

<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>27 SEPTEMBER 2022</b>	<b>PUBLIC REPORT</b>

Report of:	Debbie McQuade – Service Director Adults and Safeguarding	
Cabinet Member(s) responsible:	Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Donna Glover - Assistant Director: Adult Safeguarding, Quality & Practice Shauna Torrance - Head of Adult Social Care Commissioning	Tel. 01480 372558

## CARERS SURVEY AND CARERS STRATEGY

RECOMMENDATIONS	
<b>FROM:</b> Debbie McQuade – Service Director Adults and Safeguarding	<b>Deadline date:</b> N/A
It is recommended that Adults and Health Scrutiny Committee:	
<ol style="list-style-type: none"> <li>1. Consider the responses from local carers to the national survey of adult carers.</li> <li>2. Note and discuss the actions being taken in development of the Carers Strategy and support for carers and how the experience of carers might inform these actions.</li> </ol>	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted to Adults and Health Scrutiny Committee following the Scrutiny Committee agenda setting meeting held on 4 August 2022.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to share with the committee the findings of the national survey of adult carers in Peterborough and the actions being undertaken to further develop carers' support in the City, to inform the work of the committee. To obtain views on proposed development plans as outlined in the report.

- 2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council -

4. Adult Social Care;
5. Safeguarding Adults

- 2.3 *How does this report link to the Corporate Priorities?*

Support for carers is itself a key duty of the Council and the findings of the survey and development of the carers strategy can be clearly linked to the following corporate priorities:

- Safeguard vulnerable adults and children
- Keep all our communities safe' cohesive and healthy
- Achieve the best health and wellbeing for the city

### 3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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### 4. BACKGROUND AND KEY ISSUES

#### 4.1 Introduction

4.1.1 Every two years NHS Digital, the analytics function in Department of Health and Social Care, directs Local Authorities to conduct a national survey of adult carers. The previous survey took place in the Autumn of 2018. The survey due in Autumn 2020 was postponed due to Covid and in fact took place Autumn 2021. The results were published nationally in late June 2022.

We sent out 361 Surveys in the autumn of 2021, and received back 163 responses, a response rate of 45%. This was much higher response rate than for the survey undertaken in 2018, which had a response rate of 37%. Part of the reason for the changes throughout the survey was due to the timing of the survey during the pandemic, and the impact this was still having on carers at that time.

4.1.2 A questionnaire template was provided by NHS Digital. The questionnaire is divided into six sections:

1. Section 1: About the person you care for
2. Section 2: About your needs and experiences of support
3. Section 3: The impact of caring and your quality of life
4. Section 4: Information and advice quality
5. Section 5: Arrangement of support and services in the last 12 months
6. Section 6: About yourself

#### 4.2 Context of the survey

4.2.1 The carer's survey results provide important insights into the lived experience of people who provide unpaid care for others. The analysis presented below sets this out in the context of the shift in responses between the 2018 and 2021 surveys and against responses in the wider Eastern region. The information is valuable but also challenging to interpret for two key reasons.

4.2.2 Firstly, the extraordinary covid situation has prevailed through much of the intervening period between the current and previous surveys and has undoubtedly impacted on carers in many and varied ways.

4.2.3 Secondly, we have made a significant change to how we engage with carers since 2018. We have moved away from a one size fits all model of undertaking carers assessments and reviews as a way of understanding what our carers need. This is in acknowledgement that most often a lengthy assessment is not what carers want. As a result, the majority of interactions with carers are now in the form of conversations, often with externally contracted partners, which can lead to a wider variety of tailored outcomes. This could be linking a carer in to support networks in their local community or providing information and advice. Some carers do go on to receive a full assessment, but this number is much reduced and more likely to occur when someone is caring for a working age adult, or older person with more significant care and support needs. While we believe this is a better way of interacting with carers it has impacted on the group contacted for their responses to this survey, with a shift in the sample away from people who are caring for older people and towards people caring for working age adults.

#### 4.3 Key findings

4.3 Some key findings from the detailed of the survey set out in this report are listed below, with full analysis provided at Appendix 1:

1. Fewer carers had received a formal carer assessments or carer review as expected in keeping with our deliberate shift towards more nuanced and more timely conversations. **14.8%** of carers had been jointly assessed or reviewed with the person they cared for, down from **36%** in 2018. However, **58.2%** had received a separate carers assessment,

up from **52%**, this is likely to reflect the targeting of assessment to carers who were providing support to people with high level care and support needs who might need more formalised support, especially during the pandemic. **27%** had not had either an assessment or a review within the year, up from **12%**

2. **9.2%** had a mental health problem or illness, (down from **10.3%** in 2018). Nationally there was a growth in carers disclosing a mental health problem or illness climbing from **16.3%** in 2018 to **19.8%** in 2021 so Peterborough differs significantly from the national picture in this respect.
3. Health impacts of being in a caring role had worsened in nearly all areas, particularly in feeling depressed (**50.3%**), disturbed sleep (**73%**), general feeling of stress (**71.7%**), short tempered and irritable (**42.8%**), physical strain (**39%**) and making an existing condition worse (**32.7%**). A full breakdown of health impacts reported by carers can be found in Appendix 1 page 4.
4. Satisfaction with services received by the cared for person improved overall. Those who were either extremely, very satisfied or quite satisfied rose from **54.6%** to **59.9%**. There was a marked decrease in those that said they had not received any support at all, which was down from **25.7%** to **14%**
5. A higher percentage of respondents had been caring for the person they cared for 20 years or more, **15.6%** in 2018 and **19.9%** in 2021. Nationally the percentage caring for over 20 years, was the largest group of respondents, at **24.5%**. This is likely to reflect a move towards a larger cohort of working age adults being supported by Adult Social Care.
6. There was a significant decrease in how carers reported their sense of having control over how they spent their time, being able to engage in things they enjoyed outside of their caring role and being socially connected. These decreases are very likely to have been connected to wider restrictions in place during the pandemic. However, the impact on carers should not be minimised.

#### 4.4 **Impact of Covid**

4.4.1 Due to the survey being conducted during a time where the pandemic was still having a significant impact on day-to-day life, the survey asked a number of questions specific to carer experience during Covid 19. In Peterborough **23.2%** of carers stated that they did not receive support during the pandemic, this was much lower than the **45.5%** nationally, reflecting the engagement that did take place with this group of carers during the pandemic. However, experience of the support received was mixed.

4.4.2 Higher percentages than nationally were extremely, very or quite satisfied with the support they received than England as whole, however there were also higher percentages who were quite, very or extremely dissatisfied.

4.4.3 In relation to social contact carers in Peterborough were more likely to state that they had some contact but not enough than in England overall. Peterborough carers were overall more worried about their personal safety during the pandemic than carers nationally. However, carers in Peterborough were more likely to have felt consulted in involved in decisions around the person they cared for than elsewhere in the country.

4.4.4 The following small selection of comments provide some insight in terms of the significant impact which the pandemic and the response of health and social care services had on carers:

“My husband waited 21 months for life-saving surgery at Stoke Mandeville - before the pandemic, it would have been 2 - 4 weeks. The specialist beds were taken for COVID 19 patients. It was utterly terrifying. He is safe now and well, but we still cannot access local hospital care as required. I am exhausted and depressed because I have had to make all the decisions concerning his care. Our GP's have been amazing. He's still got another 6






months to wait for a specialist bed for bowel surgery - 24 months all told. We had a fight to get him vaccinated due to government/NHS cock ups”

“I felt very alone caring for my mother during COVID, it was frightening time as I knew I needed to remain well to care for her, getting food deliveries was hard until one store placed us on priority - the Wansford Surgery was supportive. The manager of Caring Crew knew I was struggling after the duration of caring alone during COVID and repeated broken nights. They kindly arranged one sleep in carer a week. I just sobbed with relief to know the responsibility was for one night, not mine and I could sleep and relax “

“Whilst help and support was needed earlier, we did not feel comfortable in asking what was available to us until we had had both of our vaccines. Support for my husband was sorted very quickly, for which were grateful. My carers assessment took 13 weeks to get a response to, with little support available to me as we pay for care”

4.5 **Links to the national Adult Social Outcomes Framework (ASCOF)**

4.5.1 The national survey of adult carers provides valuable local insight into carers and their experiences, but it also feeds a number of national indicators within the Adult Social Care Outcomes Framework. The table below gives the results for Peterborough, compared to the results for the region overall.

<b>ASCOF carer experience indicator</b>	<b>2016</b>	<b>2018</b>	<b>2022</b>	<b>Change</b>	<b>2022 Region</b>
Carers quality of life (high is good)	7.8	7.4	6.8		7.3
Carers with as much social contact as they would like	33.2%	32.2%	21.3%		28.8%
Overall satisfaction of carers with social services	38.1%	39.8%	40.7%		35.4%
Proportion of carers who report that they have been included or consulted.	71.2%	67.7%	60%		65.4%
Carers who find it easy to find information about services	N/A	63.6%	56.3%		55.6%

4.5.2 Although outcomes for carers worsened in most areas the percentage of carers locally who felt very or extremely satisfied with social services improved.

4.6 **How did carers think we could do better?**

After consulting with the carers partnership board before sending out the survey we added an additional local question asking respondents “If you found it difficult to get the support or services you needed as a carer in the last 12 months, please tell us why and what we can do to make it easier for you)”. Below is a sample of the responses we received to that question.

“My comment is not about me, but about all of those carers who are 'dropped in the deep end' when their loved one is suddenly discharged from hospital and sent home to be looked after by a member of the family acting as a part time or permanent carer. From my experience your lifestyle changes completely - you are 'in the dark' as to what help you can access, and you don't know what questions to ask. You are given certain information before the patient leaves hospital, but the information is not 'taken in' because your attention is focused on your loved one. The same can be said about the City Council who visits you at home. You are bombarded with help and information, but at a vulnerable time, so only 10%

of the information is retained. There needs to be someone who regularly visits the home and talks to the carer about problems and benefits available. The visits could diminish in time as the carer becomes more knowledgeable. “

“I didn't always know about services available to me. Sometimes I've found out about help through the Alzheimers Society and their support workers. I would like it if ASC would check upon me from time to time as it's been particularly hard for me as mum deteriorates.”

“The hardest part was that before support became easy to obtain, my Dad had to reach a crisis point and not be safe in his home anymore. More support to plan earlier would have been helpful. “

“Provide disabled parking amenity/amenities. As a carer I am also severely disabled. I can only walk or shuffle 5 yards at a time”

“There are no day care facilities available at a weekend that we can access for my husband and help to give me a rest. I cannot be the only carer working full time who would find a facility like this invaluable.”

#### 4.7 **How are we working to improve the experience of carers in Peterborough?**

4.7.1 We recognise the valuable role played by carers and the impact that their role has on their own health and wellbeing, as well as the wellbeing of those they care for. We also recognise the impact of covid, and the changes made in relation to health and social care during the pandemic has further impacted carers wellbeing. We are now working to address both short-term operational response as well as the longer-term strategy for carers and are doing so in a co-produced way with carers support groups and carers themselves.

4.7.2 We have convened a Carer's Strategic Group with representation from teams across Peterborough City Council and Cambridgeshire County Council as well as Cambridgeshire and Peterborough Foundation Trust (CPFT), chaired by the Assistant Director for Safeguarding, Quality and Practice. The group maintains oversight of all activity relating to carers including taking a view of how well we are supporting carers following changes that were made to our approach as part of the Adults Positive Challenge programme. Current areas of focus for the Strategic Group are:

1. What are carers telling us about whether the way we are supporting them is what they need, and what are we proposing to do differently as a result?
2. How confident can we be that the shift from formal assessments to conversations has resulted in better outcomes for carers?
3. How can we most effectively measure all of the activity we undertake with carers both internally and by externally contracted providers to reassure ourselves that it is having the impact carers tell us they want?

4.7.3 We have undertaken a thematic audit of carers assessment and support planning. The audit included a random sample of 129 cases across PCC and CCC. In summary, the audit concluded that we are good at:

1. Having clear management oversight of activity relating to carers

2. Establishing and recording the extent of the caring role
3. Good recording of information within carers assessments and support plan

There was evidence to show that we need to improve in the following areas:

1. Providing information about how to give feedback and/or make a complaint
2. Ensuring the support plan includes contingency planning in the event of an emergency or deterioration and fluctuations in the carer's ability to continue in their caring role
3. Undertaking supported self-assessment in a meaningful way (i.e. supporting the carer through this)

4.7.4 We have used these results to drive forward improvements in our practice. This includes a regular carers huddle where practitioners come together to discuss challenges they are experiencing with supporting carers and share examples of best practice.

4.7.5 We do not want to rely on the national carers survey to hear the voice of carers in Peterborough and are now working in several ways to respond to the lived experience of carers. In respect of our day-to-day practice, the Principal Social Worker and colleagues are taking forward work to improve how carers can provide us with feedback after each interaction with them, beyond compliments and complaints, so that we can continuously learn from their experience of our support offer. This being done in co-production with people with lived experience.

4.7.6 In wider work we have been working with the Carers Partnership Board and the Carers Experts by Experience Panel to implement the Nice Guidance for supporting adult carers. We have begun by asking the partnership board and experts by experience to identify their three highest priority areas for focus. The three areas identified are:

1. Information and support for carers
2. Identifying carers
3. Psychological and emotional support for carers

4.7.7 On 30 August we commenced an audit of what stakeholders provide under these three areas, this audit will run to end of September. The findings from this audit will then be developed into a co-produced actions list. Once actions are agreed an audit will then be carried out for the remaining 6 elements of the NICE guidance.

4.7.8 In tandem with this work, we are co-producing a carers strategy across health and social care. In 2022 a Carers Experts by Experience panel was brought together to inform and guide the development of a systemwide Carers Strategy. In order to ensure the panel was as representative and inclusive as possible a call was put out through several channels (including the Carers Partnership Board, Think Communities, staff/provider newsletters and social media). A few members of the Panel also attend the Carers Strategy Task and Finish Group where they have already contributed valuable steer and challenge. To date there have been two Experts by Experience Virtual Workshops. The first included a discussion around what is important to carers and how best could the system gather carers views. In that session the Experts proposed some survey question ideas which were then programmed and widely distributed amongst carers, staff and provider networks. The survey closes on the 9th of September and to date we have received 208 responses across Cambridgeshire and Peterborough.

4.7.9 A draft carers strategy is planned to be presented for wider engagement at the Carers Rights Conference in November, with a view to final sign off in March 2023.

## 5. CONSULTATION

5.1 Prior to the survey going out in Autumn 2021 engagement took place with the Carers Partnership Board to consider additional of local questions.

Wider consultation and engagement with carers has also taken place around the developing carers strategy lead by carer support organisations. A Carers Experts by Experience Panel has been set up.

5.2 The results of the survey will be shared with the carers partnership board in their October 2022 meeting.

Further engagement and co-production work will also be undertaken on the carers strategy between November and final sign off in March 2023.

## 6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 This report is for information and for the committee to consider the actions being undertaken in relation to improving the experience of carers and developing the carers strategy.

## 7. **REASON FOR THE RECOMMENDATION**

7.1 This report is for information only.

## 8. **ALTERNATIVE OPTIONS CONSIDERED**

8.1 This report is for information only

## 9. **IMPLICATIONS**

### **Financial Implications**

9.1 *None*

### **Legal Implications**

9.2 *None*

### **Equalities Implications**

9.3 No specific implications, however, carers themselves might have a number of protected characteristics which might impact their experience of health and care services and this should be taken into account within our carers strategy and carers support.

### **Rural Implications**

9.4 No specific implications, however carers living in or supporting people in rural areas may face a different set of challenges to carers in rural areas and this should be taken into account within our carers strategy and carers support.

### **Carbon Impact Assessment**

9.5 No specific implications as this report is for information only.

## 10. **BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 *Nice Guideline (NG150) Supporting Adult Carers*

[Overview](#) | [Supporting adult carers](#) | [Guidance](#) | [NICE](#)

## 11. **APPENDICES**

11.1 Appendix 1 - Survey of Adult Carers Experience – Peterborough – Published June 2022

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