

Adult Care and Well Being Overview and Scrutiny Panel
Wednesday, 25 March 2015, County Hall, Worcester - 10.00
am

Minutes

Present:

Mr T A L Wells (Chairman), Mrs J L M A Griffiths (Vice Chairman), Mr C J Bloore, Mr A Fry, Mr P Grove, Mrs A T Hingley, Mr C G Holt and Mr J W Parish

Also attended:

Mrs S L Blagg, Cabinet Member for Adult Social Care
Mrs C Cumino, Worcestershire Association of Carers
Judy Adams, Worcestershire Association of Carers and Redditch and Bromsgrove Clinical Commissioning Group
Anne Duddington, Worcestershire Parent and Carers' Council

Richard Keble (Head of Integrated Commissioning),
Martin Heuter (Commissioning Manager), Suzanne O'Leary (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Item 5 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 22 January 2015 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

180 Apologies and Welcome

Apologies had been received from Panel member Rob Adams, Cabinet Member for Health and Well-being Marcus Hart, and from the Children and Young People Overview and Scrutiny Panel: Ian Hopwood, Rachel Jenkins and Fran Oborski.

Healthwatch Worcestershire had also sent apologies.

The Chairman welcomed everyone to the meeting.

181 Declarations of Interest

Cllr June Griffiths declared an interest, as her daughter is a carer for someone who may be eligible for a personal budget.

182 Public

Several representatives from carer groups had been

	<p>Participation</p> <p>invited to provide feedback on the Carers Strategy consultation, which would be considered as part of agenda item 5.</p>
<p>183 Confirmation of the Minutes of the Previous Meeting</p>	<p>The Minutes of the meeting on 22 January 2015 were confirmed as a correct and signed by the Chairman.</p>
<p>184 Carers Strategy 2015-2017</p>	<p>Attending for this item were:</p> <p><u>Worcestershire County Council</u> Sheila Blagg, Cabinet Member for Adult Social Care Richard Keble, Head of Integrated Commissioning Martin Heuter, Commissioning Manager</p> <p><u>Carer Representatives:</u> Carole Cumino, Chief Executive, Worcestershire Association of Carers Judy Adams, Worcestershire Association of Carers (Learning Disabilities) and also Patient and Public Involvement Lead for Redditch and Bromsgrove Clinical Commissioning Group Anne Duddington, Chair of Trustees, Worcestershire Parent and Carers' Council</p> <p>It was clarified that the purpose of the discussion was to enable scrutiny members to comment on the draft Carers Strategy 2015-2017, which was being refreshed and had been available for consultation since 26 January.</p> <p>The Strategy was a joint one dealing with adult and young carers and so the session had been set up as a joint discussion, to which members from the Children and Young People Overview and Scrutiny Panel had been invited. Representatives from the carer community had also been invited to provide feedback on carers' views.</p> <p>Healthwatch Worcestershire had asked for a copy of its response to the consultation to be circulated, as a representative was unable to attend.</p> <p>Overview of the Strategy The Head of Integrated Commissioning gave an overview of the draft Strategy, which refreshed the previous 2010-2014 document and was county-wide, covering the Council, NHS organisations, relevant voluntary sector organisations and other public bodies. The Strategy had been developed in collaboration with carers, and as agreed by Worcestershire's Health and Well-being Board</p>

(HWBB), it covered both adult and young carers.

There were several important national and local drivers to the refreshed Strategy, including the Care Act 2014, NHS Forward Plan 2015, Carers Strategy: the Second National Action Plan 2014-2016, Children and Families Act 2014, Think Local Act Personal, Worcestershire's Health and Well-being Strategy and Future Lives (the Council's own programme of transformation of adult social care).

The role of a carer went beyond provision of basic assistance, and an adult carer was defined as 'any adult who provides care to another adult, but who is not under contract to do so or as part of voluntary work. Care includes providing assistance to enable someone to carry out basic care activities, access necessary facilities or services, or engage in work, education, training or volunteering'. It was important to recognise that there was no expectation on people to fulfil the role of carer if they chose not to.

The Council's vision for both adults and young carers recognised the wider role of the community in providing support and care to vulnerable adults. The vision was to provide appropriate support and to ensure they were able to strike a balance between their role as carer and their own lives.

The Council's commitment to carers included:

- Focus on carer outcomes
- Recognition and respect
- Involvement in decision making
- Caring safely
- Equitable support for all
- Personalised support
- Co-ordinated services
- A life of their own
- Co-production (developing services with carers)

Themes in the Strategy included access to information and advice, support in the community, training, health and other universal services, social care assessments for carers, adult social care funded services and listening to carers.

The consultation process had run from 26 January, although conversations with the carer community had been on-going for over a year. The Directorate had received 60 questionnaire responses from the consultation, as well as written responses from various

public sector organisations.

Key issues identified included:

- Structure and detail of the current document
- Concerns over potential for charging for carer services
- Questions over how this Strategy will be implemented
- Clarity of new assessment processes
- Access to information and advice online

The process towards finalising the Strategy would involve a working group considering the detailed feedback in early April, followed by a redraft of the document and associated action plan to reflect feedback received. The final document was due to be reported to leadership meetings of the Directorate and Clinical Commissioning Groups, after which approval would be sought from the HWBB on 12 May, with on-going review of progress from May 2015 onwards.

Comments were invited from the Cllr Blagg, Cabinet Member for Adult Social Care, who advised she was aware that discussions had taken place between the Chairman of the HWBB and carer groups to agree plans and timing for consultation; Cllr Blagg had not been directly involved.

Feedback from carer representatives

- The process set out in the presentation was broadly correct and carers had been given the opportunity to comment ahead of the consultation
- The commitments set out in the Strategy were accepted
- Carers were viewed as three main groups (adult carers, young carers and parent carers) and this was reflected in the Strategy
- Views on the Strategy had been sought since last year and there was a degree of fatigue amongst carers which may have prevented further responses
- Carers were unclear about what they were being asked to comment on; what would change, what would be new and how would it be implemented?
- In contrast, the recently approved Learning Disability Strategy was described as more detailed and much easier to gain feedback on
- The Worcestershire Parent and Carers' Council representative pointed out the importance of the definition of a carer defined in clause 10 of the care Act, included in the draft document at page 5 and stressed that support needed for parent carers

should not be over-estimated, as it involved tremendous pressure over a lifetime – she herself was a carer for her son, now an adult, who had been born with a disability and required 24 hour 2:1 care

- It was important to support young carers through their transition to adulthood. Currently, the remit for under 25s sat with the Council's Children's Services, however, the Strategy referred to a memorandum of understanding which would be developed between services for children and adults, to ensure joint working (page 8)
- There were an estimated 63,000 carers in Worcestershire, roughly 11% of the population, however numbers were anticipated to increase by around 60% - bringing more demand for support
- Increasing numbers of carers also juggled work with caring responsibilities and approximately one in five carers gave up work
- Becoming a carer could happen to anyone, and an amazing number of people may not realise that they were carers
- Being a carer took a toll on someone's health and it was important to consider Worcestershire's changing demograph, with growing numbers of older carers
- A 'whole family' approach was important

The carer representatives had concerns about how the Strategy would be finalised, and carers given input to the final version. The Head of Integrated Commissioning explained that analysis of consultation feedback was already underway, to enable fuller discussion at the working group meeting referred to earlier. The timing was to a degree governed by administrative and democratic lead-in processes for the HWBB.

The Cabinet Member for Adult Social Care made the point that in a sense this panel meeting and all other relevant discussions would contribute towards finalisation of the Strategy.

Carers asked whether services for carers would be different from April, and how? The Cabinet Member cautioned against making predictions at this stage, since the implementation of the Care Act was very much a 'work in progress'. The intention was not to necessarily change current services, and the fact that finalisation of the Strategy had taken a year longer than predicted, demonstrated the Council's flexibility. The new web pages 'Your Life, Your Choice' included communication for carers.

The Strategy did talk about how outcomes would be achieved, one way being through Personalisation.

The Cabinet Member pointed out that as an over-arching Strategy for the next 10 years, it was not appropriate to include detail relating to the coming year – following discussion it was acknowledged that a way around this may be to attach appendices.

Carer representatives had concerns about the shift to online channels to provide information, since many people did not recognise that they were carers and would therefore not click on the 'information for carers' button. Worcestershire Carers Association identified around 2,500 new carers each year, but only by getting out into the community and taking the time to encourage people to come forward.

The role of the new social care website would be important in raising awareness and providing access to organisations such as Age UK. Presentation and clarity of online material would therefore be very important.

It was noted that whilst it was possible to get people ICT literate, there were questions as to whether ICT would deliver what was needed.

The Worcestershire Association of Carers representative stressed that it was not all about money; much could be achieved through working differently, for example GPs could ask questions to identify carers amongst their patients.

Scrutiny Panel discussion

- The Council categorised an adult carer as someone aged 18 years and above
- Anyone could find themselves becoming a carer
- Worcestershire Association of Carers had a database of its known carers, of around 8,500, who would have received details of the consultation.
- It was clarified by the officers and carer representatives that of the 60 consultation responses, many were collective, from organisations whose own networks would have incorporated the views of several thousand carers
- The Commissioning Manager present had co-ordinated the consultation exercise, and had also attended many of the organisations' meetings. He acknowledged that it was always difficult to encourage people to respond to consultations and carers in particular would have many time

commitments

- A member expressed concern about the low number of completed carer assessments (8%), and how the remaining would be completed? It was clarified that the expectation was that not all carers would be assessed, since a significant number would not be eligible for council funding and it would be unhelpful to put someone through an assessment process who was not eligible for funding - instead it was intended to signpost people to other available support
- Referring to Healthwatch Worcestershire's response, Panel members agreed that it was important for the Strategy to be co-owned – that carers felt signed up to the Strategy and that the information made sense to them
- Not all of the carer representatives present felt able to endorse the current Strategy, and agreed it would be good to have all carer groups on board, which had been the case for the outgoing Strategy. It was felt this could be achieved by including more information about *how* the Strategy would be achieved.
- Did the consultation responses provide an effective base on which to shape the draft document? The commissioning officers advised that many points raised during the lead in process were already included in the draft Strategy, which had changed from the original version. The main discussion points today reflected those from the consultation responses, and the Directorate would try to address the request for greater clarity
- Was the main driver for finalising the Strategy to have a foundation document to which everyone was signed up to, or meeting the HWBB's target of 12 May? It was clarified that this timeline had been agreed between the HWBB and the carer representative group concerned – to allow more time from the original date in March
- A member asked how the Council worked with young carers, following his own meeting with some young carers; he had been very impressed by the individuals but also struck by the lack of support mechanism within schools – the DASH Commissioning Manager present understood that Children's Services did have connections with schools via various groups and referred to campaigns such as 'carer aware', designed to encourage professionals to identify young carers
- In response to concerns from one carer representative about the impact of funding changes on respite services for young carers, it was clarified that there were different budgets for adults and

children's services and the Cabinet Member for Adult Social Care present pointed out that budgets for adult carers had not been cut and that overspends over the past two years demonstrated the Council's flexibility.

- When asked whether such commitment to carer budgets could be included in the Strategy, the CMR reiterated the fact that it was a longer-term document, however the possibility was discussed of including the Directorate's rationale for future funding
- The Worcestershire Association of Carers' representative believed that around 300 of 3000 young carers were being supported, which was a huge concern as it was very important to protect young people from inappropriate caring. Whole family assessments and schools also had a role to play, which did not necessarily involve funding, just working differently
- Panel members agreed that whole-family assessments could play an important part in identifying young carers
- A member, who was also a HWBB member, referred to Healthwatch's point that the draft Strategy should give far greater promotion to the integrated working which would be required for it to become a reality - the Head of Integrated Commissioning felt that the Council was working in this way, something also indicated by the HWBB's endorsement of the Strategy. He acknowledged that carers supported by the Council tended to be more readily identified as they would be in crisis, and that this point was perhaps more applicable to those carer groups referred to by the carer representatives present
- In respect of proactive measures to identify carers from minority and ethnic groups, Panel members were advised that some work was in progress through Age UK. The Council was aware that take-up of services from these groups was lower, which was also extremely difficult to encourage. Although traditionally these groups had stronger support networks, this pattern was changing, for example as younger generations adopted more westernised lifestyles. Worcestershire Association of Carers carried out work to build links and understanding with these communities, although most of this was lottery, rather than council funded
- For those who went into hospital and did not have family networks to care for them, the out of hospital care service provided assistance for the first 72 hours to enable them to return home.

The Chairman thanked everyone for their time and

contribution to the discussion.

Whilst welcoming the aims of the Strategy and the opportunity for contribution, the Panel identified a number of concerns, in particular regarding carers' own endorsement of the Strategy, and requested that these be passed on to the relevant cabinet members.

The meeting ended at 12.00 pm

Chairman