

Carer's Review Task Group

2nd February 2011

Report of the Assistant Director Governance & ICT

Interim Report – Carer's Review

Summary

1. This report presents the Task Group with the information received to date and the analysis undertaken so far in relation to the Carer's Review.

Background

2. The Task Group recognised certain key objectives and the following remit was agreed:

Aim

3. To promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and the support available.

Key Objectives

- i. To raise awareness of carers
- ii. To improve access to information for carers

Consultation

4. To date consultation has taken place between the Task Group and relevant Council Officers.
5. A public event was held on 7th January 2011 and was attended by approximately 20 people, including carers, care workers and key partners.
6. Questionnaires were also available for those unable to attend the public event and 33 of these were completed and returned.

Information Gathered

7. To date the Task Group have considered the key objectives for this review as a whole rather than independently of each other. In the first instance they considered information provided by the Carers Strategy Manager at the City of

York Council in order that they could understand more about carers generally. Secondly they considered first hand opinions and experiences received at a public event and from completed questionnaires.

National & Local Policy Context

8. The Government's recently refreshed Carers' Strategy 'Recognised, Valued and Supported: Next steps for the Carers Strategy' was published on 25th November 2010. The key messages relevant to this review are contained within section 1 of the document 'Identification and Recognition' where Priority Area 1 is outlined as:

'Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.'

9. The key messages contained within the refreshed national policy do not significantly change the priorities within the current York Strategy for Carers, however this will be refreshed over the next 12 months.
10. A briefing note provided by the Local Government Information Unit (LGIU) is attached at **Annex A**. This provides further information on the recently refreshed national strategy.

Profile of Caring

11. The 2001 census figures record 17,009 carers in York and 342 young carers aged 8 to 17. Since then the population of York has risen and gives rise to an estimate in carer numbers of 18,676 in 2010. York's older population is likely to increase by 32.7% within the next 20 years¹. This rise in the ageing population will mean a rise in the number of carers and a rise in the number of older carers.
12. Carers are all ages and come from all walks of life. Three in five people will become carers at some point in their lives and women have a fifty-fifty chance of becoming a carer before they reach the age of 59.² 52% of carers will care for their parents or in-laws, 18% for their spouse and 8% for a child.³ In 2009/10 City of York Council completed assessments or reviews for 1473 carers and York Carers Centre had 1959 carers registered on its database
13. It is estimated that 37% of the caring population start caring and a similar proportion cease caring every year in the UK, which means over 6,000 new carers in York annually. In a survey undertaken by Carers UK for a report in 2006 65% of carers did not identify themselves as a carer in the first year of

¹ Older People Profile Version 1, City of York Council

² Information from Carers UK

³ General Household Study 2000

caring. The report that detailed the outcomes of this survey recommended that information strategies target carers in the first year of caring.⁴

14. Most adult carers of children and adults with severe and long-term disabilities or illnesses will be identified through provision of health and social care services. Carers of people with enduring mental health problems may also be identified when the person they care for accesses treatment. This means that carers in significant need may well be identified at the point at which the person they care for accesses health or social care services. Many carers are sustained in their role through natural support from their communities and networks.
15. Various services exist to support carers in York; both the City of York Council and third sector organisations provide these. A multi-agency Carers Strategy Group meets on a quarterly basis, there is an agreed 'York Strategy for Carers 2009-2011' (extended to 2012) and a Carers Strategy Action Plan as well as the York Carers Centre which is commissioned to provide a range of support for carers in York.
16. Further information in relation to the above can be found at **Papers 1 and 2 and Annexes B, C & D** to this report which also contain information on good practice examples regarding carer identification, carer awareness raising and information provision in other areas. They also explore the current practice in York, in particular the York Strategy for Carers document as well as information on key partners.

Information Received at the Public Event and via Completed Questionnaires

17. The Task Group was particularly interested in hearing first hand from carers and care workers and held a public event on 7th January 2011 at the Monk Bar Hotel, York. This took the form of a drop in session and ran from 2pm until 6.30pm with approximately 20 people attending to give their views to the Task Group.
18. In addition to this two questionnaires were devised and these were e-mailed to carer's organisations, condition groups, voluntary sector organisations, care workers and key partners. One questionnaire was targeted at carers and another at care workers. In total 33 of these were completed and returned.
19. Both the information received at the public event and that contained within the questionnaires was subsequently collated and is set out at **Annexes E, F, G and H to this report.**

Comments/Analysis on Information Received

20. The Task Group considered all the information received to date and made comment on the following:

⁴ The importance of Information for Carers, Carers UK 2006

21. **The importance of early identification of carers** - The NHS was undergoing significant change with new legislation passing the responsibility of Public Health to Local Authorities and commissioning to GP Consortia. It was therefore vitally important that key professionals, especially GPs were aware of carers from an early stage and identified them as soon as possible. There was further scope for GPs to be more carer aware and to be encouraged to work with both patients and their carers in a more positive way. There had been incidences reported where GPs had refused to talk to a carer because a patient's confidentiality would be breached and incidences where a carer could have been identified by a GP but wasn't. Equally, however, there have been some GPs who have been highly praised for their attitude towards carers. The Task Group believed that this was an area where there was a need for ongoing improvement.
22. **Recognising you are a carer** - People do not always immediately recognise themselves as a carer with many feeling that that they are 'just looking after my mother/child/spouse' or 'just doing my duty'. Steps needed to be taken to encourage early carer self-identification so that the right information can be provided at the right time. Carers need to have access to information immediately that they recognise themselves as a carer. Many comments were received (at the public event and in returned questionnaires) that recognising that you are a carer was a gradual process, however it often became very clear at the point of a crisis (such as hospital admission or diagnosis of a particular condition.)
23. **Provision of Information** – Not all carers would need or want the same level of support as others. Information would need to be proportionate to the needs of each individual carer. Some carers prefer written information whilst others much prefer to talk with someone face to face. It was also important who gave information to carers, as they needed to be able to have confidence and respect for the person/organisation providing it.
24. **Carer's own needs** – several comments received at the public event and in the returned questionnaires identified that frequently more support was given to patients than to carers. This meant that the carer's health often suffered as a consequence and carers didn't always get enough time to spend on their own needs, especially if they were caring for more than one person. Many felt that their needs were secondary to the person they care for and it was noted that if this was the case then there may be a need to check that any care package that was in place was providing the relevant help.
25. **Other issues** that were raised and need further clarification for the final report are set out below:
 - Whether monies allocated to NHS North Yorkshire & York to be used for short term breaks for carers were ring fenced and how these monies were spent
 - The need to build on services that already existed and worked well but at the same time remaining within the budget allocated to this service.

- The possibility of identifying useful points of contact within the Council and then examining whether improvements can be made to assist in identifying carers
 - Carer 'turnover' is high – it isn't static
 - The Task Group indicated that they liked the Cheshire Carers Model set out in **Paper 1** to this report
 - What are the barriers and difficulties experienced when making contact with City of York Council and how can improvements be made
 - Identification of triggers – i.e. if Mrs X always collects Mr Y's prescription could the pharmacist identify her as a carer and signpost her to where she can access information
 - Where there are a number of advice agencies all of them need to be carer aware and work together
 - What are the common problems and trigger points – how can these be explored and services targeted?
 - There are positives such as:
 - The Caring & Coping course run by the Alzheimer's Society
 - York Carer's Centre
 - Individual medical professionals, care support workers from the Council and voluntary organisations
 - There have not been many negatives but there are some where people felt they were not identified as a carer early enough or supported well enough
26. During the public event and through the responses received via questionnaires there were several very moving stories that people kindly shared. There were also a number of named individuals who were highly praised for their dedication and the work they do.

Options

27. There are no specific options associated with the recommendations within this report however the Task Group are asked to consider whether they wish to gather any further evidence and if so what.
28. If no further evidence is required then the Task Group are asked to undertake further analysis of the evidence received to date and formulate any recommendations they may wish to make.

Analysis

29. Members are asked to undertake further analysis of the information received to date for inclusion within the draft final report. They are also asked to prepare the recommendations arising from the review.
30. Dependent on the recommendation made there may be implications that will need to be addressed. Any implications will be addressed within the draft final report. The Scrutiny Officer will provide the Task Group with the draft final report (including implications) and the recommendations made for comment

prior to it being considered by the Health Overview & Scrutiny Committee at their March meeting.

Corporate Strategy 2009/2012

31. This topic is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012.

Implications

32. **Financial** – There are no financial implications associated with the recommendations within this report however implications may arise as the review progresses. Any financial implications arising from recommendations made at this meeting will be thoroughly addressed within the final report.
33. **Human Resources** - There are no Human Resources implications associated with the recommendations within this report however implications may arise as the review progresses. Any Human Resources implications arising from recommendations made at this meeting will be thoroughly addressed within the final report.
34. There are no legal or other implications associated with the recommendations in this report, should any arise once the recommendations arising from the review are agreed then these will be addressed within the final report.

Risk Management

35. There are currently no risks associated with this review or the recommendations within this report.

Recommendations

36. The Task Group are asked to:
 - Consider whether they wish to gather any further evidence and if so what
 - If no further evidence is required then the Task Group are asked to undertake further analysis of the evidence received to date and formulate any recommendations they may wish to make.

Reason: To progress this review.

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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Referenced within the annexes below

Annexes

- Annex A** Local Government Information Unit Briefing Note in relation to the recently refreshed national carers strategy
- Paper 1⁵** Background information, good practice & themes and issues
- Paper 2** Current Practice in York
- Annex B** York Strategy for Carers 2009-2011
- Annex C** Action Plan – Summary for 2009-10
- Annex D** Action Plan – Current 2010-2012
- Annex E** Collated responses from Care Workers (received by questionnaire)
- Annex F** Collated responses from Carers (received by questionnaire)
- Annex G** Statistical Information
- Annex H** Issues raised at the Public Event

⁵ This includes appendices 1 and 2