

Report To:	OVERVIEW (AUDIT) PANEL
Date:	31 July 2017
Executive Member / Scrutiny Panel:	Councillor G Peet – Chair to Integrated Care and Wellbeing Scrutiny Panel Councillor Brenda Warrington, Executive Member (Adult Social Care & Wellbeing)
Subject:	REVIEW OF CARERS IN TAMESIDE
Report Summary:	The Chair to Integrated Care and Wellbeing Scrutiny Panel to comment on the Executive Response (Appendix 1) dated 16 March 2017 to the scrutiny review of Carers in Tameside and the recommendations made to support future services (Appendix 2) produced in November 2016.
Recommendations:	That the Overview (Audit) Panel note the recommendations detailed in Section 8 of Appendix 2 .
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Supportive Tameside'.
Policy Implications:	The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.
Financial Implications: (Authorised by the Section 151 Officer)	<p>The Council have committed to ongoing investment of £1.515m in Carers Services for the financial year 2017-18. Adults Social Care represents £1.402m of this figure with the remainder of spend relating to Young Carers within Children's Services.</p> <p>It is acknowledged that continued investment in Tameside's carers services provides a cost effective alternative to procuring care from the external market.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person.</p> <p>Promoting wellbeing involves actively seeking improvements in the aspects of wellbeing set out above when carrying out a care and support function in relation to an individual at any stage of the process from the provision of information and advice to reviewing a care and support plan. A local authority can promote a person's wellbeing in many ways. How this happens will depend on the circumstances, including the person's needs, goals and wishes, and how these impact on their wellbeing. The Care Act 2014 signifies a shift from</p>

existing duties on local authorities to provide particular services, to the concept of 'meeting needs'. This is the core legal entitlement for adults to care and support, establishing one clear and consistent set of duties and power for all people who need care and support. The concept of meeting needs recognises that everyone's needs are different and personal to them. Local authorities must consider how to meet each person's specific needs rather than simply considering what service they will fit into. The concept of meeting needs also recognises that modern care and support can be provided in any number of ways, with new models emerging all the time, rather than the previous legislation which focuses primarily on traditional models of residential and domiciliary care. Local authorities should adopt a flexible approach that allows for a focus on which aspects of wellbeing matter most to the individual concerned.

The principle of promoting wellbeing should be embedded through the local authority care and support system, but how the local authority promotes wellbeing in practice will depend on the particular function being performed

Risk Management:

Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account

Access to Information:

The background papers relating to this report can be inspected by contacting Paul Radcliffe by:-



Telephone: 0161 342 2199



e-mail: paul.racliffe@tameside.gov.uk

APPENDIX 1**Post Scrutiny - Executive Response**

In Respect of: Scrutiny Review of Carers in Tameside
Date: 16 March 2017
Executive Member: Councillor Brenda Warrington (Adult Social Care and Wellbeing)
Coordinating Officer: Sandra Whitehead, Assistant Executive Director, Adult Services

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. That the Council closely monitor the prevalence of poor health among carers assessed in Tameside, with specific support and/or interventions to identify any potential quick fixes to aid health and future capacity.	Accepted	Carers Centre able to collect the health information and provide advice, information and signpost to relevant Health intervention but do not provide health interventions directly.	Julie Moore / Lina Patel	Ongoing
		Conversation with Public Health to look at how we can engage and strengthen what is available and accessible.	Julie Moore / Lina Patel	June 2017
2. That the Council focuses on improving awareness of the excellent support provided by Tameside carers, and the significance of their contribution to the local health and social care economy.	Accepted	Development work around increasing awareness across the neighbourhoods to be improved.	Neighbourhood Managers	Ongoing
		Promote the involvement of carers in the Integrated Neighbourhood development sessions to ensure carers voice and experience is heard and recognised. Annual report that reflects on carers contributions to be presented at Health and Wellbeing Board.	Sandra Whitehead	Annually

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
<p>3. That the Council ensures that ongoing emphasis is placed on creating holistic support plans for both adult and young carers that supports the breadth of physical and mental health needs.</p>	Accepted	<p>The Council provides a holistic assessment/support plan for Adults.</p> <p>This action plan will be shared with Children's Services to request that they review and ensure their assessments are holistic.</p> <p>Also need to link with mental health services to enhance the offer.</p> <p>This is included in the revised Carers Strategy so will be implemented across the health and social care economy.</p>	<p>Julie Moore / Lina Patel</p> <p>Sandra Whitehead/ Sheena Wooding</p> <p>Vicki Gee</p> <p>Carers Strategy Group</p>	<p>Ongoing</p> <p>April 2017</p> <p>April 2017</p> <p>Ongoing</p>

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
4. That the Council and partners look to determine the incidence and impacts that social isolation and loneliness has on carers in Tameside, and possible earlier interventions and support mechanisms.	Accepted	<p>Responsibility in Care Act to prevent and delay the escalation in needs of carers so need to ensure compliance with this.</p> <p>Prevention of social isolation is identified in the Carers Strategy and feedback from recent consultation events will be used to develop support mechanisms and early intervention. There also needs to be a wider knowledge in partner agencies to help them identify new and existing long term carers to ensure timely interventions.</p> <p>As part of the Integrated Neighbourhood developments with Single Commissioning Team Carers Lead a plan will be developed with colleagues with particular focus on GP referrals to receive information much sooner to provide earlier interventions</p>	<p>Carers Strategy Group and Adult Management Team</p> <p>Carers Strategy Group</p> <p>Neighbourhood Managers / Primary Care Commissioner</p>	<p>Immediate and ongoing</p> <p>Ongoing</p> <p>October 2017</p>
5. That the Council explores further locations and options to ensure carer's assessments are carried out in a setting that suits the needs of the carer while allowing clear practical evidence to be gathered.	Accepted	<p>There are currently 14 Carers Hubs plus the carers main centre provided across the borough. Analysis and monitoring of where assessments are carried out will be undertaken.</p> <p>Review instructions to staff to ensure assessments are undertaken at a location that suits the carer.</p>	Julie Moore / Lina Patel	October 2017

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
6. That the Council closely monitors the number of telephone assessments which result in further re-assessments to meet an originally unidentified need, with a view to increasing ability to meet all needs at the earliest opportunity.	Accepted	Monitoring of the number of telephone assessments that are undertaken will commence.	Lina Patel	April 2017
7. That avenues are explored to improve any possible privacy issues within the centre and also heighten awareness of the current location and offer of the Carer's Centre within communities.	Accepted	<p>This will be reviewed and confidentiality of appointments will be reiterated to ensure that the service provides privacy for carers to confidentially discuss their needs and circumstances.</p> <p>Further awareness raising of the location of the Carers Centre will be made across the borough.</p>	Lina Patel / Julie Moore	April 2017
8. That the Council examines any barriers created by the relocation of the Carer's Centre to inform a possible future decision to find a more suitable location earlier than first planned.	Accepted	<p>The Carers Centre will be returning to the town of Ashton once the new building is ready, this location provides a more suitable base for the centre.</p> <p>Conversation with Estates for alternative accommodation until new centre opens.</p>	Sandra Whitehead	April 2017
9. With heightened responsibilities for the assessment of carers, the Council closely monitors the incidence of respite requests from carers and the Council's ongoing ability to deliver this provision if demand was to increase.	Accepted	The Council will continue to closely monitor the requests from carers and always offer an assessment of need for the cared for to be able to access different forms of respite that meet the eligible needs of the carer and the cared for.	Neighbourhood Managers	Ongoing

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
10. That the Council looks to build on the current Schools Network that has been established to ensure that there are support groups or trained persons within all schools that young carers can discuss any issues with.	Accepted	The Council's young carers service visit schools on a regular basis to identify and offer support to young carers. Opportunities will be explored to extend further via Children's Carers services.	Bob Berry / Caroline Brierley	October 2017
11. That the Council's Adult and Children's Services work with external partners to establish a more robust data collection and sharing system, to allow more effective monitoring of services and provide more seamless, integrated support for carers.	Accepted	The Carers Strategy will put a focus on this.	Carers Strategy Group	Ongoing
		As part of the carers development work across Integrated Neighbourhoods and with the input/direction from Carers this will be developed.	Neighbourhood Managers	Ongoing
		Share recommendations with Children's Services to review, and where appropriate, develop data collection and monitoring.	Sheena Wooding / Sandra Whitehead	July 2017

APPENDIX 2

1. INTRODUCTION BY THE CHAIR OF THE INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

- 1.1 I am pleased to present this report of a review undertaken by the Integrated Care and Wellbeing Scrutiny Panel into Carers in Tameside between July and November 2016.
- 1.2 The importance of unpaid care in the UK has become increasingly apparent as pressure on resources has continued to restrict the ability of local authorities to support as wide a range of services. The value of unpaid care in the UK is estimated to be £132 billion, which is almost equivalent to the total NHS spend.
- 1.3 At the time that the 2011 Census was carried out, 24,059 people in Tameside identified themselves as providing unpaid care. The total across England and Wales at the same time was 5,800,246 people, which is an increase of over 600,000 since the previous Census. This rate of increase is faster than the population growth in the two countries over the same time period.
- 1.4 Longer life expectancies and improved health and social care for people of all ages is resulting in a growing need for unpaid care. With people living longer, they are more likely to develop one or more health conditions that require them to be cared for during their lifetime.
- 1.5 The State of Caring Report 2016 by Carers UK estimates that 20% of people providing 50 or more hours of care each week receive no practical support with their caring role. It also reveals that some carers have had to wait up to 6 months to begin receiving the support services agreed within their carer's assessment.
- 1.6 The Panel were aware of the vital role that carers have in ensuring the wellbeing of our population and as such, were driven to take an in-depth look at how carers in Tameside are being supported to fulfil their caring duties, and enjoy living their own lives at the same time.
- 1.7 On behalf of the Integrated Care and Wellbeing Scrutiny Panel, I would like to thank all those who have participated in this review.

Councillor Gillian Peet

Chair of the Integrated Care and Wellbeing Scrutiny Panel

2. BACKGROUND TO THE REVIEW

- 2.1 The Care Act (2014) and Children and Families Act (2014) were both implemented to strengthen the levels of support provided to carers in the UK. The former is the most recent law and set out the care and support that carers can receive, while the latter is a new law for parents and carers of children and young people (aged 0-25 years) with special educational needs or disabilities.
- 2.2 The State of Caring Report 2016 reports that over half (54%) of carers across the country believe that their quality of life will worsen over the course of 2016, despite there being more comprehensive legislative support in place, and an increased emphasis from local authorities on improving support services for carers.

3. MEMBERSHIP OF THE PANEL – 2016/17

Councillor Peet (Chair), Councillor Cartey (Deputy Chair).

Councillors Affleck, Ballagher, Bailey, Bowden, Buglass, Cooper, P Fitzpatrick, Fowler, Kinsey, Middleton, Patrick, Ryan, T Smith, Sweeton, R Welsh, Whitehead, Wild.

4. TERMS OF REFERENCE

Aim of the Review

- 4.1 To ensure that the Council is able to meet obligations to support carers of all ages in Tameside as a vital asset to improve health and social care outcomes.

Objectives

- 4.2
1. To understand the statutory duties of the Council and partners to support and help carers.
 2. To review the range of roles a carer can undertake and the importance of caregiving to the local health economy.
 3. To examine the range and effectiveness of support services that are available to carers of all ages.
 4. To examine changes to the Care Act (2014) and the impact on the Council to deliver the required levels of support.
 5. To review the responsibility of the Council to ensure the physical, social and health needs of carers is being taken into account.
 6. To determine how holistic, partnership work can improve the amount and quality of support that can be provided to carers.
 7. To produce workable recommendations that will help to provide more effective support for carers, and care support plans in Tameside.

Value for Money/Use of Resources

- 4.3 It is important that people receiving and providing care in Tameside are given a supportive network and environment that leads to improved outcomes for all residents. It is essential that the Council and partners work collaboratively to establish effective strategies that will recognise the factors affecting and/or limiting carers and improve the level of support they can provide.

Equalities Issues

- 4.4 People of all backgrounds and from all sections of Tameside's communities can become carers by personal choice or through circumstance. The review will consider strategies that lead to safe and positive environments for carers of all ages and backgrounds.

People and Place Scorecard

- 4.5 The following targets from the People and Place Scorecard relate to the Carers in Tameside review.

Vulnerable Adults	<ul style="list-style-type: none">• Helped to live at home
--------------------------	--

5. METHODOLOGY

- 5.1 To meet with Sandra Whitehead, Assistant Executive Director (Adult's Services); Julie Moore, Service Unit Manager (Assessment and Care Management); and Lina Patel, Assistant Team Manager (Assessment and Care Management with lead responsibility for Carers and the Carers Centre), to receive an overview of the Council's role in supporting caregivers and detailed information on the different support mechanisms that the Council has put in place to help adult carers.

- 5.2 To meet with Sheena Wooding, Head of the Integrated Service for Children with Additional Needs, to receive information on young carers and the Young Carers Service in Tameside, the common issues impacting them and what support networks are in place to support their needs.
- 5.3 To visit Tameside Carers Centre to understand the different support needs that carers present, and gain first-hand experience of the assessment and eligibility process and how support services can meet the range of carers needs.
- 5.4 To meet with Tameside Carers Action Group, to understand the role it has in supporting and helping current and ex-carers, as well as gain first-hand information on the experiences of carers.
- 5.5 To meet with Carole Hague, a current carer living and providing care in Tameside, to hear first-hand experiences of what it is like to be a carer and access support services and how legislative and local authority support has helped her to continue providing care.

6. REVIEW FINDINGS

Local Context

- 6.1 Providing care can be one of the most rewarding and gratifying jobs a person can do. Although all carers will have different experiences of caring, both positive and negative, providing care to another person can forge strong emotional bonds of friendship and arguably provides a far stronger sense of reward than any other job.
- 6.2 The importance of carers should not be underestimated. Not only do they help to look after and care for those in our communities who are most in need, they also save the national health and social care economy an estimated £132 billion each year. Many carers often have to make financial, emotional or career sacrifices when deciding to be a caregiver.
- 6.3 Data from the 2011 Census showed that a total of 24,059 people identified themselves as providing unpaid care in Tameside. This number equates to roughly 11% of the borough's total population, which is slightly higher than the 10.6% average for Greater Manchester. The Tameside Poverty Strategy 2014-17 states that this figure is likely to be an underestimate of the true number of people providing care in the borough.
- 6.4 Carers UK estimate that the number of carers in the UK will rise by 40% by 2037, bringing the carers population in the UK to over 9 million. Every year over 2.1 million adults become carers, with a significant number finding that their caring responsibilities come to an end. This turnover rate means that caring will touch the lives of a significant proportion of the population.

Figure 1. The Breakdown of Care Provided in Tameside

Age	Number of people providing unpaid care	Proportion of people providing unpaid care of total population	Number of people providing 1 to 19 hours of unpaid care a week	Number of people providing 20 to 49 hours unpaid care a week	Number of people providing 50 or more hours unpaid care a week
Total	24,059	11.1%	14,106 (58.6%)	3,594 (14.9%)	6,359 (26.4%)
Age 0 to 15	587	0.3%	454 (77.3%)	75 (12.8%)	58 (9.9%)
Age 16 to 24	1,547	0.7%	1,051 (68.0%)	288 (18.6%)	208 (13.5%)
Age 25 to 34	2,452	1.1%	1,527 (62.3%)	381 (15.5%)	544 (22.2%)
Age 35 to 49	6,757	3.1%	4,219 (62.4%)	1,030 (15.2%)	1,508 (22.3%)
Age 50 to 64	8,080	3.7%	5,084 (63.0%)	1,167 (14.4%)	1,829 (22.6%)
Age 65 and over	4,636	2.1%	1,771 (38.2%)	653 (14.1%)	2,212 (47.7%)

6.5 The table above shows the complete breakdown of the number of carers in Tameside that were identified in the 2011 Census, and the amount of care provided by different age groups. Some of the key findings include:

- The majority (58.6%) of carers active in Tameside provide 1 to 19 hours of care per week.
- A higher proportion of people aged 25 and over provide 50 or more hours of unpaid care per week.
- Older carers comprise over half (52.9%) of the unpaid carers in Tameside and approximately a third (31.8%) of these older carers are providing 50 or more hours of care per week.
- A total of 9.9% of carers aged 15 and under provide 50 or more hours of unpaid care. This is a significant proportion of children in the borough who are predisposed to a greater risk of the impacts of being a carer.

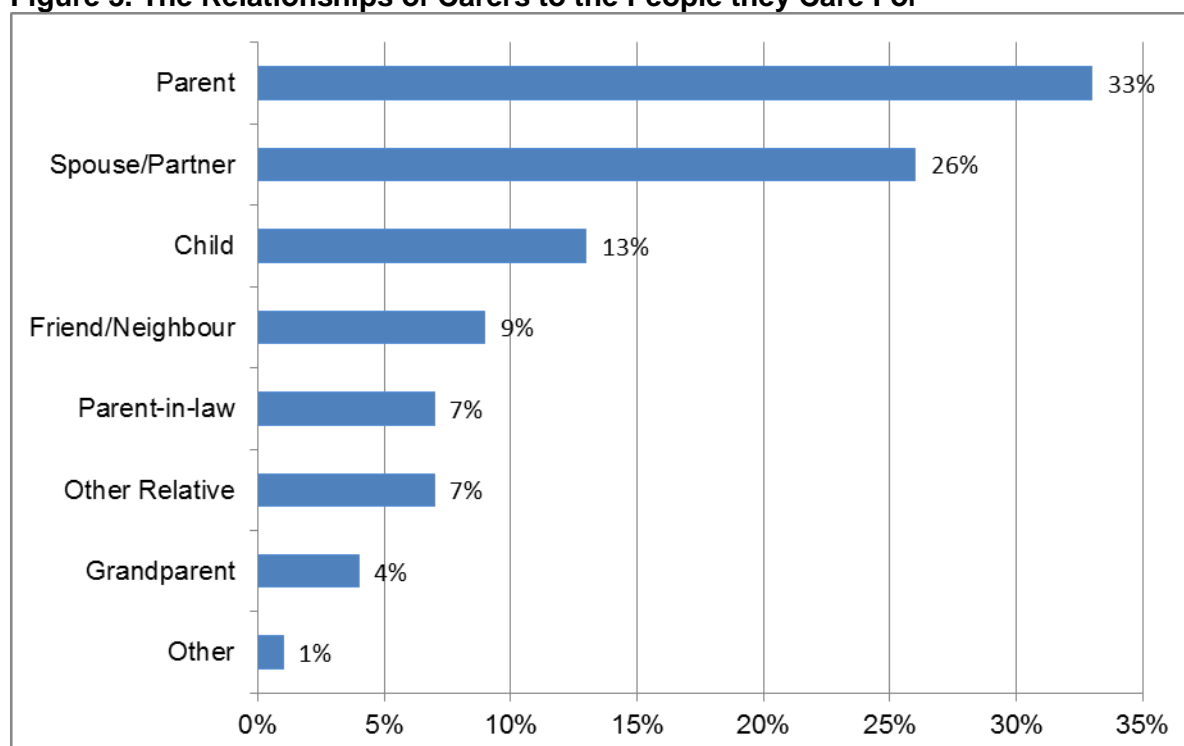
6.6 As at November 2016, the number of young carers registered with the Tameside Young Carers service is 374. The majority of these children (251) are aged 11-16, while 77 are aged 17-18, and 46 are aged 7-10.

Figure 2. The Health of Carers in Tameside

Carer	All categories: General health	Very good or good health	Fair health	Bad or very bad health
Provides unpaid care: Total	24,052	16,583 (69.0%)	5,493 (22.8%)	1,976 (8.2%)
Provides 1 to 19 hours unpaid care a week	14,100	10,886 (77.2%)	2,553 (18.1%)	661 (5.7%)
Provides 20 to 49 hours unpaid care a week	3,594	2,334 (64.9%)	936 (26.0%)	324 (9.1%)
Provides 50 or more hours unpaid care a week	6,358	3,363 (52.9%)	2,004 (31.5%)	991 (15.6%)

- 6.7 The table above contains data on the health of carers collected in the 2011 Census. The majority of carers (69%) in Tameside reported having very good or good health, while 8.2% reported having bad or very bad health. In comparison, 72.5% of carers in England and Wales reported to having good or very good health, and 6.7% reported to having bad or very bad health.
- 6.8 Figure 2 also shows that the proportion of people in Tameside experiencing poorer health increases with the number of hours of unpaid care provided per week. According to Carers UK, people providing 50 or more hours of care each week are twice as likely to be in bad or very bad health as a person without any caring responsibilities.
- 6.9 This is also in line with national figures collected in the GP Patient Survey (2013), which found that 51% of non-carers have a long-standing health condition, compared to 60% of all carers and 70% of carers providing 50 or more hours of care a week.
- 6.10 Furthermore, the Personal Social Services Survey of Adult Carers in England 2014-15, reports that over a third of carers (38%) provide over 100 hours of care each week, putting them at a far higher risk of experiencing poor mental and physical health than the average carer and non-carer.
- 6.11 **Roles and Responsibilities** – Carers can have a number of different roles that they carry out depending on the needs of the person they are looking after. The State of Caring Report 2014 by Carers UK surveyed the range of roles provided by carers:
- 93% provide practical help (e.g. preparing meals, doing laundry or shopping).
 - 87% provide emotional support and motivation, and keep an eye on someone either in person or over the phone.
 - 85% arrange and coordinate care services or medical appointments.
 - 83% manage paperwork for financial matters for the person they care for.
 - 71% provide personal care (e.g. help with washing, dressing, eating or using the toilet).
 - 57% help the cared for with their mobility (e.g. getting in and out of bed, moving around the house or going outside).

Figure 3. The Relationships of Carers to the People they Care For



- 6.12 The graph above shows the different relationships that carers in the UK have with the person they support for the greatest number of hours. The data, collected in the NHS Information Centre for Health and Social Care Survey of Carers in Households 2009/10, showed that people are most likely to be looking after a close family member.
- 6.13 The same report also found that 83% of carers in the UK provide care for one person, 14% look after two people and 3% look after three or more people. Caring for more than one person is a lot of responsibility and work, and can come with considerable consequences to the health and wellbeing of the caregiver.

Conclusions

1. A significant number of Tameside adults and children are providing unpaid care within the community.
2. Tameside has a higher proportion of carers reporting to be in bad or very bad health (8.2%) than the rest of England and Wales (6.7%).

Recommendations

1. That the Council closely monitor the prevalence of poor health among carers assessed in Tameside, with specific support and/or interventions to identify any potential quick fixes to aid health and future capacity.

Impacts of Being a Carer

- 6.14 Caring is a very challenging role to undertake and can require a lot of strength and resilience. It can be emotionally and physically demanding, often making it difficult to make ends meet. Carers commonly report that they see their own health and wellbeing suffer, have a considerably lower income, and have difficulty staying in touch with friends and family, as a direct result of their caring roles.
- 6.15 Carers of different ages can be impacted in different ways. Older carers, for example, are more likely to see their physical health suffer as a result of lifting and carrying heavy equipment, while younger carers can see their academic and social development suffer by having to miss time at school.
- 6.16 **Health and Wellbeing** – A significant piece of multi-agency research was undertaken as part of the 2012 In Sickness and in Health report by Carers UK. Approximately 3,400 carers were surveyed, with 87% stating that their mental health has been negatively impacted by caring.
- 6.17 Specific data was collected on the different ways in which the surveyed carers have been impacted as a result of being a carer:
- 91% had dealt with anxiety and/or stress.
 - 53% reported depression.
 - 36% had sustained physical injuries/strains (e.g. back pain).
 - 26% found pre-existing conditions significantly worsened.
 - 22% suffered with high blood pressure.
- 6.18 There are known risks and impacts associated with caring, in particular being able to maintain a good standard of health. Whilst dealing with the strain of lifting and moving people/equipment as well as the stress of providing around-the-clock care, it can be difficult for carers to find the time to exercise, get enough sleep, or prepare healthy and nutritious meals.
- 6.19 The report also found that a lot of carers do not have the time to attend medical appointments, see friends/family or simply relax. The survey found that 39% of carers have put off medical treatment because of caring, which as a result:
- 53% suffered for an extended period of time.

- 49% have said their problem(s) worsened.
- 26% found it harder or impossible to continue undertaking their caring responsibilities.
- 22% developed additional illnesses.

6.20 MIND, a mental health charity, states that the challenges carers face can make them feel frustrated, low or depressed. Suffering with any, or a combination of depression, anxiety and stress can be extremely difficult to deal with, even without the responsibility of being a carer. If not supported properly, people can become too unwell to continue providing care.

6.21 **Financial Insecurity** – Caring can restrict a person's capacity to work. The State of Caring Report 2016 finds that of people providing full-time care, approximately 49% leave work and 23% reduce their hours of employment.

6.22 The same study reports that 44% of all carers experience financial difficulties, a figure which rises to 48% when providing care for 35 or more hours per week. In addition, more than a quarter of carers (26%) have been, or are currently in debt as a direct result of them being a carer. Almost three quarters (73%) of carers struggle to make ends meet and say that the regular worry about finances is having an adverse impact on their health.

6.23 Feedback from carers showed that the following support would help with their employment.

- More support from care workers coming to the home of the person they care for (54%)
- Support with managing or coordinating care (34%)

6.24 **Social Isolation** – Carers of all ages can become socially isolated; this is a significant contributor and identifier for poor mental and physical health and wellbeing. Due to the time commitment associated with caring, carers may not have the time to talk to or see friends or family, unless it is arranged as a form of respite.

6.25 The importance of social interaction is emphasised as a crucial component of maintaining happiness and health for all people, not just carers. Independent research studies undertaken by several research groups have found that loneliness and social isolation can:

- Put individuals at a greater risk of cognitive decline
- Increase the chances of depression
- Increase the chances of suicide in older age
- Increase the risk of high blood pressure, coronary heart disease and stroke.

Conclusions

3. It can be common for carers to unintentionally neglect their own personal, social and emotional wellbeing as a result of caring.
4. Carers are at an increased risk of feeling lonely and becoming socially isolated.

Recommendations

2. That the Council focuses on improving awareness of the excellent support provided by Tameside carers, and the significance of their contribution to the local health and social care economy.
3. That the Council ensures that ongoing emphasis is placed on creating holistic support plans for both adult and young carers that supports the breadth of physical and mental health needs.
4. That the Council and partners look to determine the incidence and impacts that social isolation and loneliness has on carers in Tameside, and possible earlier interventions and support mechanisms.

Assessments and Eligibility Criteria

- 6.26 The Care Act (2014), which was implemented in April 2015, entitles all carers to receive a carer's assessment from their local authority, irrespective of the number of hours of care they provide, their income levels or the level of support they require. This has remained constant despite amendments and additions being made to the legislation in 2015 and 2016.
- 6.27 Assessments are carried out in an environment that is appropriate and suitable to the needs of the carer and can be done in person or over the phone. If caring responsibilities are shared between two or more people then each individual is still entitled to their own assessment.
- 6.28 A carer's assessment provides carers with an opportunity to discuss their caring roles and responsibilities and highlight the support they feel they need to fulfil these responsibilities whilst managing their own personal lives.
- 6.29 The working group received information from a carer which highlighted the importance to ensure initial assessments are comprehensive and able to identify all areas of support. Concerns were raised that while telephone assessments are convenient for some, they do not provide an opportunity to gain full evidence and understanding of a carer's individual circumstances. This may lead to further resources and time spent undertaking re-assessment to address a missed or unidentified need. This was also supported by further anecdotal evidence gathered by the working group during a meeting with the Carers Action Group.
- 6.30 Carers can be referred for an assessment in a number of ways, including the Carers Centre, Social Workers and GPs. Carer's assessments can be carried out jointly with other services such as the NHS to ensure that all aspects of a carer's needs are being discussed and all professionals involved in a person's care are cooperating about decisions being made.
- 6.31 **National Eligibility Criteria** – When carrying out carer's assessments, local authorities are responsible for determining whether or not a carer's needs meet the National Eligibility Criteria as set out in the Care Act (2014). The threshold is based on the impact that caring has on a carer's wellbeing.
- 6.32 Local authorities must deliberate the following three considerations when determining if a carer has eligible needs:
- Whether the carer has needs due to a physical or mental impairment or illness.
 - Whether the specific needs of the carer result in the carer being unable to achieve two or more outcomes outlined in their carer's assessment.
 - Whether there is, or is likely to be, a significant impact on the carer's wellbeing as a consequence of their caring responsibilities and being unable to achieve these outcomes.
- 6.33 An adult's needs are only eligible where they meet all three of the above conditions. The support that a carer can receive ranges from signposting and advice, to adult social care funded support. The type of support that is available to carers is also dependent on whether the person or people they are looking after have eligible needs.
- 6.34 Council-commissioned respite, for example, is provided to people being looked after and not the carer, meaning that the amount and type of respite provision is based on whether the cared-for person meets the eligibility threshold and what their specific support needs entail.
- 6.35 Where a person being cared for meets eligibility criteria, an assessment/reassessment of the carer's needs will take place and a support plan will be put in place. Annual

reassessments are carried out to ensure that the carer is receiving all support necessary to their needs.

- 6.36 When a person being cared for does not meet the eligibility threshold for funded support, an information pack is forwarded to their carer that includes key advice and information about where and how they can access other services. A carer's assessment is also completed to determine if the carer has any specific support needs.
- 6.37 If a carer has eligible needs but the person they look after does not, the carer may be entitled to some form of financial support (see Sections 6.51 – 6.52), as well as a review of their support needs and a full reassessment of their support plan and eligibility at 12 months. If a carer and the cared for has a change of circumstances they can request an assessment at any time.

Conclusions

5. Since April 2015, the Council has had a statutory responsibility to ensure that all identified carers receive an assessment to identify specific support needs and whether they meet eligibility criteria.

Recommendations

5. That the Council explores further locations and options to ensure carer's assessments are carried out in a setting that suits the needs of the carer while allowing clear practical evidence to be gathered.
6. That the Council closely monitors the number of telephone assessments which result in further re-assessments to meet an originally unidentified need, with a view to increasing ability to meet all needs at the earliest opportunity.

Support for Carers

- 6.38 As previously mentioned, all carers are entitled to some form of support, whether this be free advice and information or access to Council-funded services. There are a number of different financial supports available to carers, including Direct Payments and Carer's Allowance.
- 6.39 **Carers Centre** – The Carers Centre in Tameside provides a daily drop-in facility Monday through Friday (11am – 2pm). This is a valuable service for carers, offering them a place to talk to advisors, arrange or complete a carer's assessment and access the information and advice library.
- 6.40 Prior to the redevelopment of the Council offices in Ashton, the Carers Centre was situated in Ashton town centre. When situated in this longstanding location, the service was a widely utilised resource with high levels of footfall year-round.
- 6.41 The Carers Centre has been temporarily moved to Hyde Town Hall while the new Council office development takes place. Data shows that the number of carers, professionals and members of the public visiting the service fell from 69 per month when in Ashton, to 42 per month in Hyde. A visit to the current Carers Centre did identify some possible issues with privacy for carers when discussing general circumstances and during assessment.
- 6.42 It is currently planned for the Carers Centre to be relocated back to Ashton town centre following the completion the new Council office development. There is no fixed date for this and it is hoped that this will improve accessibility to the service and raise the numbers of carers accessing the advice and support.
- 6.43 **Carer's Allowance** – This benefit is specifically for carers and is worth up to £62.10 per week depending on whether the carer meets the following eligibility criteria:
- Aged 16 or over.

- Caring for someone for at least 35 hours each week.
- Are caring for someone who gets a qualifying disability benefit (including the middle or higher rate of the care component of Disability Living Allowance, the daily living component of Personal Independence Payment, Attendance Allowance, or Armed Forces Independence Payment).
- Earning £110 a week (after deductions) or less.
- Not in full-time education.
- In possession of satisfactory UK presence and residence conditions.

- 6.44 There is an overlapping benefits rule in place that means that a carer's entitlement to Carer's Allowance can be impacted if they are in receipt of other benefits, including Jobseeker's Allowance and Employment and Support Allowance. If a carer cannot receive Carer's Allowance due to the overlapping benefits rule, they can apply for an underlying benefit entitlement, provided that they meet all eligibility criteria.
- 6.45 **Personal Budget** – Under the Care Act (2014), there is now a duty upon local authorities to produce and commission a care and support plan that offers a Personal Budget to the cared for who meet the National Eligibility Criteria.
- 6.46 A Personal Budget is an agreed amount of money that is allocated to provide care and support to meet the eligible needs of the cared for, the carer will contribute to the management to ensure personalised care and support for the cared for and the carer. It is a statement of the total amount of money needed to meet a carer's eligible social care needs and can be used to plan short stays or respite for the cared for person from providers.
- 6.47 **Direct Payments** – If a carer, or the person they are looking after, is assessed by a local authority as needing support and they meet National Eligibility Criteria, then they have a right to ask for a Direct Payment to be made to them to allow the carer to directly arrange any services for themselves instead of having the local authority arrange them on their behalf.
- 6.48 Direct Payments can be worth up to the value of 5 hours of support per week and can be used to help carers meet their assessed needs and desired outcomes detailed within their support plan. Payments are made directly to the carer or cared-for person and can be used flexibly.
- 6.49 Direct Payments are not counted as a contributing form of income, meaning that it does not affect a carer's entitlement to other benefits that they may be in receipt of. However, any person who is in receipt of a Direct Payment must keep a record of how they are spent and submit this to the local authority.
- 6.50 **Part-Direct Payments** – These are one off annual payments to eligible carers whose cared-for person does not meet National Eligibility Criteria, or whose cared-for have chosen not to request an assessment for themselves.
- 6.51 A Part-Direct Payment can be up to the maximum of £240.00, depending on the carer's circumstances and support needs. Just as with Direct Payments, carers can use these payments to help them achieve the desired outcomes agreed within their support plan.

Figure 4. The Number of Carers Eligible for Funded Support in Tameside

	April 2015 – March 2016				April 2016 – September 2016			
	18-64	65-84	85+		18-64	65-84	85+	Unknown
Direct Payment	33	18	3		11	4	0	9
Part-Direct Payment	583	255	13		216	96	2	13
Councils with Adult Social Service Responsibility (CASSR) Managed Personal Budget	120	72	8		40	37	4	45
CASSR Commissioned Support	70	37	1		1	0	0	0
Information, Advice, Signposting and Other Universal Services	251	139	12		99	66	9	108

- 6.52 The table above shows the number of adult carers that were deemed eligible for funded support following a carer's assessment or reassessment undertaken between April 2015 and September 2016. The total number of eligible carers in 2015/16 was 1,615, and 717 in 2016/17 to date.
- 6.53 Prior to November 2016, local authorities were not required to collect data on the ages of carers accessing services, which is the reason for the incomplete dataset in Figure 4. Any unknown information is prorated at the end of the municipal year.
- 6.54 So far in 2016/17, a total of 11 carers received no direct support despite being eligible for funded services. The most common reason for this is that carers do not wish to receive support for being a carer as they are already in receipt of support for other reasons. It can also be because the cared for person receives some form(s) of support that assists the carer, without the carer receiving any support directly.

Figure 5. The Breakdown of Investment on Carers Support in 2016/17

Investment	Support Provided
£907,766 (TMBC)	This funds any unplanned/emergency respite for all adults who meet National Eligibility Criteria (excluding learning disabilities).
£343,000 (Better Care Fund)	Part-direct payments and carers grants for carers caring for individuals below National Eligibility Criteria.
£186,323 (TMBC)	To provide planned respite for all adults who meet National Eligibility Criteria (excluding learning disabilities).
£60,000 (TMBC)	This helps to provide direct payments for carers caring for individuals that meet National Eligibility Criteria, as well as respite for elderly carers and alternate respite provisions.
£6,500 (Better Care Fund)	To provide information to carers via a newsletter and leaflets.
£500 (Better Care Fund)	To provide expenses to carers for attendance and engagement as part of the Carers Strategy Group.

- 6.55 The table above shows the amount and source of the funding for carers support services in Tameside for 2016/17, the vast majority of which is used to provide planned and emergency respite. The total investment as part of the Better Care Fund is approximately £350,000.

Conclusions

6. The change of location for the Carer's Centre has resulted in a significantly reduced number of visitors and residents receiving advice and support.

Recommendations

7. That avenues are explored to improve any possible privacy issues within the centre and also heighten awareness of the current location and offer of the Carer's Centre within communities.
8. That the Council examines any barriers created by the relocation of the Carer's Centre to inform a possible future decision to find a more suitable location earlier than first planned.

Respite

- 6.56 Taking a break and having time to rest and recuperate is vital to a carer's wellbeing and quality of life and vital to ensuring that the family relationship between the carer and cared for is maintained. Respite is an incredibly important provision that provides carers with time away from their caring duties and/or settings, allowing them to take a break, enjoy a hobby or spend time with friends and family.
- 6.57 Planned respite/short stay is provided if it is determined from an individuals' and carers assessment that they have eligible care and support needs that can only be met by the provision of planned respite/short stay. Eligibility is determined from the Care Act 2014 National Minimum Eligibility criteria. By meeting identified needs with planned respite/short stay provision this can contribute towards preventing the breakdown of the family situation by enabling carers to have regular breaks from their caring role, thus enabling individuals to remain living in the family home.
- 6.58 Unplanned respite/short stay is provided to eligible individuals who are in a situation of crisis where they cannot safely manage at home at that immediate time. There could be a number of reasons for this including carer stress or carer breakdown. Following assessment a period of unplanned respite/short stay may be provided as a short term intervention. Before a decision is made for an individual to access unplanned respite/ short stay an assessment of the individuals' and carers needs will take place via the Integrated Urgent Care Team.
- 6.59 Respite is technically provided to the person being cared for (also referred to as the service user). Therefore, the amount of respite they are entitled to is based on whether the needs of the cared-for person meet the National Eligibility Criteria. When determining the amount of allocated planned respite the needs and overall circumstances of the cared for and the carer are fully considered. The aim is to ensure there is not a breakdown of the family unit and relationships resulting in unplanned emergency respite or the separation of the cared for and the carer longer term.
- 6.60 There is a planned respite criteria with a maximum allocation of 21 nights, where there maybe exceptional circumstances then additional nights will be allocated. This number has reduced over recent years, as it was previously unlimited and impacted on equity of outcomes for new people, with any existing arrangements meaning some people had a very high number of nights. If no other means of support are available to meet the need, and criteria is met, respite will be offered.

Figure 6. The Number of Service Users Receiving Planned Respite in Tameside

Age Group (of Carer)	2015/16	2016/17 (as at September 2016)
18-64	60	53
64-85	37	42
85 and Over	5	4
Unknown	N/A	54

- 6.61 The table above shows the number of people being cared for who receive Council-commissioned respite support in Tameside. In 2015/16, 102 people received funded respite, while 153 have already been assessed and eligible and receiving respite in 2016/17 to date.
- 6.62 In 2015/16 there were 84 individuals in receipt of planned respite, equating to a total of 2619 nights of respite. During 2015/16 there was also a total of 232 individuals in receipt of unplanned respite, equating to a total of 12,968 nights, 107 of these individuals met the criteria for permanent residential care, the remaining individuals returned home with some receiving ongoing planned respite.
- 6.63 Respite is not provided to young carers in the same way that it is to adult carers. The Young Carers Service helps to give young carers a break from their caring roles through organised trips, holidays, or individual/group activities (see Section 6.74).

Figure 7. Respite Services in Tameside

Respite Service	Type of Support Provided
Active Tameside	Provides a day service offering swimming, dance, drama, sports and gym activities. It is available for spot purchasing.
Age UK (Tameside)	A day service for older men that is available for spot purchasing. The service is based on Age UK's national success with "Shed" projects, which is the concept of a group of men helping each other through general discussions about the issues facing them in relation to their health, emotional wellbeing or practical issues troubling them in their everyday lives.
Creative Support	A specialist day service for people with dementia. It has 20 places (building-based) and 8 places (community-based) available each day. The service aims to provide daytime support and activities to those with dementia whose needs will be best met by a specialist level of support.
Meridian Healthcare	A provision of day-care places in residential homes, available for spot purchasing. The service provides daytime support and activities for older people including gardening, arts and crafts, cooking, bingo and reading, as well as an opportunity to meet new people, have fun and spend time away from their care setting.
MIND (Tameside, Oldham and Glossop)	This is a community gardening activity primarily aimed at people with a learning disability or mental health needs. It is available for spot purchasing.
People First Tameside	This is the provision of daytime activities based on short courses and social activities for adults with a learning disability. An individualised one-to-one service is also provided to support people in pursuing their hobbies or interests.
Residential and Nursing Home Providers	This is the provision of respite care in homes across the borough. Respite stays are booked by families with the homes directly and are available for spot purchasing.

Tameside Arts	This is the provision of daytime activities for adults with a learning disability, offering adapted, accessible and inclusive person-centred arts, exercise and social activities. The service is focused on the personal development of social skills through group work, as well as numeracy, literacy, communication and daily-life skills. It also provides guided emotional support and has a strong therapeutic and developmental focus. Spaces are available through spot purchasing.
Tameside Countryside	This is based at Lymefields Visitors Centre and takes on groups of 12 people to take part in a variety of activities including health walks, environmental art, bushcraft, practical nature conservation tasks and relaxation. Spaces are available for spot purchasing.

- 6.64 The table above provides details of the Council-commissioned respite services in Tameside. A range of different day services and activities are available, as well as the potential for longer stays in residential and nursing homes. In addition to the above Adult Services provide daily respite for Adults with a Learning Disability living at home with carers/family. There is also a specialised respite facility available for Adults with a Learning Disability of which 48 individuals use this provision to provide carer respite, there are also 27 individuals who live with Shared Lives Carers who receive respite with an alternate Shared Lives Carer. If more appropriate or necessary, respite care can be arranged to take place in the house of the cared-for person.
- 6.65 As at November 2016, the average cost of a Council-commissioned day service is £30.60 per day. Respite through residential homes is costed at the agreed residential rates when commissioned by the Council. If services are purchased privately, this is done directly with the provider and prices can be higher.
- 6.66 If a service user is deemed eligible for respite they will be subject to a financial assessment under the Care Act for their care and support, however carers are not subject to any financial assessment and contribution to any funding they receive.

Conclusions

7. The more hours of care provided each week, the more important respite can become to carers in order to maintain their health and wellbeing and support them with future caring duties.
8. The Council's planned and unplanned respite provision for 2015/16 equated to over 15,500 nights.

Recommendations

9. With heightened responsibilities for the assessment of carers, the Council closely monitors the incidence of respite requests from carers and the Council's ongoing ability to deliver this provision if demand was to increase.

Young Carers

- 6.67 Current estimates put the number of young carers in Tameside at 374. With the need for unpaid care increasing, it is anticipated that the number of young carers and the total number of hours of care they provide, will also rise. This places a heightened importance on ensuring that there is an adequate range of effective support services available to help all young carers.
- 6.68 Young carers can experience the same impacts from caring that adults do (see Sections 6.16 – 6.28). Their academic and social development can also suffer as a result of missing school and not spending as much time with friends, which can in turn affect their future job prospects and emotional development. Being a young carer can make a child feel isolated and like they don't fit in with other 'normal' children.

- 6.69 Local authorities are required to actively seek out children and young people who are providing care, to make sure that they are being supported by all means that they are eligible for. Support plans are established following any assessment or reassessment and the Young Carers Service aims to make these as flexible as possible to make sure that support services are pertinent to the specific needs of each individual.
- 6.70 When the Council becomes aware of a young person actively providing care, health and safety checks are conducted to ensure that the environment the young carer is in allows them to safely and adequately provide the necessary care for their cared for person. These checks will make sure that there is the proper equipment in the property that care is being provided.
- 6.71 The Council will liaise with the parents of young carers when establishing support plans and arrangements, to make certain that family members are aware of the support that the young carer needs, and how they can help to ensure that their child is emotionally and physically supported to provide care.
- 6.72 First-aid training is also arranged by the Young Carers Service to improve young carers' knowledge and experience of providing first-aid and helping their cared for person in different emergency situations. This training is provided through St. Johns Ambulance.
- 6.73 The Young Carers Service has developed a number of partnerships including the Council's Adult Services department, and third sector organisations like Macmillan, Age UK and Action Together. This helps to ensure that young carers are receiving the greatest breadth of support possible.
- 6.74 Young carers who are transitioning into adulthood and/or employment are supported, along with their families and cared-for person, to help them to deal with any specific barriers inhibiting a healthy transition. The person that is cared for is also involved in this process to make sure that they are adequately prepared for any changes to their care routine and setting.
- 6.75 In 2015/16, a total budget of £42,000 was allocated to young carer's grants, including:
- **Family Holiday Grant** – This is to help young carers who wish to be able to go on a holiday with their family, by providing the necessary support for the cared for. The amount provided through this grant ranges from £200-400.
 - **School Holiday Grant** – This grant is made available to allow young carers attending school to partake in school trips and school holidays that they may not have otherwise been able to fully or partly afford.
 - **Individual Activity Grant** – This is to help young carers to attend individual activities and groups. This can help to give young carers a much needed break from caring and allows them to do something that is enjoyable and personal to them.
 - **Furnishing Grant** – This grant covers the equipment and furnishing needs identified during young carer's assessments and can be used for specific caring equipment or other needed items. In 2015/16 the total funding for this grant was £2,000.
- 6.76 There is no specific eligibility criteria to access these grants, meaning that a decision is pertinent to the situation of each young carer and of their specific support needs. Going forward, the Young Carers Service is looking to introduce eligibility criteria for each grant (see Section 6.81).
- 6.77 Trips and holidays are arranged by the Young Carers Service which can be a day trip or a weekend break. Previous holidays have been arranged to Blackpool Pleasure Beach and Centre Parcs. These are extremely valued activities as they help young carers to connect and make friends with other people in similar situations as them.

- 6.78 A Schools Network has been introduced by the Young Carers Service to establish more effective partnership work with schools across the borough. One of the main aims of this partnership approach is to make sure that schools have the effective support services available for young carers. Denton Community College, for example, runs specific young carers support groups, giving their students who are young carers to discuss any issues and establish friendships with students in similar situations.

Conclusions

9. A range of support mechanisms are in place for young carers, including a variety of Council-commissioned grants.

Recommendations

10. That the Council looks to build on the current Schools Network that has been established to ensure that there are support groups or trained persons within all schools that young carers can discuss any issues with.
11. That the Council's Adult and Children's Services work with external partners to establish a more robust data collection and sharing system, to allow more effective monitoring of services and provide more seamless, integrated support for carers.

7. CONCLUSIONS

- 7.1 A significant number of Tameside adults and children are providing unpaid care within the community.
- 7.2 Tameside has a higher proportion of carers reporting to be in bad or very bad health (8.2%) than the rest of England and Wales (6.7%).
- 7.3 It can be common for carers to unintentionally neglect their own personal, social and emotional wellbeing as a result of caring.
- 7.4 Carers are at an increased risk of feeling lonely and becoming socially isolated.
- 7.5 Since April 2015, the Council has had a statutory responsibility to ensure that all identified carers receive an assessment to identify specific support needs and whether they meet eligibility criteria.
- 7.6 The change of location for the Carer's Centre has resulted in a significantly reduced number of visitors and residents receiving advice and support.
- 7.7 The more hours of care provided each week, the more important respite can become to carers in order to maintain their health and wellbeing and support them with future caring duties.
- 7.8 The Council's planned and unplanned respite provision for 2015/16 equated to over 15,500 nights.
- 7.9 A range of support mechanisms are in place for young carers, including a variety of Council-commissioned grants.

8. RECOMMENDATIONS

- 8.1 That the Council closely monitor the prevalence of poor health among carers assessed in Tameside, with specific support and/or interventions to identify any potential quick fixes to aid health and future capacity.

- 8.2 That the Council focuses on improving awareness of the excellent support provided by Tameside carers, and the significance of their contribution to the local health and social care economy.
- 8.3 That the Council ensures that ongoing emphasis is placed on creating holistic support plans for both adult and young carers that supports the breadth of physical and mental health needs.
- 8.4 That the Council and partners look to determine the incidence and impacts that social isolation and loneliness has on carers in Tameside, and possible earlier interventions and support mechanisms.
- 8.5 That the Council explores further locations and options to ensure carer's assessments are carried out in a setting that suits the needs of the carer while allowing clear practical evidence to be gathered.
- 8.6 That the Council closely monitors the number of telephone assessments which result in further re-assessments to meet an originally unidentified need, with a view to increasing ability to meet all needs at the earliest opportunity.
- 8.7 That avenues are explored to improve any possible privacy issues within the centre and also heighten awareness of the current location and offer of the Carer's Centre within communities.
- 8.8 That the Council examines any barriers created by the relocation of the Carer's Centre to inform a possible future decision to find a more suitable location earlier than first planned.
- 8.9 With heightened responsibilities for the assessment of carers, the Council closely monitors the incidence of respite requests from carers and the Council's ongoing ability to deliver this provision if demand was to increase.
- 8.10 That the Council looks to build on the current Schools Network that has been established to ensure that there are support groups or trained persons within all schools that young carers can discuss any issues with.
- 8.11 That the Council's Adult and Children's Services work with external partners to establish a more robust data collection and sharing system, to allow more effective monitoring of services and provide more seamless, integrated support for carers.