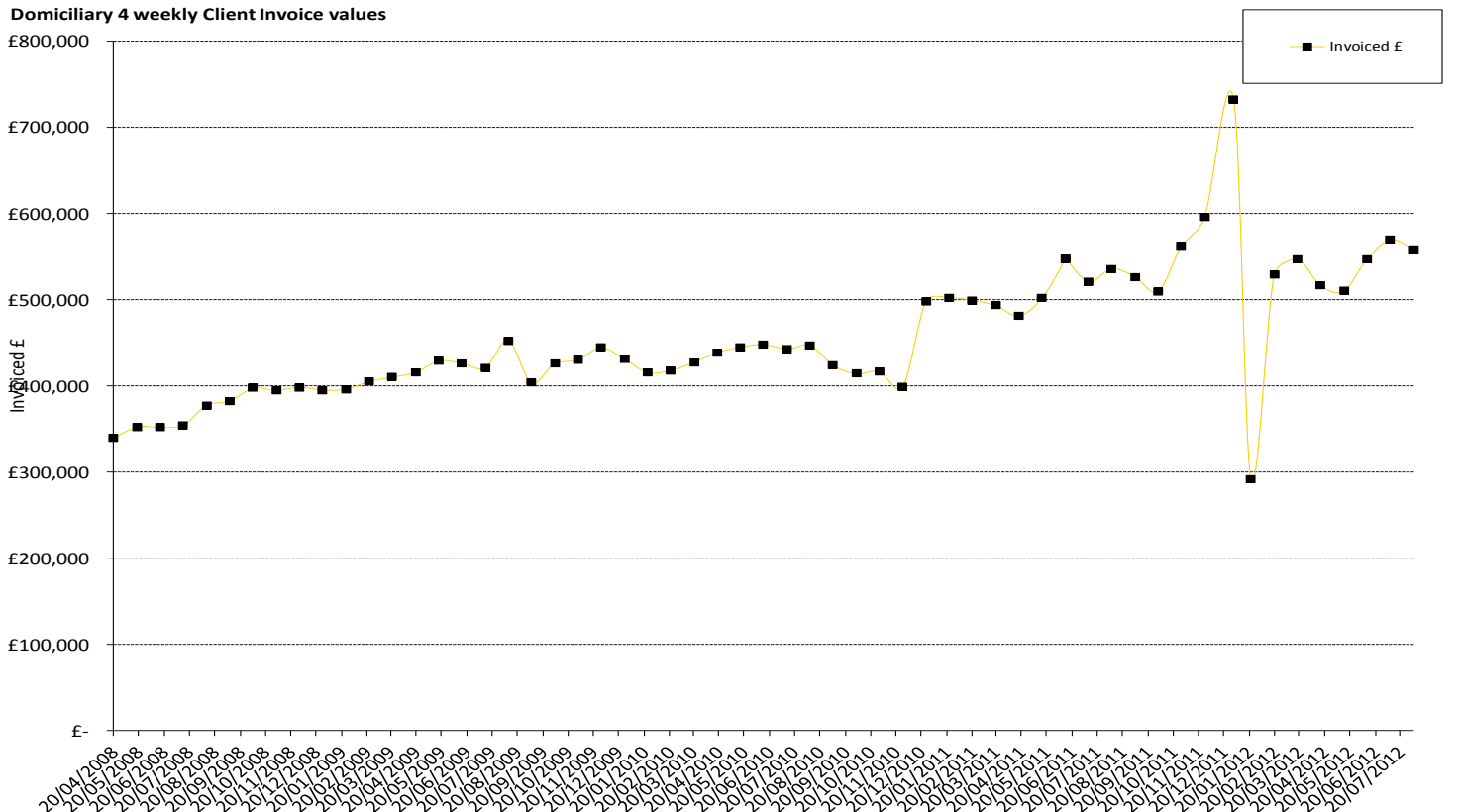
Appendix 6 – Demand for Mental Health Services



Appendix 7 - Count of Client Numbers Invoiced for Community Care Services

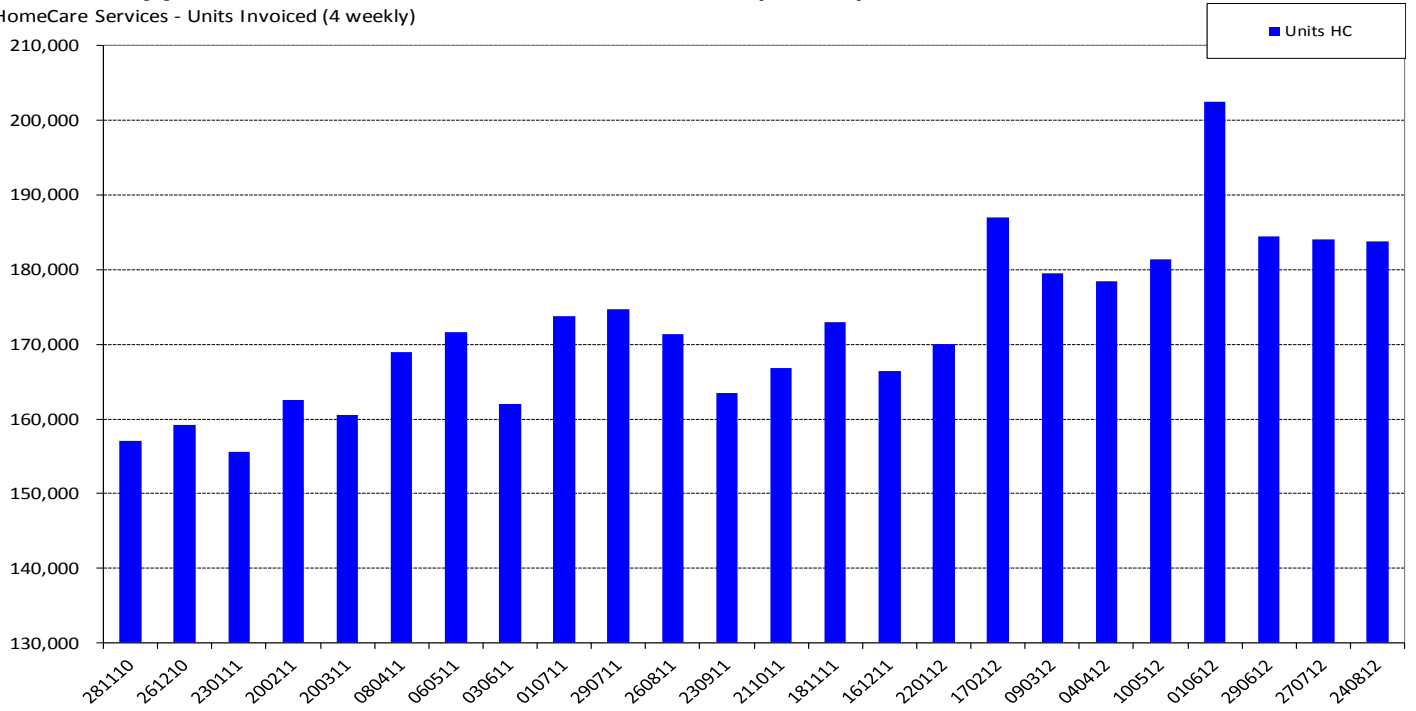


Appendix 8 - Count of Total Invoiced Income Per 4 Week Period



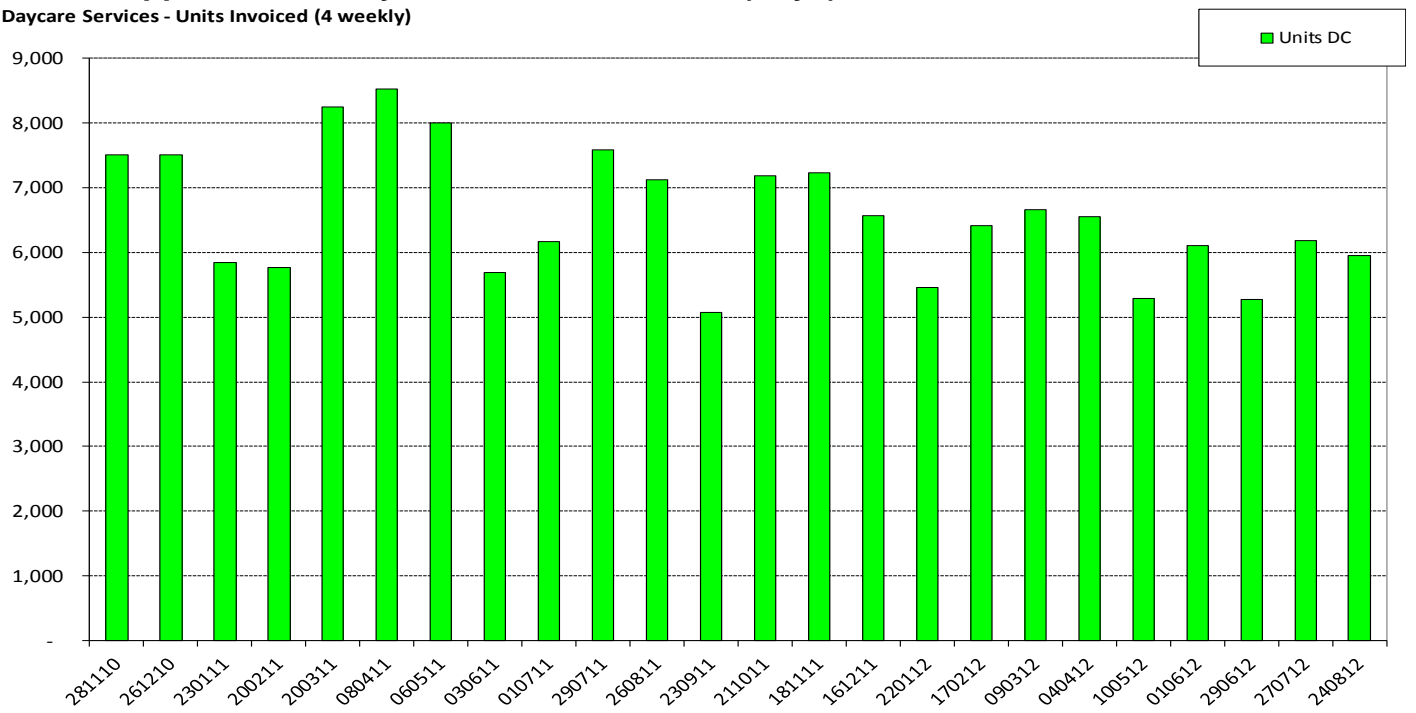
Appendix 9 - Home Care – Units Invoiced (Hours)

HomeCare Services - Units Invoiced (4 weekly)



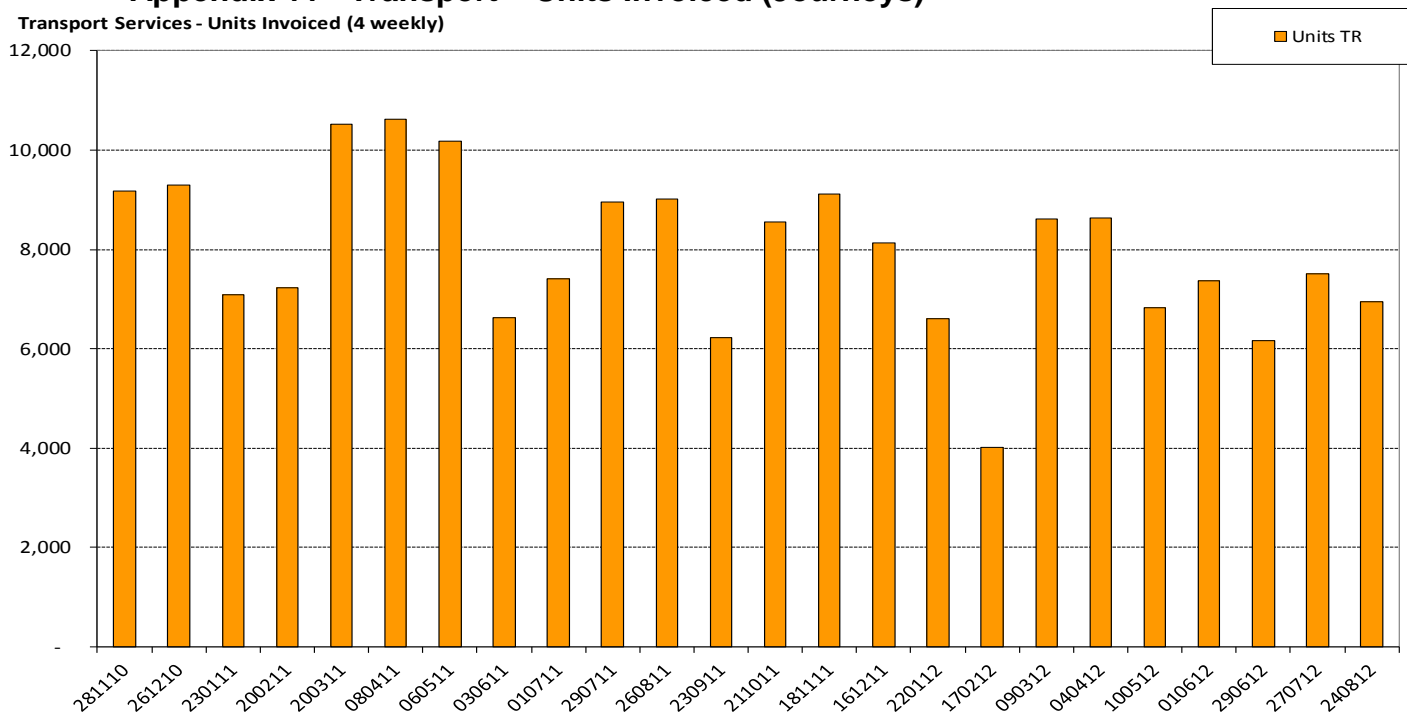
Appendix 10 - Day Care – Units Invoiced (Days)

Daycare Services - Units Invoiced (4 weekly)



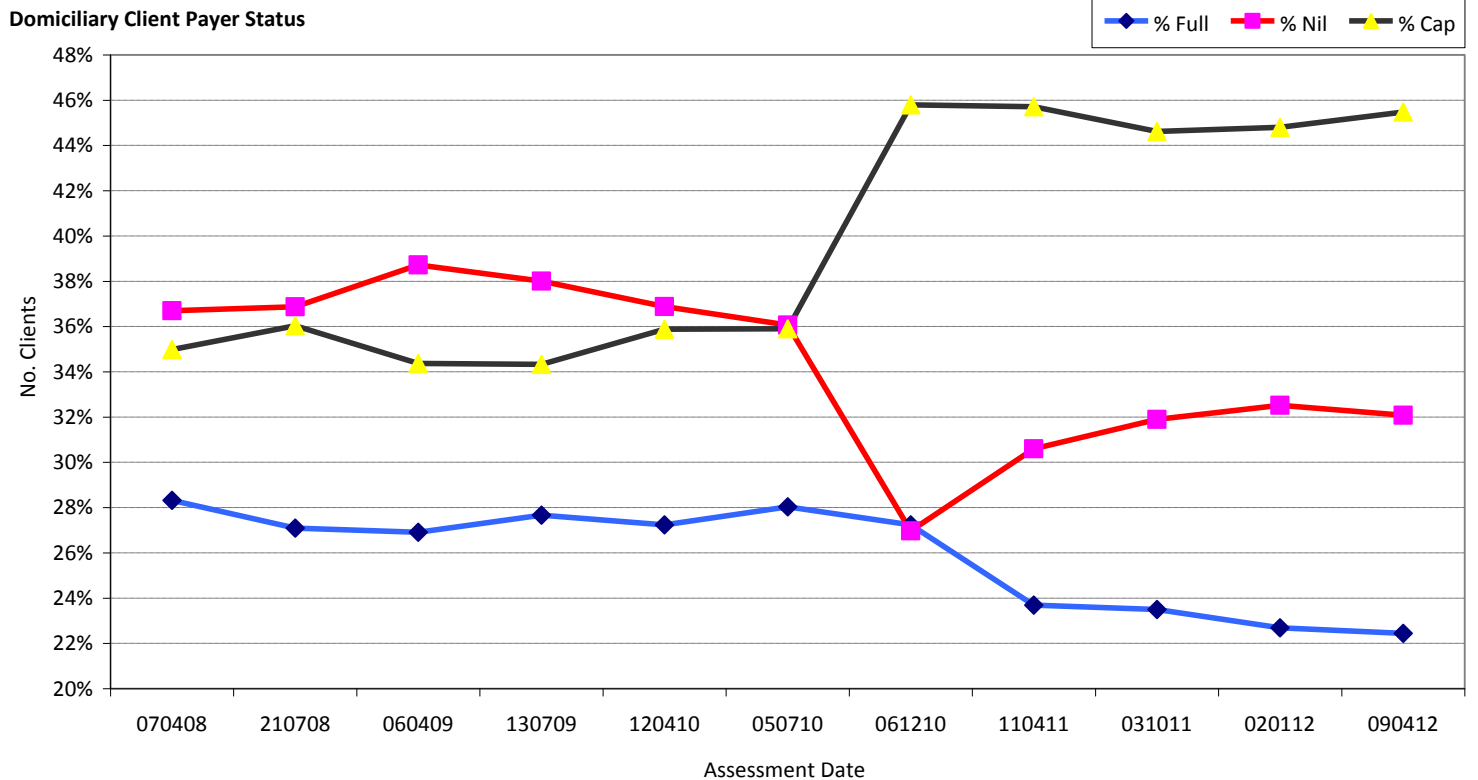
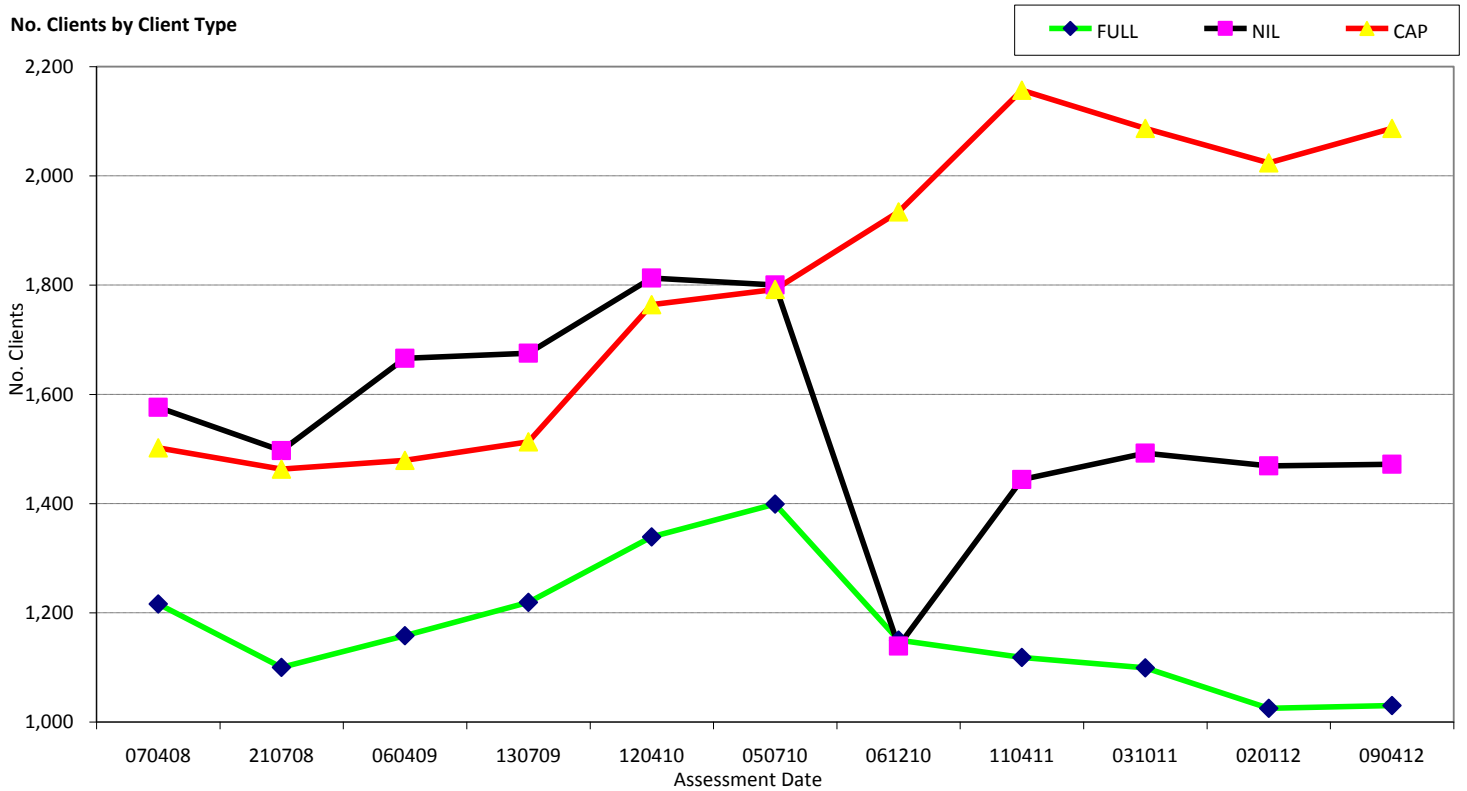
Appendix 11 - Transport – Units Invoiced (Journeys)

Transport Services - Units Invoiced (4 weekly)



Appendix 12 - Analysis of Client Payer Status (Number of Clients and % of Clients)

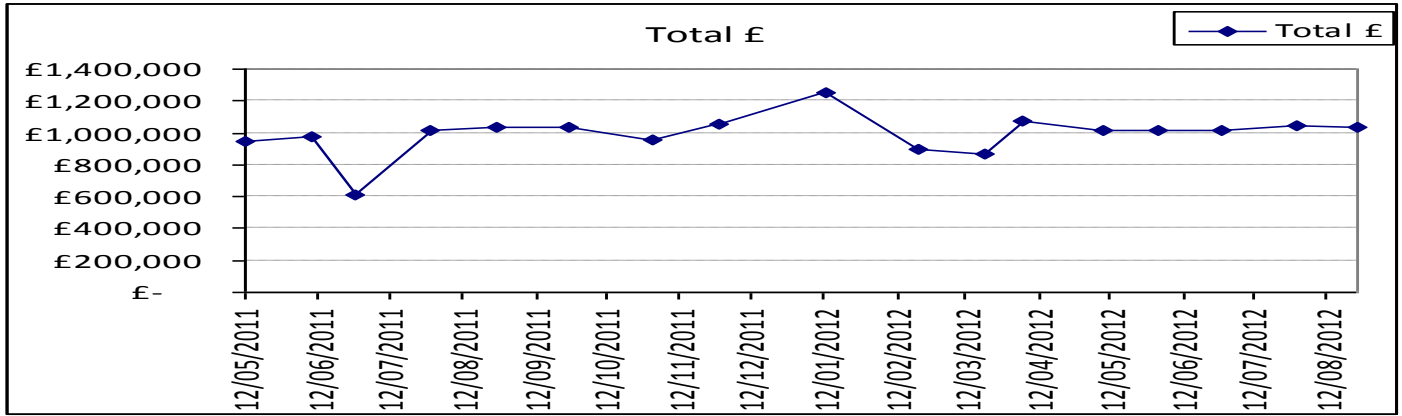
This is the analysis of client numbers based on their financial assessment



Appendix 13 – Debt Outstanding

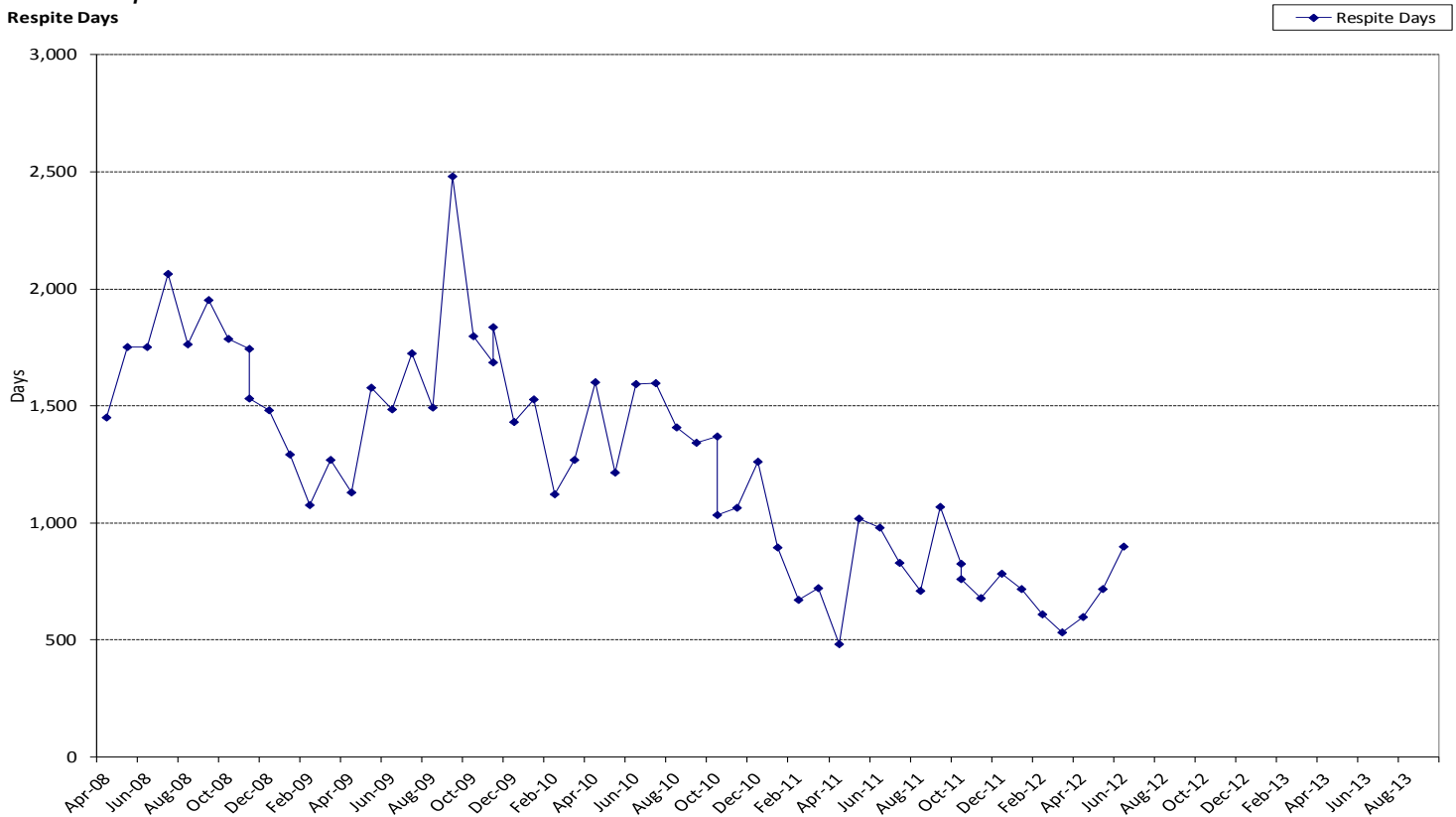
(recorded from May 2011 only due to change of recording process for status indicators from this date)

These are the levels of debt analysed by status



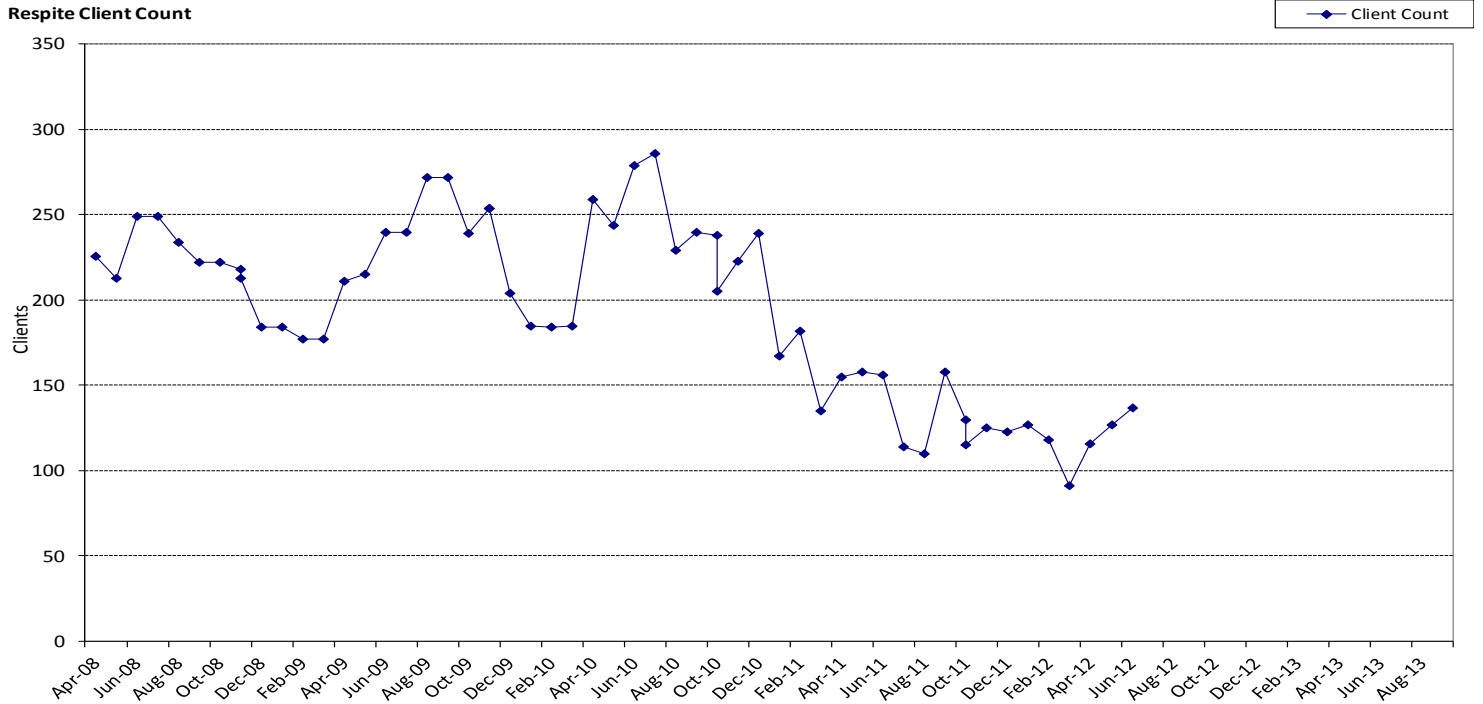
Appendix 14 - Count of Respite Days

These are the number of days respite care which clients have taken during each period.



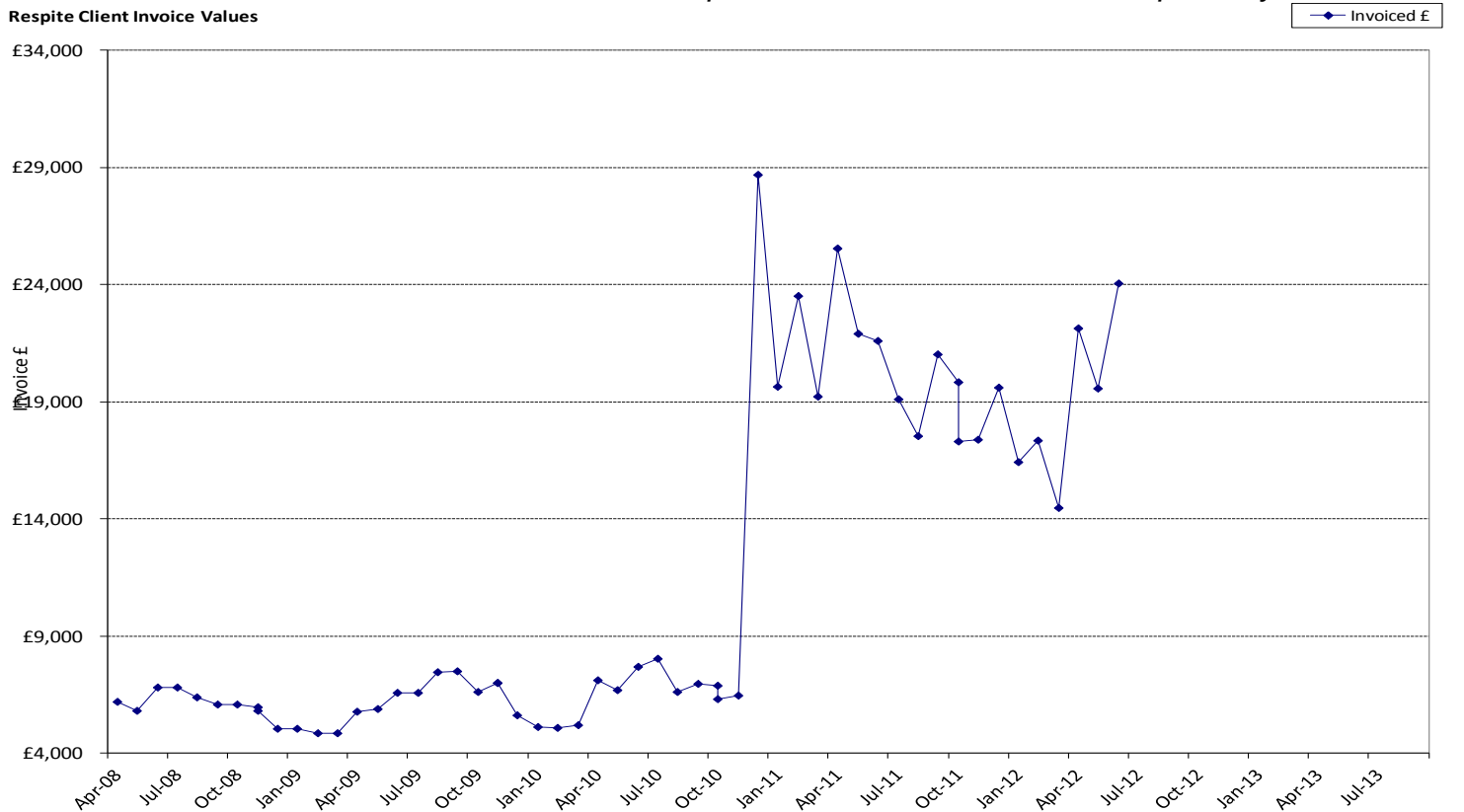
Appendix 15 - Respite Client Count

These are the number of clients invoiced for respite care during each period.



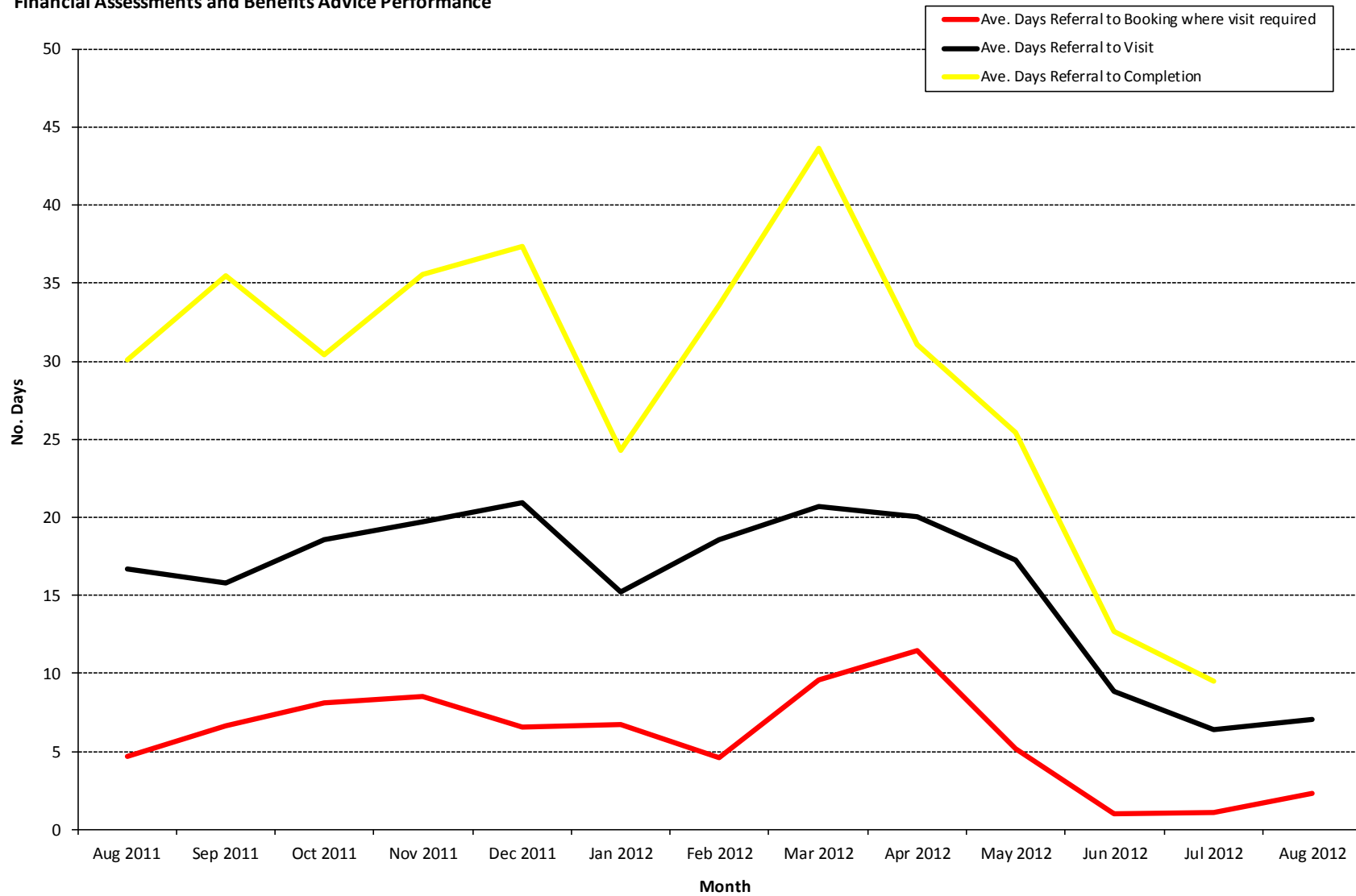
Appendix 16 - Respite Client Invoice Values

This is the value invoiced to clients in respect of contributions for their respite stays



Appendix 17 – Financial Assessments Performance

Financial Assessments and Benefits Advice Performance



Savings Compared to Plan (refer to Section 5.1)

Appendix 18

£'000	£'000	Notes
Homecare, daycare, transport Phase 1	1,300	Approximately £100,000 per 4 week period
Homecare, daycare, transport Phase 2	520	Approximately £40,000 per 4 week period
Respite Care Phase 1	170	Approximately £13,000 per 4 week period
Total savings directly measured	1,990	
Homecare, daycare, transport Phase 3	330	Estimate based on changes in rates compared to earlier changes and the increases directly measured
Homecare, daycare, transport Phase 4 savings (homecare presented as reduced costs, not as increased income)	310	Estimate based on changes in rates compared to earlier changes and the increases directly measured
Direct Payments Phase 1	350	Estimate based on volumes and changes in rates
Carers Sitting Services	?	Not measured separately
Internal Residential Care	190	Approximately 14 full paying clients (estimate ignores part payers and so is an underestimate).
Add: Other Chargeable Care Services	?	A 100% recovery rate was introduced for any chargeable services outside the mainstream services. This figure is not measured directly but will be very small compared to homecare and day care income
Reductions in net spending due to reductions in demand caused by increased changes	?	Not possible to quantify but this could amount to a significant figure
Total Savings Due to Charging Review	3,170	

Item 8

Adult Social Care and Health Overview and Scrutiny Committee

31 October 2012

Work Programme Report of the Chair

Recommendation

The Committee is recommended to agree the work programme, to be reviewed and reprioritise as appropriate throughout the course of the year

1. Work Programme

The Committee's Work Programme is attached as Appendix A. The Work Programme will be reviewed and reprioritised throughout the year so that the Committee can adopt a flexible approach and respond to issues as they emerge.

2. Task and Finish Groups

The Committee may wish to consider any potential future Task and Finish Groups.

Background Papers

None.

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Strategic Director	David Carter	
Portfolio Holder	n/a	

**Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2012/13**

Date of meeting	Item	Report detail	Date of last report
5 Dec 2012	Update from Glen Burley and Kevin McGee on developments – including Serco and the Foster report	Update from Glen Burley and Kevin McGee on developments – including Serco and the Foster report – requested by the Chair	-
	CAMHS – Update Report	Update report from CAMHS on targets for Q2	5 September 2012
	Serious Case Review – Lessons Learned – Wendy Fabbro/Jenny Wood	An update report on lessons learnt and progress in setting up a multi-agency management plan.	7 December 2011
	Adult Safeguarding – Wendy Fabbro/Jenny Wood	An annual report setting out the implications for Warwickshire on the Adult Social Care White Paper (published Nov 2012) and the strategy for the People Group in moving this forward.	
	Local Account of Social Care – Andrew Sharp	This report will set out the Warwickshire Local Account of Social Care	
	Q2 Performance Report - Wendy Fabbro/Andrew Sharp	This report will present Q2 performance, including trend data and benchmarking, including 'best in class' information	
16 Jan 2013	Short film clip on the library dispensing machine at George Eliot Hospital – Richard Harkin		
	UHCW – Foundation Trust Trajectory (Andy Hardy/Jenny Gardiner)	Foundation Trust (FT) – A revised tripartite formal agreement is currently under discussion with the SHA / Department of Health. This report will provide an update on the Foundation Trust trajectory.	
	Physical Disability and Sensory Impairment (PDSI) Strategy – Wendy Fabbro/William Campbell	To consider the PDSI Strategy (deferred from 11 April 2012 meeting). This report will present the draft version of the revised Physical Disability & Sensory Impairment (PDSI) Commissioning Strategy which expresses our approach to the commissioning of services to support customers across all ages as part of our joint focus upon children's and adults services as part of the People Group.	
6 March 2013	Improving Trauma Care in the West Midlands – Rachel O'Connor	The Committee supported the preferred option (Option 1 for three trauma networks) and requested an update report on the implementation 12 months in requested by the Committee on 25 October 2011	25 October 2011

**Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2012/13**

6 March cont	Virtual Wards – Bie Grobet	Update report on virtual wards including the roll-out of virtual wards across the county.	12 April 2012
Dates to be set	Draft Health and Wellbeing Strategy – Bryan Stoten	The committee will consider the revised draft Health and Wellbeing Strategy	19 June 2012
	Director of Public Health – Annual Report 2012 – John Linnane	John Linnane will present his Annual Report 2012 to the committee	
	CWPT – Psychologist Service Review	Briefing to members on the Psychologist Service Review being carried out by CWPT	
	Transformation Programme - Adult Social Care – Emma Curtis/Gill Fletcher	A report will be brought to ASC&H O&S from the Transformation Programme Office setting out the programme for Adult Social Care. The Chair and Party Spokes will be involved in scoping exercise and the Committee will have the chance to consider the Service Review Scope. This will be followed by the Business Case.	
	Learning Disability Strategy Seminar – Chris Lewington	A seminar will be held at a date to be determined looking at the different strands of the Learning Disability Strategy	
	Dementia Seminar – Chris Lewington	A seminar will be held at a date to be determined giving an update on progress made in relation to dementia services.	

BRIEFING NOTES

SUBJECT OF BRIEFING NOTE	OBJECTIVE OF BRIEFING NOTE	COMMENT / FURTHER INFORMATION
Complaints – Karen Smith/Wendy Fabbro	There was some discussion about reports received in the past on Complaints/Compliments. The Committee have asked for a report to be brought to a future meeting, particularly in relation to how this will tie in with the new Local Healthwatch function.	17 October 2012

**Adult Social Care and Health Overview and Scrutiny Committee
Work Programme 2012/13**

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	MEMBERS / COMMENT
Older Adult Dementia Review (formerly the Older Adult Mental Health Services) Cllrs Jerry Roodhouse (Chair), Peter Fowler, Sid Tooth	To review the CWPT consultation process regarding older adult mental health services	Report to the Committee in April 2012	Agreed at the meeting on 15 February 2012: "The Committee agreed that the Task and Finish Group continue this important work and that a letter should be sent from Councillors Les Caborn and Jerry Roodhouse to Stephen Jones, Chief Executive of the Arden Cluster." The value of continuing this Task and Finish Group needs to be reviewed
Quality Accounts 2013 (Martyn Harris)	QA Groups set up for each of the 5 Trusts to work with the Trusts on quality accounts over the year	Ongoing	Ongoing