

Wiltshire Council

Cabinet

20 January 2015

Subject: Carers Support

**Cabinet member: Keith Humphries
Adult Social Care**

Key Decision: Yes

Executive Summary

The Care Act 2014 simplifies, consolidates and improves existing legislation; putting carers on an equal legal footing to those they care for. The Act introduces the single duty for carers to receive an assessment regardless of their needs for support, their financial resources, or those of the adult they care for. This assessment is required to be proportionate to the carers presenting needs.

The Act also introduces a duty to prevent, reduce and delay needs for care and support and to have regard to both the needs of the whole family and young carers.

Evidence nationally reinforces the crucial role carers have and the importance of ensuring that carers are supported to continue in their caring role. These changes are expected to generate a significant increase in carers requesting an assessment and in turn being eligible for support.

Proposal(s)

To develop a more responsive and flexible offer to all Carers (young carers, parent carers, adult carers) by investing in accessible proportionate assessment and low level preventative services for carers in order to prevent, reduce and delay the need for more complex ongoing care and support.

Cabinet are requested to support the following recommendations

1. To agree to developing low level early intervention services for carers.
2. To consult with carers and Area Boards about what type of services should be available in communities across Wiltshire
3. To approach Area Boards with the purpose of appointing a Carers Champion in each area to work with around consulting Carers and developing carers support options for their community
4. To agree to the development of a tiered approach to deliver a proportionate assessment and the inclusion of a "one off" payments or support (amount and type of support to be determined following consultation with carers) to meet an immediate need prior to any offer of longer term support.
5. To agree to further work to promote the current GP accreditation scheme, which could be developed to allow GPs broader scope for giving Carers access to crisis support
6. To ensure existing prevention services are included in the information and advice portal

Reason for Proposal

Supporting carers early will help them to carry on in their caring role for longer and reduce the demand and costs across the health and social care system. Provision of early support will mean resources are directed towards supporting carers, rather than resources to establish eligibility, whilst ensuring that Wiltshire Council meets the Care Act duty to prevent, reduce and delay needs for care and support.

Maggie Rae
Corporate Director

Wiltshire Council

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Purpose of Report

1. The purpose of this report is to recommend to Cabinet how carers support should be changed in light of the requirements of the Care Act, to be implemented in April 2015.

Care Act 2014: Carers Support Implications

2. A carer is

“someone of any age who provides unpaid support to a family member, partner, friend or neighbour in their day to day life in a manner that if that help wasn't available the person would not be able to cope on their own.”
3. This could be because they are ill, frail, disabled or have mental health problems or substance misuse problems. This is not the same as someone who provides care professionally, or through a voluntary organisation.”
4. Carers often balance their caring role with work and their family. The current legislation treats carers differently from the people they care for. It has been developed bit by bit and mixes up rights for carers of different ages. It is complicated, and makes it difficult for carers to understand how to get support themselves.
5. The proposals set out in this paper would apply to adult carers, young carers and parent carers
6. At the moment carers do not have a legal right to receive support, although local authorities can provide support at their discretion. This means that access to assessment and the range of support on offer can vary considerably.
7. The Care Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. This replaces the existing law, which says that the carer must be providing “a substantial amount of care on a regular basis” in order to qualify for an

assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.

8. Carers who are identified as having eligible needs, should receive a personal budget, which is a statement showing the cost of meeting these needs. It will include the amount the carer will pay, if any, and the amount the local authority is going to pay.
9. The Care Act also requires Councils to look at how they can take a more holistic and whole family view of assessments.

Current Support Provision for Carers

10. The 2011 Census tells us that in Wiltshire:
 - a. 47,608 people were found to be undertaking a caring role;
 - b. 14,500 carers are providing 20 hours or more unpaid care per week; and
 - c. there are in the region of 2700 young carers
11. Most of the carers living in Wiltshire remain hidden. To date Carer Support Wiltshire (CSW), our commissioned carer support organisation, have identified and registered over 8,500 carers. Spurgeons young carer services have identified and registered 341 young carers to their service.
12. Appendix 1 shows the annual number of assessments and reviews carried out with adult carers in 2013/14.

Spend on Carers Support

13. The Council and CCG have a pooled budget in the region of £1.4m for commissioning Carers support organisations to provide peer support, information and advice and assessments for identified carers.
14. A further £3.5m is spent by the Council in carers support services following an assessment.
15. Appendix 2 provides more details on the breakdown of this spend.
16. The majority of spend on Carers DPs goes towards sitting service support. A "sitting service" is a service provided mainly in the home of the person being cared for that does not involve "personal care" and allows the carer to take a short break knowing that the person they care for is safe. It is currently set at a level of 2hrs per week.
17. Under the Care Act, the Council will have a duty to meet all a Carers eligible needs, meaning a different approach to assessment and support planning for carers will be required offering a more personalised and robust approach.

Existing Prevention Services

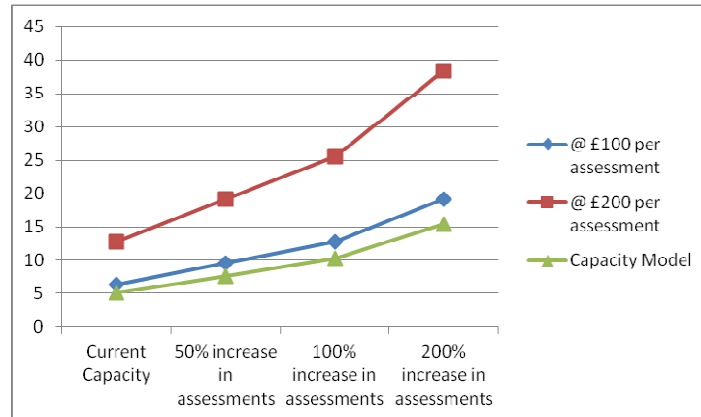
18. The Carers Pooled budget includes provision to ensure that carers have access to a range of peer support groups, community activity groups, information and advice. Carers can access most of these services free without having to have a social care assessment.
19. Public Health, through close engagement with Carer Support Wiltshire (CSW), publicise and provide a wide range of guidance and services that benefit all people in Wiltshire, including carers. Examples of Public Health prevention approaches include:
 - a. a range of healthy lifestyle interventions and programmes including; Slimming on Referral, Active Health, The Health Trainers Programme and Stop Smoking Services.
 - b. The NHS Health Checks Programme for all adults aged 40-74 years, helping to identify those at higher risk of ill health.
 - c. Health promotion events, partially advertised through carer support alliances, raising awareness of many health issues (for example The Diabetes Roadshow, Dementia Awareness and Stoptober) for individuals including carers, providing directed care in order to prevent ill health and improve health and wellbeing.
 - d. The Health Trainers Programme, delivered by Public Health Wiltshire, providing individuals over 18 years, including carers, with one-to-one support and the tools with which they can improve their own health. They additionally signpost customers to other relevant Carer Support and health improvement services.
 - e. Public Health recognises that it is not only those who misuse drugs or alcohol who suffer from their effects. Public Health commission specialist support from Action on Addiction, who provide support for those impacted by living with or “caring for” people who suffer with substance misuse.
 - f. Through the Wiltshire Addiction Support Project (WASP), PH funds a Carers Involvement Co-ordinator.
 - g. Funding specifically for MacMillan/Citizens Advice Bureau to offer advice regarding attendance allowance and benefit entitlements for those suffering with, or caring for, patients with cancer diagnosis.

Estimating the Impact of the Care Act

20. It is anticipated that the biggest financial impact for Councils in 2015/16 will be the duty for Councils to offer carers assessments and any ensuing support to carers who previously may not have been eligible for support or did not realise that they could ask for an assessment.
21. The most recent model used to gauge the impact of the Care Act in 2014/15 suggests a total financial impact for Carers support of £5 million. Assessment activity accounts for £0.5m and £4.5m for support for carers
22. The Care Act stipulates that from April 2015 Local Authorities must ensure that every carer with an appearance of need for support receives a proportionate assessment which identifies their level of needs.
23. A significant number of assessments are currently performed by Carers Support Wiltshire, or Spurgeons for young carers . This can continue, but

decisions on long term support options would have to be approved by the Council

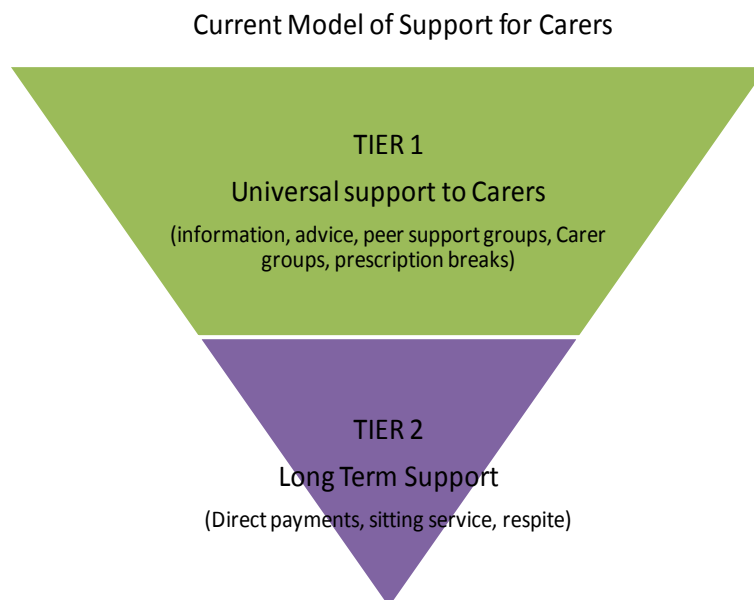
24. Based on continuing to work as we do now, this graph illustrates the number of additional staff that would be required to complete carers assessments based on increases of 50%, 100%, 200% in demand, using different cost modelling assumptions.



25. Based on a 200% increase in carers assessments it is estimated that additional staffing capacity of between 10-25 FTE would be required at a cost in the region of £300,000 - £750,000.

Proposal for Carers Support

26. Carers currently experience two levels of support, as set out in the diagram below.



27. It is proposed to establish a Carers model of support that will
- a. Invest more resources in preventive support for Carers
 - b. Commission the Carer Support Provider to perform more of the assessments and reviews for carers.

28. This would mean:
 - a. Carers will be able to consistently access a wider range of support options
 - b. Resources for carers will be targeted at early support rather than capacity to do more assessments
 - c. Short-term support could be provided immediately to support a Carer who is not coping and avoid longer term support needs
 - d. Some support could be accessed via GP practices or Carer support groups and would not need a formal Carers Assessment
 - e. Carers preventative support would continue to be free and a non-means tested service
 - f. Carers with longer term support needs would be guided through an assessment to access services that will suit their individual needs.

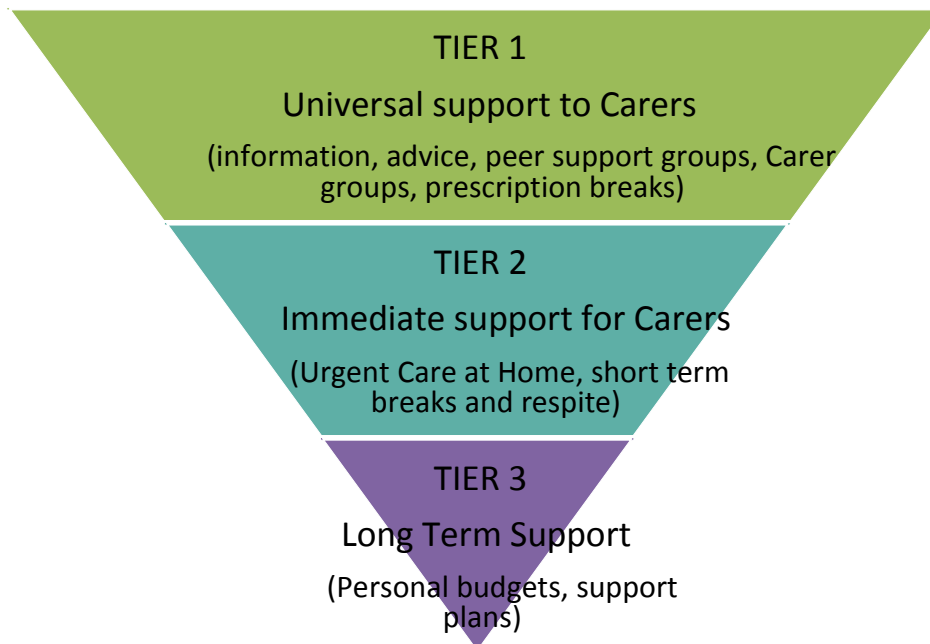
29. The offer to Carers would establish a tiered approach and bridge the gap of the current two tiered model by offering Carers a more graduated approach to support as follows:

30. **Tier 1:** support following a baseline assessment would mean carers continue to benefit from the free **universal support and advice** services that Carers Support Wiltshire and other agencies offer.

31. **Tier 2:** support identified during the baseline assessment would enable carers to access **immediate support** to help during a crisis, without the need for undertaking a comprehensive social care assessment and waiting for a personal budget through a direct payment. This would increase the number of carers able to immediately access one off or low levels of support.

32. **Tier 3: long term support** would be offered to those carers who were identified with eligible substantial and **ongoing needs** during the initial conversation (i.e. baseline assessment) or where Tier 2 support has proven to be insufficient to meet their needs, which would be accessed via a full social care assessment

Proposed model of support for Carers



33. Crisis intervention is an important aspect of flexible carer support. The revised Carers proposal would mean
 - a. Urgent Care at Home service would be extended to offer immediate support to cover a carer crisis.
 - b. Telecare provided to Carers as a prevention service and a viable replacement for longer term direct care
34. These preventative services could be offered to more carers at the first point of contact (i.e. from their local GP practice) which could prevent the need for longer term support and would be a more productive use of resources
35. Underpinning all of these areas would be the new Information and Advice portal, offering self-assessment and relevant signposting information.
36. Additionally, encouraging all GP practices to engage with Carer Support Wiltshire and actively participate in the GP Investors in Carers scheme would consistently give access to preventative services. Free health checks could also help reduce needs escalating. All GP practices in Wiltshire should be consistently offering (as a minimum) the following:
 - a. Early carer identification (including parent carers and young carers)
 - b. Accessible information and advice
 - c. Clear onward signposting / referral to relevant support services
 - d. Free flu jab
 - e. Annual health check
 - f. Flexible appointments to fit around their caring role
37. CSW manages the GP Investors in Carers scheme and is working closely with GP practices to identify carers in the community. Currently all but 4 of the practices in the county are now registered with the scheme.

38. Identifying carers through their GP practice has been effective and the majority of new referrals are now coming from GP practices. In addition to identifying carers earlier through this scheme, over 40 per cent of carers attending carer clinics in GP surgeries were found to have a previously undiagnosed health issue. As a result a follow up health appointment has been arranged, preventing health concerns escalating and providing an excellent example of where early intervention is having a positive impact on the wellbeing of the carer.
39. This offer of “carers preventative support” would be initiated within other health settings as well as schools, colleges and other higher educational establishments to ensure young carers and parent carers are included.

Carer Consultation

40. Initial discussions with the Carers Involvement Group have shown broad support for this more tiered support for Carers. They particularly welcomed more focus on GP practices and more opportunities for support to be more immediately available in a crisis.
41. Consultation with Carers would be required to establish exactly what range of prevention support was required. This is likely to vary in each community based on what already exists in those areas and the characteristics of the community area. It is suggested that Area Boards appoint a Carers Champion who can represent the views of Carers in their community and be an important stakeholder in on-going development of preventative support for Carers in each community area. There is potential to use grant funding from a recently announced fund to support this element.

Rationale for the Proposal

42. Spending more on low-level support for carers reduces overall spending on care by more than £1bn per annum (Carers UK Case for Change) as a result of reductions in unwanted (re)admissions, delayed discharges and residential care stays.
43. Whilst there is not an immediate business case to demonstrate that this approach will lead to reduced long term care costs, there is a lot of national data on the impact of a lack of support for Carers.
 - a. Full-time carers are more than twice as likely to be in bad health as non-carers
 - b. 80% of carers say caring has had a negative impact on their health
 - c. Half of carers say they have experienced depression after taking on a caring role
 - d. 61% of carers say they are at breaking point
 - e. 1 in 5 carers receive no practical support
 - f. Despite an ongoing rise in the number of carers in the UK and sharp rises in the numbers caring full-time, the number receiving carers’ assessments and carers services is falling
 - g. Carers who do not feel prepared or sufficiently supported are one cause of delays in transfer of care.

44. Other research would suggest
 - a. 17% of carers who had taken a break of more than a few hours suffered mental ill-health compared to 36% of carers who did not have such a break since beginning their caring role;
 - b. 35% of carers without good social support experienced ill-health compared to 15% of those with good support
 - c. A whole systems study tracking a sample of people over 75 years old who had entered the health and social care system, found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.
 - d. Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases. This suggests that giving carers extra support to manage their caring role more effectively and maintain good health could reduce unwanted residential care admissions.
45. The rationale for the proposal is that by allowing carers to access support when they need it, the council can mitigate the above patterns for carers. Quarterly performance data from carers services is already beginning to support this.

Funding the Proposal

46. Work to estimate the financial impact of the Care Act has established a potential cost to the Council of £0.5m for additional carer assessments and an additional £4.5m for carers support.
47. To mitigate the impact of Care Act costs £2.5m has been included in the Better Care Plan, with a further £2.8m expected through central grant funding.
48. Funding from the Better Care Plan identified for Carers costs would be used to fund additional capacity required the part of the assessment required for Tier 1 support and Tier 2 support for carers.
49. However the full impact of the changes will not be known until Carers start to come forward and access this type of support. There is therefore a degree of risk around the financial assumptions.

Public Health Implications

50. Unpaid care represented 10.1% of care supplied in Wiltshire in 2011. The percentage of the population providing unpaid care has increased in all community areas (with the exception of Southern Wiltshire) since 2001, and absolute numbers have increased in all community areas. Increasing population age is known to contribute to demand for unpaid care. As the Wiltshire population increases in age it is anticipated that the demand for spouses and adult children to provide unpaid care will more than double over the next thirty years.

51. Carers often suffer from poor emotional and physical health due to the impact of their caring role. Left undetected this can lead to long term illnesses and conditions as well as alcohol dependency. Earlier recognition of those who provide care (for example through General Practice accreditation schemes) will enable appropriate care provision to those who need it, reducing long term ill health conditions at a later date.
52. The new focus of the Care Act offers great opportunities for Social Care, the Clinical Commissioning Groups and Public Health to work in an integrated fashion to optimise care for this group. Combining these resources will enable us to target more specific joint services for carers and prevention of ill health in this group.

Environmental and Climate Change Considerations

53. This paper includes no proposals that impact on environmental and climate change

Equalities Impact of the Proposal

54. This proposal is based on assessing needs and providing support on the same basis as the cared for person. It offers “equal access to support” for all carers.
55. It will require a multi-agency approach to ensure that “hidden carers” are being adequately supported from hard to reach groups such as:
 - a. Male carers
 - b. Young carers and young adult carers
 - c. BAME carers
 - d. Carers with a disability themselves
 - e. Carers of people who substance misuse
 - f. Carers of people who suffer from mental ill health

Risk Assessment

56. A full risk assessment shall be undertaken once Cabinet approval has been granted for the proposal contained within this paper.
57. Should the proposal be approved the following risks would exist
 - a. Demand increases and the Council cannot fund preventative support for carers
 - b. Demand for Carers assessments is above expected levels, leading to capacity and budget pressures related to carers support
 - c. Changes to operational procedures cannot be completed in time, putting pressure on capacity to perform carers assessments and carers not accessing support
58. However, should the proposals not be approved the following risk implications will exist:
 - a. The council may not have sufficient funds to meet the demand for carers assessments and eligible service provision

- b. The council would not be in a position to fully meet the legal duties imposed by the Care Act and could be challenged
- c. Inconsistencies would continue to exist with regards to access to services
- d. Current preventative services could disappear to accommodate the funding required to finance the assessment process.

Procurement Implications

59. The changes in volume of assessments and reviews will impact on the current contracts we have with Carers Support Wiltshire and Spurgeons. Contract variation will need to be agreed to authorise changes in the financial values of those contracts ahead of re-tendering those services once the longer term impact is understood and be more clearly specified in future contracts and approvals will be sought at the earliest appropriate time for any procurement activity in accordance with the Contract Rules.

Financial Implications

60. The financial implications already highlight a cost pressure of approximately £5million based on current methods of support.
61. The Better Care Plan does include some provision to mitigate this cost pressure. However, a prediction model has been developed by CSW to illustrate how investing in prevention services can potentially lower the costs of providing support to carers compared to continuing with current model.

Predicted Accrual Cost Comparisons - Current and Proposed Service Model

| | Current demand sustained | 50% increase in demand | 100% increase in demand |
|----------------------------------|--------------------------|------------------------|-------------------------|
| Number of carers | 2,700.00 | 4,050.00 | 5,400.00 |
| Existing model costs | 2,545,500.00 | 3,818,250.00 | 5,091,000.00 |
| Proposed model costs | 1,847,775.00 | 2,619,426.00 | 3,391,077.00 |
| Potential cost avoidance savings | 697,725.00 | 1,198,824.00 | 1,699,923.00 |

62. The model has assumed
- a. 50% of people would be supported at Tier 2 and 30% would need Tier 3 support.
 - b. Tier 2 support would cost an average of £300 per intervention, while Tier 3 support would continue to cost £1,500 per person.
63. Following consultation with Carers on what support options they would require, the costing model can be refined.

Charging for carers support

64. If the demand for carers assessments increases, along with the need for funded support, then there would be a substantial risk that council's could not meet the financial demand. A number of councils are reviewing decisions in their charging policy to explore the possibility of means testing their support for carers.
65. However, charging for carers support could be counterproductive for a number of reasons:
 - a. Carers refuse to provide care, meaning a cared for person assessment is required, which results in the council providing support at a higher cost
 - b. Carers reluctant to ask for help, which means more people require more complex support from either the council or health services, when carer support does breakdown.
 - c. Carers, who are already financially disadvantaged by their caring role may struggle to pay their assessed contribution.
 - d. Potential for the increase in the number of safeguarding incidents (i.e. young carers carrying out inappropriate caring roles).
66. Most council's do not want to move to a position of charging for carers support, but will be carefully monitoring financial impact of support for carers once the Care Act comes in and review this decision once the impact is clearer.

Legal Implications

67. Approval to the proposals within this paper is sought to ensure that the council is Care Act ready for April 2015 so it is able to evidence it is meeting the council's legal duty.
68. In order to facilitate the development and commissioning work it may be necessary to consider the extension of the term of the current carers partnership, the young carers service agreement and other key contractual arrangements. This could have implications with regards to the procurement regulations. If this is necessary a business case and supporting exemption request shall be submitted to the Corporate Procurement Board by spring 2015.

Conclusions

69. In responding to the Care Act, most Councils are looking at how they can take a preventative approach to carers support, rather than build capacity to conduct more carers assessments. The prevention approach, offering a more proportionate approach to carers support is already starting to have a positive impact in the limited way it can be offered currently. Adopting this approach on a wider scale will be the best way to manage the predicted increased demands as well as support existing carers in their caring role.

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Report Author:
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Background Papers

The following unpublished documents have been relied on in the preparation of this report: None

Appendices

Appendix 1: Number of carer assessments carried out 2013/14
Appendix 2: Funding and Support

Appendix 1

The table below illustrates the number of carer assessments / reviews carried out in the year 2013/14, broken into carer age groups.

| | Number of carers assessed or reviewed | Services including respite for the carer and/or other carer specific services | Information and advice only |
|----------------|---------------------------------------|---|-----------------------------|
| Under 18 | 122 | 118 | 4 |
| 18 – 64 | 993 | 713 | 280 |
| 65 – 74 | 525 | 365 | 160 |
| 75 and over | 1320 | 1037 | 283 |
| Total all ages | 2838 | 2115 | 723 |

Appendix 2

Table 1: Funded via the annual £1.4 million Carers Pooled Budget

| | |
|---|----------|
| Total contribution into the core partnership (CSW) | £959,307 |
| Total contribution into Young Carer service (Spurgeons) | £160,000 |
| Total contribution into the “block” Alzheimer's sitting service via the Alzheimer's partnership | £103,636 |
| Other Prevention support services | £92,057 |

Table 2: Funded via the social care budgets

| | |
|---|-------|
| Carers Direct Payments (DPs) | £1.2m |
| Day Care provision (support for cared for person, but often as respite for carer) | £2.3m |
| Sitting Service (outside of block contract) | £0.1m |

Low level support offered by Carers Support Wiltshire

| Carers Support Wiltshire | 2013-14 | 1st Quarter 2014 |
|--------------------------|---------|------------------|
| New Registrations | 1967 | 448 |
| Support Work | 786 | 84 |
| Social care assessment | 545 | 93 |
| Prescription Breaks | 449 | 98 |
| Emergency Card | 325 | 78 |
| Pampering | 62 | 10 |
| Counselling | 54 | 6 |
| Befriending | 43 | 1 |
| Training | 37 | 6 |
| Groups | 29 | 5 |
| Laptop | 16 | 1 |
| Carer Involvement | 5 | 1 |
| Volunteering | 0 | 1 |

Appendix 3

The following table illustrates the drop in carers assessed need from the point of initial intervention at baseline assessment stage against the position at the review (3 months later):

