

UPDATE ON THE CARERS WORKSTREAM AND RESULTS OF THE CARERS SURVEY

To: **Adults Committee**

Meeting Date: **10 October 2019**

From: **Service Director Adults and Safeguarding**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **To provide an update on work to support carers including progress on Adult Positive Challenge Carers Workstream and the results of the Carers Survey published in June 2019.**

Recommendation: **The Committee is asked to:**

- i. consider the content of the report and note the work underway in the Carers work stream of the Adults Positive Challenge Programme.**
- ii. note the results of the Carers Survey undertaken in Autumn 2018 and published in June 2019.**

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1. BACKGROUND

- 1.1 The Adults Positive Challenge Programme vision is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods, delivering a financially sustainable service which will enable a neighbourhood approach which supports more people to live independent and fulfilling lives for longer.
- 1.2 The Adults Positive Challenge Programme has eight work streams in total which all interact positively with each other in order to deliver the overall change, outcomes and financial benefits;
- ❖ Neighbourhood Based Operating Model
 - ❖ Carers
 - ❖ Embedding Technology Enabled Care (TEC)
 - ❖ Changing The Conversation
 - ❖ Commissioning
 - ❖ Targeted Reablement
 - ❖ Preparing For Adulthood
 - ❖ Review of Panels

Funding of £3 million has been identified by General Purpose Committee to support transformation proposals to deliver these work streams. Investment of £70,000 has been provided specifically for the Carers Support work stream.

- 1.3 There are regular updates for Committee scheduled to provide detail on progress on the Adult Positive Challenge Programme. This update provides a deeper dive insight into the work being undertaken in the Carer's work stream and also provides a summary of the results of the Carers Survey undertaken in Autumn 2019, for which the results were nationally published in June 2019.

2. MAIN ISSUES

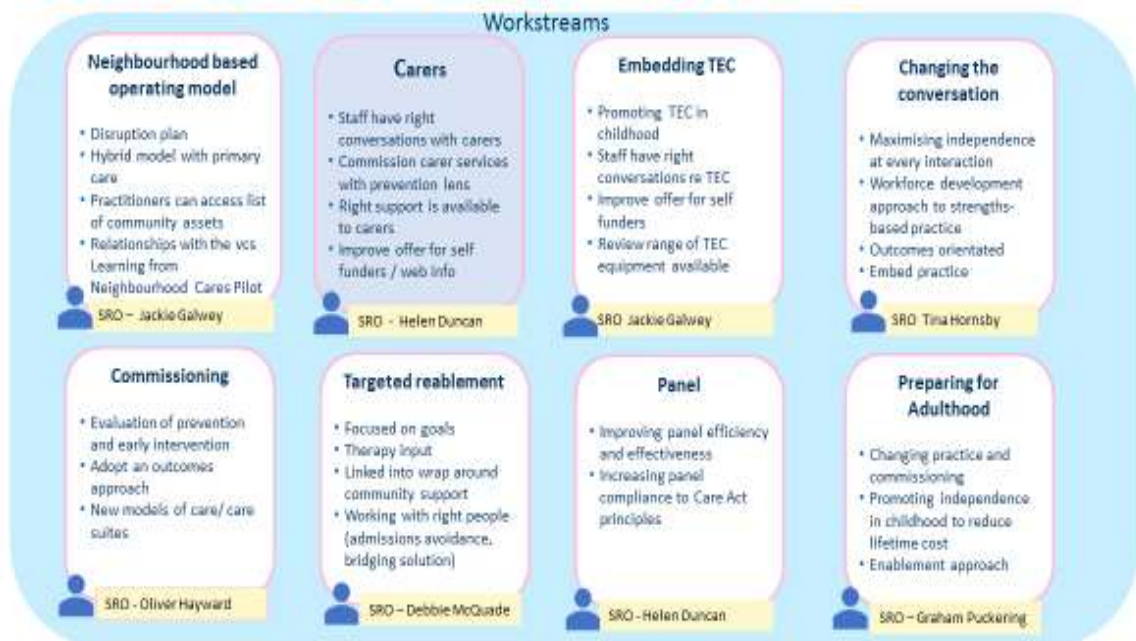
2.1 Carers Work Stream

- 2.1.1 The aim of the Carers work stream within the Adults Positive Challenge Programme (APCP) is to improve outcomes for carers and minimise the demand on statutory services, the cost of crisis services by ensuring that carers receive the right support at the right time to enable them to sustain their caring role. The work stream has a savings target of £250k against the carers direct payment budget and is expected to contribute to the overall £3.8 million cost avoidance target in 2019/20 and continue in 2020/21.

There has been some additional investment to support delivery in the appointment of two fixed term staff for 8 months to undertake reviews of current carer support plans.

The diagram below shows how the Carers work stream sits within the wider Adults Positive Challenge programme.

Adults Positive Challenge Programme



2.1.2 Progress so far

The work stream holds at its core a change in the way that conversations with carers are used to recognise the issues that matter to them most. Over March and April a series of workshops were delivered for operational staff to build on and develop their knowledge and skills in having meaningful and purposeful conversations with carers, directing them towards appropriate support to help them manage their health and wellbeing and maintain their caring role.

A series of 15 workshops focusing on supporting carers have been delivered to staff, across all of adult social care in Cambridgeshire and Peterborough. Included in this were bespoke sessions for the Adult Early Help Team to focus on their role in managing demand at the front door, and to the hospital based discharge planning teams to strengthen the identification of and support to carers in a hospital setting. To encourage shared learning and practice-sharing, the rest of the workshops included a mixture of staff and managers from a variety of Cambridgeshire County Council (CCC) locality teams, Peterborough City Council (PCC) long term and review teams and some Cambridgeshire & Peterborough Foundation Trust (CPFT) staff who complete carers assessments on behalf of the local authority.

Feedback from these workshops was very positive, with over 90% from the sample of participants stating that they found the workshop useful. Some examples of how staff said they will apply the learning were:

- ❖ “Allowing more time to have exploratory conversations with carers”
- ❖ “Putting myself in their shoes”
- ❖ “Completing carers assessments more confidently”
- ❖ “Through strengths-based conversations with carers”
- ❖ “Looking more creatively at community resources”

Alongside the staff workshops, there has also been a focus on our operational processes in supporting carers. This has resulted in the development of one assessment form across Cambridgeshire, Peterborough and CPFT which went live in CCC/PCC in April following consultation with and feedback from local carers. There has also been an introduction of a supported self-assessment in Cambridgeshire which is available where appropriate for the carer. This has increased consistency of approach across organisations.

Carers Trust staff successfully TUPE transferred into the County Council Adult Early Help Team in April 2019 and the vacant posts that were transferred have been successfully recruited to. These staff provide a first point of contact to carers and operate as an integrated part of the Adult Early Help Team which enables them to also make links into Tech Enabled Care (TEC), Equipment, benefits advice and Sensory Services.

There has also been work to improve the web-based information available for carers to make it clear how carers can access support, alongside a wider review of the website through APCP to ensure that information presented is clear, accessible and structured. This has included teaming up with Carers UK to give carers in Cambridgeshire access to a digital resource that includes essential resources that may help make their caring situation easier.

There has also been some evidence from the Neighbourhood Cares Pilots that a place based strength based preventative conversation with carers and their families has prevented carer breakdown, deterioration in mental health and prevented hospital admission or readmission.

Teams have been able to identify issues before they escalated and help carers plan for the future. Carers and families have been able to build a relationship with teams based on trust, they are more likely to acknowledge issues they are facing and consider ways to best deal with those challenges so that they can continue as a carer. Carers often do not want an assessment, but a conversation with someone who is at the end of a phone and understands their situation. They can discuss what is the immediate issue and come up with a practical solution or just let off steam.

2.1.3 Next Steps

- 1) Following the staff workshops, which took place throughout March, April and May, the focus is now on embedding the learning and key messages from the workshops:
 - The importance of initial meaningful conversations with Carers
 - Offering a supported self-assessment where appropriate for the carer.
 - The purpose of the assessment is to focus on the Carer as an individual, their wellbeing and what is important to them – it is an opportunity for the Carer to tell their story and explore support that is available to them (Carers can be unclear of the purpose of an assessment or put off by the word assessment)
 - Creative support planning for Carers: a weekly Carers focused ‘huddle’ has been introduced across the service as part of the Changing the Conversation workstream. This is a supportive space for staff to bring cases involving a Carer and consideration of different ideas and ways to support the Carer with their colleagues. This is also a space for shared learning and encouraging people to feedback on what happened as a result so learning can be shared across the service.

- Expanding awareness of the support available e.g. promoting the Caring Together magazine which holds lots of information about their groups and events as well as other support organisations and groups which are available to support Carers.

This will be embedded into the ongoing workforce development offer and through the work of the Quality and Practice Team. In addition, a new Carers operational group has been established overseeing practice relating to carers.

- 2) Completing more carer reviews: there is extra capacity within the Carer Support Team on a time-limited basis to increase the rate of reviews. This additional resource is to ensure that carer reviews are in date and to provide additional capacity to enable carers to be proactively contacted wherever possible ahead of their scheduled review date. Two fixed term staff have started in post on 29th July and 5th August and are on an 8 month fixed term contract.
- 3) Finalising systems updates to ensure that they are set up to support good practice, including ensuring that our systems have the capability to record conversations with Carers and that operational teams have the tools required to capture their work with carers.
- 4) There is also comprehensive work underway to recommission carers support services, with the new contract expected to come into operation in August 2020.
- 5) Public Health are currently recommissioning lifestyle services, which includes health trainers. Health trainers support individuals to make lifestyle behaviour changes over a period of time. Historically, health trainers have had a generic role that has been well evaluated and locally “specialist health trainers” have now been introduced. There is an opportunity through the new commission being explored to pilot a bespoke health service for carers, given the importance of carers maintaining their health and links to the prevention of carer breakdown.
- 6) Linking in to the current review of Libraries to examine how they might develop and offer for carers information and advice and drop in sessions.

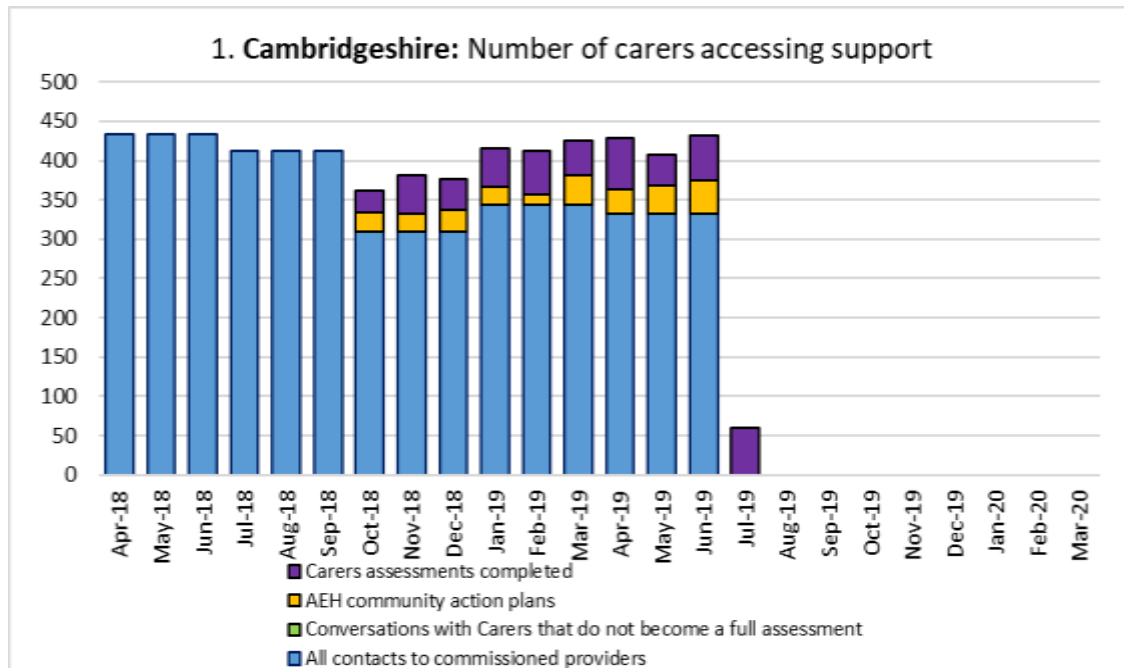
2.1.4 **How will we measure impact of this work stream**

The carers work stream has identified a number of key metrics with which to track impact, these include the following:

Number of Carers accessing commissioned support or direct payments

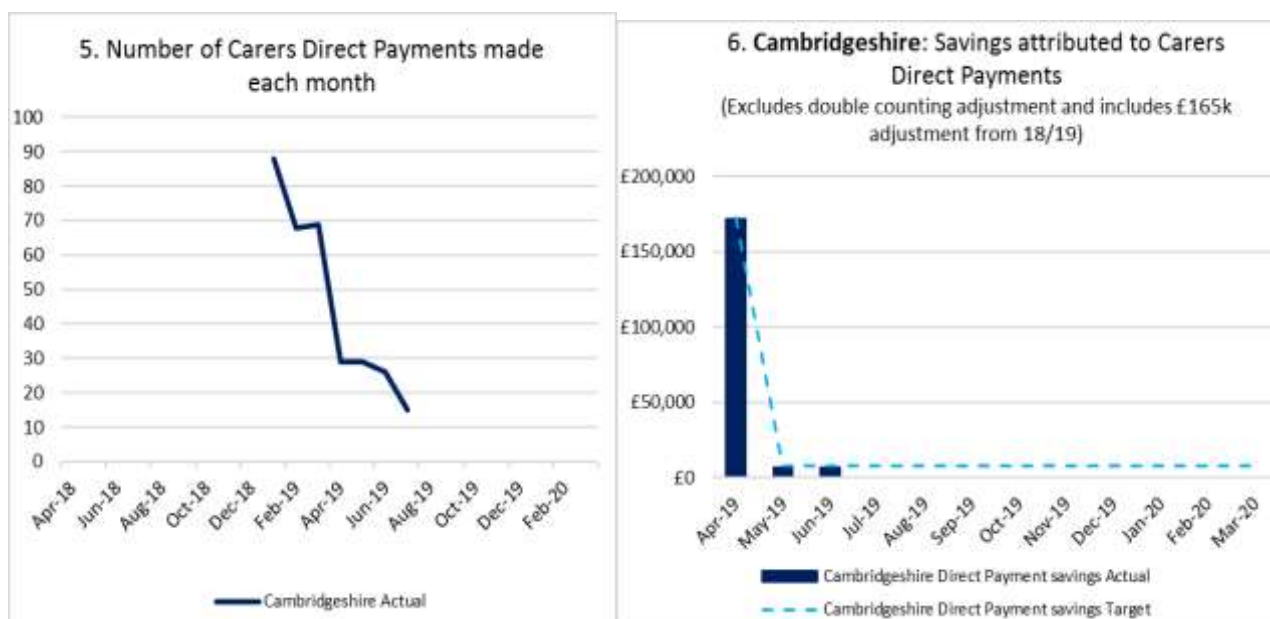
Previously the offer for carers was a full assessment often followed by a commissioned service from a small range of options or a one off direct payment. These options infrequently recognised and addressed the things that really mattered to carers. The APC programme seeks to ensure conversations are held with carers frequently and consistently and recognises that the things that can really make a difference do not always have a cost.

We therefore expect to see the numbers of carers accessing commissioned support or direct payments reduce, and the numbers having a conversation and / or a community action plan increase. The graph below shows the number of contacts to commissioned providers, the numbers of carer's assessments and the number of Community Action Plans put in place with carers. From August we have introduced a Carer's triage step to the care record to capture carers conversations in the social care system, to ensure we capture the full picture.



Number of carers Direct Payments made each month

We do still make Direct Payments to carers where it is for a valid and recognised need, but we have seen the expected level of reduction since April 2019. Between April and June 2019 we had saved £187,400 from reducing inappropriate use of Direct Payment. The step change in April reflects the cessation of funding for automatic one off annual direct payments.



We also will be collecting carer experience following assessments and reviews via a survey and checking for evidence of carer involvement in our regular team manager audits of client case records.

2.1.5 Carers Case Studies

The following case examples illustrate how Carers Support can deliver outcomes for both carers and service users.

Case Study 1

Mrs B cares for her husband who has MS. Mr B requires support with all personal care tasks, help with eating and assistance to transfer using a hoist. Mr B also experiences seizures and Mrs B often provides support during the night. During the carers assessment Mrs B explained that she was really grateful for the opportunity to “doze” next to Mr B in the afternoons when he nodded off in his chair but her reclining armchair had broken which meant that she was no longer able to do this. She was also concerned that Mr B would be unable to access help if anything happened to her after she had tripped over when helping him during the night.

During the carer’s assessment the Carers Support Co-ordinator identified that Mrs B was eligible for a carer’s personal budget and Mrs B decided to use this to replace the reclining armchair to enable her to catch up on much needed sleep. A referral was also made to Technology Enabled Care who were able to provide an alarm sensor which Mr B could operate using his head which would enable him to trigger an alarm if help was needed in an emergency.

Mr and Mrs B were keen to manage independently for as long as possible but sadly Mr B’s condition had deteriorated and he had become eligible for Continuing Healthcare and would be receiving support three times per week.

Mrs B was looking forward to the opportunity to take a break, knowing that Mr B would have support in place, as she had lost contact with friends and family and was feeling isolated. Mrs B was unable to drive and living in a rural location felt limited, she was very pleased to hear about the local mini bus service offering affordable transport which could be pre-booked. The Carers Support Co-ordinator also shared a list of social activities and clubs in and around the area, including details of the local carer's hubs so that Mrs B could join in with local community events and activities if she chose to.

Mrs B was pleased that there was an end of life plan in place for Mr B and felt they had good support from medical specialists but also felt that she often overlooked her own well-being. Mrs B felt it would be very helpful to have someone independent to talk to about the emotional impact of her husband's illness and the support co-ordinator was able to make a referral for counselling through the MS Nurse.

Mrs B felt able to continue in her caring role and reassured that she knew where to find support if needed.

Case Study 2

Mrs F and Miss A are sisters providing support to their Mum, Mrs G, who was recently diagnosed with dementia. The Adult Early Help Team had completed a community action plan for Mrs G who had started to have care calls each morning which the sisters had organised privately. Mrs G was not yet accepting help with personal care tasks but the sisters were happy that the carers were making good progress in building a rapport with Mrs G and felt Mrs G would slowly accept more support. Mrs F and Miss A were both balancing full time work with supporting Mrs G who needed to attend a lot of medical appointments, they also felt that they had to visit each evening to check she was safely at home as they were concerned that Mrs G had once gone out of her home in the evening. This meant that Mrs F and Miss A were eating their dinner later and later which had an impact on their families.

The Carers Support Officer made a referral to the Technology Enabled Care Team who contacted the family and helped them to install a monitoring system which meant that the sisters had peace of mind that Mrs G was safely at home in the evenings. The Carers Support Officer was also able to make them aware of their right to request flexible working and other easy steps that employers can take to support carers to help balance work and caring to help with supporting Mrs G to attend any future appointments. Mrs F and Miss A felt they were coping well at the moment but the Carers Support Officer was also able to make them aware of useful sources of advice and support provided by organizations such as the Alzheimers society which may be helpful in the future in understanding any needs resulting from Mrs G's dementia.

2.2 Results of the 2018/19 Carers Survey.

2.2.1 Local authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their carers. The Personal Social Services Survey of Adult Carers in England (SACE) 2018/19 asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing.

The survey is carried out biennially and this is the fourth time all carers have been surveyed on a national basis, using the same methodology and questionnaires.

The main purpose of the survey is to provide assured, consistent and local data on care outcomes that can be used to benchmark against other comparable local authorities.

2.2.2 A questionnaire template was provided by NHS Digital. The questionnaire is divided into six sections:

- ❖ Section 1: About the person you care for
- ❖ Section 2: About your needs and experiences of support
- ❖ Section 3: The impact of caring and your quality of life
- ❖ Section 4: Information and advice quality
- ❖ Section 5: Arrangement of support and services in the last 12 months
- ❖ Section 6: About yourself

The questionnaire and covering letter were sent out through the post. A total of 1000 questionnaires were sent out and 561 returned, representing a response rate of 56%. Appendix 1 provides a public facing summary of the results of the survey. More detailed analysis is included below:

2.2.3 Key Findings – Who our carers are.

Age

- The biggest group of carers (**24.3%**) are aged between **55-64**. In the 2016/17 survey the biggest group was aged 65-74 (26.1%)
- The highest percentage of people looked after are between **75 and 84** at **29.6%** followed by **85+** at **25.1%**

Employment

- **61.7%** of carers in Cambridgeshire are retired. **23.9%** are employed full time or part time (23.5% in 2016-17). **6.5%** are doing voluntary work and **19%** are not in paid work (this is down from 20.5% in the last survey)
- **18.8%** of carers are not in paid employment due to their caring responsibilities
- **9%** of carers are in paid employment and feel supported by their employer (down from 10.5% in the last survey)

Health

- **32%** of carers stated that they have a long standing illness (29.2% in the 2016/17 survey)

Caring arrangements

- **80%** of people cared for live with the carer. This has also increased from the 2014-15 survey where the result was 77.9%
- The largest group of respondents have been caring for people for between 5 and 10 years **(26.9%)**
- The majority of respondents care for someone for 100 or more hours a week **(41.8%)**
- In relation to the type of care provided, the highest results were for 'other practical help' **(96.2%)**, 'keeping an eye on them to see if they are all right' **(93.2%)** and 'helping with paperwork or financial matters' **(88.6%)**
- **57.1%** were assessed separately to the cared for person and **42.4%** had not had an assessment or review during the year
- **88.1%** of carers received a Direct Payment only (up from 68.2% on the previous survey). **22.4%** of cared for people received a Direct Payment (down from 26% 16/17)
- **93.9%** of cared for people were supported and funded by the council (up from 79.5% in the previous survey). **6.1%** were full cost and none were self funded

2.2.4 Headline Results

A breakdown of the results for each question within the survey is provided at Appendix 1:

Key Improvements from the Previous Survey were as follows:

- Overall satisfaction with support of services received for the person cared for improved with **38.9%** being extremely or very satisfied (up from 35.1% in 16/17).
- A higher percentage **18.5%** of carers reported being able to spend my time as I want, doing things I value or enjoy (Up from 16.8% in 16/17)
- A higher percentage **84.3%** reported having no worries about my personal safety (up from 82.5% in 16/17).
- Slightly fewer people **19.4%** reported that their caring responsibilities had made their existing health condition worse (down from 19/9% in 16/17).
- A higher percentage **57.1%** reported no financial impact of their caring responsibilities (up from 54.9% in 16/17).
- A higher percentage **61.1%** reported it being easy to find information and advice, (up from 59.4% in 16/17).
- A higher percentage **75.9%** reported feeling consulted and involved in discussions about support for the person they care for (up from 65.8% in 16/17).

Key areas where results have worsened from the previous survey were as follows:

- A lower percentage of carers **23.3%** reported having as much control as they would like over their daily lives, (down from 25.6% in 16/17).
- A lower percentage of carers **54%** reported looking after themselves (down from 57.1% in 16/17).
- A lower percentage **35.1%** reported having as much social contact as they would like (down 36.6% in 16/17).
- A lower percentage **34.4%** felt they had enough encouragement and support in their caring role (down from 35.6% in 16/17).
- Higher percentages reported health impacts across a range of conditions including, tiredness, depression, loss of appetite, stress and physical strain.

2.2.5 Regional Comparison

Five questions have been compared regionally. These are shown below:

No	Question	2016/17 Regional Result	2018/19 Regional Result	CCC 2018/19 Result
1d	Social Care Related Quality of Life	7.7	7.3	7.6
4	Carers overall satisfaction	38.2%	39.6%	38.9%
11	Carers social contact	32.6%	29.4%	35.1%
16	Ease of finding information	65.8%	63.1%	61.1%
18	Carers included or consulted	70.7%	70.1%	75.9%

In all, but the overall satisfaction indicator, performance has dropped regionally. In three of the indicators Cambridgeshire's result is higher than the regional average.

2.2.6 Comments from the survey

A selection of comments from the survey include:

"It is reassuring and heart-warming to know that the village we live in, Brampton, is becoming a 'Dementia friendly village' and is starting a monthly get together for people with dementia and carers".

Our Chatterbox Group is excellent for mutual support and information on help available

"There are not enough Support Groups or information in my local area related to caring for a disabled adult son. Also, it is hard to find employment when you are a carer, and for those employers to be understanding".

"I definitely feel undervalued as a carer. I do the job of a full-time carer and more, yet because the person I care for is my son, I only get paid carer's allowance of £62 per week. I am unable to find an appropriate job that fits around my caring role, as I don't get enough support during college holidays so that I could continue to work in the holidays. I want to be able to continue to care for my son at home, but feel that the financial pressures I have make it difficult. If I were to find a normal full-time job, then my son would have to go into assisted living with a paid carer. Something that would cost Social Services a lot more than if I were paid sufficiently so that I could care for him myself at home, where he was happier".

"I feel that there is no help for people that care for someone when they have housing issues. I work part-time and currently live 12 miles from my mother. I would like to move nearer or have my mother's 1 bedroom bungalow upgraded to a 2 bedroom so I can stay over or be nearer if there is an emergency. I am paying rent at the moment and will pay rent if I move but because I am in p/t employment Private landlords are not interested and the local council don't have any advice. I am sure I am not the only carer in this situation".

I receive the Carer's Cambridgeshire quarterly magazine and it is packed with helpful features and true stories, dates and times of drop-in sessions on very disability you can think of".

"As a carer for my lovely wife of 55 years, I have endured the decline of a once vibrant and physically healthy and robust lady towards her present distressing decline that dementia induces. Due to my ill health and enforced periods where I could not cope with my wife's mental and physical health, I have been forced to lodge her in care homes for 20 weeks of the previous 18 months. Her wellbeing in these homes has led to a far quicker decline than would have been the case if I had been able to care for her throughout this period. I sadly regret now all my efforts to make myself more able to manage her needs; for in that time, her needs have changed and her incarceration in care homes has worsened her condition although she never was in there for her ill health - only because of mine

2.2.7 Key National Findings and how Cambridgeshire compares

The national report from the Carers Survey was published on 25 June 2019. The key national findings are included below along with the position for Cambridgeshire.

- Nationally 38.7% of people who had received services said that they were extremely or very satisfied with the support and services they received. 7.2% said that they were very or extremely dissatisfied. **In Cambridgeshire the results were better 38.9% being extremely or very satisfied and only 6.6% being extremely or very dissatisfied.**
- The majority of carers (65.4%) have been caring for people for over five years. Almost a quarter (23.5%) have been caring for 20 years or more. **This figure is similar for Cambridgeshire (23.8%), although the biggest group have been caring for between 5 and 10 years (26.9%).**
- Nationally, 60.6% of carers reported that caring had caused them feelings of stress, an increase on the previous survey where the result was 58.7%. **In Cambridgeshire the result was slightly better but still high at 59.9% which was an increase from the previous survey where the result was 56.8%.**
- Nationally 53.4% of carers reported that caring caused them no financial difficulties. **The result in Cambridgeshire was better at 57.1%.** Nationally 10.6% of people said that caring caused them a lot of financial difficulties, an increase on the 2016-17 figure of 9.6%. **In Cambridgeshire the figure was better at 8.7%.**
- Nationally the largest group of carers (23.8%) is aged between 55-64. **This is the same for Cambridgeshire (24.3%).**

2.2.8 What we would like to be different as a result of the Adults Positive Challenge Programme.

The focus of the Adult Positive Challenge on recognising carers and engaging in strengths based conversations to identify what really might make a difference and following this through to make the connections to the solutions, is anticipated to improve carer outcomes in a number of the areas for improvement identified in the survey including:

- Carers feeling they have control
- Ease of being able to find the information they need
- Being able to look after their own health and wellbeing
- Having as much social contact as they would like

However the survey also evidenced that carers themselves suffer significant health impacts from their role, or have pre-existing conditions on which their role as carer impacts. We are exploring with Public Health colleagues potential opportunities to better support health and wellbeing of carers.

The key differences we want to see through the work of the APCP are:

- Prevention and Early Intervention: Carers are identified early, meaningful conversations are carried out and carers are prevented from reaching crisis point and breakdown.
- Carers have access to information, tools and support to enable them to manage their health and wellbeing and support them to maintain their caring role e.g. through a “one stop shop” information offer from the new provider. Carers can balance their caring roles and maintain their desired quality of life

The role of the new provider through the recommissioning of carers services will be central to prevention and early intervention through identifying adult carers as early as possible and introduce them to the services available to support them where appropriate.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

There are no significant implications for this priority.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire’s Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category..

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

4.7 **Public Health Implications**

There are no significant implications within this category.

Source Documents	Location
N/A	