

Scrutiny Review of Support to Carers in Herefordshire

**Report by the Adult Social Care
and Strategic Housing Scrutiny
Review Group – October 2009**

**For presentation to the Adult Social
Care & Strategic Housing Scrutiny
Committee on 30th October 2009**

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SCRUTINY REVIEW OF SUPPORT TO CARERS' IN HEREFORDSHIRE

Contents

	Page
1 Introduction	1
2 Method of Gathering Information	1
3 Herefordshire Community Strategy	2
4 Current Resource Allocation	3
5 Current Range and Quality of Service	4
6 Perceived Future Demands for Services for Carers	8
7 Carers' Requirements for Future Services	9
8 Outcomes from Future Commissioning Intentions	11
9 Recommendations	12
Appendices	
Appendix 1 Scoping Document	15
Appendix 2 List of Interviewees	17
Appendix 3 Scrutiny Review Group Visits to Carers Groups	19

Chairman's Foreword

It is with some sense of the passage of time and of achievement that I present this Report on the Review of Support to Carers in Herefordshire. It has been a long slog, working our way through a multitude of meetings with as many carers and carers' groups as possible. I must give my thanks to and deep appreciation to my fellow Review Group Members: Cllrs Polly Andrews, Mary Cooper, Jo Fishley and Keith Grumbley. I am much indebted to them for their sensitive questioning. I would also like to thank Dr Leslie Libetta, our Lead Officer and right hand man, always ready with good advice and helpful facts and figures.

I hope that our Recommendations will bring improvements to the way Carers are cared for themselves and will lead to better working practices in their support; better provision for their short breaks and a comprehensive improvement in dissemination of information and help to all who are Carers.

Special Thanks must go to Jacqui Bremner, Director of Herefordshire Carers Support (HCS). It is very encouraging to see that as our Review has progressed, so has the work of HCS. I think that in many ways the improvements brought about so far by Mrs Bremner and her team have mirrored many of our recommendations.

We have taken as broad a view as possible and we hope that our work will lead to consistent, long term improvements to all aspects of the remarkable people who are Carers in Herefordshire – often unsung, many anonymous, working to very tight budgets, overworked, stressed, yet essentially positive and cheerful. May their own better care be one of the positive results of this Review.

I commend our recommendations to Cabinet and trust that they will be acted upon to good effect.

Councillor WLS Bowen.

Introduction

- 1.1 On 24 July 2008, the Adult Social Care and Strategic Housing Scrutiny Committee established a group to review support for Carers' in Herefordshire. The Review Group worked against a background of the Government agenda for 'Putting People First' through personalisation, individualised budgets and self-directed care. The Terms of Reference for the group were as follows:
 - To review the way information and advice to carers is being provided.
 - To review the process for re-commissioning short breaks to ensure that services are in line with carers' needs.
 - To review the current range and quality of services and activities available, in line with the recently published National Carers Strategy.
 - To review the way carers' services are provided by comparator local authorities and identify models of best practice.
 - To consider the implications of personalisation and self directed care.
 - To review the findings from consultation activity.
 - Following the review, to make recommendations to Cabinet about policy development.
- 1.1. The Committee also agreed the membership of the Review Group namely Councillors: WLS Bowen (Chair), PA Andrews (ex-officio as Chair of Adult Social Care and Strategic Housing Scrutiny Committee), ME Cooper, MJ Fishley and KG Grumbley.
- 1.2. The review was undertaken between November 2008 and June 2009 and was supported by Mr M Metcalf as lead officer (until April 2009), Dr L Libetta and Mr D Penrose, Democratic Services Officer. Based on the key lines of enquiry, this report summarises the findings of the Review and contains recommendations for the Executive.
- 1.3. The desired outcomes from the review were to make recommendations to Cabinet to support the commitment in Herefordshire to improve support to and services for carers. In particular:
 - Increased numbers of carers receiving support.
 - Carers benefiting from personalisation and the opportunities presented by individual budgets.
 - Support for carers that will complement the commitment to develop early intervention, preventative services, and rehabilitation to reduce the number of crisis referrals to health and social care services.
 - An agreed plan within Herefordshire to meet the aspirations of the National Strategy.

Next Steps

- 1.4. The Review Group anticipate that, when approved by the Adult Social Care and Strategic Housing Scrutiny Committee, this report will be presented to Cabinet for consideration.
- 1.5. The Adult Social Care and Strategic Housing Scrutiny Committee would then expect Cabinet within two months of receipt of the report to consider the report and recommendations and respond to the Committee indicating what action the Cabinet propose to take together with an action plan.

2. Method of Gathering Information

- 2.1. The Review Group undertook a series of meetings in order to collect the evidence to complete the review. Evidence that was considered included the following:

- **Face to Face interviews** – a series of interviews took place with key Officers and a representative sample of professional service users. A list of those interviewed is set out at Appendix 1
 - **Written evidence** - the Review Group considered a range of written evidence to assist their deliberations including:
 - 'Carers at the heart of 21st-century families and communities' by the Department of Health.
 - 'Policy Briefing on the National Strategy for Carers' by Carers UK.
 - Various information reports:
 - **Information and support** from the Senior IMPACT Officer, Herefordshire PCT and the Planning Manager (Integrated Commissioning).
- 2.2 The Review Group commenced the Review at the beginning of December and carried out a number of Carers' Groups visits across Herefordshire, to review current provision for carers, talk to current service providers and volunteers, and to talk to current service recipients and/or carers. These are listed at Appendix 3.

3. Links to the Herefordshire Community Strategy

- 3.1 The Review Group intend that the work from this Review will contribute to the objectives contained in the Herefordshire Community Strategy, specifically the theme of Healthier Communities and Older People, improving public health, quality of life and promoting independence and well being for disadvantaged groups and older people.

Definition of a carer

Carer:

A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical disability, mental health needs or substance dependency. The carer may be an adult, a child or a young person. If a carer provides 'regular and substantial' care then he/she has a legal right to a carer's assessment to plan the help required to meet their needs. This can happen even if the person they care for refuses help. (Based on Carers UK definition and eligibility criteria from Carers and Disabled Children Act, 2000.)

Young Carer:

A young carer is 'anyone under the age of 18, whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, has mental health needs or is affected by substance misuse'. (Based on Carers UK definition)

Parent Carer:

All parents or guardians, especially those with young children, who provide regular and substantial care. A parent-carer is a parent of a disabled child who provides substantial and regular care beyond that which would usually be expected for a similarly aged child. (Based on Carers (R&S) Act 1995 Practice Guidance definition.)

The term 'parent-carer' applies to the parents of disabled children and young people up to the age of 19. This does not mean that a parent-carer stops being a parent of a young person with a physical or sensory impairment, learning difficulty or mental health need when that young person reaches the age of 19 but is considered in both law and policy to have become the carer of an adult.

Explicitly excluded from the definition of the word 'carer' are people who are employed to provide care, e.g. domiciliary care staff, district nurses, foster carers, family link carers, nursing assistants; and people who work in an unpaid capacity for a voluntary organisation.

For the purpose of this report, the term *carer* will be used to mean someone who is providing regular and substantial care; the *cared for* is the person in receipt of that care.

Numbers of Carers in Herefordshire

It is estimated that there are about 19,400 adult carers and 300 young carers living in Herefordshire who provide unpaid care for at least 1 hour per week. This represents 11% of the total population, a similar proportion to both England (10%) and the West Midlands (11%).

The majority of these carers (71%) provided between 1 and 19 hours of care per week, but 3,300 provide care for at least 50 hours a week. The prevalence of providing unpaid care in Herefordshire increased with age, reaching a peak in the fifties before declining into old age. Women were more likely to provide unpaid care than men at all ages until 75 and over; in the oldest age groups men are more likely to provide care. In terms of absolute numbers, there are more female than male carers at almost all ages.

10% of the carers in Herefordshire (1,940 people) described themselves as having 'not good health', although unsurprisingly, as in the population generally, this proportion increased with age; 14% of 65-74 year-old carers, rising to 28% of those aged 75+.

Older Carers in Herefordshire

During the course of the Review, a number of carers made the point strongly that they felt both personally and financially penalised by the loss of their carers allowance once they were in receipt of a state pension. This position would seem to be inconsistent with the Government's National Carers Strategy: 'Carers at the heart of 21st century families and communities'.

RECOMMENDATION

1	The Review Group recommends that representation should be made to the Minister of State for Pensions and local MPs expressing concern concerning the financial loss suffered by carers once they have reached pensionable age, and that this anomaly should be corrected.
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4. What are the current resources allocated to support carers and is current service delivery cost-effective?

- 4.1. Herefordshire Council receives Government funding for carers services through an Area-based Grant to the sum of £831.5k. This sum is augmented by a budget of £50k from the Primary Care Trust, and provides funding for the carers' support system in the County. Details of the budget allocation for 2009/10 are laid out as follows:

Herefordshire Carers Support (HCS)	£361,000
Carer Assessors	£92,500
Carer Senior Practitioner	£35,000
Carer Break contracts (up to)	£388,000
Carers Services Design Group	£5,000

It should be noted that the purpose of the Carers' Budget is intended to support a framework for the needs for all carers, and is not intended to support individual carers.

- 4.2. As well as this specific funding, Carers' needs are also addressed by the full spectrum of Health and Social Care Services. For example, a proportion of all Social Workers time will be devoted to carers' issues, as is the time of the Welfare and Financial Assessment team, Direct Payments and Individual Budget advisors.
- 4.3. Adult Social Care also commissions a range of services that can be accessed by or which can benefit carers. These include advocacy, advice and information services as well as respite breaks, such as those commissioned from Midland Heart and a number of other providers. The expenditure for the financial year 2008/09 was as follows:

Midland Heart (current years)	£382,104
Spot Purchase Respite Care	£866,484
Nursing Block Respite Beds	£129,627
Residential Block Respite Beds	£76,556
Against this expenditure, there were client contributions of:	£130,941

- 4.4. The Adult Social Care Service has already commissioned a Telecare service which is now well established and the development of Telehealth services is currently being explored. These services provide reassurance to carers that the people they care for remain safe when they are not present.
- 4.5. Carers are also supported through the broad range of services provided by the Council, such as Info in Herefordshire shops. The Herefordshire Library service also offers special concessions to carers and opportunities in learning and creative initiatives.
- 4.6. As a way of raising awareness within the carer community, Herefordshire Carers' Support rebranded itself, with a new logo and colour co-ordinated leaflets, all of which was launched at its AGM on 8 June 2009. Combined with an advertisement in Herefordshire Matters, these initiatives have significantly raised the profile of the organisation, and the number of registered carers on the carers' database stands at 2,300 as at September 2009.
- 4.7. The investment that has been made in HCS was considered to be modest when compared with the number of carers in the County, and the positive impact that the organisation has had in its first year has been significant. In addition, the carers' breaks contract was renegotiated in 2008 to provide improved outcomes and a more cost effective service. The Review Group believe that this represents excellent value for money.

RECOMMENDATIONS

2	The Review Group strongly recommends that the Area Based Grant for Carers' Services Budget is fully protected.
3	Given that the future demographic trend is for an ageing population in the County, consideration must given to augmenting future Carers' Services Budgets.

5. What is the current range and quality of services and activities available, and does this provide value for money?

- 5.1. At present, one in five carers give up work to care. Being a carer can have a major impact on people's lives and place them at a greater risk of suffering from ill health, poverty and social exclusion:
 - Carers who provide high levels of unpaid care for sick or disabled relatives and friends are more than twice as likely to suffer from poor health compared to people without caring responsibilities.
 - Carers in younger age groups are significantly more likely to suffer ill-health than non-carers of the same age.
 - Older people who take on carer responsibilities are far more likely to develop health problems than other people in their same age group.

Services provided directly or indirectly by Health and Social Care

The previous section (Section 4) focussed on resources allocated to carers' services. This identified a range of services directly or indirectly provided or commissioned by adult social care and health. These included:

- Professional Social Worker support
- Carers Information Packs, provided by Adult Social Care teams, prior to assessment
- Welfare & Financial Assessment Team
- Telecare service
- Midland Heart respite care breaks
- Support workers for Direct Payments and Individual Budgets
- Information and advice services
- Advocacy services

In addition to these services, the following can be added:

- Respite provided within residential care contracts or that can be spot purchased.
- the 'Looking After Me' services aimed mainly at adults caring for other adults (this may also be known as the Expert Carers Programme).
- The 'Supporting Parents Programme' can be accessed by carers of children with life-long or life-limiting conditions.
- The Sharing Knowledge 'graduates'. This was an information, training and skills building course for 30 people to enable service users and carers to gain the knowledge to campaign and advocate for a better future for disabled people and family carers. These 30 became the core group to provide support to service providers and commissioners.
- The 'Roving Night Service', which can provide reassurance for carers who do not live with the person they care for, through targeted interventions when normal services may not be available.
- The 'Just Checking' service, which establishes actual patterns of movement and activity of the cared for and is particularly beneficial for carers for people with dementia. It has been especially successful in helping carers make decisions about appropriate needs and levels of care using accurate data about the needs of the cared for.

Services commissioned from Herefordshire Carers Support (HCS)

- 5.2. A dedicated support service for Carers in Herefordshire was commissioned by the Council in 2008 from the Third Sector organisation, Herefordshire Carers Support (HCS). The service has been established to ensure that carers are universally recognised as fundamental to the communities in which they live and to ensure that there is a balance between their caring responsibilities and their lives outside of their caring role.
- 5.3. HCS has been commissioned to undertake this role by efficiently delivering services that are of a high quality and work across professional and organisational boundaries. They have also been commissioned to seek proactively the involvement of carers in the formulation of services, prioritising the participation of carers in their communities and participating in the development of policies that challenge isolation and discrimination.
- 5.4. In particular and of crucial importance HCS has been commissioned by the Council to act as the conduit between carers and the commissioners of services to ensure the voice of carers is fed into the planning process and, conversely, to ensure information from commissioners is disseminated to carers and carer groups.
- 5.5. HCS offers a number of areas of support, as follows
 1. Information and advice for Carers via information packs, telephone help and advice line, leaflets and newsletters
 2. Signposting and referrals to the statutory sector
 3. Awareness raising via representation, participation and staging talks and events
 4. Amongst a range of other services they provide:
 - Provision of an Emergency Card for carers
 - Emotional support through 1:1 home visits; support groups; a helpline
 - Advocacy
 - Encouragement for Carers to have a Voice – e.g. Learning Disability Carer Network, Mental Health Network
- 5.6. HCS also run a specialist Young Carers Project which offers a range of services:
 - 4 Young Carers workers (ranging from full time to sessional hours, funded through the Council-commissioned HCS contract).
 - Information and advice for Carers via information packs, telephone advice line, leaflets and newsletters
 - Signposting and referrals to statutory sector
 - Emotional support through 1:1 home visits; helpline
 - Liaison with schools and other professionals

- Awareness raising
- Clubs, trips and activities
- Befriending scheme for 4-8 year olds
- Provision of an Emergency Card for carers
- Young Carers Voices
- Schools development officer

5.7. The Review Group met with members of Parent Carer Voice, a forum set up under the aegis of HCS, which contributed to the planning of future services in the County. The forum had been set up to help parents gain recognition for their role as carers as well as providing support through a number of initiatives such as a regular newsletter, a Parent Carer Support Worker from HCS, and a telephone information line. A befriending service for parent carers, Parent Connect, was also available. Carers said that it was invaluable to be able to talk to others in the same position as themselves and it was pointed out that when carers had to fight for their needs, then the cared for were not receiving the care they required.

5.8. HCS are based in offices and workshops in Canal Road, Hereford. It shares this space with other organisations and space is limited. It is difficult to find, and lacks adequate parking space and signage. It was found that this accommodation was lacking, as it hampered the organisation in providing the full support to carers that it was contracted to.

RECOMMENDATIONS

4	That the accommodation for HCS should be kept under review in order to consider the availability of more accessible offices with adequate parking facilities.
5	Additional campaigns should be considered by HCS in order to encourage carers' to register with them, however minor their current role in order that reasonably accurate figures for carers in Herefordshire can be obtained.

Other Services to Carers

5.9. Other support for carers is through voluntary and community groups (commonly referred to as the third sector) working to provide services and activities for specific client groups. The Alliance in Herefordshire, the network of third sector organisations providing health and care, have a membership of 73 organisations of which 47 are currently on the Register of Approved Providers.

5.10. Services for disabled children and those with long term illness are co-located and managed by the PCT through a jointly funded Service Manager Post. There is an established pooled budget to provide placements for the very small number of children whose needs can only be met by full time residential care.

5.11. The PCT funds the residential short breaks resource at Ledbury Rd, Paediatric therapists, Community Paediatric Nurses and the Child Development centre at Ross Road. The Council funds the Children with Disabilities Social Work Team, the Direct Payments scheme, existing provider contracts to support children with disabilities and their families, and the Special Educational Needs Service.

5.12. Carers expressed concerns over the accessibility of Social Workers. There was a perception that the service had diminished in both quantity of available staff, and quality of service that was offered. It was suggested that there may be a high turnover of staff, but imaginative ways of utilising the social care budget could be considered in order to help provide for services. It has been confirmed by Adult Social Care that there have been significant vacancies for both Social Workers and Carers Assessors in 2009. However, teams are now close to full strength and all Carers Assessors posts have been filled.

5.13. In the past there had been a huge amount of carer fatigue and loss of morale in the community of Herefordshire carers.' However, in recent months there was evidence that, because of the efforts of HCS, there had been an improvement. It was essential that this improvement was maintained.

5.14. There is an End Of life strategy being developed and the need for good palliative care, which includes support for the carer, has been identified as essential.

Carers' Breaks

5.15. Following a tender exercise in 2008, eight organisations were commissioned to provide a short break service for carers. New service contracts were commissioned from 1st October 2008, moving previous block purchasing arrangement to a spot purchase system. These contracts are for the provision of short term breaks for carers, where taking over the role of the carer could include personal social care and light domestic duties. The service is provided in the home of the cared for or by accompanying the cared for on outings etc. outside the home usually lasting a morning, afternoon or evening and usually not less than 2.5 hours. The following organisations were successfully commissioned:

- Aspire Living
- Herefordshire Lifestyles
- Herefordshire Headway
- Kemble Care
- Sure Care
- Crossroads
- East Radnorshire Day Care
- Marches Family Network

5.16. Short breaks are currently commissioned to provide:

- 3000 hours of sessional support (750 X 4hr short breaks) per year
- Family based short breaks for 25 children
- Saturday play schemes
- Summer play schemes
- Family support
- A Buddying Scheme

5.17. Overall, the commissioned short breaks appeared to be adequate for the needs of carers. Throughout the Review, the issue of respite breaks was raised by carers. The Review Group felt that the current provision offered good value for money but an increasing demand from ageing carers would lead to budget pressures.

Personalisation

5.18. Carers' ability to exercise choice should be embedded in the model for personal budget allocations, so that in the future increasing amounts of carer support will be commissioned directly by the individual carer. Services will thus be accessed in a more timely and appropriate way providing access to support for early intervention and prevention as well as crisis support.

5.19. In 2009 a project was commissioned by the Council with Hereford Centre for Independent Living (HCIL, now called Services for Independent Living –SIL), to test how Personalisation could most effectively be offered. Personalisation for carers is still in its early stages, and it was too soon for Review group to be in a position to be able to assess to what extent personal budgets will benefit carers.

RECOMMENDATIONS

The Group recommended that

6	It should be ensured that any report or specific development or proposal for individualised budgets for carers is made publicly available, and that carers' groups receive copies.
7	There should be a designated Officer of the Council available to explain and clarify to the carer and the cared for both the possibilities and the pitfalls of personalised budgets.

Hereford Hospitals NHS Trust

- 5.20. The Group visited Herefordshire County Hospital in order to discuss how patients were processed through the hospital, and whether the needs of carers' were considered as part of the rehabilitation process. It was found that support for patients and carers in the County Hospital had been subjected to scrutiny by hospital staff, and the patient pathway through the hospital had been facilitated as much as possible but was inconsistent in its application.
- 5.21. Admissions fall into three main categories: Accident & Emergency, GP referral for outpatient appointments, and planned (elective) admissions. Each of these presents a different set of problems for the patient and the carer.
- 5.22. Patients undergoing emergency admissions might be accompanied by a relative or carer, and are provided with a treatment plan and concomitant discharge plan shortly after admission. An average stay for such patients is 5 – 6 days. More complex cases that required home care would be expected to go to a Community Hospital as part of their discharge plan.
- 5.23. Elective patients would have a pre-admission class prior to their surgery in order to discuss the procedure they were going to be undertaking, and to assess their post operative needs. It would be expected that home aids and adaptations such as grab rails would be in place before surgery was undertaken. This approach means that there was a reduction in the potential length of stay in hospital after an operation.
- 5.24. Within these processes, there were considered to be two different types of carers, formal and informal. The former were those who already had a caring role for the patient, or would be undertaking a caring role after discharge from hospital. The latter were carers who would be expected to look after a patient in the short term whilst they recovered from an operation.
- 5.25. The Review Group found that carers and the cared for were inconsistently involved in the patient pathway through the hospital. It was felt that a more systematic process was required in order to facilitate the discharge of the patient from hospital to home.

RECOMMENDATIONS

The Group recommends that:

8	A carer's policy is needed, which should be signed off at Board level in the Hospital Trust, in order to embed the needs of carers in Trust policy.
9	Systems should be reviewed in order to ensure the best co-ordination between Social Services and the County Hospital so that both patients and carers are 'processed' more effectively. It is also important that carers' interests should be integrated into the patient pathway, and acted upon, from patient admission to discharge.

Primary Care

- 5.26. Concern was expressed by carers interviewed for the Review that GP support was patchy when addressing their needs. A greater emphasis should be placed on the needs of carers by GP surgeries.

10	The PCT should ensure that GP Practices have consideration for carers' needs incorporated in standard procedure, and that patients who are carers have this fact flagged up prominently in their notes and appropriate attention paid to this in their own care.
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6. What are the perceived future demands for service, in terms of quantity, quality, innovation and flexibility?

- 6.1. In view of the demographic forecasts for the County, as laid out below, there will be an increase in numbers of carers, and therefore a concomitant increase in the Carers' Services Budget will be required.

6.2. Using the assumption of constant age-sex rates in the provision of care, the table below shows the forecasted numbers of people providing each amount of care for a selection of years up to 2026, along with the 2001 counts and 2007 estimates discussed in previous sections for completeness. The rows in *italics* show the percentages of all carers who are providing that amount of care.

Forecasts of numbers of carers in Herefordshire to 2026.

Potential number of unpaid carers in Herefordshire & amount of care provided (using 2001 Census age-sex rates of care provision and estimated & forecast population)

Amount of care provided per week		2001 (census)	2007 (current estimate)	2011	2016	2021	2026
Any care (1+ hours)	Number	17,600	18,500	19,200	19,800	20,200	20,100
1-19 hours	Number	12,500	13,200	13,600	13,900	14,000	13,800
	<i>% of all carers</i>	<i>71%</i>	<i>71%</i>	<i>71%</i>	<i>70%</i>	<i>69%</i>	<i>69%</i>
20-49 hours	Number	1,700	1,800	1,900	2,000	2,000	2,100
	<i>% of all carers</i>	<i>10%</i>	<i>10%</i>	<i>10%</i>	<i>10%</i>	<i>10%</i>	<i>10%</i>
50+ hours	Number	3,300	3,500	3,700	3,900	4,100	4,300
	<i>% of all carers</i>	<i>19%</i>	<i>19%</i>	<i>19%</i>	<i>20%</i>	<i>20%</i>	<i>21%</i>

Key points to note are:

- Numbers providing at least one hour of care per week would be expected to increase by 14% over the 25 years (to 20,100 in 2026), but would level off after 2016, and actually decline by 100 between 2021 and 2026.
- This decline would only be seen in the numbers providing 1-19 hours of care; numbers providing 20-49 hours and 50+ hours would increase continuously over the period: by 24% (+400 people) and 30% (+1,000 people), respectively.
- Therefore, a greater proportion of carers would be providing at least 50 hours of care per week by 2026 (21% compared to 19% in 2001), although the majority (over two-thirds) would still be providing between 1 and 19 hours per week.

6.3. The levelling off in the numbers providing relatively low levels of care can be explained by expected falls in numbers of people in younger age groups living in the county by the end of the forecast period. For example, considering the groups most likely to provide care, the number of people aged 50-54 is forecast to increase by 17% between 2007 and 2016, but then be 11% below 2007 numbers by 2026. Numbers of 55-59 year-olds are expected to increase by 14% between 2007 and 2021, but then fall to be only 6% above 2007 levels by 2026

6.4. Conversely, numbers of people in the older age-groups – those most likely to be providing high amounts of unpaid care – are expected to increase throughout the period, explaining why numbers providing 50+ hours of care per week are forecast to increase. This means that unpaid carers would have a much older age structure in 2026 than they did in 2001. (Source: Provision of Unpaid Care in Herefordshire, Herefordshire Council Research Team).

7. What services do carers in Herefordshire want, both now and for the future, and will current support for carers meet identified current and future need?

7.1. Whilst it should be borne in mind that future needs are not assessed in this manner, the Review Group undertook a series of interviews with a wide range of carers, outlined in Appendix 3, and a number of issues of concern were raised.

- 7.2. The Review Group found that some variation in approaches across client groups to carers assessments which could lead to inconsistent clarity and focus on providing carer support.
- 7.3. Families experienced confusing and sometimes conflicting support and were left unsure of their entitlements and availability of services due to this lack of co-ordination. It was considered that there needed to be better joining up between services. A common assessment process would support this, which is being taken forward by HCS within its contract with the Council.
- 7.4. Generating consistency in undertaking assessments would result in a clearer focus for carer support within the caring situation regardless of the client group, ensuring all carers are treated with equal value and respect. This would further improve the understanding of the needs of individual carers in their caring role and how and what services were needed so that resources could be applied more meaningfully. The development of an agreed assessment framework and working protocols, as already started, followed by a programme of support for all relevant agencies and teams is seen as a necessity.
- 7.5. A more generic approach to all carers in assessing need would also help to facilitate the transition between children's and adults' services.
- 7.6. The Review Group found that poor transport facilities for young carers made it difficult for them to attend organised clubs and leisure activities. The taxi services that were contracted to ferry them to these events would often arrive late and leave early in order to be able to fulfil other contracts.
- 7.7. In terms of quality, the key for carers is very much flexibility in all services. The Review Group found that although one approach is by way of the Personalisation of budgets, not all carers want individualised budgets. They should still be allowed to receive flexible services, funded by the Council and provided through the organisations that have been commissioned to supply these services.

RECOMMENDATIONS

The Group recommends that:

11	Transport should be made more available to suit the requirements of young carers, especially in regard to carers' breaks. Where the Council holds contracts for the provision of taxi services for young carers, the contract should be monitored and enforced.
12	Specifications for contracts are written to allow for carers to ask and plan for services that are tailored to better meet individual circumstances.
13	Parent carers have expressed a desire for early support at diagnosis and joined up health and social care services to avoid confusion at what is a difficult time. It is therefore recommended that families receive a 'joined up' service from PCT and Council providers, with a lead professional/key worker identified to liaise with the carers at an early stage.
14	It was important that Care Support Plans, drawn up and agreed with the carer, are shared and carefully explained to the carer. The Support Plan should set out clearly what support has been agreed and, where possible and applicable, which Service Provider will be involved in the provision of support. On initial contact with a carer, it should be ensured that carers receive a copy of the Herefordshire Public Services leaflet on Carers Services in Herefordshire. A more flexible approach was also required of the definition of 'essential needs' in terms of what care support was provided.
15	Herefordshire Carers Support (HCS), which is a central, easily accessible and easily recognisable focus for enquiries from carers, was not widely recognised amongst the community of carers during the early stages of the Review. Therefore measures should be put in place to continue the publicising of the services offered, and which allow carers to be simply and rapidly signposted to all sources of available support.
16	More use should be made of the Info Shops, and that a member of each Info Shop should receive training in the signposting of carers to HCS.

17	The Council has ensured that the voice of carers is heard in policy and planning and has commissioned to provide an advocacy role in conjunction with its participation model for Carers. The effectiveness of this arrangement should be reviewed after a year of its inception in order to ensure it is working in practice.
18	Clear communication was essential between Social Workers, carers' assessors, carers and Service Providers, and other agencies to which the carer may be referred. Feedback should always be provided to carers and the cared for where appropriate, following any contact with external Service Providers and internal Provider Services
19	There are instances where carers have refused help from Social Services because they did not understand what was involved in the assessment process. Carers Assessment should be referred to as a Carers Needs Assessment in order to prevent misunderstanding in the minds of those being assessed. The Assessment should have a primary focus on the carer, rather than the cared for. The Care Assessment Officers should ensure that they are as focussed on the needs of the carers as the cared for.
20	Concern has been expressed about the apparent lack of continuity within the Children's Services Directorate, and as a result it is recommended that a named senior lead officer in Herefordshire Public Services should be in post to ensure that the needs of Young Carers are met.

8. What outcomes will be wanted from future commissioning intentions?

8.1. The commissioning decision that has been taken by the Council is to move to a personalisation system of support service provision. The decisions as to how specific funding is spent will therefore increasingly be made by the individual. The focus on personal budgets will mean that in the future the Council will have a less direct role in deciding the preferred services for carers, as carers themselves will be playing a major part in making those decisions themselves. Where the Council continues to have a commissioning role, its focus will be on those services that have been clearly identified as priorities at national and local level.

RECOMMENDATION

21	The Group recommends that the Council work with providers to ensure that they understand the personalisation agenda and develop their services appropriately.
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9. RECOMMENDATIONS

1	The Review Group recommends that representation should be made to the Minister of State for Pensions and local MPs expressing concern concerning the financial loss suffered by carers once they have reached pensionable age, and that this anomaly should be corrected.
2	The Review Group strongly recommends that the Area Based Grant for Carers' Services Budget is fully protected.
3	Given that the future demographic trend is for an ageing population in the County, consideration must be given to augmenting future Carers' Services Budgets.
4	That the accommodation for HCS should be kept under review in order to consider the availability of more accessible offices with adequate parking facilities.
5	Additional campaigns should be considered by HCS in order to encourage carers' to register with them, however minor their current role in order that reasonably accurate figures for carers in Herefordshire can be obtained.
6	It should be ensured that any report or specific development or proposal for individualised budgets for carers is made publicly available, and that carers' groups receive copies.
7	There should be a designated Officer of the Council available to explain and clarify to the carer and the cared for both the possibilities and the pitfalls of personalised budgets.
8	A carer's policy is needed, which should be signed off at Board level in the Hospital Trust, in order to embed the needs of carers in Trust policy.
9	Systems should be reviewed in order to ensure the best co-ordination between Social Services and the County Hospital so that both patients and carers are 'processed' more effectively. It is also important that carers' interests should be integrated into the patient pathway, and acted upon, from patient admission to discharge.
10	The PCT should ensure that GP Practices have consideration for carers' needs incorporated in standard procedure, and that patients who are carers have this fact flagged up prominently in their notes and appropriate attention paid to this in their own care.
11	Transport should be made more available to suit the requirements of young carers, especially in regard to carers' breaks. Where the Council holds contracts for the provision of taxi services for young carers, the contract should be monitored and enforced.
12	Specifications for contracts are written to allow for carers to ask and plan for services that are tailored to better meet individual circumstances.
13	Parent carers have expressed a desire for early support at diagnosis and joined up health and social care services to avoid confusion at what is a difficult time. It is therefore recommended that families receive a 'joined up' service from PCT and Council providers, with a lead professional/key worker identified to liaise with the carers at an early stage.
14	It was important that Care Support Plans, drawn up and agreed with the carer, are shared and carefully explained to the carer. The Support Plan should set out clearly what support has been agreed and, where possible and applicable, which Service Provider will be involved in the provision of support. On initial contact with a carer, it should be ensured that carers receive a copy of the Herefordshire Public Services leaflet on Carers Services in Herefordshire. A more flexible approach was also required of the definition of 'essential needs' in terms of what care support was provided.
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16	More use should be made of the Info Shops, and that a member of each Info Shop should receive training in the signposting of carers to HCS.
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18	Clear communication was essential between Social Workers, carers' assessors, carers and Service Providers, and other agencies to which the carer may be referred. Feedback should always be provided to carers and the cared for where appropriate, following any contact with external Service Providers and internal Provider Services
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20	Concern has been expressed about the apparent lack of continuity within the Children's Services Directorate, and as a result it is recommended that a named senior lead officer in Herefordshire Public Services should be in post to ensure that the needs of Young Carers are met.
21	The Group recommends that the Council work with providers to ensure that they understand the personalisation agenda and develop their services appropriately.

REVIEW:	SUPPORT TO CARERS IN HEREFORDSHIRE	
Committee:	Adult Social Care and Strategic Housing Scrutiny Committee	Chair: Councillor WLS Bowen
Lead support officer:	Leslie Libetta, Planning Manager (Integrated Commissioning).	

SCOPING

Terms of Reference

This review covers support to all Carers (Adults and Children) in Herefordshire and will look at the following:

- To review the way information and advice to carers is being provided
- To review the process for re-commissioning short breaks to ensure that services are in line with carers' needs
- To review the current range and quality of services and activities available, in line with the recently published National Carers Strategy.
- To review the way carers' services are provided by comparator local authorities and identify models of best practice.
- To consider the implications of personalisation and self directed care
- To review the findings from consultation activity.
- Following the review, to make recommendations to Cabinet about policy development.

Desired outcomes

To make recommendations to support the commitment in Herefordshire to improve support to and services for carers. In particular: -

- Increased numbers of carers receiving support
- Carers benefiting from personalisation and the opportunities presented by individual budgets.
- Support for carers that will complement the commitment to develop early intervention, preventative services, and rehabilitation to reduce the number of crisis referrals to health and social care services.
- Short breaks re-commissioned with full involvement of carers in the process
- An agreed plan within Herefordshire to meet the aspirations of the National Strategy

Key questions

- What are the current resources allocated to support carers and is current service delivery cost-effective?
- What is the current range and quality of services and activities available, and does this provide value for money?
- What are the perceived future demands for service, in terms of quantity, quality, innovation and flexibility?
- What services do carers in Herefordshire want, both now and for the future?
- Will current support for carers meet identified current and future need?
- What outcomes will be wanted from future commissioning intentions?

Links to the Community Strategy

The Review Group will identify how the outcome of this review contributes to the objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies.

Draft Timetable

<i>Activity</i>	<i>Timescale</i>
Agree approach, programme of consultation/research/provisional witnesses/dates	End of September 2008
Collect current available data	End of September 2008
Collect outstanding data	End of September 2008
Analysis of data	End of September 2008
Carry out programme of interviews	October/November 2008
Agree programme of site visits	October/November 2008
Undertake site visits as appropriate	October/November 2008
Update to Strategic Monitoring Committee	December 2008
Final analysis of data and witness evidence	December 2008
Prepare options/recommendations	Jan 2009

Members

Councillor WLS Bowen (Chairman)
Councillor ME Cooper
Councillor MJ Fishley
Councillor KG Grumbley
Councillor PA Andrews (Ex-Officio, as Chairman of Adult Social Care & Strategic Housing Scrutiny Committee)

Support Officers

Leslie Libetta, Planning Manager (Integrated Commissioning)
David Penrose, Democratic Services Officer

List of Interviewees

Carers

Many carers were interviewed during the process of the Reviewed, both individually and in group settings, as outlined in Appendix 3.

Herefordshire Carers' Support

Jacqui Bremner Director

Respite Care Providers

Vicki Ball	East Radnorshire Day Services
Heather Coonick	Herefordshire Lifestyles
Pam Graham	Herefordshire Crossroads
Linda Grindey	Kemble Care
Alison Lamb	Marches Family Network

Herefordshire Council Officers

Eleanor Brazil	Interim Director, Adult Social Care (Until December 2008)
Peter Davis	Head of Special Projects
Wendy Fabbro	Associate Director of Integrated Commissioning
Paul Kerswell	Joint Services Manager (Children with Disabilities and Long Term Illness)
Leslie Libetta	Planning Manager, Integrated Commissioning
Mike Metcalf	Senior IMPACT Officer, Herefordshire PCT
Alan Robinson	Contracts Officer

Herefordshire Hospital NHS Trust

Martin Woodford	Chief Executive
Tim Tomlinson	Director of Nursing & Operations
Catherine Davis	Head of Nursing for Surgery

Carers’ Groups and Forums

In order to enable the Councillors to get a wide view of carers’ views and needs, it was agreed that Review Group members would attend several carers’ forums, covering services in/for:

- Adult Mental Health
- Older People Mental Health
- Learning Disability
- Physical Disability
- Older People
Young Carers
- Parent carers

Client group	Name of carers’ group	Meeting schedule	Venue
Adult Mental Health	Carers in Mind	1 st Tuesday of each month 7 – 9 pm	Hefferman House, 130/132 Widemarsh Street Hereford
Older People Mental Health	Older People Mental Health Service Carers’ Group		Ledbury
Learning Disabilities	LD Carers’ Network	3 rd Friday of each month 10.00 – 12.00	Fred Bulmer Centre
Physical Disabilities (Head Injuries)	Herefordshire Headway Carers’ Group	3 rd Monday of most months 2 – 3.30 pm	Herefordshire Headway, Credenhill
Older People	Hereford Carers’ Group	1 st Thursday of each month 10.30 – 12.30	Fred Bulmer Centre, Wall Street Hereford
	Leominster Carers’ Group	2 nd Wednesday of each month 10.30 – 12.30	Leominster Residential Home , Bargates, Leominster
	Bromyard Carers’ Group	4 th Tuesday of each month 2 – 3.30 pm	Froome Bank Hospital Bromyard
	Ledbury and District Carers’ Group	3 rd Monday of each month 2 – 4 pm	St Michaels Court Church Street Ledbury
	Ross Hand in Hand Carers’ Support Group	2 nd Thursday of each month 10.30 – 12.30	Smallbrook Road Ross On Wye
Young Carers		Mondays & Wednesdays 6 – 9 pm	Marden and St. Martins

