



**Adult Social Care Select Committee  
24 October 2013**

**Supporting Carers**

**Purpose of the report:** Scrutiny of Services – The Committee continues to monitor the Service’s performance on securing positive outcomes for carers. The Committee will scrutinise an update report from the Carers Practice & Performance Group. This report provides an update on ASC’s progress in practice improvement and general support provided to carers who are supporting Surrey residents.

**Introduction:**

1. A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem.
2. Adult Social Care is committed to providing good quality support to carers who look after people living in Surrey who are 18 years old or older. Carers may themselves be adults, or young people under the age of 18 looking after a parent, older sibling or other adults important to them in their life.
3. Adult Social Care places an emphasis in practice on the key outcomes laid out in the National Carer Strategy update<sup>1</sup> which include:
  - Helping carers identify themselves as carers as early as possible, involving and valuing their contribution in the design of local planning and provision as well as in the planning of both their support and that of the person they care for’s support;
  - Enabling those carers who want to work or engage in learning to achieve their potential in these areas;
  - Providing personalised support to carers and to the people they support that promotes a family life, and inclusion and involvement in their communities;
  - Enabling carers to remain healthy and well (including physical, mental and emotional wellbeing).

<sup>1</sup> “Recognised, Valued, and Supported: Next steps for Carers Strategy” (Nov 2010)  
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## New Care Bill (implementation April 2015)

4. The new Care Bill will strengthen the rights of carers in terms of their entitlement to an assessment and support when eligible. It also introduces new requirements to provide preventative services for individuals and carers and to provide information and advice. What the Government says this will mean is:

“Carers will no longer be treated as an extension of the person they are caring for. They will have a right to an assessment to decide if they need support... [they] will have a legal right to receive state-funded support for those needs, just like the people they care for”.

5. Personal Care and Support have already taken steps that put Adult Social Care in a favourable position to meet new requirements that are defined in the Bill. Work is already being undertaken on whole family assessment processes heightening awareness of young carers and simplifying assessment and support planning processes. By doing so, the impact of change introduced through the Bill’s implementation in practice terms will be lessened. This will contribute to a better service for carers in Surrey. Whilst some further work will be required to fully meet the requirements of the Care Bill, the County Council is now widely seen as being well placed to respond to the new legal requirements of The Care Bill. For example in April 2013, Dame Philippa Russell (Chair, Standing Commission on Carers) wrote that "We have so much to learn from the work that you have developed in Surrey around real multi-agency working and also proactive and strategic partnerships with carers."

### *Good Practice Example*

*Information stands were presented by Runnymede Locality Team at Eileen Tozer Centre in Addlestone, Manor Farm Centre Egham, Woodham and New Haw Centre, and The Orchard Centre in Chertsey over 4 days. A real success of these stands was that a number of people not identifying themselves as carers asked questions and were supported with information about things that may support them in the future including Early Intervention and GP Support Payments. Many had no idea that what they were doing in terms of supporting someone made them a carer, or that there was support available to them too. Another consequence of these sessions was the building of relationships with the Centres, most asking for return visits, information sessions etc for the future. (co-ordinated by Jana Minova AP2 Carer Runnymede Locality Team supported by other practitioners from that team) – June 2013*

6. Staff from Adult Social Care have as a result been involved in assisting the Department of Health by feeding in to a whole range of discussions about the development of the Bill and accompanying regulations and Guidance.

## **Carers Practice and Performance Group**

7. In June 2012 a group of partner organisations was established by Adult Social Care to regularly review activity and performance relating to the Service's support of carers supporting residents of Surrey.
8. Appendix 1 outlines the terms of reference and membership of this group. Membership includes representation from representation from Adult Social Care Select Committee and Democratic Services and partner organisations.
9. The group meets on a quarterly basis and is chaired by Assistant Director for Personal Care and Support.
10. The group reviews 6 performance measures endorsed by Adult Social Care Select Committee in May 2012. These are detailed in Appendix 2.
11. The group will going forward be considering the implications of the Care Bill in relation to how carers in Surrey can continue to be supported both through the work of front line Locality Teams as well as strategic and commissioning responses.

## **Practice Improvement in Personal Care & Support (PC&S)**

### **12. Assistant Practitioner Level 2 (Carers)**

- 12.1 In May 2012, 13 Assistant Practitioner Level 2 Carer (AP2 Carer) posts were created to be based in each of the 11 Locality Teams, one in the County-wide Transition Team and a peripatetic role to support the carer agenda in county wide practice improvement initiatives.
- 12.2 The role supports practitioner staff in improving their understanding of legal and practice requirements when supporting carers. These practitioners support staff through 1:1 and group training opportunities, induction of new staff in carer awareness, policy and procedure (practice and recording), and promote supporting carers within a whole family approach.
- 12.3 11.5 posts have been recruited, with one remaining vacancy in Mole Valley and a half time position in Elmbridge Locality Teams. The recruitment to the remaining positions remains a priority. Support from within the existing cohort is provided to these teams.
- 12.4 The role is improving practitioner awareness of carers, understanding of their rights, and quality of assessment and support planning with carers as a part of a whole family approach. The examples below provide some evidence of the value of the role for front line teams.

**AP2 Carer Role:** *Just wanted to say I have had a fantastic morning as an AP2 Carer! Yesterday I identified that someone wasn't recording carers correctly and this morning I have spent time with them working at making the corrections which took only an hour of their time. I've been asked this morning by someone else how to record a carers assessment and so we had a mini tutorial which resulted in the person sitting next to us getting involved because they wanted to learn how to do it in the "correct way". All the paperwork has been completed for a Carer's Direct Payment for one of my cases, and I've helped someone complete the Carers E-learning module.*

*I've also booked out IT Suite for two days next week for others in the team to book time to do the E-learning packages.*

*I just wanted to feedback that the role is really taking off now, and people are using me ..... I'm really busy and being appropriately used which should show an improvement in our recording and practice.*

**Jayne Low – AP2 Carer (Surrey Heath Locality Team) – July 2013**

**Carers Week June 2013:** *The Epsom & Ewell Locality Team had a team lunch to raise awareness of carers during Carers Week. A raffle also raised £80.00 for Surrey Young Carers and team members were set a task to contact a carer on their case list and mention a carer service/benefit in the local community. A member of staff also volunteered to bake and decorate a special Carer's Week cake! (co-ordinated by Charlotte Emery AP2 Carer Epsom and Ewell Locality Team) – June 2013*

### Improved Networking

- 12.5 The AP2 Carer role has provided increased capacity to promote links with carer support organisations locally.
- 12.6 AP2 Carer practitioners regularly hot desk at Action For Carers offices in Guildford. The same arrangement will be replicated at Action for Carer's Reigate office with AP2 Carer practitioners from areas covered by that office.
- 12.7 Action for Carers "Giving Carers a Voice" forums are now regularly attended providing a PC&S presence. A helpful role in these events is being able to respond to carers who want to know more about the support available for them as well as ensuring individual difficulties raised can be heard and followed up after the forums.

### Good practice example

*Jane Thornton – Action for Carers Surrey wrote saying "Special thanks to the team of AP2 Carer practitioners for coming out in force- it was really good to have their input in the workshops – Penny and Jane did an impromptu "slot" in Richard's session – and carers much appreciated meeting them and hearing about their role. Great that we can continue to work together like this." (Oct 2012). **AP2 Carers: Jayne Low (Surrey Health Locality Team) and Penny Roberts (Spelthorne Locality Team)***

- 12.8 Improvements in networking activity are not limited to organisations with a specialist carer interest. AP2 Carer practitioners attend a wide range of forums, meetings, organisations that may in some way be involved in supporting carers. They include representation at local Valuing People Groups, Empowerment Boards, Well-being Centres, PLD Partnership Board,

*Good practice example*

***Dementia Crisis Respite Service*** - I took part in the panel selection and tendering process. I really enjoyed joint working with my colleagues in mental health, procurement and the CCG. It enabled me to really get involved with designing a service that is not only to specifically target carers but also to prevent up to 200 unnecessary hospital admissions per year. It's great that I have been involved right from the very start and it's very rewarding to see that this service is going to go live on October 1<sup>st</sup>.

**Charles Axon-AP2 Carer (Woking Locality Team) – August 2013**

- 12.9 The value of this role is the additional capacity it provides in developing the support that friends, families and communities can offer carers in their local communities. AP2 Carer role will work closely with the Social Care Development Co-ordinator posts to achieve increased opportunities for carers.
- 12.10 Further evidence of how the role supports continuous practice improvement will be shown in other areas of this report.

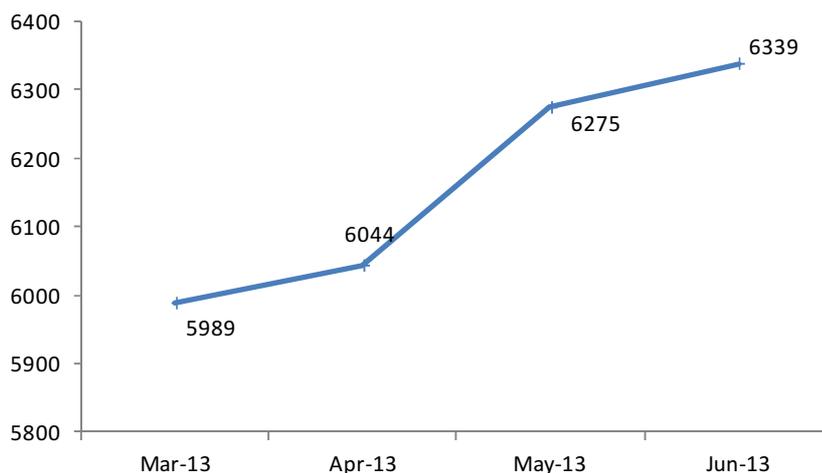
### **13. Performance Measures**

#### **13.1 Identification of carers – Number of open carers**

- a) Locality Teams continue to improve in their identification and recording of carers supporting people known to their team. The number of recorded carers open to Personal Care and Support at the end of June 2013 is 6339. This represents a 7% increase since the last report to Select Committee in November 2012.

### Number of Carers open on AIS countywide at month end

Source: Charteris Management Meetings report from AIS



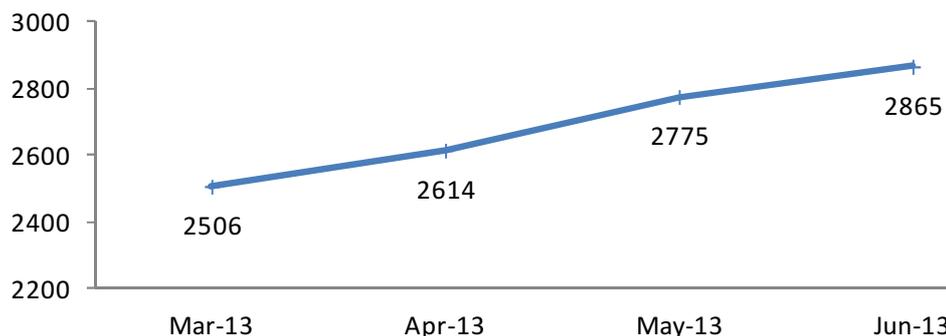
- b) An activity that has contributed to this continued improvement is that 562 staff in Personal Care and Support have completed and passed the Carer Aware e-learning package during this period. This training module is aimed at raising awareness of the definition and rights of carers.

### 13.2 Carers with a Supported Self Assessment

- a) 2865 carers have (as at end June 2013) had a Supported Self Assessment (SSA). This is an increase of 55% since the last report to Select Committee in November 2012 (1849 carers reported). More significant is that 93% of these assessments have taken place as a part of a joint assessment process with the person they care for. This evidences that a whole family approach to assessment and support planning is now embedded in the practice of Locality Teams.

### Countywide Total Number of SSAs

Source: Charteris Management Meetings report from AIS

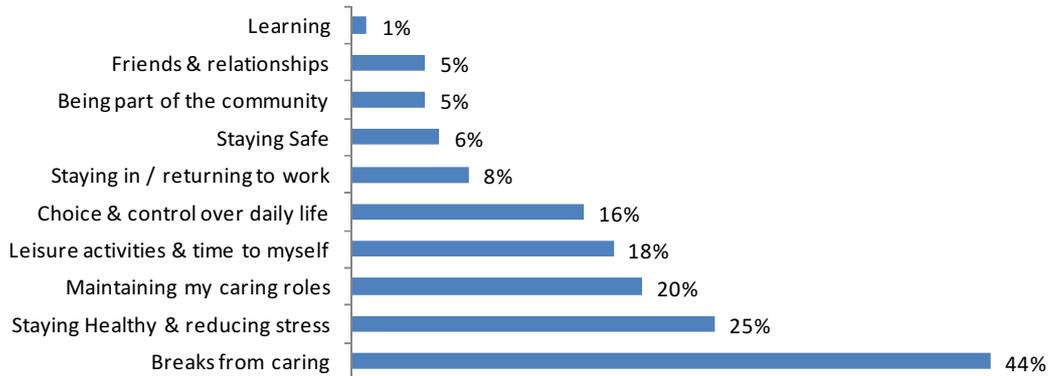


### 13.3 Carers Personal Outcomes

- (a) The Care Quality Commission has published a number of themes that carers have expressed being important to them in terms of the outcomes they wish to achieve. Personal Care and Support records outcomes in line with these for every carer in terms of what they want to achieve when planning and receiving support.

**Percentage of Carers with a Personal Outcome  
June 2013**

*Source: Charteris Management Meetings report from AIS*



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- (b) Breaks from caring, Staying health and reducing stress, and Maintaining my caring role remain the 3 most common outcomes carers wish to achieve as a result of the support that Adult Social Care provides them.

**13.4 Carers Survey**

- (a) The first statutory Carer Survey was concluded in November 2012. The results indicate a general shift toward improved satisfaction amongst carers accessing support from Surrey County Council and Adult Social Care.
- (b) 42% of the carer sample responded (678 of 1626 carers approached) to the survey.

**General satisfaction**

- (c) 71% of carers reported feeling ‘extremely satisfied’, ‘very satisfied’ or ‘quite satisfied’ with the support and services they had received over the last 12 months.

*Qualitative feedback received*

‘I feel we have been very well treated and are grateful for the help we have received from the social services’

‘Just to say I have always found the social care very helpful and understanding with the fact I live in Hertfordshire, the same applies to the care service’

‘I have great support from my husband’s key worker. SILC has been very helpful with the reconciliation form. I was very worried that I would not get this right before they helped me.’

## Choice and Control

- (d) 67% of carers felt they did some things that they value or enjoy, but felt they would like to do more.

### *Qualitative feedback*

*"I think that direct payments have given our family choice and control"*

## Maintaining activities and relationships

- (e) 85% of respondents reported feeling that they have some social contact, 58% of whom would like to have had more social opportunities.

### *Qualitative feedback*

'My daughter and son in law are a great help to me as they're (sic) closest to me. My sons also help when they can but they live and work up north.'

'The man I care for is always happy, joking and full of great stories. Its a pleasure to care for him. He's become a big part of my family's life. We've been neighbours for 5 years and were friends before his son arranged for me to care for him.'

## Access to information and advice

- (f) 65% of carers responding found it easy to access information and advice about support, services or benefits relevant for them.  
80 % of the respondents had actually accessed information and advice services.

## **13.5 Budget and Support provided through Voluntary Sector**

- (a) Adult Social Care and Clinical Commissioning Groups jointly fund a range of services for carers through a Multi-Agency Carers Commissioning Group to deliver the requirements of the National Carers Strategy. The Surrey Carers Commissioning Group spent £6.8 million in 2012/13; (£4.6M from Adult Social Care & £2.2 M from NHS Surrey). This included £4.4 million funding for grants and contracts for carer led support for carers shown in the table below. This is in addition to funding for carer direct payments and other training and support activities. In 2012/13 these services delivered through carers organisations provided support to 14,921 adult carers and 1,406 young carers. In addition well over 3000 carers received a carers support payment (personal budget).
- (b) The Care Bill will require Councils to provide a range of preventative and information services from April 2015. It is believed that the range of carers support services already in place will go a fair way to enabling the Council to meet these new obligations.

<b>Grant Funded Support for Carers – Joint Commissioning SCC &amp; NHS</b>	
Surrey Young Carers (Action for Carers)	Support to Young Carers (under 18) – County wide service with local delivery
Home based breaks for carers (Crossroads Care)	Flexible home based breaks, normally for a few hours a time
End of Life Care (Cross roads Care)	Customised breaks for carers in end of life situations
Voice for carers (Action for Carers) Carer awareness training	Enabling carers views to be heard
<b>Grant Funded Support for Carers – Joint Commissioning SCC &amp; NHS (cont)</b>	
GP Carers Recognition Project (Action for Carers)	Works Jointly with Health to raise awareness of carers needs in Primary care and improve use of GP Carer registers and support for carers by practices
Enabling Carers Training	Enables training to be provided to carers locally with issues around staying healthy and handling stress
Carer Back Care Service (Action for Carers, White Lodge, Carers of Epsom)	Support to carers with moving and handling to help avoid risk of back injury
Carers and Employment Service (Action for Carers)	Support for carers to maintain their employment, return to employment or access vocational training
Independent Local Carer Support Organisations	Borough/ district based organisations providing increased local support
Leisure Services people with learning disability	Enables carers to have a break while the person they look after is involved in stimulating leisure activities
Rethink - Mental Health Carer Support Service	Specialist support for carers of people with serious and enduring mental health concerns
Benefits Advice for Carers	Second tier advice service to help carers support schemes ensure that carers get the right benefits and money advice

### **Early Intervention through Carer Direct Payments**

- (c) The Coalition Government's agreement highlighted the importance of enabling more carers to access personal budgets, community based respite and support. The County Council has worked together with the NHS in Surrey to help facilitate this through new early intervention and prevention service that complements the work of Adult Social Care

Teams. Two schemes have been co-designed to enable more carers to access early stage support avoiding the need for more intrusive and costly interventions down the line.

### **Payments through Carers Organisations**

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- (d) The first scheme is where Carers Support Organisations undertake a light touch “Carers Support Evaluation” can approve payments of up to £500 per case to support the carers own needs (including support for young carers). Payments are targeted at carers not receiving services from Adult Social Care to avoid duplication and maximise the preventative effects. These interventions help avoid breakdown in the caring situation and the need for more intrusive and expensive interventions by statutory services. During 2012/13 there were a total of 878 payments ( 267 to support young carers and 611 for adult carers)

### **GP Breaks Funded by NHS Surrey**

- (e) NHS Surrey has developed a new GP Carer Breaks scheme where GPs can now allocate up to £500 a case for residential and other breaks for carers (including young carers) to address carer health needs. GPs are able to action both the payment and also referrals for more information from their screen during the patient’s consultation. This can be agreed by the GP based on their clinical assessment of the carers level of stress and resultant need for a break. The doctor can agree this allocation from their screen during the consultation with the patient.
- (f) The service commenced from 1 December 2011 and all Surrey practices have now signed up to participate in the scheme. The NHS has allocated £1.3 million pa. enabling 2600 a year carers to receive a break in this way. The scheme has been highlighted as best Practice by the Government and Care Services Minister Norman Lamb has highlighted this as best practice on a number of occasions including in the House of Commons.

## **14. Young Carers**

- 13.1. Supporting young carers under the age of 18 is a priority for Surrey County Council. Staff from Adult Social Care and Children, Schools and Families work together with a wide range of partners through a multi agency Surrey Young Carers Strategy group.
- 13.2. In support of Adult Social Care’s commitment to support young carers as a part of a whole family approach, it was decided that it would be beneficial to track the number of young carers involved in supporting adults open to Personal Care and Support.
- 13.3. At the outset Personal Care and Support were able to identify 18 young carers on the AIS recording system. There has since been a steady increase, with the number rising significantly over recent months. The number of young carers now identified in Personal Care and Support Teams is 121 young carers (as at 25/09/2013).

13.4.As a part of the new Care Bill developments, changes are expected in terms of the Local Authority’s accountability around identifying and support young carers. The current identification and recording activity in Personal Care and Support will be useful preparation to the Care Bill’s implementation in April 2015.

13.5.1406 young carers were provided support in 2012/13 through the services arranged by an independent young carer service funded by Surrey County Council. The numbers supported represent a 15% increase on the preceding year.

13.6.Raised awareness and identification of young carers has been supported by 528 Personal Care and Support staff successfully completing the “Young Carer Aware” E-Learning package.

13.7. Development of a new Young Carers Assessment format is underway lead by an AP2 Carer practitioner and manager from Surrey Young Carers with young carers themselves actively engaged in deciding the content and design. Young Carers have told us that two formats are needed, one that is suitable for younger carers (more pictorial), another that is more relevant for teenagers.

13.8. A ‘Making it Real’ event for Young Carers in Surrey was held and the output of that event has been used in the national Making it Real for Young Carers document launched by Think Local Act Personal September 2013.

13.9. The Government is about to introduce an amendment to the Children and Families Bill that will increase the responsibilities of both Childrens and Adult services to identify and support young carers and prevent them having to undertake “inappropriate care”. The Care Bill has also introduced additional requirement to support older young carers in their transition to adulthood. It is anticipated that there will be a joint response with Children and families Services to this legislative change

**Conclusions**

14. Adult Social Care continues to make improvements to the ongoing delivery (and in some cases continued delivery) of good quality support to carers in Surrey.

15. AP2 Carer role is making a tangible contribution to practice improvement in Locality Teams and networking opportunities at a local and county wide level.

16. Surrey County Council is receiving recognition both from the Department of Health and the Standing Commission on Carers as being an authority that is delivering good practice in relation to a whole family approach to assessment.

17. Adult Social Care will continue to consider and respond to the implications of the Care Bill’s implementation in 2015. This will include consideration of a range of Regulations and Guidance to support the Bill which have yet to be published. Work will be undertaken together with

partner organisations to respond to both practice and commissioning requirements.

## Financial and value for money implications

18. The extent of the financial implications of legislative change are yet to be fully explored in relation to delivering support to carers in Surrey. However, the Department of Health's "Impact Assessment" on the Care Bill was published on 8 May 2013 concerning a number of aspects including improved support for carers and carers' assessments. It summarises the figures for additional funding for carers' assessments and provision of support rising to £175 Million a year in England (an estimated £2.8 million for Surrey). The report also summarises the savings to Councils of £390 million a year that the Department of Health believe will arise from improved support for carers. This would if correct equate to notional savings or cost avoidance for Surrey of £6.2 Million
19. A cost modelling exercise was recently undertaken as part of a review of priorities for the Surrey Joint Carers Commissioning Strategy. This highlighted that supporting carers helps prevent breakdown of caring situations, provides help in a manner that many families appreciate and avoids far greater cost for the provision of more expensive, more intrusive "care packages". In this sense, increasing support for carers can be seen as investing to save.
20. In 2011/12 the Surrey County Council funded services to over 13,000 carers funded via the Joint Carers Commissioning Group at a cost of just over £5,000,000. In around 10,000 of these cases, the family does not receive any other direct support from Adult Social Care.
21. A cost avoidance modelling exercise has been undertaken to look at the financial impact of ceasing support in these otherwise unsupported cases (a similar exercise to one undertaken and reported on to Adult Social Care Select Committee in January 2011).
22. It is estimated that if the carers services provided to 10,000 carers not receiving any other support from Adult Social Care were withdrawn, up to 40% of cases could break-down within a few months. Not all of these people would seek help from the Council. Some would be people who will fund their own care and others may not be eligible for services.
23. If just 10% were eligible and took up publicly funded services, this would suggest a whole year cost of over £14.7 million a year for replacing carers support (illustrated below). The actual level of demand could well be higher than 10%, particularly in relation to home based care along with changes in Social Care funding outlined in the Care Bill being implemented in 2015.
24. This illustration shows potential cost avoidance implications based on 10% (an additional 1000 people with a carer) of carers currently supported through early intervention / information and advice services requiring support.

- 2% needed nursing care - this would cost £4.8 million a year based on the cost of nursing placements at around £23,889 a year and for 200 cases, and
  - 8% needed home based care which would cost at least £9.9 million pa based on an average cost of £239 a week for home based care for older people.
  - Replacement care costs would amount to an estimated £14.7 million a year.
  - Additional impact not included in the above estimate is that of resource to meet the additional assessment, support planning and review activity and other costs associated with managing 1000 extra cases.
25. A range of other assumptions might be made that all suggest a higher cost still (for helping a small proportion of those currently supported via carers organisations). If the demand for services were 15% the cost could be around £22 million and at 20% as much as £29.5 million.
26. Both of the Government's figures and the local study suggest that there is potential to save, supporting more people for less money through appropriately targeted investment on carers.

### **Equalities Implications**

27. There are no specific equalities implications arising from this report but an Equality Impact Assessment will be undertaken in relation to plans to respond to the requirements of the Care Bill; including those for carers.

### **Risk Management Implications**

28. There are no specific risk management implications arising from this report.

### **Implications for the Council's Priorities or Community Strategy**

29. Ongoing practice improvement contributes to Adult Social Care's vision in relation to ensuring carers are supported in making informed and supported decisions about sustaining their caring role and being able to have a life beyond caring

**Recommendations:**

30. That Select Committee endorse the ongoing practice improvement in relation to support provided to carers supporting residents of Surrey.

**Next steps:**

31. The Carers Practice and Development Group and Multi Agency Carers Commissioning Group are to collaborate in developing proposals for ensuring that new obligations to support carers arising from the care Bill are addressed based on codesign and value for money principles.
32. A further report will be made to the Select Committee on plans to implement the provisions of the Care Bill including requirements to further improve support for carers.
33. Work will be undertaken through the Multi Agency Young Carers Strategy Group to ensure effective implementation of new legislative requirements for supporting young carers and their families.

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## Adult Social Care - Personal Care and Support Carer Practice and Performance Group Terms of Reference

### Context of the Group:

Supporting carers to stay healthy and well and balance their life outside of caring remains one of the Adult Social Care (ASC) key priorities. As a part of ASC's response to achieving this priority, Personal Care & Support are committed to practice improvement that delivers quality information, support and where appropriate direct services to carers that are responsive to the needs of carers (including the needs of young carers).

In the recent past Personal Care & Support has faced a number of challenges that have hindered consistent delivery of support to carers. A number of improvements to practice procedures have been put in place and Personal Care & Support is committed to ensuring the consistent application of these, resulting in improved outcomes for the carers receiving support and services.

As a part of this commitment, PC&S want to ensure that key partners are involved in discussions that will bring about sustainable improvements in practice within our front line teams. To that end, the Carer Practice and Performance Group has been set up.

See Appendix 1 for links with other strategic and operational groups and organisations.

### Functions of the Group:

- **Monitor progress being achieved in practice:** These discussions will be informed by performance against the measures agreed by ASC Select Committee (see appendix 2)
- **Identification of project based work to progress practice improvement:** The group will use the expertise and experience of its members to identify / recommend solutions that improve outcomes for carers. Ad-hoc sub groups may be formed to facilitate topic / issue specific activity. These will be time limited to the duration of the activity.
- **Identify and share good practice that furthers sustainable improvements in providing positive outcomes for carers:** The group will share and acknowledge good practice that evidences positive outcomes for carers and the people they support. These examples may include specific families, but also systemic changes, improved and effective relationships between organisations etc.

## Group Membership

**Assistant Director Personal Care and Support:** Group Sponsor and Chair  
**Senior Manager for each geographical area within Personal Care and Support**

**Mid Surrey** (Epsom and Ewell, Elmbridge, Mole Valley Localities)

**North West Surrey** (Runnymede, Spelthorne and Woking Localities)

**East Surrey** (Tandridge, Reigate and Banstead Localities)

**South West Surrey** (Guildford, Waverley, Surrey Heath Localities)

**Operational Lead Manager for Surrey and Borders Partnership Trust**

**County Councillor - Adult Social Care Select Committee**

**Carer Practice & Development Manager - Adult Social Care, Personal Care and Support**

**Lead Manager – Business Intelligence Team, Adult Social Care**

**Commissioning Manager for Carers - Adult Social Care**

**Chief Executive Action for Carers Surrey**

**Nominee of the Surrey Carers Support Chairs Group**

**NHS Surrey Partnership Manager (Carers)**

**Nominee from Rethink Carer Support Surrey**

**Young Carers** – involvement will be achieved by members of this group making use of Young Carers Forum and Young Carers Strategy Group

**Scrutiny Officer – Surrey County Council Adult Social Care Select Committee**

### **Note:**

- Membership of this group may from time to time be expanded to include others, particularly if sub groups are created as above.
- Members should nominate someone to deputise for them when they are not able to attend.

### **Meeting Frequency:**

The group will meet on a quarterly basis taking into account the schedule of PC&S Quarterly Accountability Meetings and representations to be made to Adult Social Care Select Committee

## Appendix 2

### Adult Social Care - Carers Performance Measures

In May 2012, Select Committee requested the following six performance measures relating to Adult Social Care's activity that support carers in Surrey be monitored. These are as follows:

Measure 1	Open Carers (including young carers) recorded on AIS (ASC's recording system)
Measure 2	Carers with a Supported Self Assessment recorded
Measure 3	Details of carer personal outcomes (including number of carers with a recorded personal outcome and carer personal outcome category as a percentage of all recorded carer personal outcomes)
Measure 4	Number of young carers helped either through Adult Social Care services or support from voluntary sector organisations funded by Adult Social Care.
Measure 5	Annual reporting on the budget for voluntary organisations supporting carers (including the numbers of carers supported and the difference made to those carers)
Measure 6	Annual survey of carers (the first being initiated in the autumn of 2012)

## Concepts relating to Carers – A brief overview of key concepts relevant or referred to in this report

### 1. Definition of a carer:

- 1.1 ASC adopts the Carers UK definition of a Carer: “CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.”
- 1.2 The definition also includes those who may be intending to provide support to someone in the future. This is particularly important relation to planning hospital discharges
- 1.3 It is important that carers are not treated as a resource by limiting their right to choose the amount of time they want to dedicate to their caring role(s), or the what they want to be doing to support the person they care for (type /nature of tasks).

### 2. Young Carers

- 2.1 **Definition of a young carer:** ASC defines a young carer as: A child or young person under the age of 18 who provides regular and ongoing care and /or emotional support to a family member who is physically or mentally ill, disabled, frail or misuses substances.
- 2.2 The support young carers provide may in some way restrict their life chances, impact on their education and/ or their opportunities to socialize in the same way as their peers. Helping at home is part of growing up but young carers often do far more than other young people (unreasonable levels of caring) because of the caring role they have and sometimes get involved with tasks that may not be appropriate for them to do.
- 2.3 Support for young carers is about supporting adults and their families in ways that enable young carers to achieve the same milestones as that of their non young carer peers. Older young carers (16 and 17yr olds) may receive support directly.
- 2.4 There are thought to be around **14,300** young carers in Surrey based research for the BBC undertaken by Professor Saul Becker and others in 2010. These young carers will be caring for people of different ages and conditions including siblings, adults, parents, older people, with physical, mental health, alcohol and or drug dependencies, long term conditions, life limiting conditions etc.

The research raised a question about the census information available at that time under reporting the prevalence of young carers, a view that was endorsed by the then Care Services Minister Paul Burstow commenting that the census figure was "just the tip of the iceberg".

### **3. Carers entitlement to assessment:**

- 3.1 Current legislation (Carers and Disabled Children Act 2000) gives carers who provide a substantial amount of care on a regular basis, the entitlement to request an assessment of their own needs.
- 3.2 A later piece of legislation obligates Local Authorities to inform carers of this entitlement. Therefore we as a Local Authority should be proactively including carer's in our assessment processes rather than waiting for the request to do so.(Carers (Equal Opportunities) Act 2004)
- 3.3 The Care Bill when introduced will place carers on an equal footing to the people they support in terms of entitlement to assessment and eligibility for support, thereby eliminating any confusion that may exist about regular and substantial levels of care, and entitlement for assessment.

### **4. Carers Needs Assessment:**

- 4.1 A carers needs assessment is a legally defined concept.
- 4.2 Purpose of a carer needs assessment is to establish whether the caring role is sustainable for the carer (1995 Carers Recognition Act and 2000 Carers and Disabled Children's Act) looking at how it impacts on the carer's wellbeing.
- 4.3 A further legal requirement was introduced in 2004 for carer's assessments to include consideration of how the caring role impacts on the carer's ability to work, take part in leisure activities, education and training (i.e. does the carer have the same opportunity to take part in these areas of life as someone who does not have a caring role).
- 4.4 If not, then action should be taken to address any of these areas. The **Meeting Carer's Needs** section below informs how this may be done.
- 4.5 Where a carer meets SCC's eligibility criteria and provision to the cared for person does not also meet all of that carer's needs, they may receive support via a Carer's Personal Budget to be used to pay for support to meet those remaining needs (Before a personal budget is provided, other ways of meeting that need including consideration

given to the support of family, friends and the communities will be explored).

## **5. Self Directed Support:**

- 5.1 Self Directed Support is the model that Adult Social Care uses to carry out assessments, support planning, and the monitoring & review processes for both individuals and carers.
- 5.2 Individuals and carers are encouraged to take as much control as they are willing and able to in providing information for their assessment process, and can choose who is best to support them to do so if they would prefer some support. This may include someone from their network of family, a friend, a professional, or a social care practitioner.
- 5.3 Individuals and carers are also encouraged to take as much control in the support planning process as they are able to, so that the outcomes and arrangements to meet these outcomes are really personalised to them.

## **6. Supported Self Assessment (SSA)**

- 6.1 As above, the assessment process is designed to involve the individual and carer as much as possible.
- 6.2 Where an individual has a carer, the Supported Self Assessment is made up of 2 parts. The first part is about the individual and looks at risks to their independence (brought about by their frailty, disability, illness etc). The second part is about the carer and looks at the risks to the carer being able to maintain their caring role (and being able to exercise some choice about the extent and nature of their caring role).
- 6.3 In law, if the person being cared for declines an assessment, carer's are still entitled to an assessment of their own needs, and therefore Adult Social Care will in these circumstances complete only a carer's assessment.
- 6.4 SCC Adult Social Care uses a whole family approach in assessment, and therefore we expect in most situations where there is a carer that a "whole family" joint assessment process takes place.
- 6.5 When this happens, both the carer and the individual are afforded the opportunity to talk to the practitioner separately from each, other giving them more freedom to talk about sensitive things that they may not feel comfortable saying in front of the other.

## 7. Carers Needs Assessment:

- 7.1 A carer's needs assessment is a legally defined concept.
- 7.2 The purpose of a carer needs assessment is to establish whether the caring role is sustainable for the carer (1995 Carers Recognition Act and 2000 Carers and Disabled Children's Act).
- 7.3 A further legal requirement was introduced in 2004 for carer's assessments to include consideration of how the caring role impacts on the carer's work, own leisure activities, education and training (i.e. does the carer have the same opportunity to take part in these areas of life as others who do not have a caring role).

## 8. Meeting carer's needs

- 8.1 SCC Adult Social Care Eligibility Criteria includes an undertaking to meet carer's needs falling within the critical and substantial criteria, equitable to the criteria for the cared for person.
- 8.2 When arranging support, individuals and carers are encouraged to take into account how the support planned may benefit both / all parties involved. We anticipate that robust support arrangements for the cared for person will very often be supportive to the carer helping them to maintain their caring role. This is especially true if the carer no longer feels willing or able to continue all or some of their caring role and alternatives to their support are being provided.
- 8.3 Where necessary i.e. when a carer's needs cannot be met by the arrangements made by the cared for person, a carer may be provided with their own Carer's Personal Budget to meet their assessed **eligible** needs.
- 8.4 As is the case with the individual needing support, family, friends and community support are always considered prior to providing funded forms of support to carers.

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