

AGENDA MANAGEMENT SHEET

Name of Committee	Cabinet		
Date of Committee	16 December 2010		
Report Title	Review of Support for Carers		
Summary	In September 2009 the Overview and Scrutiny Board commissioned a review of support for carers in Warwickshire. A panel was formed comprising members from the (then) Adult and Community Services Overview and Scrutiny Committee. This report was considered by the Adult Social Care and Health Overview and Scrutiny meeting at their meeting on 16 September 2010.		
For further information please contact:	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> Paul Williams Overview and Scrutiny Officer Tel: 01926 418196 paulwilliams@warwickshire.gov.uk </td> <td style="vertical-align: top; width: 50%;"> Ann Mawdsley Principal Committee Administrator Tel: 01926 418079 annmawdsley@warwickshire.gov.uk </td> </tr> </table>	Paul Williams Overview and Scrutiny Officer Tel: 01926 418196 paulwilliams@warwickshire.gov.uk	Ann Mawdsley Principal Committee Administrator Tel: 01926 418079 annmawdsley@warwickshire.gov.uk
Paul Williams Overview and Scrutiny Officer Tel: 01926 418196 paulwilliams@warwickshire.gov.uk	Ann Mawdsley Principal Committee Administrator Tel: 01926 418079 annmawdsley@warwickshire.gov.uk		
Would the recommended decision be contrary to the Budget and Policy Framework?	No.		
Background papers	None		

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees	<input checked="" type="checkbox"/> Adult Social Care and Health Overview and Scrutiny Committee
Local Member(s)	<input checked="" type="checkbox"/>
Other Elected Members	<input type="checkbox"/>
Cabinet Member	<input checked="" type="checkbox"/> Councillor Izzi Seccombe
Chief Executive	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/> Alison Hallworth

- | | | |
|---------------------------|-------------------------------------|--|
| Finance | <input type="checkbox"/> | |
| Other Strategic Directors | <input checked="" type="checkbox"/> | Wendy Fabbro Strategic Director, Adult Health and Community Services, David Carter, Strategic Director, Customers, Workforce and Governance, David Clarke, Strategic Director, Resources |
| District Councils | <input type="checkbox"/> | |
| Health Authority | <input checked="" type="checkbox"/> | Rachel Pearce, Director of Compliance/Assistant Chief Executive, NHS Warwickshire |
| Police | <input type="checkbox"/> | |
| Other Bodies/Individuals | <input type="checkbox"/> | |

FINAL DECISION

SUGGESTED NEXT STEPS:

Details to be specified

- | | |
|---|--------------------------|
| Further consideration by this Committee | <input type="checkbox"/> |
| To Council | <input type="checkbox"/> |
| To Cabinet | <input type="checkbox"/> |
| To an O & S Committee | <input type="checkbox"/> |
| To an Area Committee | <input type="checkbox"/> |
| Further Consultation | <input type="checkbox"/> |

Cabinet - 16 December 2010.

Review of Support for Carers

**Report of the Chair of the Adult Social Care and Health
Overview and Scrutiny Committee**

**Recommendation of the Adult Social Care and Health Overview and
Scrutiny Committee**

That the Cabinet approves the recommendations as set out in the report.

**1 Views of the Adult Social Care and Health Overview and
Scrutiny Committee**

The Adult Social Care and Health Overview and Scrutiny Committee considered the report of Councillor Kate Rolfe, Chair of the Member Panel reviewing Support for Carers. Councillor Claire Watson presented the report setting out the findings, conclusions and recommendations. She thanked all Members and officers who had contributed to the Review, in particular Paul Williams for his assistance.

A discussion followed and it was noted:

1. Denise Cross stated that the County Council was fully staffed in terms of Occupational Therapy, and that some workers had been co-located with housing staff from the District/Borough Councils to avoid duplication and ensure quicker responses. She did add however that there were difficulties with allocation of funding from the Disabled Facilities Grant (DFG), increasing waits. John Bolton stated that a key question for the County Council was whether they wanted to take control in this area. Denise Cross undertook to provide to Councillor Penny Bould the criteria for DFGs.
2. Councillor Bill Hancox stated that there was a need in the north of the county for extra resources to deal with the demand.
3. Members asked for clarification on what the Local Authority were doing in terms of Lifetime Home Standards, and whether these were being built into Local Development Plans. Members agreed that District and Borough Councils should be encouraged to adopt strategies within their planning guidance to ensure additional functionality and accessibility is

built into homes to ensure inclusivity and access for all. It was agreed that a copy of the report should be shared with all District and Borough Councils.

The Committee agreed to forward the recommendations set out in the report to the Cabinet for their consideration.

2. Introduction

- 2.1 Over the last few months a small panel of councillors has been working with officers and partners to undertake a scrutiny review of support for carers. The review, commissioned by the Overview and Scrutiny Board, was prompted by a growing awareness of the important role that carers play in our society. Fifty three thousand Warwickshire residents act as carers. This equates to just over ten percent of the population, looking after friends or family for no reward but with financial and practical support provided by a range of statutory and voluntary agencies. It is important that we ensure that as much support is provided to these people.
- 2.2 Appended to this covering document is the panel's report containing its findings, conclusions and recommendations. To assist the committee the recommendations are set out in section 3 below.
- 2.3 The committee is asked to agree these recommendations and pass the report on the Review of Support for Carers to Cabinet.

3. The Panel's Recommendations

3.1 General/Finance

1. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report annually to the Adult Social Care and Health Overview and Scrutiny Committee on their allocation of resources to support breaks for carers. This report should demonstrate positive outcomes for carers.

3.2 Health

2. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report to the Adult Social Care and Health Overview and Scrutiny Committee on the relationship between admissions and readmissions to hospital and the support available for carers receiving discharged patients.
3. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to actively encourage GPs to undertake annual health checks of carers aged 60 years and over. Where people are

identified as having a caring responsibility GPs should be encouraged to disseminate information on support.

4. That NHS Warwickshire be requested to consider ways in which the Quality Outcomes Framework can be used to ensure that GPs undertake annual health checks for carers aged 60 plus.
5. That the Strategic Director for Adult Social Care and Health be asked to write to the Chief Executive of NHS Warwickshire seeking a commitment that his organisation will actively engage in the Carers Partnership and the Warwickshire Accessible Housing Partnership.
6. That the Chair of the Warwickshire Carers' Partnership be asked to write to the Chairs of the GP Consortia inviting them to be represented on the partnership.
7. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire jointly explore ways in which access to services by carers can be made easier.
8. That the Strategic Director of Customers Workforce and Governance considers ways in which information sharing between the statutory and voluntary sectors can be enhanced.

3.3 Housing

9. That Cabinet be asked to consider making a capital allocation of £1.5 million to clear the backlog of adaptation work required to ensure that carers obtain the help they need at an early stage to prevent more expense at a later stage. A condition of this allocation is that all district and borough councils agree to make their entire Disabled Facilities Grant available for the purpose for which it is intended.
10. That the Portfolio Holder for Adult Social Care writes to the five district/borough councils of Warwickshire encouraging them to
 - seek ways of accelerating the adaptation process
 - take account of adaptation needs when refurbishing their residential properties.
 - Under the Lifetime Neighbourhoods Strategy encourage developers to build houses that can be easily adapted to the needs of the cared for and carers.

3.4 Warwickshire County Council

11. Recognising that many employees of Warwickshire County Council have caring responsibilities the Strategic Director for Customers, Workforce and

Governance be requested to give consideration to the establishment of a carers' staff network along the lines of the three that already exist.

12. That officers from the Adult, Health and Community Services Directorate be requested to brief all directorate managers' conferences on caring and carers. This initiative should be linked in to Carers' Week.
13. That the Strategic Director for Adult Social Care and Health investigates opportunities for information on support for carers to be supplied to those undertaking fire safety checks or delivering meals on wheels.

CLLR LES CABORN
Chair of the Adult Social Care and Health Overview
and Scrutiny Committee

Shire Hall
Warwick

Warwickshire County Council

Review of Support for Carers

**Report of the Adult Social Care and
Health Overview and Scrutiny
Committee**

July 2010

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Foreword by Councillor Kate Rolfe, Chair of Panel



In the UK at present there are estimated to be 6 million carers. This means that 1 in 10 of us looks after someone else on a voluntary basis. The vast majority of carers fulfil their role with a willingness and sense of purpose that would astound many of us. However, they can only continue to do this if they are able to access any support they might require.

This review has been undertaken by a small panel of councillors from the former Adult and Community Services Overview and Scrutiny Committee. (Now the Adult Social Care and Health Overview and Scrutiny Committee). It was commissioned in response to a growing awareness of the significant role carers play in our communities, the increasing numbers of carers and the complexity of the issues they and the people they care for face.

We have been lucky in this review to have had the support of a number of individuals who have assisted us not only in developing a good understanding of carers' needs but also to develop a series of recommendations that I believe will serve to enhance the support we and our partners can offer. I should like to express my thanks to them.

1.0 Introduction

- 1.1 This report marks the conclusion of several months' work by a small panel of councillors from the Adult and Community Services Overview and Scrutiny Committee. It seeks to summarise the panel's findings without overwhelming the reader with statistics and information. That said it is important that we ensure that we provide enough information for you to understand how the panel has arrived at its recommendations. The report has been divided into several elements. After this introduction you will find the panel's thirteen recommendations. There then follows a section that describes the process followed by the review, an explanation of the position regarding carers at both a national and local level and finally a summary of the panel's findings, their conclusions and a repeat of the recommendations.
- 1.2 The report does not include the notes of the panel meetings. These can be made available on request.
- 1.3 The appendices contain an action plan. This provides an indication of
- the cost of implementing each recommendation,
 - who will be principally responsible for ensuring the implementation of each recommendation and
 - a deadline for implementation.

The Panel's Recommendations

General/Finance

2. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report annually to the Adult Social Care and Health Overview and Scrutiny Committee on their allocation of resources to support breaks for carers. This report should demonstrate positive outcomes for carers.

Health

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3. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to actively encourage GPs to undertake annual health checks of carers aged 60 years and over. Where people are identified as having a caring responsibility GPs should be encouraged to disseminate information on support.
4. That NHS Warwickshire be requested to consider ways in which the Quality Outcomes Framework can be used to ensure that GPs undertake annual health checks for carers aged 60 plus.
5. That the Strategic Director for Adult Social Care and Health be asked to write to the Chief Executive of NHS Warwickshire seeking a commitment that his organisation will actively engage in the Carers Partnership and the Warwickshire Accessible Housing Partnership.
6. That the Chair of the Warwickshire Carers' Partnership be asked to write to the Chairs of the GP Consortia inviting them to be represented on the partnership.
7. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire jointly explore ways in which access to services by carers can be made easier.
8. That the Strategic Director of Customers Workforce and Governance considers ways in which information sharing between the statutory and voluntary sectors can be enhanced.

Housing

9. That Cabinet be asked to consider making a capital allocation of £1.5 million to clear the backlog of adaptation work required to ensure that carers obtain the help they need at an early stage to prevent more expense at a later stage. A condition of this allocation is that all district and borough councils agree to make their entire Disabled Facilities Grant available for the purpose for which it is intended.
10. That the Portfolio Holder for Adult Social Care writes to the five district/borough councils of Warwickshire encouraging them to
 - seek ways of accelerating the adaptation process
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11. Recognising that many employees of Warwickshire County Council have caring responsibilities the Strategic Director for Customers, Workforce and Governance be requested to give consideration to the establishment of a carers' staff network along the lines of the three that already exist.
12. That officers from the Adult, Health and Community Services Directorate be requested to brief all directorate managers' conferences on caring and carers. This initiative should be linked in to Carers' Week.
13. That the Strategic Director for Adult Social Care and Health investigates opportunities for information on support for carers to be supplied to those undertaking fire safety checks or delivering meals on wheels.

2.0 The Review Process

2.1 At its meeting of 2nd September 2009 the County Council's Overview and Scrutiny Board met to agree the work programme for all the overview and scrutiny committees. As well as considering the rolling programme for the committee meetings the board decided (on the basis of ideas put forward by members) which in-depth scrutiny reviews should be undertaken. One of these was a review of support for carers which was to be undertaken under the auspices of the (then) Adult and Community Services Overview and Scrutiny Committee. The driver behind this choice was not that members were concerned over shortcomings in service so much as a view that given the importance of the role of carers in society it is essential that we ensure that everything possible is being done to support them.

2.2 Four councillors were nominated to make up the task and finish group panel. These were,

Councillor Mike Gittus	Councillor Barry Longden	Councillor Kate Rolfe	Councillor Claire Watson
			

2.3 The task and finish panel met for the first time at the end of January 2010. The first meeting was spent scoping the review that is, agreeing its aims and objectives as well as deciding who the panel would wish to speak to and which sources of written evidence it would draw on. The result of this process was the review's terms of reference attached as Appendix A to this report. It may be worth noting at this early stage that it was when the review was scoped that the decision was made not to give specific consideration to the particular needs of young carers. This was not because the panel thought that young carers were of no importance, rather it was felt that their issues may be such that a review of this size would not necessarily be able to give them due attention.

2.4 The panel received information and advice from a number of officers throughout the review. Considerable support came from Chris Lewington the council's Care and Customer Engagement Service Manager.

2.5 Evidence considered can be divided into four categories.

1. Legislation and Guidance – Including “Carers at the Heart of 21st-Century Families and Communities” and “Shaping the Future of Care Together”
 2. Statistical data sourced nationally and locally including evidence from the carers’ survey.
 3. Discussions with carers and representatives from local voluntary organisations. These latter include
 - Coventry and Warwickshire Crossroads
 - Guideposts
 - South Warwickshire Carers Support Service
 - Rethink Mental Health Carers Information and Support Services
 - Warwickshire Carers Partnership
 4. Officers from statutory bodies eg NHS Warwickshire and the WCC HR advisory Team.
- 2.6 At the same time as the review was being undertaken Warwickshire County Council was running a series of training events called “Who Cares?” This was run in a number of locations across Warwickshire and was offered to a broad range of organisations involved in caring. Members of the panel were given the opportunity to attend these sessions. One of the benefits of the sessions was that they were attended by carers. This gave attendees, including the panel members, an opportunity to question them on their experiences.
- 2.7 One important aspect of the review was that as well as considering the general support available for carers it also looked at the way in which Warwickshire County Council as a major employer regarded staff who also have caring responsibilities.
- 2.8 Having met on a number of occasions and considered a wealth of information the panel sat to consider its conclusions and recommendations. It is expected that these recommendations will be presented to the new (from 2nd July 2010) Adult Social Care and Health Overview and Scrutiny Committee before being considered by Cabinet.

3.0 Strategy, Law and Policy

3.1 In June 2008 the Government published its carers' strategy "Carers at the Heart of 21st – Century Families and Communities" This stated that its (the Government's) vision is that "by 2018 carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual needs enabling carers to maintain balance between their caring responsibilities and a life caring, whilst enabling the person they support to be a full and equal citizen". (Carers for the purpose of this review are those people who voluntarily look after another person or persons). The document then goes on to say that by 2018

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity;
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

3.2 The 2008 Strategy states that,

- 1 in 10 people in the UK are carers at any one time (more women than men)
- In the 2001 census there were 5.2 million carers. (This has now risen to nearer 6 million).
- Of the 6 million carers more than 20% of them spend more than 20 hours a week caring.
- 1 in 7 of the workforce are carers
- 40% of carers of working age would like to work now or at some time in the future.
- 139,000 of under 18s provide some care.

3.3 In addition to the above it is worth noting that not all sections of society have the same caring responsibilities. For example,

- women have a 50% chance of providing care by the time they are 59 years old.
- women are more likely to give up work in order to care.
- Bangladeshi and Pakistani men and women are three times more likely to provide care compared to their white counterparts.

3.4 The 2008 document was not the government's first acknowledgement of the important role of carers the first ever carers' strategy Caring for Carers being published in 1999. In addition to the two strategies a range of legislation exists to protect carers and enhance their lives. This legislation includes,

- The Carers (Recognition and Services) Act 1995 – Giving carers for the first time the right to request an assessment of their own needs.
- The Carers and Disabled Children's Act 2000 – This Act enables local authorities to offer carers support.
- The Carers (Equal Opportunities) Act 2004 – This legislation places a duty on local authorities to inform carers of their right to an assessment.
- Work and Families Act 2006 – Extends the right to request flexible working arrangement to all carers in employment.

3.5 As well as the law carers have Government policy working on their side. **Putting People First (2007)** heralded a complete transformation of adult social care. **Every Child Matters** (alluded to above) is an expression of Government's aim that every child, whatever their background or circumstances to have the support they need. Finally the **NHS Operating Framework for 09/10** calls on PCTs to work with their local authority partners and publish joint plans to show how their combined funding will support breaks for carers in a personalised way.

4.0 The Financial Cost of Caring

4.1 The economic value of unpaid care in England is estimated to be equivalent to £67 billion in substitute formal services. When carers are excluded from the labour market they forego significant earnings. In 2001 all those of working age who were economically inactive and providing unpaid care for over 20 hours a week lost a potential of £5.47 billion in income. This is nearly three quarters of the estimated costs of substituting that care with formal services.

- 4.2 As more people live longer more care will be needed and as spending on long term conditions is heavily concentrated among older people so care costs will rise. The relative cost of formal care is predicted to rise in relation to other services and goods. As productivity and quality of care are in tension the cost of care services will rise relative to prices in the rest of economy.
- 4.3 The personal cost of caring is high. 54% of carers are in debt as a result of their caring responsibilities. 75% of carers struggle to pay essential bills whilst 75% could not afford repairs to their homes. It is estimated that an average carer saves the nation around £15, 260 a year.
- 4.4 To offset some of these costs the Government offers a carers allowance of £48.65 a week. This equates to £3,539 a year or £1.39 an hour.

5.0 The Health Cost of Caring

- 5.1 Those caring over 50 hours a week are twice as likely to be in poor health as those not caring (21% against 11%). In the 18 to 25 age group this is 3 times more likely. 66% of carers consider that their relationship has suffered with 60% stating that they have little quality time with their partners. Most carers regard their role as “stressful” or “demanding”.
- 5.2 A study by the Royal College of General Practitioners and Princess Royal Trust for Carers concluded that 80% of carers feel that caring has damaged their health. One third of carers caring for more than 50 hours a week report depression, half report disturbed sleep and a quarter report back and other strains. Finally the prevalence of psychiatric morbidity is significantly higher in those who care for others in their own homes.

6.0 Carers in Warwickshire

- 6.1 53,000 people in Warwickshire identify themselves as carers. This equates to 10.5% of the population. The challenge is that there are more people with a caring responsibility than actually acknowledge the fact.
- 6.2 Support for Carers in Warwickshire is steered by the Warwickshire Carers Strategy 2009-2012. The reader is strongly recommended to read this document as it contains more information on carers and carers support than is contained in this review report. It can be found on the internet at [Warwickshire Carer's Strategy 2009-2012](#)

6.3 The strategy contains 14 priorities namely,

Carers Breaks	Employment
Emergency Plans and Services	Emotional Support
Recognition and acknowledgement of the carers' role	Leisure
Information	Carer Involvement
Health and Joint Working	Carers Assessment and Services
Education and Training	Carers Financial Position
Young Carers	Preventative support for "all" carers

6.4 Implementing the strategy is the role of the Warwickshire Carers' Partnership. Set up in November 2007 the Carers' Partnership's objectives are to,

- provide leadership, vision and clarity of purpose for carers issues
- oversee and lead the delivery of the carers strategy ensuring the 14 key priorities defined by carers are achieved, through effective and efficient joint working
- be the voice of carers in Warwickshire, ensuring that the profile of carers issues are raised at a government, council, district/borough and service level.
- ensure that the planning and development of services, across all partner organisations address the needs and preferences of carers.
- establish robust reporting mechanisms between the Carers Partnership and key strategic decision makers, such as the Healthier Community and Older Peoples Block and the Public Service Board.
- encourage joint working across all key partners; Adult Health and Community Services, Children, Young People and Families Services, NHS Warwickshire, District and Borough Housing, Department for Works and Pensions and the voluntary and independent sector
- keep abreast of national and local policy developments

6.5 Membership of the Carers Partnership comprises a lead Member, thirteen carers, four representatives from the voluntary sector, NHS Warwickshire, Officers from Warwickshire County Council and The Department for Works and Pensions. Between these various bodies a range of support and advice is provided for carers. This support includes short breaks, one-off payments to aid the purchase of aids and equipment, carers assessment, emotional support,

social support, signposting to services, advocacy support, respite care and homecare.

7.0 Findings, Conclusions and Recommendations

- 7.1 The panel has arrived at thirteen recommendations. These are given below. However, before the reader can understand the recommendation he or she will need to understand more of what the panel has discovered and the conclusions councillors have drawn.

7.2 Finding 1

- 7.2.1 Early in the review the task and finish panel gave some consideration to the funding of support for carers. It learned that in 2008 the Government had announced that it was to double (from £50 million to £100 million) the funding available to provide respite support for carers. The money would be channelled through the Department of Health to Primary Care Trusts. Crossroads Care and the Princess Royal Trust for Carers have alleged that of that increased amount only 23% is being spent on carers. One of the difficulties being encountered is that the money was not ring-fenced by the government being added to existing health budgets. NHS Warwickshire has specific reference to support for carers in its latest strategy “Best Health for Everyone” (2010). There is no evidence that the Primary Care Trust is using the £500,000 made available to it for anything other than carer support.
- 7.2.2 In addition to the money paid by government to Primary Care Trusts, Warwickshire County Council directs just over £500,000 to support for carers. An element of this is used to pay for breaks for carers.

7.2.2 Conclusion 1

- 7.2.3 The panel is keen to ensure that any resources made available from the public purse for the support of carers should be used for that purpose. However, as funds become scarcer and the pressure for services increases the temptation for public agencies to redirect non-ring fenced monies to other areas will surely increase. The panel is keen to ensure that not only are resources being allocated appropriately but also that they are producing positive results. To this end it considers that the Primary Care Trust and the Strategic Director – Adult Social Care and Health should report annually on the matter.

7.2.4 Recommendation 1

- 7.2.5 That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report annually to the Adult Social Care and Health Overview and Scrutiny Committee on their respective allocation of resources to support breaks for carers. This report should demonstrate positive outcomes for carers.

7.3 Finding 2

- 7.3.1 The task and finish panel was briefed of the importance of effective hospital discharge processes in assisting carers and those they care for to make the transition from hospital to home. Some conditions, such as a Stroke, can manifest themselves very quickly. This means that a person can go from not being a carer to being a carer in a matter of a few days. They will be under considerable stress and amongst matters they will need to address will be the logistics of having an ill person to care for. A good hospital discharge plan can be used to ensure that equipment is in place, relevant general practitioners have been informed of the situation and that pharmaceutical and surgical supplies are available in a form that can be understood and managed by a carer. In instances where an inadequate plan has been prepared there is a risk that through inappropriate care at home the individual will end up needing to be readmitted to hospital.
- 7.3.2 Regretfully the task and finish group heard evidence of cases where little thought appears to have been given to discharge. It was reported that notes have been illegible, envelopes with letters to GPs have been given to confused patients (who promptly forgot about them) and others written hastily seemingly on a scrap of paper. It should be noted that NHS Warwickshire reports that there is no evidence in literature to suggest that hospital bed use would be reduced through better support for carers.

7.3.3 Conclusion 2

- 7.3.4 The Overview and Scrutiny function involves the collection of statistical and anecdotal evidence. The panel is concerned at what it has heard about possible inadequacies regarding discharge plans from Warwickshire hospital. However, it does appreciate that one person's "inadequate" is another person's "excellent". Whilst the panel has not had an opportunity to explore in great depth the matter of hospital discharge and readmissions it does feel that further consideration should be given to what at this stage appears to be a cause for concern.

7.3.5 Recommendation 2

- 7.3.6 That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report to the Adult Social Care and Health Overview and Scrutiny Committee on the relationship between admissions and readmissions to hospital and the support available for carers receiving discharged patients.

7.4 Finding 3

- 7.4.1 People in care receive regular medical checks from their GPs. However there is no regulated mechanism for carers to receive a similar level of service. The

panel has learned of the cost to health that being a carer can bring. This cost increases as people get older. If a carer becomes ill the impact falls on them, the person they care for and the friends, neighbours or agencies that have to step in to fill the gap.

- 7.4.2 A significant proportion of the older population, ie those over 60, attend their GP surgeries on a regular basis throughout the year. Many attend for their annual flu inoculation. As a result GP surgeries can serve as a hub for information dissemination. Warwickshire County Council and partner agencies produce a considerable amount of literature regarding support for carers that is used widely.

7.4.3 Conclusion 3

- 7.4.4 The task and finish panel understand that GP surgeries operate in a semi-autonomous fashion and that short of renegotiating their contract there is little that can be done to oblige a certain course of action. (See Finding/Conclusion/Recommendation 4 below) Nevertheless it is felt that given the personal and wider impact of a carer falling ill it is important that everything should be done to avoid that situation arising. For this reason the panel has concluded that wherever possible GPs should be **encouraged** to put in place a mechanism for offering carers an annual health check. As well as undertaking the check up GPs should be encouraged to disseminate information on the support that is available.

7.4.5 Recommendation 3

- 7.4.6 That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to actively encourage GPs to undertake bespoke annual health checks of carers aged 60 years and over. Where people are identified as having a caring responsibility GPs should be encouraged to disseminate information on support.

7.5 Finding 4

- 7.5.1 GP practices are subject to the Quality and Outcomes Framework. This is effectively the contract to which GPs work and is agreed nationally. Local Primary Care Trusts have no direct control over the Quality and Outcomes Framework. Nevertheless they are in a position to express an opinion on what services should be included in it. NHS Warwickshire is currently engaged in discussions with GP leaders to improve support for carers.

7.5.2 Conclusion 4

- 7.5.3 Whilst in the short term it is good to encourage GPs to improve the support they give to carers it is recognised that a more robust approach may be required. The new coalition government has already announced a review of the GP

contract and there may well be an opportunity to see any revised contract incorporate a component whereby GPs will be required to undertake health checks of carers. The panel feels that NHS Warwickshire should be asked to use its position to lobby government for changes in the Quality and Outcomes Framework to assist carers further.

7.5.4 Recommendation 4

That NHS Warwickshire be requested to explore ways in which the Quality and Outcomes Framework can be used to ensure that GPs undertake annual health checks for carers aged 60 plus.

7.6 Finding 5

7.6.1 The Warwickshire Carers Partnership and Warwickshire Accessible Housing Partnership (concerned with adaptations for people with special needs) constitute two key components of the support structures available to carers. Their effectiveness is dependent on good communication and a willingness of all partners to be fully engaged. For various reasons it has not always been easy for some partners to engage as fully as others might like. NHS Warwickshire is an example of such an organisation. Recently the Medical Director, NHS Warwickshire has established a coordinating meeting with officers from the County Council to oversee work on older people and carers support.

7.6.2 Conclusion 5

7.6.3 The panel is of the view that if bodies such as the Warwickshire Carers Partnership and Warwickshire Accessible Housing Partnership are to fulfil their stated objectives they require a good and consistent level of support from all relevant agencies. The panel appreciates that NHS Warwickshire constantly has to balance its priorities. The new coordinating meetings are to be welcomed but the panel feels that given the increasing importance of carers in society (and the amount of money they save the health and social care economies every year) NHS Warwickshire should endeavour to play a more active role in them the Carers Partnership and Accessible Housing Partnership. .

7.6.4 Recommendation 5

7.6.5 That the Strategic Director for Adult Social Care and be asked to write to the Chief Executive of NHS Warwickshire seeking a commitment that his organisation will actively engage in the Carers Partnership and the Warwickshire Accessible Housing Partnership.

7.7 Finding 6

- 7.7.1 As noted above the work of the Warwickshire Carers Partnership is dependent on full engagement by the partners who comprise it. There is a place in the partnership for General Practitioners (GPs) but so far this has been inconsistent.

7.7.2 Conclusion 6

- 7.7.3 It is clear to the panel that GPs have a major and as yet largely untapped role to play in the lives of unpaid carer. The panel is quite aware that GPs are very busy people but for the benefits of carers now and in the future it is important that there is some GP representation on the partnership.

7.7.4 Recommendation 6

- 7.7.5 That the Chair of the Warwickshire Carers' Partnership be asked to write to the Chairs of the GP Consortia inviting them to be represented on the partnership.

7.8 Finding 7

- 7.8.1 NHS Warwickshire along with other elements of the health economy is developing a single point of access whereby a person who is concerned about their health can dial a single number and be directed to the right service for them. Carers' supporters have commented that when their clients are seeking assistance they tend to be passed from one agency to another before (hopefully) alighting on the correct one. This can cause distress or even the failure of a person to secure the support they might be in need of. Warwickshire County Council operates a single number for carers to contact. However, this is used to signpost carers to other services. The ideal would be for the single number to be one whereby the caller would receive a more in depth service than simply being referred on. For example details of the issues being faced could be noted, if a carers assessment is required this could be put in train or if respite support is required then it could be booked there and then.

7.8.2 Conclusion 7

- 7.8.3 Any mechanism that simplifies access to service should be commended. Members consider that by working in partnership the key agencies should be able to identify how a single point of access could be developed for carers.

7.8.4 Recommendation 7

- 7.8.5 That the Strategic Director of Adult Health and Community Services and NHS Warwickshire jointly explore ways in which access to services by carers can be made easier.

7.9 Finding 8

7.9.1 One of the barriers that support groups for carers report is the reluctance by public agencies including health providers to freely share information regarding carers. Information sharing is controlled by legislation principally the Data Protection Act 1998. This is a problem when, for example, a GP or hospital identifies that a carer's health is suffering as a result of their caring duties. It is not possible under the current arrangements for a third party such a voluntary organisation to be "tipped off" by the health provider. This means that a person's needs may not be met.

7.9.2 Conclusion 8

7.9.3 The panel appreciates that to a large extent public agencies are constrained in what information they can share. However, there is a feeling amongst the panel members that there may be some instances in which properly screened information could be shared. In recognition of the importance of ensuring the well-being of carers (and by extension the people they care for) the panel feels that some further consideration needs to be given to this matter.

7.9.4 Recommendation 8

7.9.5 That the Strategic Director of Customers Workforce and Governance considers ways in which information sharing between the statutory and voluntary sectors can be enhanced.

7.10 Finding 9

7.10.1 In its discussions with the Warwickshire Accessible Housing Partnership (WAHP) the panel learned of the challenges facing statutory bodies including district and borough councils in meeting the demand for housing adaptations. The WAHP manages adaptations that cost over £1000 operating in both private and public housing. It recognises that good housing can resolve many of the health issues in people's lives. As a result the cost of not undertaking adaptations in a timely and efficient way can be high. For example early intervention can postpone the need for hospitalisation or accommodation in a care home. Government provides local authorities with resources via the Disabled Facilities Grant (DFG). These can be used to pay for adaptations up to £30,000. DFG is currently ring-fenced to 2011.

7.10.2 A major challenge facing the partnership and district and borough councils is that a backlog of up to 18 months for adaptations now exists. This has been caused by a number of factors. One is the demand for adaptations, a second is the lengthy bureaucratic process that surrounds adaptations and the third is a question mark over the future of the Disabled Facilities Grant once it is not being ring-fenced.

7.10.3 Overall the cost of the backlog totals around £1.5 million.

7.10.4 Conclusion 9

7.10.5 The panel has been impressed by the work undertaken by the WAHP and district and borough councils on adaptations. It is however, concerned that the current deficit of £1.5 million is causing so many delays to adaptations that serve not only to enhance people's lives but also to save costs in the medium to long term. Despite the current financial position that the County Council finds itself in the panel feels that an effort should be made to identify funds to cancel out that deficit thus reducing waiting times. A condition that should apply to such a measure would be that the Disabled Facilities Grant paid to district and borough councils must be spent solely on the adaptations for which it is intended.

7.10.6 Recommendation 9

7.10.7 That Cabinet be asked to consider making a capital allocation of £1.5 million to clear the backlog of adaptation work required to ensure that carers obtain the help they need at an early stage to prevent more expense at a later stage. A condition of this allocation is that all district and borough councils agree to make their entire Disabled Facilities Grant available for the purpose for which it is intended.

7.11 Finding 10

7.11.1 Related to Finding 7 (above) the panel learned from professional colleagues of some of the further challenges being faced in terms of adaptations to housing. The bureaucratic process alluded to above has historically been a barrier to rapid adaptation of houses. On average it takes 45 weeks from an initial approach by a client for adaptation to completion of the process. The process involves occupational therapists (who assess a person's needs) and officers from the district and borough councils. Recently the occupational therapists have been relocated to the district/borough council offices. This has enhanced communication but more could perhaps be done to streamline the process.

7.11.2 The panel was briefed on the work that local authorities undertake to refurbish the residential properties they own. The view was expressed that the chance is often missed to take account of the opportunities for adaptation when this refurbishment is undertaken. New build houses can be "future-proofed" by being designed with adaptation in mind. For example they can have a ramp to the front door. If they don't have a ramp then space can be left to accommodate one at a later date. Another consideration is how a person with impaired mobility can move around a house. Tight spaces and sharp angles should be avoided so that a wheelchair (for example) can be negotiated easily.

7.11.3 Conclusion 10

7.11.4 The panel is convinced that good quality housing that has been suitably adapted is one of the keys to the well-being of carers and the cared for. It would appear that for want of a degree of forward planning and process reconfiguration significant savings could be made in the longer term.

7.11.5 Recommendation 10

7.11.6 That the Portfolio Holder for Adult Social Care writes to the five district/borough councils of Warwickshire encouraging them to: ~

- a) seek ways of accelerating the adaptation process
- b) take account of adaptation needs when refurbishing their residential properties.
- c) Under the Lifetime Neighbourhoods Strategy encourage developers to build houses that can be easily adapted to the needs of the cared for and carers.

7.12 Finding 11

7.12.1 From the outset members of the task and finish panel recognised that as the largest single employer in Warwickshire the County Council has a responsibility to ensure that those members of its workforce who have caring responsibilities should be well supported. The Council's policy regarding carers is enshrined in its Family Friendly Policy. On the basis that 1 in 7 employees in the country have caring responsibilities it can be calculated that 3500 employees of the County Council are carers. Whilst the policy defines what a caring responsibility is the council does not currently hold a database of carers in its employment. Staff are expected to identify themselves as carers to their managers should they so wish. The family friendly policy is accompanied by a set of formal procedures that employees can follow if, for example, they wish to work flexibly or take extended leave. In practice it is not always necessary or appropriate to use that approach. Many managers take a less formal approach but if an employee has a grievance over the way they are treated there is an appeals process. Schools and Fire and Rescue operate slightly different policies.

7.12.2 Staff awareness of support for carers (and the need for them to acknowledge themselves as such) is encouraged through Carers Week and Carers Rights Day. An event aimed at raising awareness of carers amongst employers had to be cancelled due to a lack of interest. NHS Warwickshire and National Grid have protocols for carers that are highly regarded (although much of their contents also feature in the County Council's policy)

7.12.3 Conclusion 11

7.12.4 It is encouraging to learn of the policies and processes that are already in place to support carers employed by the County Council. The fact that there are so many carers in the County Council is surprising but it is regrettable that to date no mechanism has been provided for carers to provide mutual support to each other should they so wish. Members are aware that networks have been set up via the intranet for people with disabilities or who are from black and minority ethnic communities or are lesbian, gay or transgender. These networks appear to work well and it is felt that a similar arrangement should be made for carers.

7.12.5 Recommendation 11

7.12.6 Recognising that many employees of Warwickshire County Council have caring responsibilities the Strategic Director for Customers, Workforce and Governance be requested to give consideration to the establishment of a carers' staff network along the lines of the three that already exist.

7.13 Finding 12

7.13.1 Whilst considerable effort goes into increasing awareness of the needs of carers across Warwickshire less is currently done to ensure that managers in the County Council are aware of them.

7.13.2 Conclusion 12

7.13.3 In recognition of the challenges that face carers it is apparent that managers across the county council need to be fully briefed on this matter. The panel is aware of the existence of managers' conferences in each of the directorates and feels that a short briefing to each of these would pay dividends in terms of understanding and awareness.

7.13.4 Recommendation 12

7.13.5 That officers from the Adult, Health and Community Services Directorate be requested to brief all directorate managers' conferences on caring and carers. This initiative should be linked in to Carers Week.

7.14 Finding 13

7.14.1 Early identification of carers is important if they are to receive the support they might need and if their health is to be sustained. People who might be considered vulnerable often rely on home-based support. For example community nurses might visit a house on a regular basis as might the meals on

wheels service. Less frequently the Fire and Rescue Service visits houses to install or check fire detectors. The panel has learned that these people are well placed to identify when a person who might have caring responsibilities is in need of support.

7.14.2 Conclusion 13

7.13.3 It is important that in order to identify carers and their needs the best use is made of people who are well placed to do this. Being sensitive to a person's needs and knowing where to refer them should not be particularly challenging or time consuming. This is definitely an area where those visiting the homes of carers can make a significant difference.

7.14.3 Recommendation 13

7.14.4 That the Strategic Director of Adult Health and Community Services investigate opportunities for information on support for carers to be supplied to those undertaking fire safety checks or delivering meals on wheels.

APPENDIX A

1.

2. REVIEW OF SUPPORT FOR CARERS – TERMS OF REFERENCE

Review Topic (Name of review)	Review of Carers' Support
Panel/Working Group etc – Yes Members	Cllrs: Gittus, Longden, Rolfe, Watson
Key Officer Contact	Chris Lewington, Carer and Customer Engagement Manager
Scrutiny Officer Support	Paul Williams. Overview and Scrutiny Officer
Relevant Portfolio Holder(s)	Cllr Izzi Seccombe
Relevant Corporate/LAA Priorities/Targets	NI 135 – Carers receiving a service or specific information and advice and an assessment or review.
Rationale (Key issues and/or reason for doing the review)	<ul style="list-style-type: none"> ▪ Carers play a key yet often unrecognised role in society. As well as saving the health service many millions of pounds every year they help to ensure that people in need of care can continue to live within the community. ▪ The number of carers in Warwickshire is increasing annually. ▪ To develop a better understanding of the needs of carers in Warwickshire. ▪ To understand the nature and extent of the support available to carers. ▪ To ensure that carers across the whole of the county have equal access to the information and support they require. ▪ To ensure that Warwickshire County Council is sensitive to the needs of its employees who have caring responsibilities.
Objectives of Review (Specify exactly what the review should achieve)	<ol style="list-style-type: none"> 1) To achieve greater acknowledgement of the importance of carers in the community. 2) To obtain the views of carers. 3) To establish the needs of carers. 4) To consider the impact of caring on carers' health, their general well-being and their financial position. 5) To consider the impact of caring on families, neighbours and communities. 6) To review the services available and the level of support for carers. 7) To determine the extent of joined up working between agencies with respect to carers. 8) To identify any gaps in support for carers 9) To establish the potential future impact of the personalisation agenda on cared for people and therefore on carers. 10) To examine the relationship between health and social care in terms of working arrangements and funding.

Scope of the Topic (What is specifically to be included/excluded)	<u>Include</u> The following is included in the scope of the review: <ul style="list-style-type: none"> • Unpaid carers • WCC employees who have caring responsibilities <u>Excluded</u> The following falls outside the scope of the review: <ul style="list-style-type: none"> • Paid carers • Young carers
Indicators of Success – Outputs (What factors would tell you what a good review should look like?)	<ul style="list-style-type: none"> • Indicators resulting from previous consultation • Results from Carers' survey • Recommendations accepted and implemented to deliver improvements
Indicators of Success – Outcomes (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)	<ul style="list-style-type: none"> • Recognisable improvements in care of children and young people • Provide public reassurance and promote confidence in Safeguarding services • Raising profile and agenda of Safeguarding within WCC and our partners. • Reassure public/promote confidence
Specify Evidence Sources (Background information and documents to look at)	<ul style="list-style-type: none"> • County statistics on carers • Legislative background • Report on homecare • Models of single point of contact to be identified • Examples of good practice from around the country • Emerging model of support (C.Lewington)
Specify Witnesses/Experts (Who to see and when)	<ul style="list-style-type: none"> • NHS Warwickshire • GP practices • Mental Health Trust • "Guidepost" (Covering the north of the county) • South Warwickshire Carers (Covering the south of the county) • Carers' Partnership • Warwickshire County Council Officer(s) including Carer and Customer Engagement Manager, a Carers Assessment Worker and Human Resources. • Borough Council (Housing related matters eg support and adaptation, Council Tax relief and speed of response) • Housing associations
Possible Co-Options (Would the review benefit from any co-options e.g. community or voluntary sector representatives?)	None identified

Specify Site Visits (Where and when)		<ul style="list-style-type: none"> Alcester/Camp Hill (as examples of good practice) 	
Consultation with Stakeholders (Who should we consult?)		<ul style="list-style-type: none"> Carers' forums to elicit comments 	
Level of Publicity (What level is appropriate and what method should be used?)		Publicise once review is complete	
Barriers/Dangers/Risks (Identify any weaknesses or potential pitfalls)		Pride of some carers may lead to reluctance to engage Lose focus/scope too big Miss the obvious Raise expectations to unreasonable levels Sustainability of any new initiatives proposed	
Projected Start Date	Feb 2010	Draft Report Deadline	
Meeting Frequency	Monthly	Projected Completion Date	July 2010
Meetings Dates		Scoping – 29.1.10 2/3/10 23/3/10 9/4/10	
Committee Reporting Date		Interim briefing note required – April 2010	
Cabinet Reporting Date			
When to Evaluate Impact			
Methods for Tracking and Evaluating			

Review of Support for Carers Action Plan

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
General/Finance			
1. That the Strategic Director of Adult Social Care and Health and NHS Warwickshire be requested to report annually to the Adult Social Care and Health Overview and Scrutiny Committee on their allocation of resources to support breaks for carers. This report should demonstrate positive outcomes for carers.	Strategic Director for Adult Social Care and Health to co-ordinate joint report	March 2011	Officer time in producing report
Health			
2. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire be requested to report to the Adult Social Care and Health Overview and Scrutiny Committee on the relationship between admissions and readmissions to hospital and the support available for carers receiving discharged patients.	Strategic Director for Adult Social Care and Health to co-ordinate joint report	December 2011	Officer time in producing report

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
3. That the Strategic Director for Adult Social care and Health and NHS Warwickshire be requested to actively encourage GPs to undertake annual health checks of carers aged 60 years and over. Where people are identified as having a caring responsibility GPs should be encouraged to disseminate information on support.	Strategic Director for Adult Social Care and Health to co-ordinate joint report	March 2011	Officer time Information to be disseminated will already exist
4. That NHS Warwickshire be requested to consider ways in which the Quality Outcomes Framework can be used to ensure that GPs undertake annual health checks for carers aged 60 plus.	Chief Executive NHS Warwickshire	December 2010	Officer time Possible longer term implications regarding GP contracts
5. That the Strategic Director for Adult Social Care and Health be asked to write to the Chief Executive of NHS Warwickshire seeking a commitment that his organisation will actively engage in	Strategic Director for Adult Social Care and Health	October 2010	Officer time.

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
the Carers Partnership and the Warwickshire Accessible Housing Partnership.			
6. That the Chair of the Warwickshire Carers' Partnership be asked to write to the Chairs of the GP Consortia inviting them to be represented on the partnership.	Portfolio Holder for Health	October 2010	Member and officer time
7. That the Strategic Director for Adult Social Care and Health and NHS Warwickshire jointly explore ways in which access to services by carers can be made easier.	Strategic Director for Adult Social Care and Health	January 2011	Initially officer time but may require resources for implementation of any outcomes of the work undertaken.
8. That the Strategic Director of Customers Workforce and Governance considers ways in which information sharing between the statutory and voluntary sectors can be enhanced.	Strategic Director of Customers Workforce and Governance	January 2011	Officer time
Housing			
9. That Cabinet be asked to consider making a capital allocation of £1.5 million to clear the backlog of adaptation work required to ensure that carers obtain the help they need at an early stage to	Strategic Director for Adult Social Care and Health	March 2011	£1.5 million one off payment

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
<p>prevent more expense at a later stage. A condition of this allocation is that all district and borough councils agree to make their entire Disabled Facilities Grant available for the purpose for which it is intended.</p>			
<p>10. That the Portfolio Holder for Adult Social Care writes to the five district/borough councils of Warwickshire encouraging them to</p> <ul style="list-style-type: none"> • seek ways of accelerating the adaptation process • take account of adaptation needs when refurbishing their residential properties. • Under the Lifetime Neighbourhoods Strategy encourage developers to build houses that can be easily 	Portfolio Holder Adult Social Care	October 2010	Member time

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
<p>adapted to the needs of the cared for and carers.</p>			
<p>Warwickshire County Council</p>			
<p>11. Recognising that many employees of Warwickshire County Council have caring responsibilities the Strategic Director for Customers, Workforce and Governance be requested to give consideration to the establishment of a carers' staff network along the lines of the three that already exist.</p>	<p>Strategic Director for Customers, Workforce and Governance</p>	<p>March 2011</p>	<p>Officer time in setting up and supporting network.</p>

Recommendation	Officer/Member Responsible	Deadline	Approximate cost (£ or time)
12. That officers from the Adult, Health and Community Services Directorate be requested to brief all directorate managers' conferences on caring and carers. This initiative should be linked in to Carers Week.	Strategic Director for Adult Social Care and Health	June 2011 (Ahead of Carers' Week)	Officer time
13. That the Strategic Director of Adult Social Care and Health investigates opportunities for information on support for carers to be supplied to those undertaking fire safety checks or delivering meals on wheels.	Strategic Director of Adult Social Care and Health working with other Strategic Directors	January 2011	Officer time