



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 28 AUGUST 2018

TIME: 5:30 pm

PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Cleaver (Chair)
Councillor Joshi (Vice-Chair)

Councillors Aldred, Chaplin, Osman, Thalukdar and Unsworth

(One unallocated non-group place)

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester and Leicestershire

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),
Tel: 0116 454 6354, e-mail: angie.smith@leicester.gov.uk
Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact: **Angie Smith, Democratic Support Officer on 0116 454 6354**. Alternatively, email angie.smith@leicester.gov.uk, or call in at City Hall.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**.

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

Appendix A

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19th June 2018 are attached and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. DELIVERING GOOD SOCIAL WORK PRACTICE TO INCLUDE:

Appendix B

The Strategic Director for Social Care and Education submits a report which summarises the key findings from four key activities undertaken to explore social work practice. These are the Healthy Workplace Survey, Employee Engagement Survey, My Time Peer Review and Annual Health Check. The Scrutiny Commission is asked to note the content of the report and comment

on and endorse the progress made in improving the approach to social care practice within Adult Social Care, express its support to the continued progress and change in practice culture that has occurred in Adult Social Care, and consider what further information could be provided which would assure the Commission that a positive change in social care practice continues to be embedded in adult social care services.

7. STRENGTH AND ASSETS BASED APPROACH UPDATE

The Director of Adult Social Care and Safeguarding will provide a verbal update at the meeting.

8. CARERS STRATEGY: OUTCOME OF CONSULTATION AND EMERGING ACTION PLAN

Appendix C

The Strategic Director for Social Care and Education submits a report which provides the Adult Social Care Scrutiny Commission with an update on the outcome of the recent consultation exercise for the Carer's Strategy. The Scrutiny Commission is asked to note the report, and provide any comments on the overarching consultation findings to the Strategic Director of Social Care and Education and/or the Lead Executive Member.

9. OUTCOME OF VCS PHASE 1

The Director for Adult Social Care and Commissioning will provide a verbal update on recent consultation.

10. DISABILITY RELATED EXPENDITURE (DRE) CONSULTATION

The Director of Adult Social Care and Safeguarding will provide an update on the consultation undertaken.

11. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

Appendix D

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

12. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 19 JUNE 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Chair)

Councillor Chaplin

Councillor Thalukdar

Councillor Unsworth

In Attendance :

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

* * * * *

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Joshi (Vice- Chair) and Councillor Aldred.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

3. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 20 March 2018 be confirmed as a correct record.

4. TERMS OF REFERENCE

The Terms of Reference for Scrutiny Commissions were submitted.

AGREED:

That the Terms of Reference be noted.

5. COMMITTEE MEMBERSHIP

The Membership of the Commission for the 2018/19 municipal year was submitted.

AGREED:

That the membership of the Commission for the 2018/19 municipal year be noted as follows:

Councillor Cleaver (Chair)
Councillor Joshi (Vice-Chair)
Councillor Aldred
Councillor Chaplin
Councillor Osman
Councillor Thalukdar
Councillor Unsworth
(1 non-grouped place unallocated)

6. DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION 2018/2019

The dates of Commission meetings for the 2018/19 municipal year were submitted.

AGREED:

That the dates of Commission meetings for the 2018/19 municipal year be noted as follows:

19 June 2018
28 August 2018
16 October 2018
4 December 2018
22 January 2019
19 March 2019

7. PETITIONS

The Monitoring Officer reported that no petitions had been received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

9. ADULT SOCIAL CARE ANNUAL OPERATING PLAN 2018/2019

The Strategic Director for Social Care and Education gave a presentation on the Adult Social Care Operational Plan for 2018/19.

As an introduction, it was noted that the Operational Plan:

- underpins delivery of our Strategic Priorities
- builds on previous year's progress
- delivery of 'change' not day to day business
 - process change
 - professional practice change
 - cultural change
- operationally focused – driven by Heads of Service

It was reported that the following six Strategic Priorities were being carried over from 2017/18:

- protecting from harm and abuse
- strength based, preventative – promoting wellbeing
- independent living – working age
- supporting remaining at home for older people
- improving transitions to adulthood
- improving customer experience

To build on the priorities from 2017/18, the following key points were noted:

- operating within budget

It was explained and noted that the £100m actual versus the £108m budget contained an underlying growth pressure due to increasing frailty and associated increases in care package costs.

- delivery of planned savings (exceeded and/or delivered early)
- progress on managing demand
- "getting the basics right" – consistency
- improving quality in local care market
- stable but fragile locally; not reflecting some national trends
- improved performance / outcomes (ASCOF provisional data)
- evidence of improved customer experience

In terms of the focus for 2018/19 the following priorities were reported and noted:

- training for staff around Mental Capacity
- work with care homes on improving notifications of concerns / abuse
- refresh of the use of Safeguarding Competency Framework with staff
- defining the model of 'strengths based'
- wellbeing through community assets
- evaluation model – 'strengths based'

The importance of the 'strengths based' model was highlighted and it was

reported that although officers considered this to be a proactive development, it was noted that as no template or current definition existed, officers were having to develop and define what a 'strengths based model of practice' would be in Leicester.

In concluding the presentation, the next steps for the Commission were noted. It was reported that specific planned reports through the year would reflect Operational Plan developments and impacts, and that a more detailed Period 9 report on progress of delivery would be submitted to the Commission in December 2018.

The Chair welcomed the presentation and requested questions and comments from Commission members. It was suggested by the Chair that particular attention could be given to the impact of community groups and clubs, and a greater focus on the use of community assets. It was recognised that Ward Councillors often were aware of pockets of activities within their Wards, including religious organisations, friendships clubs and schools that could be enhanced. A statement to this effect encouraging connections between community groups would be taken forward.

In respect of the positive and negative attitudes to the Plan, it was reported that a significant improvement related to the empowerment that Heads of Service had witnessed following the initial implementation stages of the Plan. It was noted that Heads of Service now felt able to make a difference in their individual areas of the service and had improved their engagement in the programme. Benefits had also been experienced from greater partnership approaches, both internally and externally.

In debating the enhancement of community assets, it was noted that in some Wards the schools were the principal area that could provide a greater focus of activity. In this regard the Commission referred to the expected positive implications of the change in designation of the Director's remit, which now included children's social care, early help services, learning and inclusion. It was also noted that opportunities for enhanced internal practices would also result due to the 'joined-up' approach.

Some concern was raised regarding the community assets that had been previously transferred to faith based organisations, and the need to ensure that universal use was available for the whole community was expressed.

The importance of the ongoing work of Leicester Ageing Together, which was looking at concepts and models on effective ways of connecting with external groups was noted.

In response to a question from the Healthwatch representative, it was reported that a pilot on the 'strengths based' approach had been organised and the challenges for staff were being assessed. It was expected that the effect on service users would be positive with a removal of barriers to reduce the support needed. The positive impacts of the initiative and revised focus were welcomed by Healthwatch and continued support was offered.

In conclusion, concerns in relation to the local housing allowance were expressed and it was reported that supported units would be provided in accordance with the Government's ambitions and in view of their review of funding.

It was AGREED that the presentation be noted.

10. BETTER CARE FUND OUTTURN REPORT 2017/2018

The Strategic Director for Social Care and Education submitted a report, which provided an update on the outturn of the Better Care Fund (BCF) activity and performance for 2017/18.

It was noted that the BCF programme was in its third year of delivery. The programme aimed to achieve reductions in unplanned admissions to hospital, to reduce admissions in long term care and to reduce delayed transfers to care. The detail of the Plan had been previously presented to the Commission on 5 September 2017 and a copy of that report was appended for reference, including the financial investments schedule.

The report submitted therefore provided a summary of the Plan's delivery in 2017/18.

The Commission noted the performance figures against national metrics, emergency admissions, and delayed transfer to care (DTC). It was considered that the performance demonstrated positive results for the service and the Chair requested that the Commission's thanks and appreciation be forwarded to all staff concerned with the results.

In analysing the results and data in the graphs submitted, it was recognised that some data seemed inconsistent over separate periods. In response, it was noted that as the data referred to continuing health care for some individuals with very complicated health situations, including severe mental health complications, the data was often skewed. Work continued to bring consistency of interpretation of the data and partnership approaches had been enhanced to minimise impacts.

In respect of the data concerning emergency admissions, it was reported that the position was generally positive; however emergency admissions activity had been adjusted to take account of coding changes affecting comparisons.

In respect of the comments in the report relating to permanent admissions, together with other areas, comment was made on the statement that 'there was no significant cause for concern'. Although appreciating the situation, it was suggested by Commission members that the service priorities, as reported in the previous item, would require enhanced communication.

In response, it was noted that as effectiveness was measured and case audits

were undertaken, the comments relating to the context of the increasingly ageing population were accepted. It was noted that feedback from individual case audits was accurate and had demonstrated positive performance. This opinion had been backed up by patient groups and feedback received from Healthwatch.

Having regard to the data submitted concerning 'End of Life' care, it was noted enhanced recognition of the issue could be included in future performance reports. It was suggested that a revision of the method of recording performance data could be investigated.

In considering the finance schedule, the reduction in the Clinical Response Team was discussed and it was noted that no significant impact was expected due to the alteration to the funding arrangements. It was confirmed that no reduction in the service offer would result.

It was AGREED that:

- 1) the report be noted;
- 2) An update be submitted on the work with NHS regarding the Over 85s and end of life services;
- 3) An update be submitted on nursing care home delays, including the trusted assessor process; and
- 4) Information on work to develop communications be provided (in light of the strengths-based approach potentially changing the format and presentation of data).

11. ADULT SOCIAL CARE PROCUREMENT PLAN 2018/2019

The Strategic Director for Social Care and Education submitted a report, which provided the Commission with an overview of the procurement plan/activities anticipated to be undertaken by the department during 2018/19.

It was reported that the Plan included the status of each entry, together with a risk rating in respect of contract value. The Commission were asked to indicate any particular entry requiring further information, or those areas for further involvement, including the preparation of the specifications, dependent on the procurement process.

The Chair suggested that two areas be selected for further scrutiny and it was suggested that the Disabled Persons Support Services and Advocacy Services be identified as areas the Commission wished to have more involvement in.

Councillor Dempster (Assistant City Mayor, Adult Social Care and Wellbeing) was invited to comment and confirmed that she supported the selection of the suggested areas above.

It was AGREED to note the report and to identify the areas for future scrutiny and involvement in the procurement process as the Disabled Persons Support Services and Advocacy Services.

12. SPENDING REVIEW PROGRAMME 4 - 2019/20 - CEASING FUNDING FOR THE INDEPENDENT LIVING FLOATING SUPPORT SERVICE

The Strategic Director for Social Care and Education submitted a report on the ceasing of funding for the Independent Living Floating Support service with effect from 31 March 2019. The Commission were asked to note the preferred option, which will contribute towards the Spending Review Programme 4, meaning savings of £5.5m.

Councillor Dempster (Assistant City Mayor, Adult Social Care and Wellbeing) was invited to introduce the item. Reference was made to alternative support that would be offered to individuals by the Enablement Service who would provide short term support.

It was reported that if the option was agreed, the Council would be required to give notice to terminate the existing contract. The numbers of posts affected and the consideration given to the continued delivery of the service and to minimise impacts was explained. In response to questions it was confirmed that Unions had been consulted in view of the potential redundancy process for four internal posts. The support offered to redeploy staff as per the Council's redundancy policy was noted.

In response to a question from the Healthwatch representative, the stated possibility in the report that some individuals may be at risk of losing tenancies was explained and it was considered that this risk was minimal. It was confirmed that the Independent Living Floating Support Service was non-critical and non-statutory.

In response to a further question it was confirmed that the organisational review Equality Impact Assessment that would be carried out to could be circulated to Commission members, if the proposal was ultimately agreed.

It was AGREED to note the preferred option.

13. ADULT SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Commission's Work Programme was submitted and noted.

14. CLOSE OF MEETING

The meeting closed at 8.00pm.

Adult Social Care Scrutiny Commission Report

Supporting Social Care Practice

Lead Director: Steven Forbes

Lead Assistant Mayor: Cllr Vi Dempster

Date: 28th August 2018

Useful information

- Ward(s) affected: All
- Report author: Jo Dyke and Miral Joshi
- Author contact details: Jo.dyke@leicester.gov.uk & Miral.Joshi@leicester.gov.uk
- Report version number: 1

1. Purpose

- 1.1 Over the last year Adult Social Care (ASC) has utilised many routes to engage front-line staff which includes Social Workers, Care Management Officers, Occupational Therapist and Team Leaders to hear from them about how they feel about their roles and working environment. To understand how this translates into the level of practice confidence and how this affects the experience of social care users.
- 1.2 This report summarises the key findings from four key activities undertaken to explore social work practice these are the Healthy Workplace Survey, Employee Engagement Survey, My Time Peer Review and Annual Health Check.

2. Summary

- 2.1 **The Healthy Workplace Survey 2017** gives ASC staff an opportunity to anonymously answer questions focused on the themes of Demands, Control, Management Support, Peer Support, Relationships and Role. A total of 343 ASC staff responded to the 2017 survey.
- 2.2 Overall there was a positive improvement across the board since the last survey in 2016 with the themes of Management Support, Peer Support, Relationships and Role seeing the most positive improvements.
- 2.3 This identified that ASC staff felt that their line manager encouraged them at work, dealt with conflict and positive working relationship was promoted. There was a strong sense of help, support and respect from colleagues. Responses showed ASC staff felt they had more control and choice on how they did their work particularly through the provision of flexible working.
- 2.4 The highest percentage of very negative responses to the survey were around choice in deciding what they did at work and the intensity of the work.
- 2.5 **Employment Engagement Survey** this was carried out by Organisational Development (OD) to understand levels of engagement and experience of employees across the council.
- 2.6 The survey sought employee's views on their work, teamwork and social, leadership and management, purpose, contribution and awareness, personal growth and indicators of engagement. Results were compared by specific department in comparison to the wider council. In ASC 51 staff

engaged in the survey,

- 2.7 Team and Management support featured strongly in what helps ASC do their best work with service users. They understood how their work contributed to both their team's performance and the council's vision and values. ASC staff felt trusted by their manager, that managers were open to new ideas of working and they created an environment where staff felt energised and motivated. They also regularly received positive feedback.
- 2.8 In comparison to the wider council, ASC staff showed the lowest percentage of positive responses around personal growth. With specific areas of improvement around their ability to learn & grow, feeling their opinions didn't count and there was little opportunity to advance their career.
- 2.9 **My Time Peer Review** was conducted with Nottingham City Council in February 2018 this involved ASC Social Worker and Occupational Therapists from each Local Authority exploring how they have approached Wellbeing and Strength Based Approach with service users. The ASC practitioners ask questions about each Local Authorities approach, provided them with constructive feedback and took this learning back to their own authority.
- 2.10 This showed that ASC Staff felt well supported by their managers to make decisions around positive risk taking with service users and they felt confident in evidencing risk. They felt enabled to look at a wide range of wellbeing outcomes with service users, rather than dictating what should happen. Service users were also seen to be empowered and driving more outcomes than before.
- 2.11 ASC staff felt managers were forward thinking, listen to staff and there was a strong element of trust. They also felt there were lots of examples of staff engagement in ASC.
- 2.12 Areas of improvement were noted as being no consistent roll out of strength based approach, processes focused on deficits, external providers needing support to take positive risks and understanding ASC direction of travel.
- 2.13 **Annual Health Check 2017** reports on organisational culture as it affects social work practice. This was commissioned by the Local Government Association. The survey was completed drawing knowledge from the Principal Social Worker and sense checks with ASC staff.
- 2.14 The headline messages were ASC staff hold manageable caseloads, they received regular effective supervision, flexible working is supported and they have access to services which support their wellbeing.
- 2.15 There was a lack of Continued Professional Development opportunities for ASC staff.

3. Recommendation

3.1 Scrutiny Commissioning are recommended to:

- a) Note the content of the report and comment on and endorse the progress made in improving the approach to social care practice within Adult Social Care;
- b) Express its support to the continued progress and change in practice culture that has occurred in Adult Social Care;
- c) Consider what further information could be provided which would assure the Commission that a positive change in social care practice continues to be embedded in adult social care services.

4. Report

- 4.1 Common themes from these pieces of engagement work tell us:
- 4.2 Staff feel supported in their decision- making removing the ASC panel has improved the experience of how and when decisions are made about service provision for service users. This has significantly reduced the time it takes for decisions about care provision allowing for a much improved service user experience.
- 4.3 Projects such as the self-assessment pilot offer the opportunity for staff to work autonomously and to feel trusted. This also allows them to share outcome of assessments with service users without the delay of awaiting management approval. This pilot is now to be extended within ASC.
- 4.4 The shift in departmental culture in the last two years towards enabling staff to work flexibly through the provision of direct access has allowed staff more control in how they choose to do their own work. This then provides a more positive service user experience as staff can offer flexibility around appointments.
- 4.5 ASC staff gave very positive responses to management support particularly around the increase in confidence to make decisions around positive risk taking which has enabled ASC staff to do their best work with service users.
- 4.6 ASC staff feel more confident in their decision- making this has translated into an improved customer experience when accessing support through the front-door of ASC.
- 4.7 Overall there is a strong emphasis on peer support and staff engagement which is encouraged through practitioner and supervisor forums, celebrating good practice through our recent Celebrating Success event and publishing of ASC staff commendations.
- 4.8 Staff in ASC feel engaged. The common characteristics of an engaged employee is one that trust's their manager, enjoys working with people in

their workplace, feel's people they work with take responsibility for their work, consider the council's vision and values in the work they do and find it is easy to become absorbed in their work.

- 4.9 The strength based pilot has allowed staff involved to feel they have more control about how they do their work this has enabled them to have better, more positive conversations with service users with a strong emphasis on building an individual's strengths. Further roll-out of this work it is anticipated will see more positive outcomes for ASC staff and service users.
- 4.10 There has been little improvement in how staff feel about their choice in deciding what they do in their work and that work is very intensive. Developments in rolling out a more consistent strength based approach, a single assessment which includes Occupational Therapy and work being undertaken on Liquid Logic simplification it is anticipated will see more positive responses going forward. These will also provide service users with opportunity to develop their strengths, decrease the need for lengthy paperwork and reduce the number of visits where there is need for both social work and occupational therapy involvement.
- 4.11 The Lack of Continued Professional Development has been highlighted as a key area for improvement. The recruitment of a Learning and Development Manager for ASC has been completed this new role will help to deliver a comprehensive learning and development strategy for ASC.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications.

Rohit Rughani, Principal Accountant, Ext 37 4003

5.2 Legal implications

I have read through your report and can confirm that there are no direct legal implications arising from the contents.

Pretty Patel, Head of law, Ext 37 1457

5.3 Climate Change and Carbon Reduction implications

N/A

5.4 Equalities Implications

Initiatives that help to improve support for staff and their wellbeing that in turn impacts on service users experience, should benefit service users from across all protected characteristics.

Surinder Singh
Equalities Officer 37 4148

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Summary of appendices

None

Adult Social Care Scrutiny Commission Report

Carer's Strategy – Consultation Update

Lead Director: Steven Forbes
Assistant Mayor: Cllr Vi Dempster
Date: 28th August 2018

Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: Bev.white@leicester.gov.uk
- Report version number 1.

1. Purpose

- 1.1 To provide the Adult Social Care Commission with an update on the outcome of the recent consultation exercise for the Carer's Strategy.

2. Summary

- 2.1 The report provides a summary of the findings of a public consultation exercise undertaken between 28th February and 22nd April 2018, on the draft Joint Leicester, Leicestershire and Rutland Carers Strategy 2018-2021. See Appendix 1.
- 2.2 The strategy sets out a shared vision for supporting carers across Leicester, Leicestershire and Rutland Council's and the three Clinical Commissioning Groups (CCGs).
- 2.3 The following themes were identified through the consultation:
 - a) The strategy was welcomed and the majority of respondents felt it reflects carers' issues
 - b) There is a need to publish the actions plans once they are fully developed
 - c) There are concerns about the interface between health and social care, and questions around how the delivery plans will be monitored to track improvements in carer experience
 - d) Carer's recognition was highlighted as a positive theme
 - e) The lack of respite, including overnight breaks and sitting services
 - f) Young carers felt their needs were omitted from the strategy
 - g) Parent carers were underrepresented
 - h) The strategy needs to be summarised for the appropriate audience
- 2.4 The majority of the issues raised through the consultation will be addressed via the delivery plans that will underpin the strategy. The main concern, however, relates to the number of young carers (48, who had been supported to respond via Barnardo's) who felt that their needs were not reflected in the draft strategy.
- 2.5 Therefore, county colleagues who are leading the strategy development have been asked to delay the launch, which was planned for September/October 2018 to give time to allow for the young carers issues to be understood in more detail.

3. Recommendations

3.1 The members of the Adult Social Care Scrutiny Commission are asked to:

- a) note the report and
- b) to provide any comment on the overarching consultation findings

4. Report

4.1 The current local Leicester, Leicestershire and Rutland (LLR) Carers Strategy was published in 2012 and a refreshed action plan was issued in 2015, pending the development of the new national strategy.

4.2 The development of a new national strategy was announced in 2015 and carers and organisations who work with carers, were asked to input into a 'call for evidence' which closed on 31st July 2016. No date has been set for the publication of the new strategy.

4.3 However, on 5th June 2018 the government published a Carers Action Plan 2018-2020, which draws on the responses from the call for evidence and sets out a cross-government programme of work to support carers for the next two years. These themes are in line with the priorities detailed in the draft LLR Carers Strategy.

4.4 Formal consultation on the draft LLR Carers Strategy 2018-2021 was undertaken between 28 February 2018 and 22 April 2018.

4.5 The consultation sought to test the following areas:

- How well, does the draft carers strategy accurately reflects carers issues
- To seek any omissions or gaps in the strategy
- To determine if the priorities detailed in the strategy the right ones

Summary of findings

4.6 The following information provides an overview of the findings of the consultation exercise.

- b) The strategy was welcomed and the majority of respondents felt it reflects carers' issues
- c) There is a need to publish the actions plans once they are fully developed
- d) There are concerns about the interface between health and social care, and questions around how the delivery plans will be monitored to track improvements in carer experience
- e) Carer's recognition was highlighted as a positive theme

- f) The lack of respite, including overnight breaks and sitting services
- g) Young carers felt their needs were omitted from the strategy
- h) The needs of Parent carers were not understood
- i) The strategy needs to be summarised for the appropriate audience

Summary of respondents

4.7 The following information provides an overview of the people who responded to the consultation.

- 62 people responded from the city representing 27% of all respondents across LLR
- 56% of city respondents (of which 51% were young carers) did not feel that the Carers strategy reflected carer issues. This compared to 39% of all consultation respondents
- Whilst 47% of City respondents agreed that the Strategy priorities were the right ones, 53% tended to disagree, weren't sure or left the question blank. This compares to 75% of respondents overall that either strongly agreed or tended to agree.
- Only 27% of City respondents agreed with the actions proposed to deliver on the priorities within the Strategy. 73% either disagreed, weren't sure or left the question blank compared to 73% of all respondents across LLR that either strongly agreed or tended to agree.
- Respondents liked that attempts were being made to implement a strategy, and some people felt that the priorities were along the right lines.
- Respondents thought the strategy vague and didn't like this and highlighted that it wasn't easy for carers to understand. A huge emphasis was placed on the lack of suitable detail in relation to the way that young carer and parent carer issues will be tackled.

Next Steps

4.8 Further work is required to understand the issues relating to young carers. Therefore, county colleagues who are leading the development of the strategy have been asked to defer launching the strategy until this matter has been considered further.

5. Scrutiny Oversight

5.1 The Adult Social Care Scrutiny Commissioning have received regular updates on the development of the Strategy.

6. Financial, legal and other implications

6.1 Financial implications

There are no financial implications arising from this report.

Martin Judson, Head of Finance

6.2 Legal implications

At this stage, there are no specific legal implications on this consultation update, however at implementation stage legal advice will be required.

Jenis Taylor, Principal Solicitor (Commercial)

6.3 Climate Change and Carbon Reduction implications

N/A

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Partners involved in the development of the Joint Leicester, Leicestershire and Rutland Carers Strategy 2018-2021 are also subject to the Public Sector Equality Duty.

The report provides an update on the consultation results and identifies key areas for further work to understand the needs of carers, (particularly young carers and parent carers). As Leicestershire County Council are leading on the strategy, it is recommended that City Council officers engage with them further to ensure that the needs of Leicester citizens from across all protected characteristics are considered and to ensure that any potential equalities implications arising from the consultation results are both taken into account and further influence the development of the strategy and decision making, in order to ensure that we meet the Public Sector Equality Duty aims.

Hannah Watkins, Equalities Manager ext.37 5811

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

6. Background information and other papers:

Carers Strategy 2012

Refreshed Action Plan 2015

7. Summary of appendices:

Appendix 1 – Draft of LLR’s Joint Carers Strategy 2018 - 2021

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)? No

9. Is this a “key decision”? No

JOINT CARERS STRATEGY 2018 – 2021

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

21



Contents

| | |
|---|----|
| 1. Our Local Vision for Carers..... | 4 |
| 2. Who is the Strategy for? | 6 |
| 3. Impact of caring | 7 |
| 4. Relevant policy and legislation | 10 |
| 5. Profile of carers in LLR..... | 12 |
| 6. Current carer support | 14 |
| 7. What LLR Carers say..... | 15 |
| 8. Key priorities and associated actions..... | 19 |
| Priority 1. Carers are identified early and recognised | 20 |
| Priority 2. Carers are valued and involved..... | 20 |
| Priority 3. Carers Are Informed..... | 21 |
| Priority 4. Carer Friendly Communities..... | 21 |
| Priority 5. Carers have a life alongside caring..... | 22 |
| Priority 6. Carers and the impact of Technology Products and the living space | 23 |
| Priority 7. Carers can access the right support at the right time..... | 23 |
| Priority 8. Supporting Young Carers..... | 25 |
| 9. Monitoring progress | 25 |

DRAFT

10. Conclusion..... 26

Appendix 1 – Adult Social Care Outcomes Framework 27

Appendix 2: Effect on Carers’ Health 28

Appendix 3: Carers ethnicity breakdown and Young Carers statistics 29

Appendix 4: Poppi data..... 30

1. Our Local Vision for Carers

This Carers Strategy has been developed in partnership with carers across Leicester, Leicestershire and Rutland, and with the support of a number of local voluntary sector organisations, Healthwatch and local health providers. The organisations signed up to this strategy have committed to work together to deliver our local vision for carers:

‘Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing’.

Throughout this strategy we refer to ‘the partnership’ or ‘partners’. Specifically, this refers to the Carers Delivery Group, a sub-group of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies. Supporting carers has been identified as a key area of work in Better Care Together (the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland). The Carers Delivery Group sits within the Prevention (Home First) work stream of the Sustainability and Transformation Partnership, and also links to the work streams for integration, urgent and emergency care, and resilient primary care.

Individual members of the Carers Development Group will share this strategy with their own organisation, who will develop a delivery plan based on a set of guiding principles, as detailed in section 2 and key priorities and associated actions as detailed in section 9. Delivery plans will be tailored to suit each the diverse needs of carers in their locality and to reflect the available resources for each organisation.

Partners include: Leicester City Council, Leicestershire and Rutland County Councils, East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, voluntary and community sector organisations (notably organisations delivering carers services and speaking for carers), and Healthwatch Leicestershire.

2. Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers

1. **Carer Identification** - We will work together across the statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland to identify carers and to ensure they are signposted to relevant information and services if they require assistance. This includes young people under the age of 18 who may be caring for a family member.
2. **Carers are valued and involved** - We will listen to carers and involve carers in the development of services that enable them to continue to provide their caring role.
3. **Carers Are Informed** - We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.
4. **Carer Friendly Communities** - Communities will be encouraged to support carers through awareness-raising within existing community groups.
5. **Carers have a life alongside caring-** We will ensure that health checks for carers are promoted as a means of supporting carer to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.
6. **Carers and the impact of Technology Products and the living space** - We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment of adaptations that may assist a carer with their caring role.
7. **Carers can access the right support at the right time** - We will respect and promote the needs of carers and ensure they have access to carer's assessment, which will determine if social care services have a statutory duty to provide assistance. The carers' experience will be considered during the assessment and any subsequent reviews.
8. **Supporting young Carers** - we will ensure that the needs of young carers are also considered and that families/cares with a child with special needs are supported through the transitions process, which can also be difficult to navigate their child transitions into adult services.

The above principles have been translated into key priority and actions as detailed in section 9 and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

3. Who is the Strategy for?

This strategy is aimed towards all unpaid carers who are caring for someone that lives in Leicester, Leicestershire and Rutland (LLR) including but not limited to:

- Working Carers
- Older Carers
- Parent/ Family Carers
- Multiple Carers
- Young Carers
- Sandwich carers (those with caring responsibilities for different generations, such as children and parents)

It seeks to understand and respond to the issues related to caring that have been highlighted locally and inform carers how the partners signed up to this Strategy will work together to ensure the role of carers is recognised, valued and supported.

The Strategy also aims to highlight to a broad range of organisations, local communities and individuals the prevalence of caring, the significant impact it can have on carers lives, and what we can all do to support carers more effectively.

Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support.

A young carer is someone under 18 who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need or an addiction cannot cope without their support. Carers are sometimes referred to as unpaid carers, or family carers.

It is recognised that individuals often do not relate to the term 'carer' and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, daughter, friend etc. However, for the purpose of this strategy all those providing unpaid additional support to individuals who could not cope without their support will be referred to as Carers.

4. Impact of caring

Over six and a half million people in the UK are carers.¹ Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

“When the person we care for really struggles to do things works really hard and is then able to do something it can make us feel really happy.” Local Carer

Across Leicester, Leicestershire and Rutland carers contribute around £2 billion worth of support every year² which has a significant positive impact on demand experienced across the health and social care sector. However, some carers can be affected physically by caring through the night, repeatedly lifting, poor diet and lack of sleep. Stress, tiredness and mental ill-health are common issues for carers. In addition, carers can often be juggling and adapting to many changes in circumstances such as, in the condition of the cared for person or the impact of a new diagnosis.

Carers often lead on arranging care provision for the person they care for, which can include communicating with a range of departments and services. Challenges that carers face include knowing which service or department to contact, which can be especially difficult when the individual they care for is transitioning through a change in service/ organisational boundaries. It is widely recognised that carer identification is an issue as carers either do not identify themselves as carers or have a reluctance to identify due to stigma, potential bullying or pressure from the cared for person not to disclose.

The home environment can have an influence on carer stress and their ability to continue in their role. The key issues that have been recognised nationally have included: Where to go for help, Housing lettings policies involving carers, Inheritance issues for carers living in rented property, equipment, adaptations, repairs and improvements, housing support and technology to help carers and families stay in the home, options for moving home, funding and affordability.³

“We have grab rails and a slope put in has made life so much easier”
Local Carer

Older Carers

- The 2011 Census (UK Census, 2011) revealed that there are over 1.8m carers aged 60 and over in England⁴.

¹ Carers UK Policy Briefing | August 2015 | Facts about carers

² VALUING CARERS 2015 The rising value of carers' support

³ Carers and housing: addressing their needs

⁴ Carers Trust Retirement on Hold Supporting Older Carers

- Current data trends suggest that by 2035 there will be an increase of over 30% in the number of carers aged between 60-79, a 50% rise for carers aged 80-84 and carers over 85 will increase by 100%.⁵ (Appendix 5) Older adult carers may experience health issues themselves, and in some cases experience loss of strength and mobility, and tire more quickly.

Working Carers

- **3 million people in the UK juggle paid work with unpaid caring responsibilities**⁶. Caring can affect the type of work which carers are able to take on, aiming to find local, flexible work which can fit around caring.
- Research⁷ has indicated that over 2.3 million people have given up work at some point to care for loved ones and nearly 3 million have reduced working hours.

“We need flexibility and understanding in the workforce” Local Carer

Parent/ Family Carers

- One in three parents report that their child outliving them and not being able to care for themselves, or oversee their professional care, is their biggest concerns.⁸
- (78%) of those providing care to a child with a disability said they have suffered mental ill health such as stress or depression because of caring.⁹
- Over 1,500 parents with disabled children took part in a 2014 online survey for Scope. Two thirds (69%) of respondents had problems accessing the local services for their children, with eight in ten parents admitting to feeling frustrated (80%), stressed (78%) or exhausted (70%) as a result.¹⁰

“I constantly worry about the future” – Local Parent Carer

Multiple/Sandwich Carers

- Most carers (76%) care for one person, although 18% care for two, 4% for three and 2% care for four or more people¹¹. Sandwich carers find themselves caring for both younger and older generations.
- Carers with multiple caring roles report feeling exhausted and sometimes guilty that they have insufficient time to devote to their children or other close relatives in need of support.

⁵ www.poppi.org.uk version 10.0

⁶ EFC Briefing | Jan 2015 | The business case for supporting working carers

⁷ Carers UK and YouGov (2013) as part of Caring & Family Finances Inquiry UK Report (2014) Carers UK

⁸ “Who will care after I’m gone?” An insight into the pressures facing parents of people with learning disabilities Fitzroy transforming lives

⁹ CUK- State of Caring 2017

¹⁰ <https://www.scope.org.uk/media/press-releases/sept-2014/parents-disabled-children-battle-support>

¹¹ CUK- State of Caring 2017

Young Carers

- Data from the 2011 Census reveals that **166,363 children in England are caring for their parents, siblings and family members**, an increase of 20% since 2001.
- A quarter of young carers in the UK said they were bullied at school because of their caring role (Carers Trust, 2013).
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.¹²
- Young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment, or training (NEET)¹³

“They might be scared to admit it in case they get bullied. Social workers and schools should help them understand they are a young carer.” Local Young Carer

Top worries about becoming a carer are being able to cope financially e.g. afford the care services or equipment and home adaptations required (46%) and coping with the stress of caring (43%).¹⁴ Although finances are cited as a concern many carers do not claim benefits that they are entitled to, £1.1 billion of Carer’s Allowance goes unclaimed every year in the UK¹⁵.

The 2016 national GP patient survey found that 3 in 5 carers have a long-term health condition, this compares with half of non-carers. This pattern is even more pronounced for younger adults providing care – 40% of carers aged 18-24 have a long-term health condition compared with 29% of non-carers in the same age group.¹⁶ Carers report ‘feeling tired’ and experiencing ‘disturbed sleep’ as a result of their caring role, only 10% of carers have no effect on health because of their caring role (Appendix 2).

“Feeling that we can’t rest because we are on call to look after the person we care for all of the time can make us tired and unhappy.” Local Carer

When a person becomes a carer, they give up many of the opportunities that non-carers take for granted. Carers’ can find their caring role limits the opportunities they have for a life outside their caring role. It is important we recognise the impact of caring in order to support carers to allow them to maintain caring relationships, and enjoy good mental and physical health.

¹² Hidden from view: The experiences of young carers in England

¹³ Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff

¹⁴ Research summary for Carers Week 2017

¹⁵ Need to know | Transitions in and out of caring: the information challenge

¹⁶ CUK- State of Caring 2017

5. Relevant policy and legislation

Although much has been achieved in relation to the previous Leicester, Leicestershire and Rutland Strategy (2012 – 2015), there have been significant changes in government policy, including the creation of Clinical Commissioning Groups, the Care Act 2014 and the Children and Families Act 2014. Whilst the new National Carers Strategy is expected soon, a new local strategy is necessary to reflect on these changes and to ensure new local priorities can be identified and addressed that are fit for now and the future.

We intend that this new strategy builds on the achievements of the previous one; some of these are:

- A Carers Charter, developed with carers, in place in all Leicester, Leicestershire and Rutland locations
- Commissioning Carers Support Services which help deliver the Care Act Early Intervention and Prevention duties, and which include a Carers Outreach Service in GP surgeries
- Developing carers registers in Primary and Adult Social Care
- Focused work in BAME communities to support people to identify as carers
- Offering Carers Assessments
- Provision of flexible respite and short breaks
- Agreement to a Memorandum of Understanding between Adult Social Care and Children's Services in respect of Young Carers
- Partners offering information in a variety of formats, hard copy, web based, face to face
- Providing training for carers
- Providing advocacy for carers

There remain ongoing challenges which will be picked up by this new strategy. Notably these are:

- Continuing to raise awareness of carers issues and promoting early identification of carers
- Making information easy to find
- Ensuring that carer registers are robust
- Involving carers at an individual and strategic level
- Making communities carer friendly

Care Act 2014

The Care Act 2014 came into effect from April 2015 and replaced most previous law regarding carers and people being cared for. Under the Care Act, local authorities have new functions. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. Local authorities must consider the impact of the caring role on the health and wellbeing of carers. If the impact is significant then the eligibility criteria are likely to be met. Local authorities should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

The Children and Families Act 2014

The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council to check what help they needed. Local authorities, carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in or wishes to participate in education, training or recreation or employment.

The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are. This check is called a 'Parent Carer's Needs Assessment'. In the past, parents always had to ask first if they wanted their council to check what help they needed to look after a disabled child.

NHS England's Commitment for Carers

The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/contents>

The Children and Families Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/05/comm-carers.pdf>

6. Profile of carers in Leicester, Leicestershire and Rutland

Census data tells us that there are over 105,000 carers across Leicester Leicestershire and Rutland (LLR). Nearly 2000 of the 105,000 (2%) LLR carers are aged between 0-15 years, and 203 of these young carers provide 50 or more hours of unpaid care per week (Appendix 3). Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.



Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background. See also Appendix 3.

A further source to help us understand the local carer population is the number of people in the area claiming carers' allowance:

| | Carers in receipt of Carer's Allowance | Total value of Carer's Allowance received (p/a) (£) | Total estimated number eligible | Total estimated value of benefit eligibility (p/a) (£) | Total estimated number of carers missing out | Total estimated value of unclaimed benefit (p/a) (£) |
|-----------------------|--|---|---------------------------------|--|--|--|
| Leicester | 4,750 | 14,758,250 | 7,308 | 22,705,000 | 2,558 | 7,946,750 |
| Leicestershire | 4,990 | 15,503,930 | 7,677 | 23,852,200 | 2,687 | 8,348,270 |
| Rutland | 180 | 559,260 | 277 | 860,400 | 97 | 301,140 |

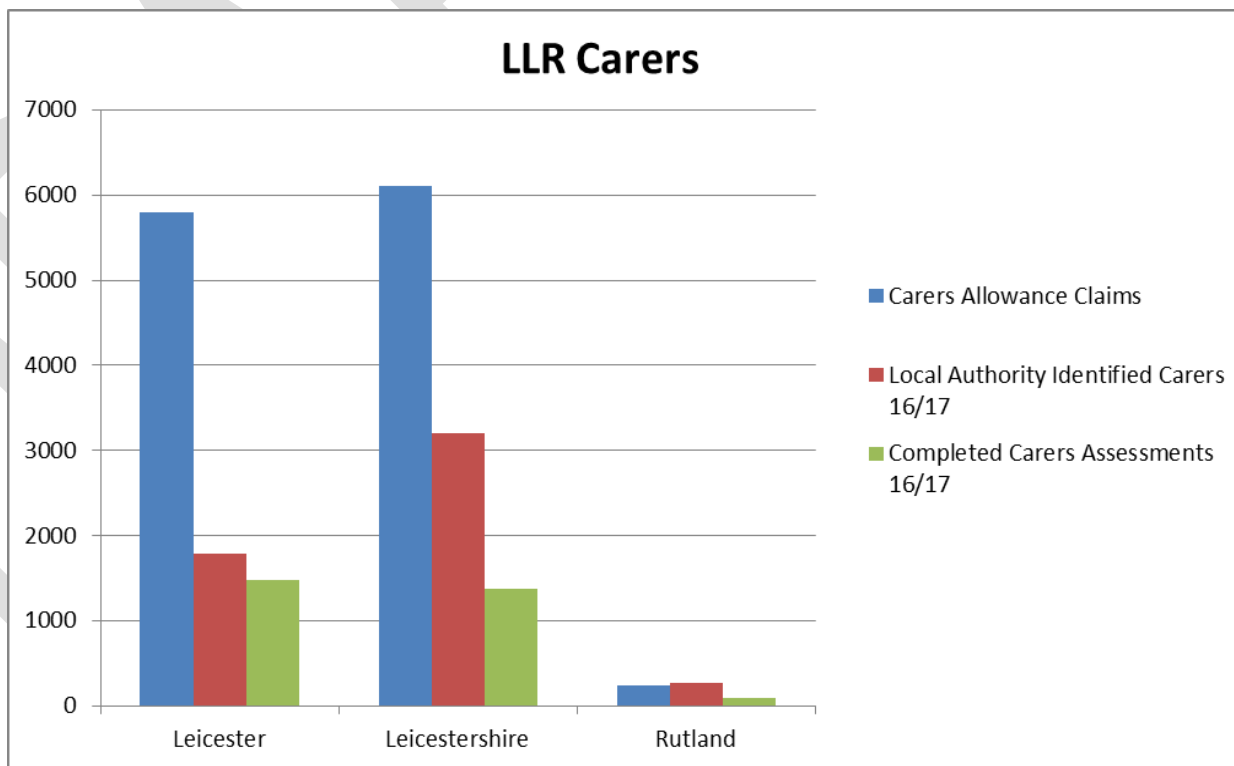
Source: Carers UK (2013)

There are a variety of reasons people do not claim carers allowance – not identifying as a carer can be an issue alongside not having appropriate information or advice regarding the claim process and general benefit entitlements. Local figures are in line with national claim rates with an average of 35% of carers missing out on claiming carers' allowance.

Although a higher proportion of carers are identified on Leicestershire systems, a smaller proportion are accessing carers' assessments in comparison to Leicester City.

When compared to the number of carers receiving carers allowance locally it is clear that a high proportion is not known to their Local Authority.

The Adult Social Care Outcomes Framework (ASCOF) uses data from a number of national sources including the Survey of Adult Carers in England (SACE) to measure how well care and support services achieve the outcomes that matter most to people. These measures are used by Leicester, Leicestershire and Rutland to monitor performance across the LLR.



As illustrated in Appendix 1, responses are varied across Leicester, Leicestershire and Rutland. Overall satisfaction with social services is high in Rutland in addition to the high proportion that feel they have been included and consulted in discussions about the person they care for. All areas have seen a small increase in the proportion that find it easy to find information about services, however less than a third of carers across LLR felt they had as much social contact as they would like. Results are static for Leicester and Leicestershire however this is a significant reduction for Rutland who reported 46% in 2014/15. Leicester City and Rutland have improved the proportion of carers who have been included or consulted about the person they care for however Leicestershire have a clear drop. This highlights opportunities to learn from local best practice, but also evidences a need to improve local carer experience.

Every two years local authorities conduct a postal survey of unpaid carers, The Survey of Adult Carers in England (SACE). The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. In October 2016 surveys were sent to a selection of 1812 carers, 771 responses were received. Responses from these surveys feed into the ASCOF scores.

7. Current carer support

A range of carer support services are commissioned across Leicester, Leicestershire and Rutland including support groups, advocacy, support to complete a carer's assessment form, and information and advice for carers including information on local services, and services specifically for young carers. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across Leicester, Leicestershire and Rutland, Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers. Leicester City Council commissions a range of services for carers, including peer support and training and opportunities for social interaction which give carers a break from caring, and some specific services for carers of people with mental health needs and learning disabilities from black and ethnic minority backgrounds.

Leicester, Leicestershire and Rutland Clinical Commissioning Groups have implemented carers' charters and promote carer support throughout services and in partnership with local authorities. There are a number of hospital social work teams aiming to bridge the gap between health and social care services to provide a fluid service. Rutland operates a fully integrated service where therapists and health professionals are also able to carry out carers assessments.

Across Leicester, Leicestershire and Rutland there have been a range of approaches including but not limited to awareness raising talks and presentations, media work; stands and stalls at events. This provider undertakes young carers statutory assessments and is implementing a family based support plan, to include as required: service co-ordination, one to one support, advocacy, support with education, employment and training, grants, inclusion work, access to holidays, ID card, signposting and referral to other agencies, under 12's group work, decorating and garden challenges.

Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire the aim of this work was to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to support young carers.

The education system was targeted from primary level right up to university and each educational establishment visited was asked to have a 'named' member of staff (to be known as 'Young Carers Champion') who proactively promotes the young carers agenda, thus increasing the likelihood of young carers being identified. This has created a network of Young Carer Champions.

8. What Leicester, Leicestershire and Rutland Carers say

The challenges a carer faces will be dependent on numerous factors and are individual to that carer. In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted in addition to analysis of survey and performance data already available.

Events were held over the summer of 2017 to ensure carer experiences and views were captured from a diverse range of carers within different caring roles and at varying stages of their caring journey. Fifteen workshops and focus groups were conducted. Numerous questionnaires and an online survey also ensured carers were given the opportunity to have their voice heard.

Through these events and further focus groups, workshops and questionnaires, over 300 carers have shared their views and experiences based around issues that we know are important to carers, such as recognition, identification, health and wellbeing, having a life outside of caring and supportive communities.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers. Contributions were received through numerous partners, including, Leicestershire District Councils, Healthwatch, and from a number of local voluntary sector organisations. Outcomes were captured, coded and themed, in order for the most common experiences, concerns and potential solutions to be drawn from the variety of sources. In brief, key areas highlighted include:

Access to appropriate information and advice: carers lacked clarity in relation to where to look for information, not having access to digital information and provision of information not only for the carer but

information that supports the cared for individual.

“Getting correct information that is up to date can be an issue”

“Making clear the support that is available, so that a person with a disability knows they can cope without a carer”

“Temples/faith groups /clubs help with social isolation”

Access to good quality services for both carers and the cared for: Carers want good quality services for both themselves and the cared for person. Before they are happy to access any type of service for themselves they need to know the cared for person is being appropriately supported.

“Need better quality support services for carers and family”

“Need some joint services for carers and cared for so we can get out together”

Increasing understanding in society of what a carer is: There is a need to increase early identification of carers but also to ensure that once identified people understand the issues they face and value the contribution they make.

“Carers don’t recognise being a carer as a separate role”

“Being listened to as a family carer as someone who knows some of the problems the person has and recognising how the caring impacts on us as carers.”

“Need to educate people on what a carer is”

The carers’ engagement work provided a real insight into the things that are important to carers locally, and their views on things that needed to be improved. It was clear that carers needed support, breaks from caring, and the opportunity to take care of themselves more, but it was also clear that small changes organisations can easily make could have a big impact on valuing carers.

“We need to feel valued and respected as people who provide help. This means that we have a lot of knowledge that is important about the person we care for and how they need help.”

“Carers who are willing and able to care for their vulnerable family or friends need to be considered as co-partners in the delivery of care and support”. Healthwatch Leicestershire Carers Lead

In addition to the engagement activity, a focussed research activity has been undertaken specifically considering issues faced by 30 women carers between the ages of 45-65 (the group that provides the highest amount of unpaid care) findings from the research were in line with the findings from engagement activity undertaken.

Alongside wishing for more help in their caring role, family background and values, culture and religion played a part as to why these women were caring. Asian and Asian British participants of the study described cultural and moral expectations from local communities that they provided the care required themselves and reported they would feel ashamed if they paid someone else to do it¹⁷.

The research confirmed that those in caring roles who work will reduce or compress their working hours to accommodate their caring duties, some participants reported staying longer than they would have liked to have done in their existing roles because of their working pattern and ability to manage their caring alongside employment.

However, there were examples where the caring role had prompted what they termed as positive changes in their working lives, including limiting the number of hours worked per week but at the same time progressing their career development.

“... I’ve spoken to people in the past who are carers who are wanting to go back to work and they don’t see that they have any skills... “hang on a minute, you run a house, you liaise over 4 kids and after school clubs and you do this, that and the other. You know you’ve got huge organisational skills.... it’s having that wherewithal to think ‘well actually what I did now converts to x, y and z’. ...Because there is a huge skill set in caring,
-Research participant

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Health and Social Care organisations should have policies that support working carers and they should be supported to gain further skills required for caring if necessary.

¹⁷ Oldridge L (forthcoming), Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of a dependent adult, to be submitted as a PhD Thesis 2017, De Montfort University, UK

In 2015 West Leicestershire Clinical Commissioning Group undertook some qualitative research across Leicester, Leicestershire and Rutland on behalf of Better Care Together. Responses reflect the key themes identified in the 2017 engagement work, but also highlighted as key issues the lack of recognition of carers' knowledge and expertise and their non-inclusion in planning and decision-making regarding the persons they care for, and the impact of the end of the caring role.

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9. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.

More detailed action plans incorporating individual organisational actions will be developed during the consultation phase of this strategy.

| Leicester, Leicestershire and Rutland Guiding Principles | | | | | | | |
|--|--|--|---|---|--|---|--|
| 1 Carer Identification | 2 Carers are valued and involved | 3 Carers Are Informed | 4 Carer Friendly Communities | 5 Carers have a life alongside caring | 6 Carers and the impact of Technology Products and the living space | 7 Carers can access the right support at the right time | 8 Supporting young Carers |
| Underpinning Partnership response | | | | | | | |
| Raising staff awareness across partner organisations Proactive communications to the wider public | Recognition of carers at appropriate points of the pathway Involvement of carers in service changes and new initiatives | Awareness raising and targeted training for frontline staff. Improving access to Information and Advice | Embedding carer awareness Support the development of local initiatives | Promoting carers within our organisations and other employers Support carers through flexible policies Benefits advice Flexible and responsive carer respite | Involving carers in housing related assessments, understanding carers perspectives Simplifying processes and ensuring information is consistent | More effective partnership working Support offer that is flexible and appropriate to needs | Focus on whole family Awareness raising and early identification Transitioning to adult services |

| Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity | |
|---|--|
| What we found | What we will do |
| <p>Carer identification was a key theme.</p> <p>Services that work with carers reported a difficulty in getting carers to recognise themselves as carers.</p> <p>Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.</p> | <ul style="list-style-type: none"> • All partners will seek to support carers to identify themselves as appropriate • LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers. • Individual partners will work to make their carer registers robust. |
| How will we know if it's worked? | |
| <ul style="list-style-type: none"> • Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services • Increase in carers referred to carer support services • Increase in the number of carers assessments offered | |

| Priority 2. Carers are valued and involved - Caring today and in the future | |
|---|---|
| What we found | What we will do |
| <p>Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.</p> | <ul style="list-style-type: none"> • Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway in order to secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge. • Commissioners will ensure that carers' views are sought and reflected in commissioning exercises. • Good practice in carer training will continue to be shared across partners. |
| How will we know if it has worked | |
| <ul style="list-style-type: none"> • Increased satisfaction level from carers within the next national carers survey | |

| Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting | |
|--|---|
| What we found | What we will do |
| There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered. | <ul style="list-style-type: none"> • Partners will review their information offer for carers to improve its accessibility. • All Partners will seek opportunities to raise awareness of local carers services |
| How will we know if it has worked | |
| <ul style="list-style-type: none"> • Increase in the proportion of carers who say they find it easy to find information about services • Increase in carers identified • Increase in numbers accessing carer support | |
| Priority 4. Carer Friendly Communities | |
| What we found | What we will do |
| <p>Feedback included carers wanting services and support available “in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities”.</p> <p>Other feedback from carers included “help should be offered rather than having to ask for it”</p> <p>Those in minority or geographically isolated groups need support too.</p> | <ul style="list-style-type: none"> • Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles. • Encourage communities to support carers through awareness raising within existing community groups |
| How will we know if this has worked | |
| <ul style="list-style-type: none"> • Carers report greater satisfaction in the accessibility of services | |

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing

| What we found | What we will do |
|--|---|
| <p>Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work</p> <p>Carers cite financial worries as one of their biggest concerns.</p> <p>Carers highlighted that they often neglect their own health and wellbeing</p> <p>Carers also felt respite was essential to enable to them to continue within their caring role.</p> | <ul style="list-style-type: none">• As employers themselves, partners will review their carer friendly policies and aim to set a good example to others.• The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short breaks to families with a child with Special Educational Needs and Disability.• CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant. |
| How will we know if it has worked? | |
| <ul style="list-style-type: none">• Working carers will feel better supported | |

| Priority 6. Carers and the impact of Technology Products and the living space | |
|--|--|
| What we found | What we will do |
| <p>The home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent.</p> <p>It was also found across LLR local authorities do not hold enough information on carers and their tenure status.</p> <p>Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care.</p> | <ul style="list-style-type: none"> The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those organisations. |
| How will we know if it has worked | |
| <ul style="list-style-type: none"> Assessment processes will be more carer aware. | |

x

| Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers | |
|--|--|
| What we found | What we will do |
| <p>Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system.</p> <p>Throughout all engagement work carers felt access to services was challenging due to lack of integration</p> | <ul style="list-style-type: none"> Assessments will take a strength based approach Each partner will look at its carer's pathway to reduce the potential for a disjointed approach. Opportunities for closer working between agencies will be |

(with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams.

Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.

considered at appropriate points in service reviews.

- People will be signposted to sources of support post-caring

How will we know if it has worked

- Improvements in carer reported quality of life and satisfaction with social services.

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| Priority 8. Supporting Young Carers | |
|--|---|
| What we found | What we will do |
| <p>Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services.</p> <p>Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment.</p> <p>Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.</p> | <ul style="list-style-type: none"> • All partners will take the needs of young carers into account in planning and assessment processes. • The assessment process will take a whole family approach |
| How will we know it has worked | |
| <ul style="list-style-type: none"> • The impact of caring on young carers is taken into account in assessments and transition planning. • Young carers report improved outcomes at home, school or in employment. | |

10. Monitoring progress

As part of the Sustainability and Transformation Plan (STP) governance structure, the Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will work alongside other partners to ensure the carers perspective is considered and responded to.

During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place. These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.

In order to ensure the involvement of carers in overseeing delivery of the strategy, a carer's reference group will be created which will track progress against key milestones.

11. Conclusion

Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

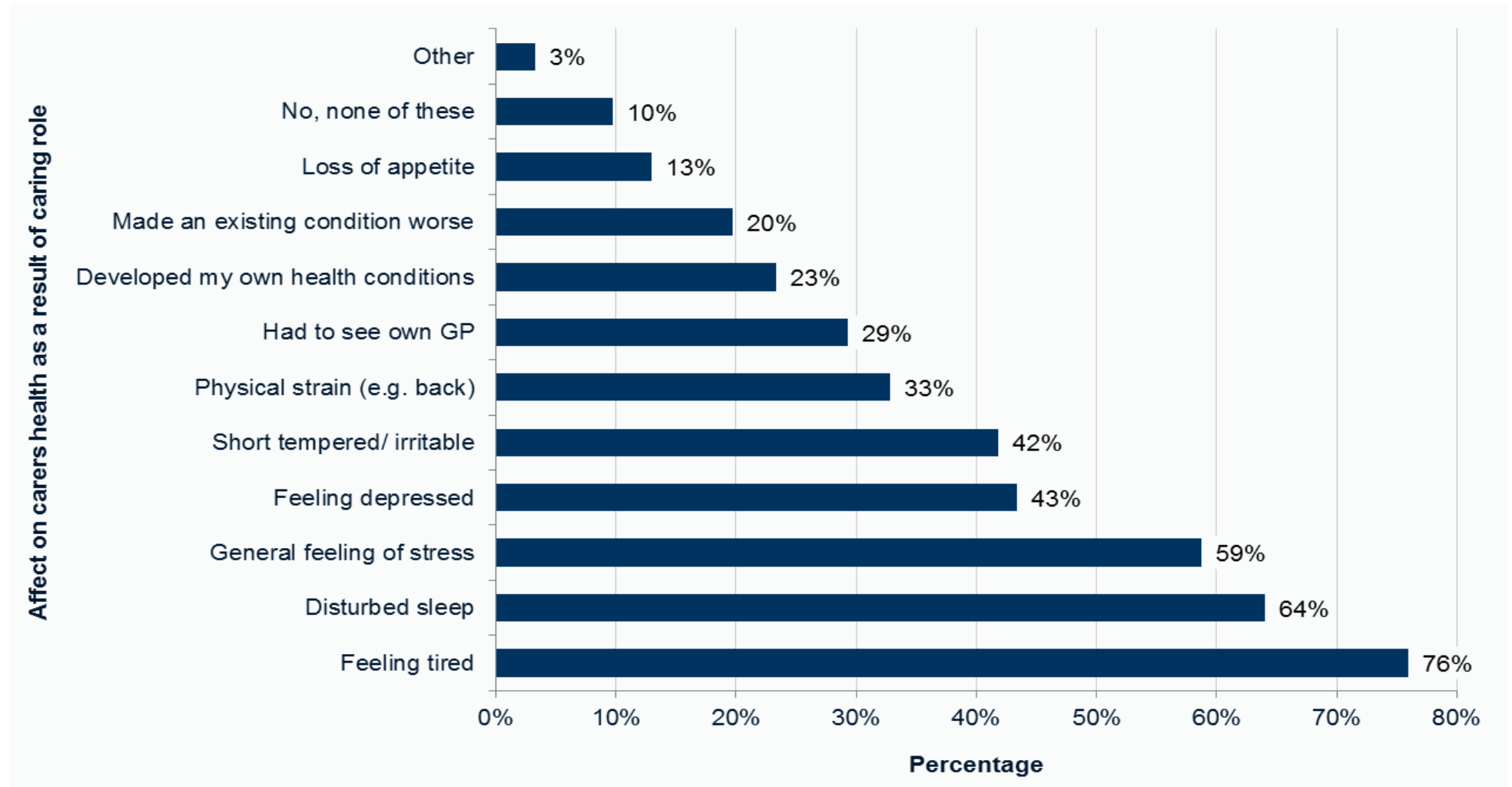
This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

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Appendix 1 – Adult Social Care Outcomes Framework

| | Measure | | 2012-13 | 2014-15 | 2016-17 |
|--------|---|----------|-------------|---------------|---------|
| 1D | Carer reported Quality of Life | NATIONAL | 8.1 | 7.9 | |
| | | LCC | 7.9 | 7.4 | 7.5 |
| | | CITY | 7.1 | 7.2 | 7.2 |
| | | RUTLAND | 9.0 | 8.4 | 7.9 |
| 1I (2) | % of carers who felt they had as much social contact as they would like | NATIONAL | N/A | 38.5 % | |
| | | LCC | N/A | 32.5% | 31.4% |
| | | CITY | N/A | 31.9% | 31.0% |
| | | RUTLAND | N/A | 46% | 31.1% |
| 3B | Overall satisfaction of carers with social services | NATIONAL | 42.7 | 41.2 % | |
| | | LCC | 43.3% | 41.2% | 31.2% |
| | | CITY | 37.9 | 37.7% | 43.5% |
| | | RUTLAND | 62.4 | 55.8% | 62.1% |
| 3C | The proportion of carers who report that they have been included or consulted in discussions about the person they care for | NATIONAL | 72.9 | 72.3 % | |
| | | LCC | 75.6% | 72.5% | 68.5% |
| | | CITY | 63.5 | 68.5% | 70.7% |
| | | RUTLAND | 92.6 | 76.7% | 84.6% |
| 3D (2) | The proportion of carers who find it easy to find information about services | NATIONAL | 71.4 | 65.5 % | |
| | | LCC | 65.5% | 58.4% | 63.5% |
| | | CITY | 52.5 | 55.5% | 57.3% |
| | | RUTLAND | 78.0 | 76.8 | 79.5% |

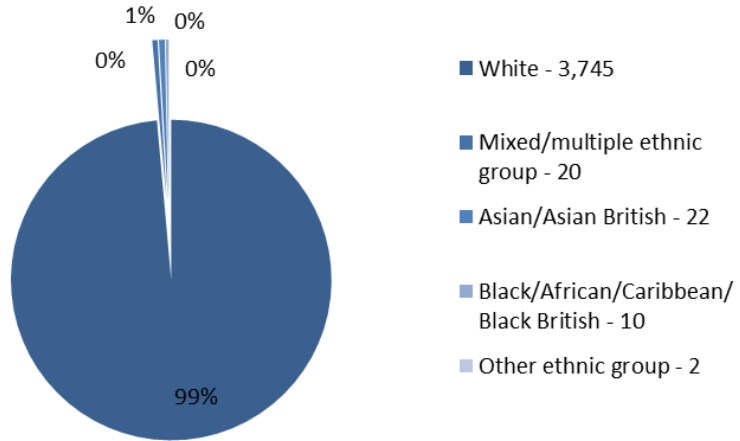
Appendix 2: Effect on Carers' Health



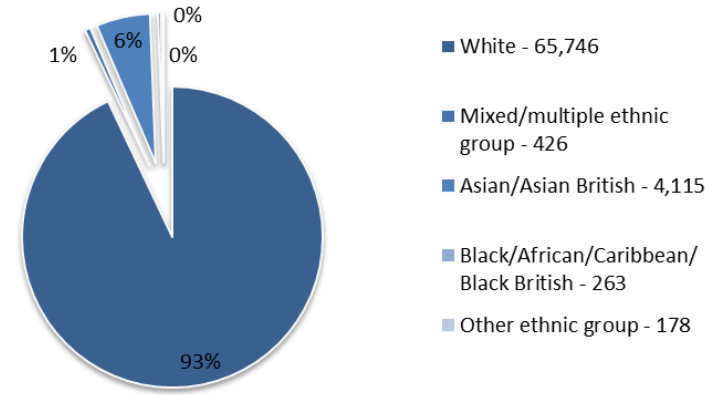
Source: SACE, NHS Digital

Appendix 3: Carers ethnicity breakdown and Young Carers statistics

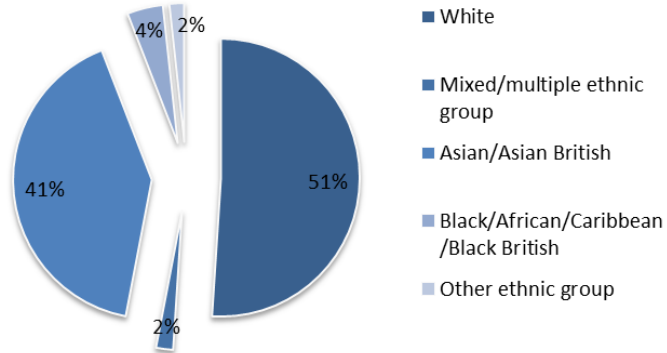
Carers Ethnicity Rutland



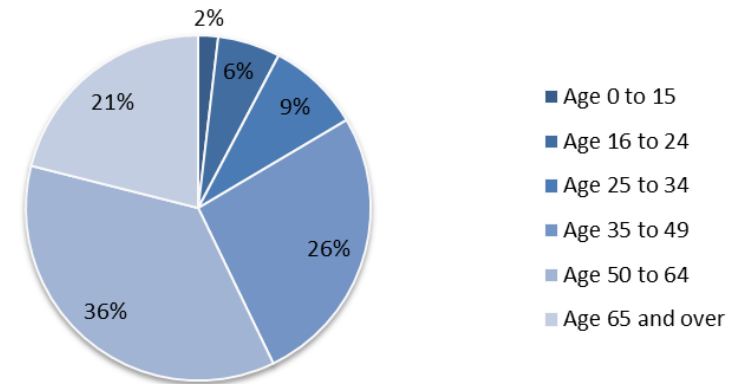
Carers Ethnicity Leicestershire



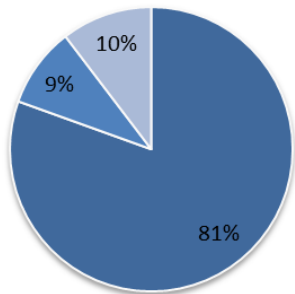
Carers Ethnicity Leicester



Age of LLR Carers

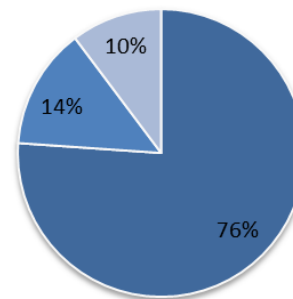


LLR Young Carers Age 0 to 15



- Provides 1 to 19 hours unpaid care a week
- Provides 20 to 49 hours unpaid care a week
- Provides 50 or more hours unpaid care a week

LLR Young Carers Age 16 to 24

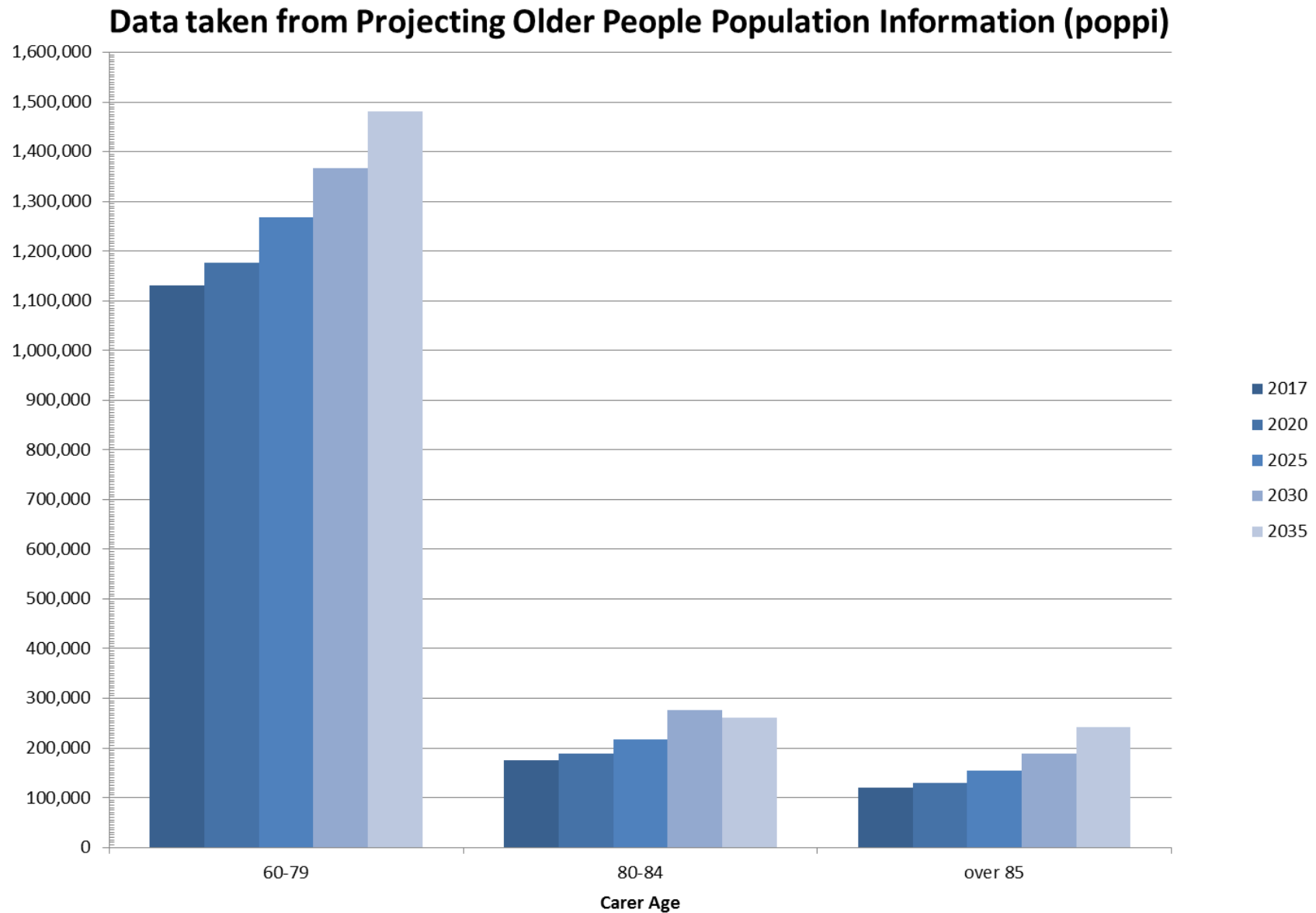


- Provides 1 to 19 hours unpaid care a week
- Provides 20 to 49 hours unpaid care a week
- Provides 50 or more hours unpaid care a week

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Appendix 4: Poppi data

51



Adult Social Care Scrutiny Commission
Draft Work Programme 2018 – 2019

| Meeting Date | Topic | Actions Arising | Progress |
|----------------------------|--|-----------------|----------|
| 19 th June 2018 | 1) ASC Annual Operating Plan 2018/2019 2) Better Care Fund (BCF) 2017/2018: Update 3) ASC Procurement Plan 2018/2019 4) ASC Spending Review 4 – Floating Support 5) Work Programme | | |

| Meeting Date | Topic | Actions Arising | Progress |
|------------------------------|--|-----------------|----------|
| 28 th August 2018 | <ol style="list-style-type: none"> 1) Outcome of VCS Phase 1 2) Performance Outturn 2017/2018 3) Carers Strategy: Outcome of consultation and emerging action plan 4) Outcome of Government consultation of the Local Housing Allowance (LHA) – Verbal update 5) Quarter 1 Performance Report 6) Disability Related Expenditure (DRE) Consultation 7) Delivering Good Social Work Practice, to include: <ul style="list-style-type: none"> • Healthy Workplace Survey • MyTime Peer Review • Peer Review • Annual Social Work (SW) 'Healthcheck' 8) End of Life Task Group Review 9) Strengths and Assets Based Approach: Update 10) Transforming Care Programme: Update (Relating to development of STP) 11) Refresh of the LLR Autism Strategy 2019: Progress update | | |

| Meeting Date | Topic | Actions Arising | Progress |
|---------------------------|---|-----------------|----------|
| 16 th Oct 2018 | <ol style="list-style-type: none"> 1) Outcome of VCS Phase 2 Consultation 2) Government Green Paper – Future of ASC: Update 3) Review of Residential and Nursing Home Fees 4) Dementia Strategy: Outcome of consultation and emerging action plan 5) Dementia Action Alliance: Update 6) Refresh of the Learning Disabilities Strategy 2019: Progress Update 7) Domiciliary Care Reprocurement: Update | | |

| Meeting Date | Topic | Actions Arising | Progress |
|-----------------------------|--|-----------------|----------|
| 4 th Dec 2018 | <ul style="list-style-type: none"> 1) Annual Safeguarding Board Report 2) Outcome of Disability Related Expenditure (DRE) Consultation 3) Transformation of Accommodation Based Housing Support: Outcome 4) Sheltered Housing Consultation: Outcome 5) ASC Internal Staffing Savings: Overview 6) Quarter Two Performance Report | | |
| 22 nd Jan 2019 | <ul style="list-style-type: none"> 1) Annual Budget | | |
| 19 th March 2019 | <ul style="list-style-type: none"> 1) Learning Disabilities and Employment: Discussion 2) Leicester Ageing Together Update Report | | |

8th August 2018

Forward Plan/Suggested Items

| Topic | Detail | Proposed Date |
|---|---|----------------------|
| End of Life Task Group Review | Final Draft Review to be presented to Commission. | August 2018 |
| Green Paper Task Group Response: Sustainable Funding for Social Care | | |
| POTENTIAL – Learning Disabilities Mortality (LeDeR Programme) – Joint Scrutiny Review with H&W/H&W Commission Members invited | | |
| Procurement | | |

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