



Support for Carers in Woking

Local Committee for Woking 22 October 2003

KEY ISSUE:

A Joint Carers Strategy for North West Surrey has been agreed for 2003 to 2006. Details of this have been requested by the Local Committee along with details of support provided to Carers in Woking.

SUMMARY:

Carers are people who 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.

In Woking there were 8,161 carers identified in the 2001 Census. 1,167 of these people provided over 50 hours a week. About 1 in 8 of the workforce in the carers will be combining caring (excluding child care) with paid work.

These carers save the nation an estimated £75 million a year in Woking alone. (*Without us? calculating the cost of Carers Support*, Carers UK and the Institute of Actuaries 2002).

This report provides details of services provided in Woking which have been developed through Joint Carers Strategies.

OFFICER RECOMMENDATIONS:

None – this report is for information

Introduction and background

1. Support for carers has been developed for carers over the past five years through Joint Carers Strategies. Initially Woking was part of the West Surrey Joint Carers Strategy. There are now Carers Strategy Groups linked to each of the five Primary Care Trusts and Adult Social Care boundaries. Carers are equal stakeholders to Health, Social Care and District/Borough Councils.

Key Areas of Work

2. Key areas of work undertaken as a result of jointly agreed priorities in the Carers Strategy include:
 - a. Carers Breaks services commissioned from voluntary organisations
 - b. Funding the Crossroad scheme. Crossroad's offers support to carers from its "sitting service". Crossroad's services have always been seen as invaluable by carers and the survey of Woking carers that occurred during 2002 reinforced this view. Woking Crossroad is highly respected and seen as a core and essential service by carers. The department will continue to support Crossroad and find every opportunity to increase the funding we offer. Additional funding for Crossroad to support carers of people with learning disabilities has been successfully bid for from the Learning Disabilities Development Fund
 - c. An independent Carers Support Scheme
 - d. An independent Young Carers project which supports Young Carers in Woking as part of a service offered throughout Surrey. This work is about to be enhanced through additional funding through the Children's Fund for work in schools in Woking and Surrey Heath
 - e. A County-wide Carers and Employment project part funded by the European Social Fund which was highlighted as an example of good practice in the Government's National Carers Strategy
 - f. A carers website www.carersnet.org.uk has a wide range of information for carers. It also includes "Care Radio", the world's first digital radio station for carers
 - g. Joint work with "Rethink" (formerly NSF) to develop specialist support for carers of people with significant mental health problems.
 - h. A Carers Breaks Voucher Scheme developed with involvement of carers
 - i. A scheme for direct payments to give carers a break

- j. Work to ensure that the needs of carers are central to Hospital Discharge procedures
- k. Joint work with Health to improve identification of carers with a view to ensure that carers' health needs are properly recognised.

3. Carers Survey – Spring 2002

The following issues arose out of this survey:

- a. There were a number of parents caring for disabled children who raised issues. These have been discussed with colleagues within Surrey Children's Service.
- b. There were a small number of people who were not receiving services from Adults and Community Care. These have been discussed with local service managers and followed up where necessary.
- c. A significant number of people raised the issue of information available to carers. This is a general issue being pursued by the County Carers Strategy Group.
- d. A large majority of respondents expressed their satisfaction of the high level of service provided by Crossroads.

4. New in 2004/5:

- a. The Carers Strategy Group have identified setting up a Back Care project for Woking and Surrey Heath as a key priority for 2004/5. It is planned to fund this through the National Carers Grant.
- b. The Back Care project will operate to bring about positive health gains for both carers and users through the employment of a Back Care adviser. The adviser would provide advice to carers in their own homes including support on safe moving and handling techniques, identify appropriate equipment and recommend this to appropriate professionals in order to reduce incident of back pain or injury.
- c. The adviser would also work across all agencies promoting the needs of carers and would be supported by an inter-agency steering group with relevant health and social care professionals and carers' organisations.

5. Monitoring the Strategy

- a. Carers Strategy Groups are charged with monitoring progress in implementation. Attached are details of services for carers in Woking funded through the Joint Carers Strategy Group (Annex 1).

Ethnic Minority implications

6. There is a part time specialist Ethnic Minorities Carers Support Worker in Woking funded by Surrey County Council. The work of the post is primarily focussed on supporting carers from the Asian community in Woking.

Consultations

7. The Joint Carers Strategy has been developed with the involvement of carers and also been the subject of wide circulation for comment.

Financial implications

8. There are no specific financial implications requiring action from the Local Committee.

Self-reliance implications

9. One in eight of the working population are juggling work and caring.
10. Caring is an issue which affects us all – demographic changes mean that 3 in 5 people will become carers at some stage in their lives. These responsibilities often cannot be planned – caring can happen over time, but it can also happen overnight.
11. The peak age for caring is 45-64, so many working carers will have significant skills and experience which may be lost to a workplace unless they are supported. Whatever their job, their loss would have an impact. Given the significant skills shortages in some sectors, for example health care, employers now have to retain skilled staff of all ages, and increasingly widen their recruitment pool.
12. There are also carers who have been forced out of the employment market or forgo training opportunities for caring.
13. The Action for Carers and Employment project is supported with European Social Funding to help address these issues. It is a County-wide project which provides support to carers from Woking as part of its work.

Equalities implications

14. Carers are identified as a target “marginalized group” for support within the Surrey County Council’s Equalities Policy. The work of the Joint Carers Strategy Group as a whole therefore gives general support to the Equalities Strategy.

Reimbursement

15. A critical time for carers is when the person they are caring for is admitted to hospital. It is important that carers are actively involved in planning arrangements for individuals when they are fit for discharge. There has to be agreement that the discharge is also safe. The Delayed Discharge Act being brought into force in January 2003 places responsibility on Local Authorities to ensure discharge is not delayed. If the delay in discharge has been caused by the Local Authority, it will be fined for each day of the delay. A full explanation of this process is explained in the attached Annex 2.
16. Discussions are also taking place to review hospital discharge policies and procedures and carers need to be involved in this.

Conclusions

17. This report is provided for information and comment by the Local Committee. Any comments made by the Local Committee will be addressed by the Joint Carers Strategy Group and feedback given.

Report by:	John Bangs, Carers Development Manager
LEAD/CONTACT OFFICER:	John Bangs
TELEPHONE NUMBER:	020 8541 9675
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ANNEX 1**Services for Carers in Woking funded through Joint Carers Strategy****S.C.C. Carers Funding 2003/4**

Service Name	For	Spend
Woking and Surrey Heath Crossroads	Carers in Woking	£47,782
Carers Support Woking a) contribution towards Carers Support Worker b) Ethnic Minorities Worker	Carers in Woking Carers in Woking	£14,294 £20,366
Direct Payments for Carers	Carers in Woking	£36,000
TOTAL		£118,442

National Carers Grant 2003/4

Service Name	For	Spend
CARERS SUPPORT WOKING: Leisure events for carers ("Time out for Carers)	Carers (Generic) in Woking	£3,120
LINK LEISURE: Taking adult users out on leisure activities to give carers a break.	Carers of people with Learning Disabilities in Woking and Surrey Heath	*£4,569
NATIONAL SCHIZOPHRENIA FELLOWSHIP: Support to "mental health" carers for people with severe and enduring mental illness.	Mental Health Carers in North West Surrey	*£21,853
ONE TO ONE: Leisure opportunities to enable carers to take a break.	Carers of people with Learning Disabilities in Woking	£11,042
WOKING AND SURREY HEATH CROSSROADS: Breaks for carers of people with mental health problems.	Carers of people with Mental Health problems in Woking/Surrey Heath	*£16,703
WOKING & DISTRICT MENCAP: Holidays to enable carers to have a break.	Carers of people with Learning Disabilities in Woking	£4,100
Carers Break Vouchers	Carers in Woking	£21,000
TOTAL		£82,387

* Carers all NW Surrey but cost attributable to Woking shown.

ANNEX 2



ADULTS AND COMMUNITY CARE

Report to Select Committee

REIMBURSEMENT

11Th September 2003

LEAD/CONTACT OFFICER:
TELEPHONE NUMBER:
BACKGROUND PAPERS:

Mike Geernaert
01483 517985

1 INTRODUCTION and BACKGROUND

- 1.1 Following extensive consultation over a period of 2 years, the Bill to introduce a system of charges to Local Authorities of £120 per day (in the south east of England) finally gained Royal Assent in April of this year. The policy will be implemented in shadow form from October 2003 and will be fully operational as of January 2004.
- 1.2 In order to help Surrey County Council meet the costs of the potential charges, Surrey is to receive a grant of £1.058 million in this financial year which will be paid under Section 88B of the Local Government Finance Act 1988. This means that the grant is non-specific and that we shall have to ensure that the funds are passed to this service from the corporate centre to Adults and Community Care.
- 1.3 At the most recent meeting of the county wide project steering group, members were anxious to know how much money would be available for their Areas to invest in schemes, or to further bolster existing schemes. The Steering Group recommended that the grant should be top sliced by a maximum of £172,500 to pay for the new data base required to support the policy, and that the remaining £855,500k should be split across the five Areas.

2 ANALYSIS AND COMMENTARY

2.1 Delayed Transfers

The County Council has invested in 2003/4 an additional £6 million in older peoples' services which has been a major factor in our ability to reduce the numbers of delays in hospitals across Surrey. However, the challenge remains to sustain the now comparatively low level of delays in a county where it will always be difficult to secure long term care at an affordable price.

- 2.2 Delayed transfers can also be the result of organisations failing to work together to provide sufficient care for people in the community and thus reduce the dependence on acute hospitals as a safe place for care. Investment into community care and into intermediate care will therefore be imperative if we are to provide the right care at the right time in the right place for older people.
- 2.3 Delays also occur when the discharge planning process from hospital is inefficient. All current discharge policies with the acute hospitals in Surrey are being reviewed.

2.4 **Reimbursement Policy Implementation**

- 2.5 Briefly, the new initiative introduces a statutory obligation to hospital staff to inform Adults and Community Care of the likely need for local authority provision (called a Section 2 Notification). A multi-disciplinary team meeting will then decide that the patient is medically fit and safe for discharge. Once the date for discharge is agreed (Section 5 Notification), Adults and Community Care have 24 hours to affect the discharge.
- 2.6 The minimum amount of time given to Adults and Community Care between a Section 2 and Section 5 notification is 3 days; although in practice, a longer time period will be allowed to complete an assessment of a patient's long term care needs.
- 2.7 In preparing for this government initiative, two groups have been established across Surrey: a Steering Group and an Implementation Group. Within each Area, health and social care economy, local teams are reviewing their discharge processes in line with the new guidance. The local teams are also responsible for introducing the required notification processes within their acute hospitals

2.8 **Definitions of Delays**

- 2.9 The policy calls for a realignment of responsibilities for delays. For the last 5 years, Surrey Health and Social Care services have operated a system where they jointly agree categories of delays by agency responsibility. Under the new policy, Adults and Community Care will be liable for an increased number of delays. The identification of agency responsibility is complex and has called for an intensive piece of work to agree Adults and Community Care's liability.
- 2.10 In order to capture the new definitions and to streamline the process for invoicing local authorities, we urgently need a new database. This is likely to be the case for all other Local Authorities. Surrey is leading the way in specifying the requirements for the new database and has entered into initial negotiations with an organisation that can provide the necessary expertise. Once the specification is complete, a tendering process will be implemented to ensure best value.

2.11 **The Reimbursement Grant**

- 2.12 The PCT Chief Executives are all pressing for the grant to be invested into schemes which enable them to achieve their commissioning plans by freeing up blocked beds. The Acute Trusts have stated that they would prefer not to have to operate this scheme at all because of the administrative burden, but this is not an option under the legislation.

2.13 The grant brings an additional £1m to Surrey to support older people. However, the risk is that the grant could just be used to pay fines and be of no added value. The Steering Group has been guided by the following principle:

- The implementation of reimbursement across Surrey should not leave any agency at greater financial risk than they are at present.

2.14 The Steering Group has wanted to ensure that the majority, if not all, of the grant can be invested in new services that will reduce the number of delays in acute hospitals. Our ability to invest in new services will depend on any monies paid in fines to acute hospitals being returned to the Authority for reinvestment in these services. The risk to the Council is that the fining liability will exceed the grant and compromise the older people's core budget.

2.15 The Steering Group is developing proposals to be agreed across the whole health and social care system that will allow investment in new services on the basis that the money paid in fines will be returned to the Authority to support the investment.

2.16 The principle of returning the fines has now been established and agreed, but as yet, only on the basis of a proportion (50%) of the monies paid in fines being returned. Work is ongoing to improve the proportion of fines being returned with the expectation that 100% will be returned eventually.

2.17 Each Area Director with their colleagues from the PCT and Acute Hospital have been asked to report by mid October for their Area on the following:

- What new service could the grant monies be invested in.
- The proportion of the fines that will be returned for investment in these new services.
- What proposal the acute hospitals have for the money paid to them in fines that they will not return to the Authority.

The result of this work will be the basis of a further report to the Committee and the Executive.

CONCLUSION AND REASONS FOR RECOMMENDATIONS

This paper seeks to inform the Select Committee of the progress being made on the implementation of the new reimbursement policy. The committee is asked to endorse the progress made to date and support the principle that any monies paid in fines should be returned to invest in services which minimise the number of people who are delayed in hospital.