

**TO: ADULT SOCIAL CARE AND HOUSING OVERVIEW AND SCRUTINY PANEL
20 JANUARY 2015**

**FEEDBACK FROM THE CARERS' STRATEGY CONSULTATION
Director of Adult Social Care, Health and Housing**

1 PURPOSE OF REPORT

- 1.1. To inform the Panel about the work undertaken to engage people in the consultation process for the development of the Joint Commissioning Strategy for Carers and the results of the consultation. It is also intended to enable the Panel to offer comment and guidance.

2 RECOMMENDATION

- 2.1 **That the Panel considers the outcomes of the consultation, and contribute as appropriate.**

3 REASONS FOR RECOMMENDATION

- 3.1 To enable the Panel to contribute to the development of the Joint Commissioning Strategy for Carers.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 Consultation is not taken into account. Strategy is not developed.

5 SUPPORTING INFORMATION

- 5.1 The current Joint (health and social care) Commissioning Strategy for Carers expires in April 2015. A new strategy needs to be developed for the next 5 years.
- 5.2 The Care Act 2014 defines a carer as someone who helps another person, usually a relative or friend, in their day to day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.
- 5.3 Not all people who are providing care see themselves as carers and therefore the term "people in a caring role" will be used to refer to carers in the main body of text.
- 5.4 Bracknell Forest Council supported approximately 900 carers in 2013/14 (RAP returns). In the 2011 census approximately 9,000 people in Bracknell Forest identified themselves as carers. Not all carers want or need support but it is important that support is available for those who do.
- 5.5 The strategy will be informed by:
- The views of people who are in a caring role and people who support them
 - Relevant legislation such as the Health and Social Care Act 2012 and the Care Act 2014
 - National guidance such as the National Carers Action plan 2014

- Research and Best Practice
- An analysis of the needs of the local population, current service delivery and what is likely to change or needs to change in the future

5.6 This report outlines the how the consultation was undertaken to inform the Joint Commissioning Strategy for Carers and the emerging themes.

6 THE CONSULTATION

Principal Groups Consulted

6.1

- Adults who have a caring role for other adults.
- Parents who are supporting a young person approaching adulthood.
- Young people in a caring role approaching adulthood.
- People who support people who are in a caring role.
- People who are interested in supporting people in a caring role.

Method of Consultation

6.2 The consultation was initiated with a Conference on 24th July 2014. The key note speaker being Dame Philippa Russell (The Chair of the Government committee, “Standing Commission on Carers” and a carer in her own right) was particularly well received by those who attended.

6.3 The Carers Issues Strategy Group which has people who are in a caring role and people who support carers represented on it, assisted with organising and running the conference as well as the consultation.

6.4 The consultation period was 13 weeks from 24th July – 23rd October 2014. All people identified on the ASCHH information system as current carers were informed about the conference and consultation via letters and information was sent out through partnership to reach harder to reach groups such as those from ethnic minorities

6.5 Bracknell Forest representation on the Carers Forum enabled their views to be taken into consideration and also we were invited to attend the Carers coffee morning hosted by Bracknell and Wokingham Mencap to discuss their issues.

6.6 Bracknell Forest representatives also listened to people who were either in a caring role or had been in a caring role who attended the Carers Lunch.

6.7 Bracknell Forest was aware that the National Carers Audit was to be sent out to all people who have been identified by carers on the ASCHH information system. Therefore, in October 2014, consideration was give as to how the consultation and questionnaires should be designed to avoid as much duplication as possible. It was considered appropriate that the analysis of the responses to the National Carers Audit from people who are caring for people within Bracknell Forest would also be included in the strategy.

Representations Received

6.8

- Carers Conference: 120
- Questionnaires: 38
- Carers Forum: approximately 12
- Mencap Coffee Morning: 7
- Carers Lunch: approximately 60

Emerging Themes

6.9 There were many positive comments about services that specifically support carers in Bracknell Forest, particularly from the voluntary sector such as Berkshire Carers Services and Bracknell Forest Voluntary Action (Involve), and the dedicated assistant care manager within the older people and long term conditions team. People also mentioned the good support from their GPs, care managers, occupational therapists, Parkinson's disease specialist nurses and other voluntary sector organisations such as BADHOGS and Triple A.

6.10 Areas for development

Equality of Access to Support – Carers in Bracknell Forest do not feel that they are treated equally as to the person they care for. Some people in a caring role felt there was an imbalance -“as long as the cared for is alright” and that they were a “burden”. This reflects the national picture and equality of access to assessment and support is a key element within the Care Act 2014. Access to advocacy was identified as need to support people in a caring role.

Access to information and advice – Many people stated that they found information accessible, however young people approaching adulthood, parents who are caring for young people with illness or disabilities who are approaching adulthood and people who were new to caring did not always have relevant information available to them in a timely way. People in a caring role were concerned that information was not always put in accessible places, especially as many people do not have access to the internet. They expressed the importance of having information that is up to date. Finally, they identified the need for more advice and support when filling in forms.

Assessment – Those people who had received an assessment generally felt that the support from the voluntary and statutory sectors was good and the forms were easy to complete. Not all people in a caring role were aware that they were entitled to an assessment; of the benefit of assessment; or where to go to get an assessment. Some people were uncertain that they had had an assessment. There were concerns that the “the problems are too big (for Care Managers) to solve with the tools at their disposal” and of getting support was too long.

Personal Budgets and Direct Payments – these are not currently available directly to people in a caring role but some had experience of using them to support the person they care for. However with the advent of the Care Act, people in a caring role will have access to Personal Budgets and Direct Payments. People in a caring role could see the benefits of them, although they would need further information on how they would work and what they could be used for. They were also concerned that managing them would mean additional work and responsibility for the person in a caring role.

Social and Emotional Support – many people in a caring role were aware the levels of depression amongst people who care is very high and stated that they valued the support that they had from their peers, voluntary and statutory sector. They highlighted the need to talk to people who are caring for people with similar illness and disabilities e.g. Alzheimer's, learning disabilities as well as general peer group support. However gaps were identified in the availability of one to one support and talking therapies. As people in a caring role often have difficulty getting time out and their role is isolating one of the suggestions was that there is a telephone line (similar to Silverline) "just phone and talk to someone" when they have had enough. Those consulted also identified the need to support people with planning for the future (e.g. as they get older they may not be able to continue in the caring role or the person they care for has a deteriorating illness) and bereavement.

Respite – people in a caring role valued the respite that they received, especially the ill health preventative aspects. However people wanted to be able to book respite more in advance, have more flexibility in as to when and how it was used and for the process for getting respite to be quicker.

Access to health services - many people in a caring role found their GP helpful but were concerned that GP's did not fully understand or recognise the responsibilities in this role. Due to their caring roles, people have found it difficult to look after their health and access health services. They would like more flexibility in timing, length and type of consultations, e.g. telephone consultation. Concern was raised also about the difficulty in getting continuing health care funding and the need to support carers through the process.

Involvement in planning of support for the person they care for – people in a caring role do not always feel that they are involved in the planning of support for the person they care for. An example given was a doctor and a person with mental health problems who agreed for the person's medication to be altered without the person in a caring role being involved. From past experience, the person in a caring role, knew that if this change in medication was made, the person they cared for would become mentally unwell and they would have to "pick up the pieces", which they ended up doing. People in a caring role need to be involved as they are supporting the person and they are often experts by experience. People in a caring role also said that some practitioners blamed them for things that go wrong but as one carer put it, "no one trains you to be a carer for someone with profound and complex needs – you take it day by day".

Rights – not all people in a caring role knew their rights e.g. right to an assessment or what rights they had to be involved in planning of support for the person they care for. The issue of the right to a private and family life also arose as when a person is in a caring role, as there are many practitioners involved, visiting the home and asking questions.

Transport – this is seen as a barrier for people to having respite as well as providing support to the person they care for. There were particular concerns about access to transport for health appointments.

Training – people in a caring role would like more support and training to enable them to provide support to the person they care for.

Continuity, quality of care and communication between teams – people in a caring role expressed concerns about the turn over of staff, especially home care and the irregular timing of visits. They were also concerned about the level of skills home

Unrestricted

care staff had to support the person they care for. Often this meant both the person in a caring role and the person they care for waiting in for carers, placing restrictions on them. Due to this and communication between teams was not always being effective, people in a caring role felt they were being an “arbiter” of care.

Background Papers

Carers' Consultation Questionnaire
National Carers' Survey

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