

'Carers Need Care Too'



Foreword by Chairman

The Community Services Scrutiny Committee decided that its in-depth scrutiny project for 2008/09 should be on Carers. The topic was originally suggested by Peter Stroudley, Chairman of the Southend Carers' Forum and one of the co-opted members on the Community Services Scrutiny Committee.

During the project, we were fortunate in having support from the Centre for Public Scrutiny (CfPS), and I would like to thank Barrie Taylor for his insightful comments.

I would also like to say a special thanks to my Vice Chair Councillor Mrs Elizabeth Day, who took over the helm at a key stage in the project when I was unable to attend some of the meetings. I would also like to thank all those who have been involved with the project, those who took the time to attend meetings to give their evidence, sent in additional information, my colleagues on the Committee and the Project Team and also to the officers on the project team.

On a final note – the project has demonstrated the breadth and impact the caring role can have on an individual's life. The project team has been in awe of and touched by the stories from the Carers in our town. It is a challenging role and one which can leave the Carer feeling isolated.

Reassuringly we are confident that we can make Carers lives better but it is clear that the solution does not (and cannot) rest with one agency alone. Through the recommendations contained within this report, we will work together to make sure Carers receive support. We are all part of the solution: the statutory agencies, the voluntary sector and Carers themselves.

***Councillor Mrs Lesley Salter,
Chairman, Community Services Scrutiny Committee***

Some members of the project team:



(From left to right - Mrs Carole Roast, Mr. Peter Stroudley, Mrs Liz Day, Mr. Mike Stafford, Mrs Sharon Wheeler, Mrs Lesley Salter, Mr. Nigel Folkard and Mrs Fiona Abbott).

1. SCOPE, OBJECTIVES AND METHODOLOGY

- 1.1 In the Municipal year 2008/09, the Council's Community Services Scrutiny Committee agreed that the in-depth scrutiny project would be on Carers.¹
- 1.2 A Carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.²
- 1.3 The agreed aim of the scrutiny project was to undertake a baseline review to identify and map gaps in services across health and social care (in the broadest sense) for the 16,000 Carers in Southend – which includes approximately 1,500 young Carers.
- 1.4 The Scrutiny Committee agreed the project plan for the study in October 2008³, with the following agreed objectives and outcomes:
 - to raise awareness of services and support mechanisms available to Carers;
 - to identify gaps and make appropriate recommendations to relevant agencies/partners in order to better equip Carers to undertake their role effectively;
 - to update the Carers' Strategy; and
 - to highlight and promote best practice.
- 1.5 The Scrutiny Committee also agreed that the study would include young Carers.

Methodology/Process

- 1.6 The scrutiny study was carried out by the Community Services Scrutiny Committee supported by an officer Project Team comprising:
 - o Fiona Abbott, Legal & Democratic Services and project co-ordinator
 - o Simon Leftley – Strategic Support – Corporate Director Adult & Community Services;
 - o Sharon Wheeler, Michael Mann and Mike Bennett – technical support/ research support - Adult & Community Services;
 - o Ray Boateng and Ashley King – NHS South East Essex (the Primary Care Trust);
 - o Lynda Ingham – Children & Learning; and
 - o Jo Bates and Jane Whalley - Legal & Democratic Services, administrative support.

¹ Community Services Scrutiny Committee meeting on 10th June 2008 (minute 107 refers),

² Princess Royal Trust for Carers

³ Community Services Scrutiny Committee meeting on 14th October 2008 (minute 531 refers)

- 1.7 The following Members were attached to the Project Team in order to provide guidance and to act as a consultative body during the course of the Scrutiny:
- o Councillor Mrs Lesley Salter (Chairman),
 - o Councillor Mrs Elizabeth Day (Vice Chairman),
 - o Councillor Nigel Folkard,
 - o Councillor Blaine Robin,
 - o Councillor Mrs Carole Roast,
 - o Councillor Mike Stafford,
 - o Councillor Mrs Margaret Borton.

As the project also focussed on young Carers, the Chairman of the Children & Lifelong Learning Scrutiny Committee, Councillor Mrs Ann Robertson, was involved in the project and also attended one of the project team meetings⁴.

- 1.8 A stakeholder reference group provided specific help throughout the project and provided invaluable comments on the proposed survey of Carers⁵. The group comprised:
- o Peter Stroudley, Chair, Southend Carers' Forum and one of the co-opted members on the Scrutiny Committee;
 - o Tony le Masurier, Chair, Carers' Strategy Group⁶;
 - o Harry Chandler, Chair, South East Essex Locality Group, Essex & Southend LINK⁷.

The project also received invaluable support from Ron Alexander, Chief Officer of DIAL and a co-opted member on the Scrutiny Committee.

- 1.9 During the project, the Member Project Team met on five occasions to drive the project forward and the necessary background information for the three formal public evidence-giving sessions ('witness' sessions) at which the Committee received oral, written and presentational evidence from a number of key stakeholders.
- 1.10 Prior to the commencement of the witness sessions, Members and the Project Team identified, devised and documented the questions which were to be asked of each witness.

⁴ Councillor Mrs Robertson is also a Member on the full Community Services Scrutiny Committee

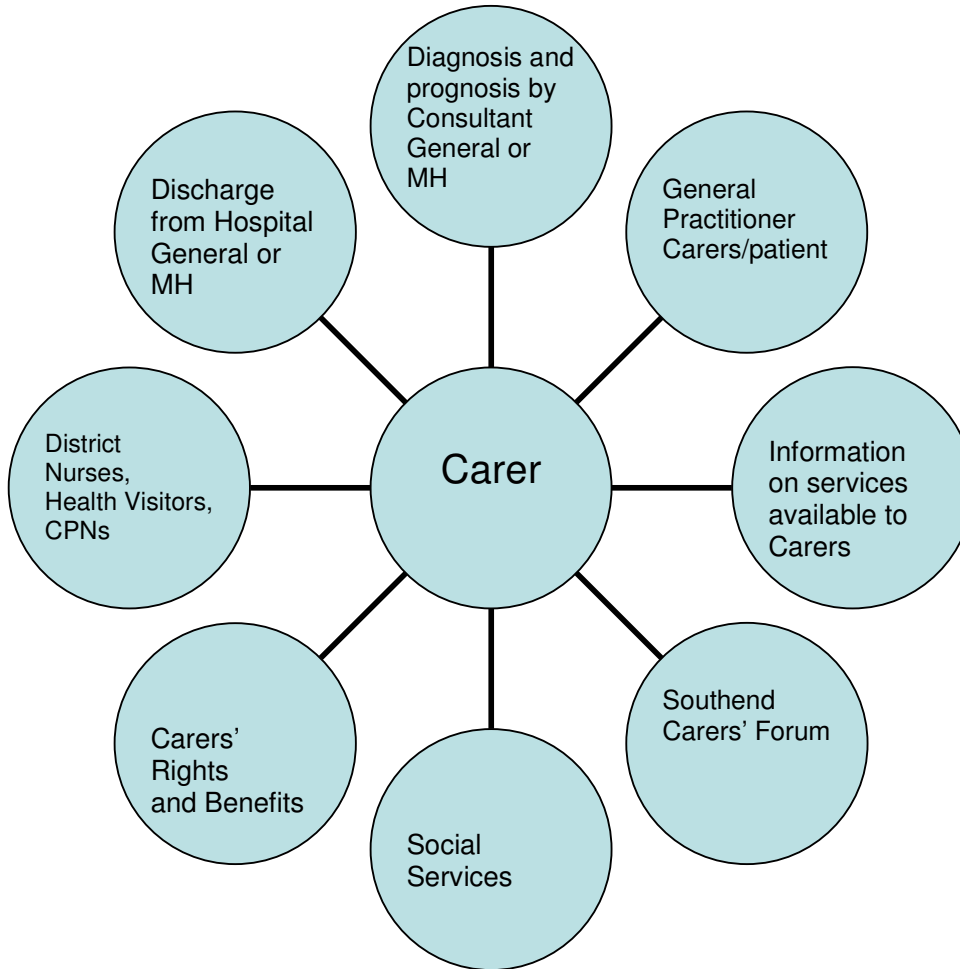
⁵ by sourcing 'new/unknown' Carers

⁶ Information about the Carers' Strategy Group can be found on in [Annex to the Report B - Document 5](#)

⁷ that is the Local Involvement Network.

Evidence Gathering

1.11 The agreed project plan acknowledged that the following areas have either direct and/or indirect links with Carers – these being⁸:



1.12 Through the project we hoped to hear the views from as many of the above as we could.

1.13 As a first stage to the project, we decided to undertake a survey of new and existing Carers. The survey was drafted and then the pilot survey was distributed to approximately 30 Carers from Southend Carers' Forum in December 2008. Following their comments, the survey was sent to over 2,500 people⁹. We were interested in trying to establish what works well, what doesn't work quite so well, and if there are any gaps within the services provided.

⁸ With thanks to Southend Carers' Forum for providing this information.

⁹ Our partners in the voluntary sector assisted us with identifying Carers known to them and agreed to send out the survey on our behalf, with the cost of producing the survey and postage being paid by the Council.

- 1.14 We were keen to get back as many completed surveys as possible – there was a prize draw with £100 in cash for the winning entrant who would be selected at random from all of the returned surveys¹⁰. We asked people to answer as many questions on the survey as they could - even if they felt that some of the questions were not relevant, as an incomplete survey and the feedback form still provided us with useful information.
- 1.15 The full results from the survey are detailed at [Annex to the Report \(A\)](#).
- 1.16 Following discussion with our colleagues in Children and Learning, it was decided that the most appropriate way to gather the views of young Carers would be to hold a focus group session specifically for them.
- 1.17 Support from Centre for Public Scrutiny (CfPS)¹¹ – the project received some free support from the CfPS. Barrie Taylor, an advisor with the CfPS, met with the project team Members and members from the stakeholder reference group and officer colleagues supporting the project¹² on 9th March 2009 to help us work on questions for the evidence gathering sessions. Barrie encouraged us to think about our intended outcomes and negotiations and what we were trying to achieve from the witnesses and through the witness sessions. This provided a useful validation to the project and good focus for the project team for the next stage of the project.
- 1.18 The results and analysis from the survey informed the questions to be asked of the witnesses and clarified who needed to be approached as possible witnesses.
- 1.19 Invitations were sent out for the witness sessions scheduled for April and May 2009, as follows:
- o GP representative(s);
 - o Adult Social Services (& LD Team Carers' Champion);
 - o Southend Carers' Strategy Group representative/Carer;
 - o Southend Hospital NHS Trust (& discharge);
 - o SEPT (& discharge) (as a good exemplar);
 - o Voluntary sector, Southend Carers' Forum, CAB, DIAL, Anchor Staying Put, Older People's Assembly;
 - o Benefits service;
 - o Community Services (including drug & alcohol services);
 - o Education – Learning Disability and Connexions services;
 - o Human Resources – local authority;
 - o NHS South East Essex (the Primary Care Trust) – both the commissioning and provider arms;
 - o The Executive Councillor.

¹⁰ The prize draw was made by the Chairman in March and was won by a local Carer.

¹¹ Agreed at the Community Services Scrutiny Committee held 25th November 2008 (minute 730 (e) refers)

¹² The attendees were - Barrie Taylor (CfPS), Councillors Mrs Lesley Salter, Nigel Folkard and Mike Stafford, Fiona Abbott, Sharon Wheeler, Mike Bennett, Ray Boateng, Ashley King (NHS South East Essex), Peter Stroudley, Harry Chandler and Ron Alexander.

In order to facilitate the process all witnesses were informed, in writing, of the questions that were to be asked at the witness sessions.

- 1.20 The Committee also agreed that it would seek the written views from a number of organisations and people. Written evidence was therefore invited from the Police, the Courts Service and Safeguarding Vulnerable Adults.

Stakeholders

- 1.21 Through the witness sessions, the Committee received evidence from the following individuals and associated organisations, to whom we are very grateful:-

Witness session 1 held on Tuesday 21st April 2009 – at this session we heard evidence from:

Adult & Community Services, Southend-on-Sea Borough Council:

- (a) Matthew Harding (Learning Disability Team)
- (b) Lyn Scott and Audrey Carter (PSI Team)
- (c) John Bolt (Carers' Champion)

Executive Councillor for Adult Social Care, Health & Housing:
Councillor Mark Flewitt

HR and Communications, Southend-on-Sea Borough Council:
Karen Melville (Group Manager, Policy & Strategy)

Adult & Community Services, Southend-on-Sea Borough Council:
Glyn Halksworth (Strategy Manager, Drug and Alcohol Action Team)

Children & Learning, Southend-on-Sea Borough Council:

- (a) Brenda Lewis and Janice Lyons (Youth & Connexions Service)
- (b) Lynda Ingham (Learning Difficulties & Disabilities)

Witness session 2 held on Tuesday 28th April 2009 – at this session, we heard evidence from:

NHS South East Essex (the Primary Care Trust) – commissioning and provider arm representatives:

- (a) Ashley King (Commissioning Manager)
- (b) Karen Paul (Service Director, Provider Arm)
- (c) Kathy Wilson (Modern Matron, Provider Arm)

South Essex Partnership Trust (SEPT):

- (a) Carla Fourie (Consultant Social Work Practitioner and Carers' Lead)
- (b) Robin Oldfield (Assistant Director for Social Care)

Southend Hospital NHS Foundation Trust:

- (a) Sarah Dawson (Director of Nursing & Executive lead for Carers)
- (b) Sandra Steeples (Patient Discharge Manager)

GP Representative:
Dr H Siddique (local GP)

Witness session 3 held on Tuesday 5th May 2009 – at this session, we heard evidence from:

Carer representative:
Margaret O'Connor – Carer

Anchor Staying Put:
Jeanette Anderson

Voluntary Sector

- (a) Charles Cormack – SAVS;
- (b) Ron Alexander - DIAL;
- (c) Dawnette Fessey, supported by Peter Stroudley – Carers' Forum;
- (d) Trish Carpenter – CAB.

1.22 The responses to the questions we asked the witnesses are detailed in the **[Annex to the Report \(B\) - Documents 1, 2 and 3](#)**.

1.23 Two focus group sessions were held on 15th and 16th June 2009 as an additional mechanism to hear the views of a number of new and existing Carers. The sessions were arranged and facilitated by the Southend Carers' Forum.

2. BACKGROUND INFORMATION

- 2.1 Overall, Southend is a healthy and vibrant place to live; its seven miles of foreshore stretch from Leigh-on-Sea to Shoeburyness. The coastline has some of the finest beaches of East England, including four International Blue Flag winners and six ENCAMs Seaside Awards. It is the largest conurbation in the East of England, approximately 40 miles from the centre of London. It is home to around 160,000 people in 71,000 households.
- 2.2 The Thames Gateway South Essex Partnership has designated Southend as a regional hub for learning and culture. Southend has a wide range of leisure, sport and cultural attractions with good service standards. Investment plans are in place for key facilities, and these will help deliver regeneration, social inclusion, health and lifelong learning objectives.

National and local context:

- 2.3 The Sustainable Community Strategy (SCS) and the Local Area Agreement (LAA), sets out how the Council and partner agencies jointly propose to deliver better health for our community and improved services for vulnerable adults and children.
- 2.4 The design and provision of Carers' services have been guided by recent national guidance, in particular, *'Carers at the Heart of 21st Century families and communities'* launched June 2008, which sets the agenda for supporting Carers over the next 10 years ranging across the span of the government's responsibilities. The strategy addresses health and social care and young Carer issues in England, and income and employment matters more widely across the whole of Great Britain. The Government has also recently issued a Green Paper *'Shaping the Future of Care Together'*¹³. This sets out a vision for a new care and support system. The Green Paper highlights the challenges faced by the current system, and the need for radical reform and to develop a National Care Service that is fair, simple and affordable for everyone.
- 2.5 According to Carers UK, in the UK there are in excess of 6m Carers estimated to be saving the national economy in excess of £87bn p.a.
- 2.6 The 2001 Census shows that there approximately 16,000 Carers in the Borough of Southend, i.e. 10%, which forms a significant proportion of the total population. Women are more likely to be Carers than men in all ethnic groups (58% compared to 42%); most Carers are aged between 50 to 59; and more than one in five people are providing some unpaid care.

¹³ The consultation will run from 14 July 2009 to 13 November 2009

2.7 The table below¹⁴ illustrates the level of unpaid care being provided by Carers in the Borough, with just over 70% of Carers providing between 0 -19 hours per week, 10% providing between 20 – 49 hours per week and 20% providing over 50 hours per week.

Age group	Number of people providing 0-19 hours of care per week	%	Number of people providing 20-49 hours of care per week	%	Number of people providing 50 plus hours of care per week	%	Total number of people providing care per week	Percent age %
0-15	221	2	18	1.2	15	0.5	254	1.6
16-17	104	0.9	11	0.7	11	0.3	126	0.8
18-64	9,023	80.2	1,153	77.9	1,980	61.7	12,166	76.4
65 and over	1,899	16.9	298	20.2	1,202	37.5	3,389	21.2
Total	11,247	100	1,480	100	3,208	100	15,935	100

2.8 A 2004 survey of 1,320 young people carried out by the Princess Royal Trust for Carers found that 12% of 7-19 year olds were looking after someone with an illness, disability or health problem who couldn't manage alone. Often someone takes on the role of caring, but does not consider themselves to be a Carer until a crisis occurs. Identification of young Carers can also be difficult, and they are often hidden until there is a crisis in the family, potentially leaving them in vulnerable situations¹⁵.

2.9 Future demographic changes imply an increase in demand for care, which will naturally lead to an increase in the amount of unpaid Carers. It is therefore vitally important that appropriate provisions are made to enable Carers to take on or continue in their caring roles with minimal negative impact on their own health, well-being and financial status.

The scrutiny project:

2.10 The aim of the scrutiny project was to conduct a baseline review to identify and map gaps in services, across health and social care (in the broadest sense) for the 16,000 Carers in Southend – which includes approximately 1,500 young Carers. We also intended to look at service delivery and to make recommendations to enable the sharing of good practice and a 'better deal' for Carers.

2.11 The results of the survey undertaken as part of the project are being used to inform the refresh of the Southend Carers' Strategy, and further inform the Carers in-depth scrutiny project and assist with forming questions for the witness / evidence gathering sessions.

¹⁴ From the 2001 National Census (conducted by Office for National Statistics)

¹⁵ See also national research conducted in 2004 on 6,178 young Carers supported by specialist young Carers project – C Dearden and S Becker, University of Loughborough, 2004

3. EVIDENCE GATHERING

- 3.1 We proposed that there would be a comprehensive survey of Carers to identify and quantify the problems, concerns and issues facing Carers.
- 3.2 The following areas were covered in the questions in the survey:
- o 'about your caring role';
 - o services;
 - o your life outside of caring;
 - o about the person you care for;
 - o 'a bit more about you'
 - o about the other person (or persons) you care for.
- 3.3 In early January, just over 2,500 postal surveys were sent out via the Southend Carers' Forum and DIAL. Copies were also distributed via other organisations in Southend, and the survey was also made available on the Council and SAVS websites. A total of 357 valid surveys were returned, which gave a useful percentage response rate of 14.1%.
- 3.4 In conducting the survey, we deliberately targeted Carers not on the Adult & Community Services' database as we wanted to make the survey wider reaching. Additionally, those Carers in receipt of social care services are routinely surveyed following their Carers' assessments - these views have also been incorporated into the findings of this study.
- 3.5 The full results from the survey can be found at [Annex to the Report \(A\)](#) and were presented to the full Scrutiny Committee on 7th April 2009.
- 3.6 In summary, the key areas highlighted from the survey are:
- o Support for Carers caring for more than one person
 - o Helping Carers remain in / get back to work/education
 - o Help for Carers struggling with an illness/disability
 - o Improve quality & awareness of emergency care/support
 - o Improve & target information & advice/knowledge & skills
 - o Provide what Carers want; break from caring, enough money to care, and emergency care when things go wrong
 - o Help Carers to have a life outside of caring
- 3.7 It also emerged that some Carers took on multiple caring roles. For example, one Carer supported 3 non-family members. The Committee recognised that the survey results only represented the views of those who had completed the survey. In hindsight, more use could have been made of local media to raise awareness about the survey and to increase response rates. We also found we encountered some challenges around data sharing, which we had not anticipated at the outset of the project. A positive outcome from the survey is the increase in awareness and Carers receiving services.
- 3.8 The top three priority areas are already being used to shape future service delivery within the tender of Carers' services: that is - emergency care, respite care, and enough money to care.

- 3.9 As mentioned above, rather than sending young Carers a questionnaire to complete, we felt that a better way of engaging would be through meeting with them and hearing their issues and concerns through discussion. A focus group was held in January 2009, and Sharon Wheeler met with approximately ten young Carers in the borough, their ages ranging from 11 – 16 years old.
- 3.10 The issues raised by the young Carers covered the following areas:
- o They all praised the excellent support they received through Connexions, and in particular Brenda Lewis and Janice Lyons with their work through COOL Club / CHIL youth group¹⁶.
 - o The desires voiced were for improved transport links, more disabled parking in the town centre, and low level access buses.
 - o Most felt they had adequate support at school, largely attributable to the Young Carers' Charter their schools had signed up to.
 - o Hospital setting – one young Carer felt largely ignored in this setting, and indicated that they had valuable information about the person they were caring for which would have been useful to the Hospital staff.
- 3.11 As mentioned in section 1 above, the results from the survey were used to assist in forming the questions for the witness sessions. The questions for the witnesses were sent to them prior to their attendance at the Committee. Letters were later sent to other evidence givers, inviting them to comment on the questions posed by the Committee.
- 3.12 A detailed record of general comments and specific responses to questions posed by Members of the Committee was prepared. This record of evidence was forwarded to the representative in order to ensure that the recorded evidence was factually correct.
- 3.13 The responses to the questions we asked the witnesses are detailed in the [Annex to the Report \(B\) - Documents 1, 2 and 3](#).
- 3.14 Following the witness sessions, the project team recognised that they needed to hear the views and experiences of more Carers. Two focus groups were therefore arranged, and the sessions were facilitated by the Southend Carers' Forum. The sessions took place on 15th and 16th June, and each session was attended by about 12 Carers, all of whom were members of the Carers' Forum – some new and emerging Carers and others having been a Carer for several decades.
- 3.15 An emerging perception from the focus groups was that statutory agencies are not working together¹⁷, or where they are, it was felt this could be improved. Carers also wanted there to be one point of contact for Carers (raised at the first session) to stop them from feeling they were being passed from pillar to post. This would eliminate the feeling of it being by chance they were able to get information to help them in their caring roles.

¹⁶ these are clubs specifically for young carers and provides a setting where they can feel supported and have access to activities to meet new people, form strong social networks and take time out from caring.

¹⁷ but see also paragraph 4.16

3.16 Information emerged as a very big issue on many levels, i.e. how it is delivered, received and disseminated to Carers. Another element of this is the question of “at what point are Carers ready to be given information” – this may prove the biggest challenge given the individual circumstances for each Carer and the caring role they are undertaking. Many Carers felt that their GPs should be the logical first point of contact.

4. COMMENTS AND CONCLUSIONS

Themes and emerging issues identified in the project - from all evidence sources:

- 4.1 The study has been broad ranging, and we have considered a wealth of information through the survey and from all our witnesses. We received invaluable comments from Carers, and comments received from the Carers' Assessment Survey, April 2008 to March 2009, can found in the [Annex to the Report \(B\) – Document 4](#). Some gaps, areas for improvement and general observations have emerged, as follows.

Gaps, areas for improvement & general observations:

- 4.2 One of the aims of the project was to identify gaps and make appropriate recommendations to relevant agencies / partners. In carrying out the study, we found there are gaps and areas for improvement in terms of support for Carers.
- 4.3 The Carers who attended and gave their views at the 2 Focus Group sessions articulated where they felt the gaps and areas for improvement were. The main gap identified seemed to be around 'information' in the widest sense in knowing how to find the best information at the appropriate moment - at the right time and at the right level of detail for the Carer themselves. (This remains one of our biggest challenges – if we can get this right though the benefits will be enormous).
- 4.4 One Carer, whose wife suffered from Multiple Sclerosis, said that the best information he received was from the MS society itself, who he referred to as "the trade union of people who are sick". This Carer also explained that if he had known what he knows now, when his wife was first diagnosed; his current circumstances would be very different.
- 4.5 Other Carers said that when the person they were caring for was first diagnosed, they felt hungry for information and often taught themselves about their condition and other entitlements (the Carers Allowance and person being cared for can claim Attendance Allowance). They outlined that whilst information is 'out there' it is often fragmented and often difficult to get hold of or access. The Carers said that the information needed to be pulled together in one format and also needs to be streamlined.
- 4.6 More than one Carer said that there should be a 'one-stop information shop' dedicated to Carers. The feasibility of this would need to be explored and would involve training and working with those at the point of delivery. We heard of a service in another area of England which has a GP access only emergency service (STAN¹⁸), which mobilizes caring support in an emergency. This is a service which could be explored for suitability in Southend.
- 4.7 The Carers we met at the Focus Group sessions acknowledged the invaluable support available from other bodies such as DIAL and Southend Carers Forum.

¹⁸ 'Single Telephone Access Number'

- 4.8 There is also the issue of identification of Carers¹⁹. We do not know how many Carers there are actually in Southend. The 2001 Census figure is now out of date and information from the 2011 Census won't be published until 2012 at the earliest. There is also no central list of Carers held within the town.
- 4.9 One of the key aspects of this study has revealed the need to encourage the recognition of Carers both by professionals²⁰ and amongst Carers themselves, enabling a greater number of Carers to receive support, in a variety of ways, which will help them to continue in their caring role and also have a life of their own. Carers need to be seen as a 'partner' in all aspects of care.
- 4.10 A further gap we identified is that links need to be further developed between GPs and the Connexions service in terms of identifying young Carers.
- 4.11 Throughout the project it was evident that the term "Carer" has different interpretations for many. Many Carers neither like the term, nor see themselves as a "Carer". A common response from Carers was "I'm not my son's/partner's Carer, I am first and foremost his mother/wife, etc". There was also the view that the term "Carer" had strong linkages to the paid care worker role - this caused confusion amongst many - Carers and professionals alike.
- 4.12 We felt there was a lack of clarity - highlighted by the evidence from the GP – about what happens once a patient has been identified as a "Carer", and the impact and benefit this information has for them (the 'so what?' effect).
- 4.13 We are also aware that there is limited knowledge of the actual numbers of Carers within the Borough who are known to services – be they statutory or through the voluntary sector. To do this requires further work for all parties and is contained in the recommendations relating to the refreshed Carers Strategy currently being written.

Areas of good practice:

- 4.14 Carers are to be seen as key partners and a valuable asset in the delivery of NHS and community care services, working alongside partners in social services and the third sector.
- 4.15 We welcome the work that has been done to introduce the GP enhanced contract, and see this as the foundation for further engagement of GPs with Carers.
- 4.16 We heard evidence that there is true partnership working across statutory agencies and voluntary sector partners. Given the comments made by Carers (see paragraph 3.15) this must be consistent to ensure that all Carers receive a seamless service.
- 4.17 It was also pleasing to note that the current Mayor's charity is the Sycamore Fund, which aims to raise money to help local young Carers of primary school age.

¹⁹ at the GP surgery, the Hospital (in patient and outpatients) etc

²⁰ In the broadest sense to include all health and social care workers, third sector partners, etc.

- 4.18 GPs are viewed as the 'gateway' into the health service. Many believe that GPs are in a unique position, as they are often viewed as the area most Carers are likely to be in touch with.
- 4.19 Also, in terms of the mental health trust (SEPT), much positive work is being done through the Trust to recognise and value Carers. The emerging work with Carers being done by the Hospital was also recognised and welcomed. We very much welcomed the support given by the voluntary sector / third sector, and that much positive and valued work is being done.
- 4.20 The Project Team met on 22nd June 2009 to consider the responses from all the witnesses / evidence givers, and discussed the conclusions and recommendations it wished to make to the commissioner of services and other organisations (where appropriate).
- 4.21 The draft of the report was circulated in July 2009 to the project team (and other stakeholders) for their comments²¹. From the comments we had back, it was decided that a further meeting of the project team was needed to allow fuller discussion on the draft report. The project team met on 21st September 2009 and the Scrutiny Committee considered and agreed the draft conclusions and recommendations on 13th October 2009.
- 4.22 We wished to make achievable, timely and realistic recommendations, and we hope this has been achieved. The report will be presented to Cabinet on 3rd November 2009 and NHS SEE Board on 26th November 2009.

²¹ The intention had been to send the amended draft report to the full Scrutiny Committee in late August for their comments and that the report would be considered by the Executive in late September.

5. RECOMMENDATIONS

- 5.1 We appreciate that where recommendations involve an increase in expenditure, this will need to be considered as part of partners budget-setting process.
- 5.2 That the Council and partners consider the in-depth scrutiny report and agree the conclusions from the study. The recommendations aim to:
- raise awareness of services and support mechanisms available to Carers;
 - identify gaps and make appropriate recommendations to relevant agencies/partners in order to better equip Carers to undertake their role effectively;
 - update the Carers' Strategy; and
 - highlight and promote best practice.
- 5.3 That the Council and partners be asked to progress the recommendations in the report and report back to scrutiny in 12 months.

5.4 Recommendations to Southend-on-Sea Borough Council:

	Specific recommendations:	Action for:
1.	That the information and data gathered from the in-depth project be used to inform the Southend Carers' Strategy and future service planning, and to commit to continually engage with Carers using all appropriate methods – as part of this, to undertake an annual survey (through discussion with relevant stakeholders). The new Strategy to ensure the identification of Carers is a priority.	Corporate Director Adult & Community Services Carers Strategy Group
2.	That all Care Plans should include information regarding the out-of-hours service (Emergency Duty Team) contact details.	Corporate Director Adult & Community Services
3.	That the Carers' Emergency Plan be promoted (see evidence given in witness session 1).	Corporate Director Adult & Community Services
4.	To explore the feasibility of working with health professionals to enable them to undertake Carers' assessment (also a recommendation for Health).	Corporate Director Adult & Community Services
5.	To promote the Prescribed and Flexible Breaks Services which are currently available free of charge to Carers (also a recommendation for Health).	Corporate Director Adult & Community Services
6.	To continue to encourage Carers to participate in the Self Directed Support Pilot and increase the number of Carers receiving an Individual Budget.	Corporate Director Adult & Community Services
7.	To welcome and support the continued involvement of Carers to enable them to shape service design and delivery (see evidence from witness session 1).	Corporate Director Adult & Community Services Corporate Director Children & Learning

8.	To continue to support the role of Carers' Champions within the Care Management and Assessment Teams.	Corporate Director Adult & Community Services
9.	To encourage the take up of Telecare amongst Carers.	Corporate Director Adult & Community Services
10.	To explore opportunities for Carers to have access to concessionary leisure opportunities at the council's leisure facilities, for example free swimming.	Corporate Director Adult & Community Services
11.	To promote the availability of the NHS Carers Direct website ²² .	Corporate Director Adult & Community Services
12.	To ensure that services are developed to meet the needs of those caring for someone with drug and / or alcohol problems.	Corporate Director Adult & Community Services
13.	To continue to work with other commissioning agencies and the voluntary sector to ensure services meet the needs of Carers in Southend, to ensure the best use of available resources.	Corporate Director Adult & Community Services
14.	That all Carers' information be reviewed for accuracy and ease of understanding.	Corporate Director Adult & Community Services Corporate Director Children & Learning
15.	That Children and Learning continue to encourage schools to sign up to the Young Carers' Charter.	Corporate Director Children & Learning
16.	To encourage the development of links between GPs and the Connexions service (also a recommendation for the Health) in terms of identifying young Carers.	Children & Learning
17.	As community leader and a leading employer in the area, and to meet the requirements set out in the Single Equality Bill, to explore how best the authority can collect information on its staff who have caring responsibilities in order to better equip Carers to undertake their role effectively.	Corporate Director Support services
18.	In its role of community leadership and as a leading employer in the area, to share good practice and encourage other local employers to adopt family centered / Carer focused employment practices, in order to better equip Carers to undertake their role effectively.	Corporate Director Support services

5.5 **Recommendations to NHS South East Essex (the Primary Care Trust):**

Specific recommendations relating to GPs:	
1.	We welcome the introduction of the new GP Enhanced Contract for Carers. That Trust evaluate the current project and to explore how the contract can be adjusted to ensure that financial rewards are proportionately linked and reflect the numbers of Carers recorded on their practice register.

²² See <http://www.nhs.uk/Carersdirect/Pages/CarersDirectHome.aspx>

2.	That the Trust encourages all GP practices to adopt the Princess Royal Trust for Carers GP toolkit, which is a joint project with the Royal College of General Practitioners.
3.	To learn from the pilots of the annual health check for Carers (for those caring most intensely), to formulate local action plans for the future.
4.	That appropriate and relevant Carers' information be provided in GP surgeries through posters, leaflets, details of the Champion etc.
5.	To encourage the development of links between GPs and the Connexions service (also a recommendation for the local authority) in terms of identifying young Carers.
Recommendations to NHS South East Essex (the Primary Care Trust):	
6.	That consideration is given to include Carer requirements within future Commissioning for Quality and Innovation (CQUIN) payment mechanisms.
7.	That the Trust be encouraged to work with their local authority partners and publish joint plans on how their combined funding will support breaks for Carers, including short breaks, in a personalised way.
8.	To promote the Prescribed and Flexible Breaks Services which are currently available free of charge to Carers (also a recommendation for the local authority).
9.	To continue to work with other commissioning agencies and the voluntary sector to ensure services meet the needs of Carers in Southend, to ensure the best use of available resources.
10.	To explore the feasibility of working with social care professionals to enable them to undertake Carers' assessment (also a recommendation for the local authority).
11.	To promote the availability of the NHS Carers Direct website.
12.	To explore the feasibility of developing 'STAN' (Single Telephone Access Number) service locally.

5.6 Recommendations to South Essex Partnership Trust (the mental health trust):

1.	To continue to improve services offered to Young Carers to ensure they are offered Carers' Assessments.
2.	To encourage roll out of the 3 R project across the Trust within the next year.
3.	To develop the role of Carer support workers in Southend by March 2010.
4.	To continue to work in partnership with the local authority in developing individual budgets / direct payments for Carers.
5.	To ensure that Carers within Southend-on-Sea have the opportunity to access the Caring with Confidence scheme.
6.	That the Trust identify a Carers champion and that Carers needs are incorporated in all discharge planning processes (which includes referral through to outpatients).

5.7 Recommendations to Southend Hospital University NHS Foundation Trust:

1.	That the Trust be encouraged to actively gather Carer information for planned admissions.
2.	That the Hospital identify a Carers champion and that Carers needs are incorporated in all discharge planning processes (which includes referral through to outpatients).
3.	That the electronic discharge summaries highlight Carer information to GPs', to enable a holistic approach.
4.	That the Patient Tracker system, capture Carer satisfaction with Hospital services.

5.8 Recommendations to voluntary / third sector:

1.	To acknowledge the role of the voluntary / third sector in helping support people to remain in their own home for longer, of enabling and empowering Carers and also their role of identifying Carers within the community.
2.	Participate in the review of literature for Carers through the Carers' Strategy Group.
3.	To continue to work with commissioning agencies to ensure services meet the needs of Carers, including identifying and raising awareness of unmet needs in Southend, to ensure the best use of available resources.

5.9 Recommendations to Department for Work and Pensions (DoWP):

1.	Work locally to support the recommendations in the National Audit Office report (February 2009) <i>Department for Work and Pensions Supporting Carers to Care:</i> <ul style="list-style-type: none">• improve the experience of Carers• improve support for Carers to have a life outside caring;• improve efficiency of support for Carers.
2.	That the DoWP be encouraged to join the Carers' Strategy Group.

LIST OF INFORMATION INCLUDED IN THE ANNEX TO REPORT A:

Survey results

LIST OF INFORMATION INCLUDED IN THE ANNEX TO REPORT B:

Document 1	Responses to the questions – witness session 1
Document 2	Responses to the questions – witness session 2
Document 3	Responses to the questions – witness session 3
Document 4	Carers' Assessment Survey, April 2008 to March 2009
Document 5	Information about Carers' Strategy Group

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Copies of previous scrutiny studies can be found on www.southend.gov.uk and click on the [council & democracy](#) section of the website.

LIST OF BACKGROUND INFORMATION

Reports

1. In-depth Scrutiny Project – Report of Corporate Director Support Services – 14th October 2008

Witness sessions

2. Notes from witness session held 21st April 2009 (see Annex B – Document 1)
3. Notes from witness session held 28th April 2009 (see Annex B – Document 2).
4. Notes from witness session held 5th May 2009 (see Annex B – Document 3).

Minutes

5. Agreement to selected topic – Community Services Scrutiny Committee meeting on 10th June 2008 (minute 107 refers)
6. Extract from Community Services Scrutiny Committee meeting on 14th October 2008 (minute 531 refers)
7. Extract from Community Services Scrutiny Committee meeting on 7th April 2009 (minute 1174 refers)
8. Minutes of Community Services Scrutiny Committee held 21st April 2009 (witness session 1) (minutes 9 - 12 refers)
9. Minutes of Community Services Scrutiny Committee held 28th April 2009 (witness session 2) (minutes 25 - 27 refers)
10. Minutes of Community Services Scrutiny Committee held 5th May 2009 (witness session 3) (minutes 30 - 42 refers)
11. Extract from Community Services Scrutiny Committee meeting on 13th October 2009 (minute 465 refers)

Project Team meetings

12. Meetings of the Member Project Team were held on the following dates - 2nd December 2008; 23rd February 2009; 26th March 2009; 22nd June 2009; 21st September 2009. The notes are available on request.

Other information

13. CfPS document 'Putting it into practice: the questioning technique'
www.cfps.org.uk/publications

13th October 2009

