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# Carers Support

Lead Director: Tracie Rees

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## Useful information

- Ward(s) affected: All
- Report author: Mercy Lett-Charnock
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### 1. Purpose



1.1 To inform the commission about what is being done to improve the indicators relating to 'carer-reported quality of life' and 'the proportion of carers who reported that they had been included or consulted in discussions about the person they cared for'.

### 2. Background

2.1 As a result of the Health and Wellbeing Strategy progress report presented at the scrutiny meeting on 26<sup>th</sup> November a request was made for further information in relation to the 2 carer indicators that reflected reduced satisfaction.

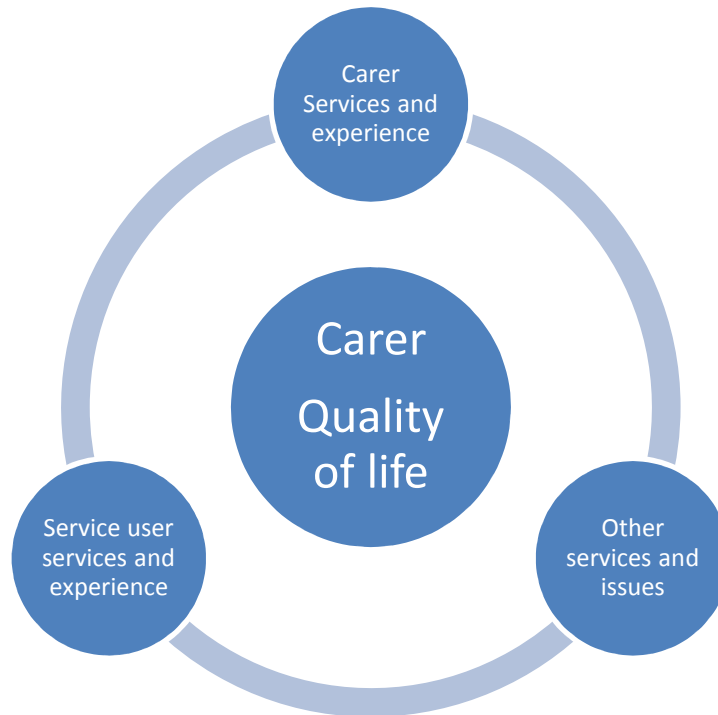
### 3. Report

3.1 The indicators referred to in the Health and Wellbeing Strategy progress report are as follows:

Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Notes
Carer-reported quality of life	Biennial	9/10 – 8.7	12/13 – 7.1		Next survey 14/15
The proportion of carers who report that they have been included or consulted in discussion about the person they care for.	Biennial	9/10 – 70%	12/13 – 63.5%		Next survey 14/15

3.2 The department recognises the downturn in performance and is looking at additional ways to address the needs of carers. However, it should be noted that carer satisfaction and quality of life are not solely due to direct carer services and how carers experience their treatment whilst in their caring role. The quality and quantity of service user provision as well as things outside of local authority control such as changes to welfare benefits, finances more generally and issues to do with GP or hospital provision also affect satisfaction. Carers when asked their views, often list non Council issues as a concern to them. This can be summarised as at Fig 1 below.

Fig 1.



3.3 Service user provision has been a concern for many carers particularly older carers who are reflecting that the change from traditional services to personal budgets has been hard to understand and in some cases stressful to deal with. Changes to the way in which individuals are choosing to spend their personal budgets to meet their social inclusion needs mean that some customers are choosing to spend less time out of the house than previously was the case and so carers may be getting less time as respite or to undertake tasks or activities than they used to. Changes to Health provision as well as Council provision are changing and where service users have received the same service for many years and are now experiencing change, this can be unsettling.


3.4 “Other” service issues raised by carers and carer organisations include perceived lack of support and advice from G.P’s, impact of welfare reforms (and financial pressures generally) and issues around hospital discharge. Carers frequently raise these issues when consulted and in being asked about their general satisfaction are quite likely to consider these things as well

as local authority services and support.

3.5 The department is now 18 months into the carer strategy action plan and has begun to tackle some of the issues raised by carers – including work with Health colleagues to try to deal with areas outside of the Council remit. Progress includes:

- A Carers Joint Specific Strategic Needs Assessment, “The Needs of Carers in Leicester” has been produced. This will be reviewed over time but already identifies issues for carers in the City that support services can focus on in order to improve outcomes for carers. This information will inform future developments.
- The numbers of carers assessments undertaken has increased from 1,233 in 2011/12 to 1,810 in 2012/13 and additional staff training around carers assessments has been commissioned.
- In 2012/13 824 carers were provided with a carers personal budget (this is approximately 45% of those receiving a carers assessment) and the opportunity continues to be promoted in order to enable carers to access personalised support that best meets their needs.
- Five voluntary sector organisations have been awarded additional monies to provide carers breaks during 2013/14.
- Preventative services within the voluntary and community sector are being reviewed and consultation will shortly be undertaken on the findings. One of the recommendations is to invest additional monies into the sector for carers services.
- A significant commitment has been given to helping to identify carers and to support them through the provision of information and advice during the last year and in addition to the voluntary sector services information provision, a new information leaflet to help early identification of carers has been produced with and for carers.
- A carer training programme has been developed within the City Council which has delivered training to help carers undertake their caring role.
- An interagency pilot has been undertaken to improve the pathways into services for young carers, to ensure they are identified and are able to fulfil their potential in terms of education and leisure.
- GP’s have been involved in carer awareness along with practice manager staff to ensure an improved service for carers and better identification.
- Development of the carers charter and the launch on national carers rights day (November 2013) at the Curve will help inform carers of their rights and that support is available

3.6 It can be noted that as a result of some of these actions progress can be seen in the area of assessments and information (see figure below) although this is an area we continue to look to improve on and practice has been revised so that workers within the Single Point of Contact will complete carers assessments in future. This will provide carers with a quicker service and will maximise the number of assessments undertaken.

Indicator	Reporting frequency	Baseline	Latest data	Direction of travel	Notes
Carers receiving needs assessment or review and a specific carers service or advice and information	Quarterly	11/12 – 18.8%	12/13 – 26.5% 13/14 Q1 – 7.6%		

3.7 In relation to support and awareness raising for carers the department funds and supports Carers Forums facilitated by The Carers Centre, to provide information and gain feedback from carers to inform service development. This year forums for carers included:

- police and hate crime
- consultation on the council tax benefit changes
- consultation on the LCC budget proposals
- sessions developing the carers charter
- meeting with the police and crime commissioner
- consultation on the government personal health budget consultation paper
- trading standards door step crime
- working with health professionals
- working with social care staff
- carers information requirements

3.8 However, it is also acknowledged that carers need more in depth support and information. National research, local experience and feedback from carers tell us that training is an effective way to support carers to feel better able to cope with their role, to feel less isolated and to look after their own wellbeing. During the year the following work has been undertaken to support this:

- Training delivered to nearly 120 additional carers through training provided by voluntary sector organisations (funded specifically by LCC to do this)
- A new carer training programme (delivered in house) for 2013/14 (last year training was delivered to 123 carers)
- Training was commissioned from the Challenging Behaviour Foundation for joint sessions with carers and staff from different provider organisations
- Carers Action Group carers were provided with safeguarding training
- An e-learning package has been purchased and tailored to local needs so that all staff have access to information about the needs of carers

- Provided 42 front line staff with Carers Assessment training delivered by a local voluntary sector partner

- 3.9 Despite the progress there is a lot of work still to be done as highlighted by the satisfaction ratings (and issues raised directly by carers). There remain challenges as resources tighten and all people – not just carers, feel the pressure of financial/welfare and service changes nationally.
- 3.10 The indicator relating to carers being included or consulted in discussions about the person they care for is a specific point relating to current practice. There could be several reasons for the result that have more nuances than “not being included or consulted” reflects.
- 3.11 The carer not being involved by staff could be because the carer was involved in a safeguarding issue at the time and it wasn’t therefore appropriate. Or it could be that another professional requests for example an extra domiciliary care call and in order to get that expedited the worker does an assessment without the carer. It is always expected that workers would consult carers where practicable and this will continue to be emphasised.
- 3.12 It is also possible that the carer didn’t agree with the outcome and therefore reported they weren’t involved e.g. the carer wanted the person they care for to go into residential care but it was felt this wasn’t appropriate for the service user.
- 3.13 Consideration is being given to how the survey is undertaken in future as some of the above points are based on suppositions. It is felt that helping people complete the surveys in future may give more accurate responses and also enable more qualitative data to be collected enabling us to truly understand the reasons behind the responses. This may mean that where surveys aren’t returned an offer of a visit is given.

## **Future**

- 3.14 The carers strategy continues to be implemented and the impact of the Care Bill is being assessed in terms of actions required by the Council. A focused resource for carers (such as carer support officers) may be the way forward for the Council as pressures on care management time mean that carers cannot always be the first priority. This will be considered along with other options for carer support both within and outside the Council.
- 3.15 As many of the issues affecting carers relate to partner organisations, the joint working will continue and investment in the voluntary sector if agreed will help to support carers in the future.