ROTHERHAM BOROUGH COUNCIL – HEALTH SELECT COMMISSION

1	Meeting:	Health Select Commission
2	Date:	4 December 2014
3	Title:	Scrutiny Review: Support for Carers – Update
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

This report provides an update on the Scrutiny Review for "Support for Carers" which was undertaken as a joint review by Health Select Commission and Improving Lives Select Commission.

The report highlights the joint actions that were agreed by Scrutiny and incorporates actions from the Carers Charter action plan 2013 – 2016.

6 **Recommendations**

- Health Select Commission to note and accept the updates and recommendations outlined in the attached plan.
- Health Select Commission to note the incorporation of Scrutiny Review actions into the wider action plan.

7 Background and Information

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill health or learning disabilities or problems relating to ageing. The number of carers has increased only slightly from 30,284 in 2011 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared with 2001, fewer people are now providing 1-19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more people are providing care for 20 or more hours per week. The number of people providing 20 to 49 hours care has increased (3828 to 4736) as has the number providing 50 or more hours (7387 to 8865).

The recommendations highlighted within the Action Plan to support carers have now been incorporated into one document – see Appendix 1 - which highlights all actions in a joint plan from 2013 - 2016

This report provides an update on the actions accepted by Cabinet on the 16 June 2014 in respect to the joint scrutiny review.

 That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council work with GPs to ensure that the first line of support aims to increase the number of carers identified and seeking support.

Rotherham CCG has advised that there is a register in place within GP surgeries which is encouraged to be used. This has been implemented via participation groups, however it is noted that this remains hard to monitor in respect to identifying the increase number of carers.

CCG are working with NHS England to find an approach which will enable monitoring via GP surgeries.

2) In looking at recommendation 1 above, the partners consider whether professionals should work on the presumption that the close family member or friend is a carer and ask questions to determine if this is the case, and therefore what information resources are required to back this up.

Rotherham CCG has advised that they are reviewing the process within GP surgeries to establish GPS asking the relevant questions of family members.

The CCG have engaged with GPS to establish if carers are flagged on the GPs system. It has been established that carers are registered and coded which would enable us to obtain numbers of carers registered with each GP practice. 3) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.

Our existing providers would assist and ensure that they check any relevant entitlements through benefit checks.

Ideally those charged with delivering services for carers should include a basic form of advice and sign posting into their service but only at a level to identify issues and problems as beyond this a referral is needed to a qualified and experienced adviser to ensure quality.

Further work is required with the CAB to establish if any training is available.

4) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a "buddy" or "lead worker" to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.

Rotherham CCG that they are in the process of ratifying a document which will be circulated to GPS in respect to "Top Tips for GPs in respect to Supporting Carers".

Once this document is ratified this will be circulated to surgeries.

5) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.

This action has been considered via the Information and Advice working group and plans are in place to relocate the Carer's Centre and create a more flexible service for carers which will be based out in the community.

6) That the "triangle of care" presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers. RDaSH have successfully achieved the first stage of the Triangle of Care membership submission. A large amount of work has gone into this and there has been a lot of commitment to the long haul of cultural change to achieve real and lasting carer involvement.

The Triangle of Care logo has now been produced with the first awarded gold star.

Further work is now underway to work towards achievement of the 2 remaining gold stars to complete the triangle of care. Detailed feedback has been provided to key officers on the way forward.

7) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document "Carer's needs form and care plan" should be used by partners to reflect that it is an enabling process rather than an "assessment".

This action has been incorporated into the Care Act Action Plan. There are a number of sub groups arranged which are focusing on key areas. The guidance regulations that will support the implementation of the Care Act were produced in October 2014, and plans are being developed prior to implementation in April 2015.

8) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.

Action Complete

During 2013/14 2673 carers assessments were carried out, this showed an increase of 2% in year. Around 93% of customers and carers have been reviewed in the past 12 months and this continues to be one of the best in the country (current ranking – second best). Performance targets will be reviewed in light of the 13/14 outturn and suitably stretching targets will be set.

9) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.

This and other actions have been incorporated in the joint action plan.

10) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved. As part of the Social Care and Support Grant NHS England will transfer $\pounds 6.166$ million to Rotherham MBC. This includes an increase of $\pounds 1.351m$ from 2013/14.

Payment of the Social Care Support Grant is to be made via an agreement under Section 256 of the 2006 NHS Act. The agreement will be administered by the NHS England Area Team (not the Rotherham Clinical Commissioning Group). Funding from NHS England will only pass over to local authorities once the Section 256 agreement has been signed by both parties. Work to achieve this is currently underway, oversight is through the Health and Wellbeing Board.

Social Care Support Grant must be used to support adult social care services that deliver a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used. The Better Care Fund Plan associated with this area of spend intends to review all services to ensure they are meeting customer and carer outcomes ad needs as well as meeting the conditions set out in the Better Care Fund action plan. This will include a focus on carers services.

11) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer's Charter to actively promote flexible and supportive employment policies that benefit carers.

A report (see attached) was presented to the Chief Executives meeting in August 2014. The discussion that followed confirmed that all representatives were currently committed to supporting staff who are also carers and that they would ensure that the report was shown at Board level to ensure this continued.

9 Finance

The review acknowledged the need for recommendations to be contained within existing resources and in the main there are no financial implications arising from this report. Separate to the Scrutiny Review, the Care Act 2014 implementation has a significant impact.

10 **Risks and Uncertainties**

Failure to respond adequately through the provision of advice support and services to carers could result in increased levels of demand for services; support to carers is vital in ensuring that they are able, where they choose to

do so, to continue caring, to receive adequate breaks and to be valued in their caring role.

The Care Act presents Councils with a significant change in legislation and practice, the precise detail of which is unknown until the Bill receives Royal Assent and regulations and guidance (secondary legislation) have been produced. There is likely to be an increase in demand for assessments from carers who are now entitled to an assessment in their own right (even if their family member does not have eligible needs). The increase in demand, workload and cost is currently unknown.

The Scrutiny Report provides a suitable challenge and champions carers and this is welcomed within the Council. It is clear that partner organisations also have a commitment to cares. Strong partnership working is required to implement fully some of the recommendations in this report.

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