

Health and Adult Social Care Overview and Scrutiny Committee

Carers Task and Finish Group

November 2013 – January 2015

DRAFT

Chairman's Foreword

Insert Foreword from Councillor Simon

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1.0 Introduction and Background

1.1 Prior to Council agreeing changes to its decision making and governance arrangements in May 2014, the Adult Social Care Policy Development Group (PDG) set up a sub group to look at the Council's Carers Policy and a Strategy which needed to be updated in anticipation for changes to the Council's responsibilities regarding carers, that were due to be introduced by the Care Bill. The sub group was set up following a PDG meeting in November 2013 where a report about the need to change the Carers Policy and Strategy was received and had the following membership:

- Councillor Margaret Simon (Chairman)
- Councillor Jos Saunders
- Councillor Laura Jeuda

1.2 At the Council's Annual Meeting on 14 May 2014 the Council decided to replace the previous scrutiny committee and policy development group system with a new Overview and Scrutiny Committee system. The responsibilities of the Adult Social Care PDG were taken up by the Health and Adult Social Care Overview and Scrutiny Committee; the Committee decided to continue the work of the PDG's sub group by setting up a task and finish group with the same membership. The Care Act 2014 received Royal Assent on 14 May 2014 and many of the new requirements of the Council need to be implemented by April 2015.

2.0 Methodology

2.1 The PDG sub group, which subsequently became the Overview and Scrutiny Task and Finish Group (the Group), held several meetings over the previous twelve months, following a Carers Event held at Middlewich Community Church in November 2013, with a variety of officers to discuss a range of implications for the Council of the Care Act and how the Council could change services to ensure it delivered better outcomes for carers and their cared for person.

2.2 Through the review the Group wanted to:

- Consider the changes in the legislative framework with the finalisation of the Care Bill and its impact on Carers
- Ensure that its review covered issues raised at the Middlewich event to show that they have been considered
- Support the future development of the Carers Strategy

3.0 Background and the Care Act 2014

- 3.1 The following information was provided to the Group as background regarding carers and the impact the Care Act 2014 is going to have.

What is a Carer?

- 3.2 The Council's current Carers Policy defines a carer as "...a person who looks after someone, relative, friend or neighbour, who through illness or disability is unable to look after him/herself. That person may be an adult or a child or young person". This is a very general definition of who a carer is and the roles carers perform can which vary widely in their range and size. Some carers, often spouses or children, perform a 24/7 caring role in the home and fulfil all their cared for person's needs. Other carers assist with a few tasks in the home and outside (e.g. shopping) that enables the cared for person to maintain their independence and remain in their own home.

The Value of Carers

- 3.3 A paper "Valuing Carers 2011 – Calculating the value of carers' support" by the University of Leeds and Carers UK published in May 2011 estimated the value of carers' support through the UK. The paper stated that there were over six million carers, family, friends and neighbours who provided unpaid care to someone who was ill, frail or disabled. It suggested that the economic value of the contribution made by cares in the UK was £119 billion per year, which was 37% higher than in 2007 when Carers UK had previously reported.
- 3.4 Quantifying the value of carers' support is critical as the level of unpaid care had significant implications for what the state may have to provide. The paper suggested that a 1% change in the number of cares providing care would cost the state £1 billion in care costs. The paper including figures for each local authority including Cheshire East Council. It estimated that the value of care provided by unpaid carers in Cheshire East was £643 million. Now in 2014, with the Borough's large ageing population it can confidently be concluded that these figures have risen further from 2007 and 2011 levels.
- 3.5 The Princess Royal Trust for Carers also published a report in 2011 titled "Supporting Carers – The Case for Change". The report argued that by increasing support for carers and expenditure on carers and caring in the home, local authorities could reduce expenditure on residential care by significantly more, producing an overall saving. Based on 2009/10 figures published by The NHS Information Centre in 2011, the report suggested that Cheshire East Council would have the following costs and savings:

	Increased expenditure on carers	Increased expenditure on care at home	Decreased expenditure on residential care	Overall savings
Cheshire East	£926,020	£3,766,612	£8,632,200	£3,941,567

- 3.6 The Princess Royal Trust (PRT) Report also argued that increasing support for carers improves health and wellbeing outcomes for carers and for patients and recipients of care. By providing carers with training and support (e.g. safer moving and handling, information about the cared for person's condition) it enables them to provide better care to their cared for person, improving recovery from and prevention of illness and reducing the need for services such as physiotherapy and occupational therapy.
- 3.7 In the PRT Report, Carers are identified as a group experiencing health inequalities due to the comparatively poor health they have, often resulting from the stresses and strains of their caring role. Those carers between the ages of 66-92, most likely caring for a spouse, were more likely to suffer ill health or death than those not caring for anyone. If an elderly carer were to become ill this would result in the local authority having to provide care for two additional patients. This highlights how critical it is for local authorities to support carers in maintaining their caring role.
- 3.8 Carers were also likely to suffer a reduced quality of life as a result of their caring role. The Carers UK 2011 Report suggested that one in five carers give up work to care. This reduces their independence, social interactions and well as affecting their financial security. Young Carers in particular can be at risk of suffering reduced quality of life as their caring role can put them at a disadvantage to their peers in terms of opportunities for further education and employment. As well as helping carers with their caring role, local authorities should try to support carers to maintain a high quality of life.
- 3.9 The PRT Report suggests that as well as saving local authorities costs of residential care, carers also assist in reducing the burden on health services such as hospitals. Readmissions to hospital following discharge and delayed discharges result in additional costs for Trusts and commissioners and can also threaten the independence of a patient and impede rehabilitation. Carers assist in ensuring sufficient support is in place in the home to enable a patient to be discharged on time as well as reducing the risks of a patient needing to be readmitted.

Implications of the Care Act 2014 for carers

- 3.10 When the Care Act received Royal Ascent on 14 May 2014 Care and Support Minister Norman Lamb said it represented the most significant reform of care and support in more than 60 years. He suggested that the previous laws were out of date and confusing and that the Care Act had created a single, modern law that made it clear what kind of care people should expect. Specifically in relation to carers he suggested that giving carers new rights to support that puts them on the same footing as the people they care for was an historic step forward.
- 3.11 Before the Care Act 2014 came in, the key acts relating to carers were:

Carers Equal Opportunities Act 2004

This Act was the newest and was implemented in April 2005. It changed the previous act in a few important ways. Firstly it placed a duty on social services departments to inform carers of their right to an assessment. Secondly, when the assessment is carried out the purpose of it is not only to help the carer to continue to care, but should also include a discussion on their wish to start paid work or to continue to work, their wish for further

education and wish to engage in leisure pursuits. Thirdly carers and their needs have previously only been a duty for social service departments, but under this Act social service departments can ask other public bodies including local health organisations to provide services to carers; a request, which these bodies have to consider and make a reply.

Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act came into force April 1996. This Act, gives carers who are providing “regular and substantial care” the entitlement to request an assessment of their ability to care (a carer’s assessment), Local authorities must take the carer’s ability to care in to account when looking at what support to provide the person in need of care.

- 3.12 Under the Care Act all carers will be entitled to an assessment of their needs. If a carer is eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.
- 3.13 The assessment will consider the impact of the caring role on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, whether they want to study or do more socially.
- 3.14 Once the assessment is complete, the local authority must decide whether the carer’s needs are ‘eligible’ for support from the local authority (this is similar to the assessment used for adults with care and support needs). Eligibility for support depends on the carer’s situation. The carer is entitled to support if they meet all of the following conditions:
- the needs arise as a consequence of providing necessary care for an adult;
 - the effect of the carer’s needs is that any of the circumstances specified in the Eligibility Regulations apply to the carer; and
 - as a consequence of that fact there is, or there is likely to be, a significant impact on the carer’s wellbeing.
- 3.15 If the carer is entitled to support, the local authority and the carer will agree a support plan which sets out how the individual carer’s needs will be met. As long as the person receiving care agrees, it may be the case that, care and support could be provided directly to them allowing the carer to take a break.
- 3.16 In most cases local authorities do not charge for providing support to carers in recognition of the valuable contribution that carers make to their local community. Currently Cheshire East Council does not charge for services provided to carers however, at the time of writing this report, this issue has been the subject of a public consultation and a decision will be taken as part of the Council’s budget setting process. If the local authority decides to charge a carer for providing them with support it may need to carry out a financial assessment to decide whether the carer can afford to pay.

- 3.17 Following assessment carers will receive a statement of their needs which will describe how the council will help to meet their needs and will also offer them information, advice and guidance to help them with their caring responsibilities. Providing advice about specific services they can access as a carer who the council and the clinical commissioning group have funded to support carers, they will also be given information about universal services which carers can also access. In some cases the carer having met the council's 'carer's eligibility criteria' may be eligible for support via a direct payment and personal budget.

The Implications of the Care Act 2014 on the Council (in relation to carers)

- 3.18 From April 2015 under the Care Act the Council will have a statutory duty to carry out a carer's assessment where an individual provides or intends to provide care and it appears that they may have any level of needs for support. The Council will also have a statutory duty to meet the eligible needs of carers. Carers will be eligible for support firstly if they need help to maintain their caring role and secondly if their caring is having a significant impact on their wellbeing and is having an adverse effect on their lives.
- 3.19 The implementation of the Care Act 2014 in relation to carers will impact on the Carers Policy, Adult Social Care Charging Policy and the joint Carers Strategy which was agreed with the former Primary Care Trust, VCFS and carers in 2011. It links to the delivery of priority three of the Cheshire East 3 year plan –
- Outcome 3, People have the life skills and education they need to thrive, and
 - Outcomes 5, People live well and for longer.
- 3.20 The government's transition guidance for the Care Act makes it clear that existing policies need to be reviewed in the light of the new national minimum eligibility threshold for carers. Where this indicates individuals or groups who may have become eligible then a carer's assessment should be offered.
- 3.21 If a carer is found to have eligible needs, support can be met by providing care to the person that they care for. This then forms part of the cared for person's personal budget as the service is provided directly to the adult needing care. However, this will still have cost implications for the Council, as it would increase the cost of care packages for some service users.

There are groups of carers, some of whom will have already had a carer's assessment and received information and advice, some may be already accessing universal or care specific specialist services funded by the Council or CCGs who will qualify a carers assessment under the new legislation. This will potentially impact on the number of carer's assessments that will need to be undertaken as soon as possible after April 2015.

- 3.23 The Group was informed that CCG carer breaks grants are funded by the two Clinical Commissioning Groups until 31st March 2015. In 2014/15 the allocation for these grants was £403,051 funded through a section 256 agreement, from April 2015 this money will form part of the Better Care Fund. The commitments on this fund are an extension of the original Personal Budgets pilot, Carers

Support & Activity Group for people in the South, Central Cheshire Buddies, Parent Carer Support offering regular breaks for parent carers, Cheshire East Carer Roadshow for carers of people with muscular dystrophy. The emphasis on the Carer Breaks Innovation fund for 2014/2015 was identification of Hidden carers. Further review of the demand for carer break and funding may be required and further investment by the Council may be needed.

Cheshire East Joint Carers Strategy Event

- 3.22 On 22 November 2013 a Cheshire East Joint Carers Strategy event was held in Middlewich to enable carers and professionals from health, social care and the voluntary and community sector to work together to consider how everyone could work together to deliver what matters to carers in Cheshire East. The half day workshop was organised by the Cheshire East Carers Reference Group in partnership with the Council, Eastern Cheshire CCG and South Cheshire CCG.
- 3.23 During the event, participants were asked to focus on five key areas, taken from the joint commissioning plan for 2013/15, which were:
- 1) Improve the experience carers have when interacting with services
 - 2) Increase the number of people represented on carers registers
 - 3) Increase in the number of carers feeling supported to manage their loved ones' condition
 - 4) Increase the percentage of carers engaging in social and educational activities
 - 5) Improve the information and support available to carers
- 3.24 As part of the workshop the carers, voluntary and community sector organisation and commissioners looked at what the priority issues should be. They looked at which projects, initiatives or ideas needed to be: stopped (as they had limited benefit for carers); started (as a new idea or initiative which would provide benefit to carers and providers); or continued (as they had benefit to carers and providers). Having discussed the various existing and potential projects, initiatives and ideas the participants came up with a combined top ten priorities. They were:
- 1) Continue to provide Carers' Personal Budgets
 - 2) Start marketing "Proud to be a Carer"
 - 3) A single point of information for carers – i.e. one person
 - 4) Organisations to Start talking to each other and work together, having systems that speak to each other for the benefit of the carer
 - 5) Stop treating everyone the same, one size doesn't fit all
 - 6) Use legislation e.g. Mental Capacity Act to protect people not the system
 - 7) Start planning for a crisis early to ensure people feel empowered and services don't repeat actions that don't help
 - 8) Start a local offer for carers (Carers Charter about what they can expect)
 - 9) Start listening more to the unpaid carer. What matter to the individual
 - 10) Continue Pathway planning – thinking ahead about the future

4.0 Findings

Identifying Carers

- 4.1 The Group has learned that there are a significant number of carers in the Borough that are unknown to health and care services. This is often due to the fact that the Carer does not identify themselves as a carer. Some people simply see themselves as performing their duties as a spouse/parent/child, or others who are performing minor roles to help a friend or family member and don't realise this could be classed as caring.
- 4.2 There is a risk that those carers who are unknown to services could cease their caring role as they are unable to continue leading to the deterioration of the cared for person and the need to greater intervention by health and care services. If services can identify these carers and provide the support required enabling them to continue their caring role then this can help reduce the demand for care services and the deterioration of cared for people. There will be a significant amount of publicity, both national and local about the Care Act with a view to reach out to unknown and unsupported carers.
- 4.3 The Group believes that GPs are in a valuable position to assist with identifying carers as they have access to the whole population as patients. As mentioned previously, the stresses and strains of a caring role can cause health issues. When a patient visits their GP there is an opportunity to identify whether they are currently performing any caring roles. If GPs routinely asked patients about possible caring roles and any potential impact on their health they could then signpost carers to local support services or where they could get additional information.
- 4.4 The Group has been informed that there are efforts ongoing to raise the profile of carers within primary care and GP practices have been asked to identify a "Carers' Champion" to promote carers and the benefits they bring, and to encourage carers to sign the practice register of carers. As well as practice champions there is also the opportunity to identify a CCG wide primary care Carers Champion to encourage all GP practices to engage with the initiative.
- 4.5 Others that could be in a position to identify carers are social workers, district nurses, occupational therapists, housing associations, Healthwatch and relevant charities/voluntary organisations (e.g. Age UK, Alzheimer's Society). Any services which interact with care users should be aware of the potential that there is someone performing an informal caring role and that there might be support services that they could benefit from.

Carers Assessments

- 4.6 The Care Act entitles a carer to their own assessment. The regulations which support the Act ensure that the assessment is appropriate and proportionate, so that people have as much contact with the authority as they need. In addition, they require the authority to consider the wider needs of the family of the person (for instance, if there is a young carer. The Group believes that it is important for Carers to have their needs properly considered. Where appropriate the carer and cared for

should be offered the option to be assessed together, if all parties are in agreement. However a carer should always be informed of their right to their own assessment.

- 4.7 The Group was made aware that the Council used a 20 page pre-assessment questionnaire which was a legacy document from Cheshire County Council that Carers were asked to complete prior to their assessment. The Group found this to be too detailed and onerous on a Carer, particularly if it was carried out at a time of crisis and Carers often didn't have time to complete the questionnaire before their assessment.
- 4.8 In February 2014 the Group was also informed that there was an 18 month backlog on assessments and reviews for Cared For and Carers. The Group was concerned that this backlog was leading to people's needs not being met or that people were receiving services that they were no longer entitled to. The Group subsequently learned that additional staff had been recruited during the summer of 2014 to assist with reducing the backlog of assessments.
- 4.9 The Care Act places a statutory duty to assess carers and the Act gives local authorities a new legal responsibility to provide a support plan in the case of a carer. It is expected that there will be greater demand for assessments, putting more pressure on local authorities in carrying out assessments, referrals, allocations and annual reviews. The Group considered whether adult social care should consider the possibility of commissioning a provider to carry out carers' assessments.
- 4.10 There is also potential to set up an online self assessment process for Carers. This could be set up on the Council's website and would facilitate signposting by linking an individual's responses to services/information they might benefit from. The Group has been informed that this is under active consideration as part of improvements and options to make it easier for people to access social care using a range of methods.

Financial Assessments for Carers

- 4.11 The group received a briefing on the Council's current Financial Assessment process and fairer charging process/policy. Due to the new rules introduced by the Care Act there has been a requirement for public consultation and engagement with customers at all levels due to the changes around financial planning, care accounts and reviewing the care act guidance when published on Carers Fairer Charging and policy implications. The consultation was due to close on 25 January 2015; results of the consultation would be reported to Overview and Scrutiny and Cabinet.

Cost Benefit of Supporting Carers

- 4.12 During its review the Group wanted to develop evidence that investing in support for Carers, therefore leading to less demand for residential care, would reduce the Council's overall care costs. It was explained to the Group that due to the complexity of care services and each individual case it was extremely difficult to prove that this would be the case. However, it was reasonable to assume, based on the cost of residential care and the costs of support services for carers, that the Council's costs would be reduced if supporting carers reduced the need for residential care.

- 4.13 The Group also acknowledges the role unpaid carers also play a vital role in discharge of patients from hospitals. Delayed discharge is one of the main issues hospitals are affected by and it's often the result of patients not having the appropriate care and support in place at home to enable them to be released safely. Delayed discharge is a cost to hospitals both in terms of staff caring for the patient longer than necessary and beds being blocked for new patients. Carers can provide safe environments for patients, enabling hospitals to discharge them sooner provided that they are given the information and support needed during pre discharge planning stages. Carers can also reduce the chances of readmission following discharge by, for example, ensuring medication is taken and falls are prevented although this may require some additional support post discharge.

Young Carers Transitioning to Adult Carers

- 4.14 How do young carers transition to being adult carers? How do we support them to enable them to take up further education? Pathways should be developed to ensure safe transition from young person to adult carer that enables young people to have equal access to education and employment as their peers.

A seamless service for carers

- 4.15 Changes in the Care Act require the council and, where appropriate, its partners to review the processes and Carer's Journey. The Group discussed the Implementation and Implications of the Care Act. Further concerns were raised by members that the lack of consistency in workers when the cared for goes into hospital and the change of social worker at each admission/discharge.
- 4.16 The Group discussed the number of transfers between services that take place when a patient moves from health to care services. The Group found that patients were transferred from the Hospital Teams, to the Intermediate Teams and then onto social care SMART Teams. The Members' experience this could sometimes result in issues where patients care would be delayed because they were in limbo between teams. This can create stressful situations, not only for the cared for but for the carer trying to support them. Transfers often resulted in patients having to repeat their information to new people. The Group believes patients should only need to tell their story once and all teams who subsequently come into contact with them should have access to that information.
- 4.17 There has also been some concern regarding support for self-funding customers and the lack of information, case management for these individuals and families. The Care Act requires the Council to provide more support to self funders. Work has been carried out to improve the advice, information and support offered to self funders.

Identifying the current budget allocation and associated spend for carers

- 4.18 The group were updated on the Early Intervention and Prevention commissioned services for carers, universal services and the CCG Carer Breaks fund. The issue relating to carers receiving additional respite has been a consistent theme as members recognise that this is a key service which sustains carers within their caring role. Supporting officers have clarified the difference between carer breaks and respite for the cared for being an indirect break for the carer.

- 4.19 Cheshire East Council contracts commissioned services through the Voluntary, Community and Faith Sector (VCFS) relating to Early Intervention & Prevention and also manages Carer Breaks grants on behalf of the two Clinical Commissioning Groups. The services commissioned provide 'Early Help' through either specialist or universal services that support people to remain independent and can help to stop them reaching crisis point. Universal services are available to anyone who lives in Cheshire East and has an identified social care need, or to the carers of these people. Specialist services are for specific groups of people, for example Carers services are specifically for the Carer and not for the person who they care for.
- 4.20 The Group had been informed by carers at the events that what they could spend the Carers Breaks funding on was limited, and in many cases they couldn't spend it on what they really felt would support them as a carer. For example, one carer wanted to spend the money on driving lessons, to enable her to travel for her caring duties more easily, however she wasn't able to use it for this as it was not considered a break.

Assistive technology

- 4.21 Assistive technology provides a range of benefits for those with care needs, enabling them to remain in their own home and maintain health for longer. Assistive Technology can also play a role in reducing the demands on the carer. The Group did not consider this issue in detail as there is another Task and Finish Group currently conducting a review of Assistive Technology.

Signposting on the Council's website

- 4.22 The Group examined the Council's website and how information on Adult Social Care services was communicated to the public. In their own experiences, the Group found examples of webpages which were out of date or contained incorrect information. The Web Team's goal was that all Council webpages were updated at least every three months. The Web Team was able to ensure the webpages worked effectively but did not have the expertise to know whether the information contained with a page on adult services was accurate or up to date. In quite a few cases it was unclear who was responsible for particular pages because no one had been allocated to monitor them.
- 4.23 Only 20% of visitors to the website went through the home page. Most visitors accessed pages directly through a search engine such as Google or Bing. Search engines use "tags" (words relevant to the information on the webpage) attached to webpages to produce the results of a search. Webpages with the most relevant tags to a search are placed at the top of search results list. Officers needed to attach the right tags to their pages to ensure they would appear on internet searches making it more likely that the public could find the information they are looking for.
- 4.24 The Council's website now includes a section called information Cheshire East (iCE). iCE is a directory of services that the public can use to search for services using key words and by location. This is currently being used by Children's Services and some external providers but Adult's Services is yet to make a decision about taking up the system. Having used iCE the Group believes it is an excellent

tool for sharing information about services and signposting residents to what's available in their local area. By including Council services on the directory and encouraging all health and care providers and community organisations in the Borough to contribute to the directory and ensure their information is continually up to date residents will be able to access services they may otherwise be unaware of. This will help carers to maintain their caring role and improve their quality of life.

- 4.25 Since the Group considered the content of the website, Adult Social Care has been working on its web pages in order to make improvements and meet Care Act requirements regarding information and advice. The new web pages will be launched prior to April 2015.

5.0 Conclusions

- 5.1 This review of Carers has taken place during a period of considerable change for adult social care and carers. The Care Act has initiated some of the biggest changes to services in recent memory and this has created a level of uncertainty that has made it difficult for the Group to develop detailed conclusions and recommendations. The Care Act is still in its early stages of implementation and will be followed by further regulations and guidance.
- 5.2 However there are a number of areas where the Group is clear on what is needed to improve outcomes for Carers.
- 5.3 Carers play a crucial role in keeping people out of residential care which reduces demand and saves cost of social care. Although it is difficult to clearly illustrate because of the complex nature of care and what the costs are, residential care and domiciliary care are the most costly to the Council. If budgets can be redirected to increase support for Carers, therefore reducing the demand for residential care and domiciliary care, then there is a possibility that the overall costs to the Council can be reduced and carers would feel more supported. Early intervention and prevention, rather than treatment, is one of the key themes in the future of health and care services.
- 5.4 Carers can also play a role in reducing costs for health services. They can facilitate the discharge of patients from hospital, avoiding additional costs associated with delayed discharge, and can reduce the chances of readmission. This impact could be enhanced by providing training to the carer in the use of equipment and managing the cared for person's needs prior to them being ready to be discharged.
- 5.5 The Group is aware that there are a wide variety of types of carer. All Carers should be valued by the Council. The Council should continuously be trying to identify hidden carers in order that they can be supported to continue their role. Many carers do not view themselves as carers and are reluctant to pursue or are unaware of any support that is available to them. A lack of support can lead to carers themselves becoming ill, in some cases requiring care themselves, or forcing them to relinquish their caring role therefore increasing the demand on health and care services.

- 5.6 GPs can play an important role in the identification of carers, signposting them to services and helping them to cope with their caring role. The Group urges the need for Carers Champions to encourage more services to be aware of Carers, the benefits they provide and their needs.
- 5.7 Carers Assessment process should be simplified. The Group would support the use of an online preassessment tool to enable carers to identify their needs with signposting to appropriate services and potentially on to a full assessment for those with eligible needs.
- 5.8 There should also be a seamless services for both cared for and their carers. Health and care teams should work closer together to ensure no one is lost in the system or falls through the gaps between teams. The current drive to integrated health and care services through Caring Together and Connecting Care is an important opportunity to ensure that service users receive a seamless service focussed on their needs, including those of the carers.
- 5.9 There should be a directory of services as part of signposting. The Group believes that services should make it as easy as possible for Carers to locate them and Carers should be encouraged to seek out support where there is a need. A services directory would make it simple for Carers to find services and support in their local area but would also be beneficial to providers by advertising their services to a wider audience. Service directories also help organisations to identify where they may be duplicating each other or where there are gaps in service that they can work together to fill.
- 5.10 The Group supports budgets for carer breaks however would like to see more flexibility in what carer can spend the money on. Carers know what would really help them to feel better or support them in their caring role therefore funding should work in a way that maximises the benefits to them.
- 5.11 All social care employees should be aware of the Care Act and the new ways of working. All Services should be aware of Carers and their valuable role. They should have information to support Carers earlier. Every little helps for the carers and all contributes to reducing the burden of adult social care. This would be a Corporate Parent style approach.
- 5.12 The Council's Website is a key portal for connecting with service users and providing important information. Senior Managers should ensure that each service with webpages allocates someone to be responsible for monitoring the webpages to make sure they are up to date and accurate.

6.0 Recommendations

Recommendations to Cheshire East Council

- 6.1 The Council should agree the following principles to underpin the future development of carers services:
- A. **Carers should be informed of their entitlement to an assessment.**
The Council should carry out an options appraisal for conducting carers' assessments to assess the best option for ensuring all carers known to adult social care have an assessment when they

are identified and that existing carers who had a joint assessment with their cared for person are offered a review in their own right.

B. Carers should experience a seamless service across health and social care.

There needs to be seamless service between hospital, social care and community services. The number of transfers between care teams needs to be reduced. This could possibly be done by reducing the number of teams from three to two by integrating services.

C. “Tell Us Once” - Carers should only have to explain their situation once.

A person’s information should be available to all social workers, hospital teams, GPs and carers so there don’t have to repeat anything each time someone different interacts with them.

D. Carers should be targeted for information and advice about support available to them.

The Council needs to ensure it identifies as many carers as possible to ensure they get the support they need and avoid crisis. This includes educating those who may not see themselves as carers as they are unaware they are performing a caring role.

E. Carers should have easy access to their own assessment.

The Council needs to be prepared for the increased demand created by Carers’ entitlement to an assessment in the Care Act 2014. The Council should consider simplifying the reassessment process to avoid future backlogs.

F. Carers should have access to increased advice, information, preventative services and support.

The Council’s Adult Social Care budget should be redirected to invest more in supporting Carers and other preventative measures which may keep service users out of residential care and avoid the need for domiciliary care which are more expensive to provide. This should include training to carry their caring role effectively.

G. Carers should have access to advice and information about the support available to them.

Adult social care services need to establish the use of iCE, or something similar, to make information available to residents in the way that children and families services has. Managers also needed to encourage external providers and NHS services to use the directory to provide a comprehensive list of services to carers. Processes should also be in place to ensure pages are kept up to date and accurate.

H. Young Carers Pathway is developed to support them in their transition to adult status.

That a pathway for young carers transitioning to adult status be created to ensure all young carers are provided with the same opportunities for employment and further education as their peers. A memorandum of understanding should be put in place between Children and Families and Adult Social Care to make it clear what is required during transition.

I. Carers should be identified in order that they can be supported in their caring role.

The Council should encourage commissioned services and community organisations to contribute towards the identification of carers.

- J. **Carers should have the opportunity to engage with the Council and CCGs to influence future developments and receive services.**

The Council and CCGs should develop Engagement Strategies for carers and communities to improve standard and scale of engagement.

- K. **Carers should always feel safe and be aware of safeguarding issues if they occur.**

That the Council and CCGs promote safeguarding for carers from abuse and train them to recognise the signs of abuse from their cared for person.

Recommendations to NHS Commissioners and Providers

- 6.2 NHS Commissioners and Providers should also consider the following recommendations to improve the interaction with carers:

- J. That GP surgeries should make it common practice to proactively identify carers but also inform their GPs about which of their patients are carers so they can monitor their wellbeing from that perspective. This should include young carers and parents carers.
- K. CCGs and GP practices should have a carers' champion (This could be a nurse or receptionist: it doesn't have to be a GP) to promote the role carers play and the need to support them.
- L. All identified carers should be offered annual "carer's health checks"; this could be at GPs' surgeries or in the community/at home if needed.
- M. That other NHS service providers also be mindful of the potential impact a caring role may be having on their patients and be aware of how where they can signpost them to services.
- N. CCGs should consider how Care Breaks Funding can be made more flexible to enable carers to use funding for products and services that they feel will benefit them the most.
- O. Health services should ensure training and advice for Carers is provided by when their Cared for Person is discharged to ensure Carers are prepared to fulfil their role effectively, helping to avoid readmissions and delayed discharge.