MIDDLESBROUGH COUNCIL

OVERVIEW AND SCRUTINY BOARD

FINAL REPORT OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL – SOCIAL CARE SUPPORT FOR OLDER CARERS

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PURPOSE OF THE REPORT

1. To present the final report of the Adult Social Care and Services Scrutiny Panel following its investigation into 'Social Care Support for Older Carers'.

AIMS OF THE INVESTIGATION

2. The aim of the investigation was to focus upon the examination of issues surrounding older carers aged 50-plus, and to raise awareness of these.

MAYOR'S VISION

3. At the time the scrutiny investigation commenced, the former Mayor's Vision 2025 (Middlesbrough Council, 2016) was in place. The scrutiny of this topic aligned with the following priorities of that vision:

   - Fairer – Fairness and reduced inequalities in income and health;
   - Safer – Safer independent lives – ensuring our children and vulnerable adults are protected; and
   - Stronger – Strengthening our cultural sector.

COUNCIL'S THREE CORE OBJECTIVES

4. The scrutiny of this topic also aligns with the Council's three core objectives, as detailed in the Strategic Plan 2018-2022 (Middlesbrough Council, 2018):

   - Business Imperatives – Making sure that we work as effectively as possible to support physical and social regeneration;
   - Physical Regeneration – Investing in Middlesbrough to provide and improve facilities that improve the town's reputation, create opportunities for people and improve our finances; and
   - Social Regeneration – Working with communities and other public services to improve the lives of our residents.

TERMS OF REFERENCE

5. The terms of reference for the Scrutiny Panel's investigation were as follows:

   a) To ascertain the support available to older carers by examining the work that the Council, its partners and voluntary sector organisations are currently undertaking;

   b) To identify new ways of working by exploring the provision available for key support activities, including guidance and advocacy work, and to consider how this could be advanced further; and

   c) To understand the key issues around, and potential changes to, financial resources and the impact that these may have on service provision.

SETTING THE SCENE

6. The Adult Social Care and Services Scrutiny Panel held meetings on 7 January 2019, 11 February 2019, 20 March 2019 and 1 April 2019.

7. The Panel was provided with information/evidence from the following organisations/representatives:

- J Bracknall – Chief Executive, Carers Together;
- A Buck – Manager, Breckon Hill Community Centre and Langridge Initiative Centre;
- M Davis – Chief Executive, Middlesbrough Voluntary Development Agency (MVDA);
- M Dawson – Programme Manager, Ageing Better Middlesbrough (ABM);
- C Duerden – Strategic Development Officer, MVDA;
- L O'Brien – Chief Operating Officer, Carers Together;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- L Spaven – Head of Community and Service Development, MVDA;
- A Sykes – Chief Executive, Age UK Teesside;
- B Vallance – HR Project Officer, Middlesbrough Council;
- C Walker – Commissioning Officer, Middlesbrough Council; and
- L Wedgwood – Grants and Fundraising Coordinator, Age UK Teesside.

BACKGROUND INFORMATION

8. Research has been undertaken nationally around matters concerning the impact of caring, the support available to carers, and the concept of informal (and 'hidden') care.

9. Previous literature, which has been produced by a variety of organisations, including: Age UK, Carers Trust, the Local Government Association (LGA), NHS England and Public Health England, and which will be referred to throughout this report, has highlighted an array of pressing issues facing older carers and the care system, and resulted in significant national debate and media focus.

10. The Panel wished to examine this at a local level by ascertaining the impact of caring within Middlesbrough, and review the work that is being undertaken to support carers. To achieve this, two suggested topical issues (i.e. 'Social Care Support for Older Carers' and 'Supporting Informal/hidden Carers') were amalgamated and pursued.

11. To ensure a focused and robust investigation, the Panel discussed, in detail, the age group to which the term 'older carers' is most suitably applied. Following consideration of varying demographics, together with the remits of external organisations currently providing support within this area (e.g. Ageing Better Middlesbrough and Age UK Teesside, who both provide support to clients aged 50-plus), the Panel agreed to address the issues surrounding support for older carers in the context of those aged 50-plus.

12. The Panel remains mindful that other service areas of the Local Authority may also be supporting carers within this age group. For example: Children's Services may be providing support to a 50-year-old parent whose young child has a learning disability.

13. The timeliness of this investigation is demonstrated by way of a variety of awareness-raising activities being undertaken, both locally and nationally. For example: Carers Week (10-16 June 2019).

DEFINITIONS

What is a carer?

14. The Panel was advised that, as a general rule, if a person cannot manage to undertake tasks without assistance, and is receiving support, the person providing that support is a carer. This is not limited to family and can be a friend or neighbour. According to Triggle (2018), 38% of older people in England receive the help they need from family and friends. There are a variety of reasons as to why support is required, including: age, frailty, physical or mental ill health, addiction or disability. Care can be provided to adults or children (i.e. Kinship Care) and must be unpaid (N.B. Carers Allowance is not a payment). This broad definition reflects those provided in legislation and existing literature, for example: the Care Act 2014, Carers Trust (2019) and Kelly and Kenny (2018).

15. The Panel appreciates that caring is subjective and can mean different things to different people, not only in terms of the different tasks and activities undertaken, but the context in which care is provided. The point at which an individual realises that s/he is a carer does vary from person to person.

16. Some individuals may not recognise themselves as being carers at all (i.e. 'hidden carers'). In such cases, because the individual has a primary relationship with the person they are caring for, support is viewed as a natural role, duty or responsibility, and is therefore assumed as such (i.e. on an 'under the radar' basis).

17. Even in instances where people do not recognise themselves to be carers, and despite the exceptional difficulty for organisations to identify 'hidden carers', legislation does exist to protect them, and sets out responsibilities for health and social care services. For example: the Care Act 2014 places *"..a duty on Local Authorities to prevent, reduce and delay need for support, including the needs of carers..(and)..to provide information and advice to carers in relation to their caring role and their own needs"* (Carers Trust, 2015, p.5).

Older Carers

18. In the context of this investigation, the term 'older carers' relates to a wide range of individuals aged 50-plus, and includes:

- Alcohol and Drug Abuse Carers;
- Dementia Carers;
- Kinship and Parent Carers - e.g. aged parents caring for adult children with disabilities;
- Mental Health Carers;
- Physical and Neuro Impairments Carers; and
- 'Sandwich Carers' - e.g. older carers supporting both growing family members and elderly parents, or caring for more than one person. According to Carers UK (2015), over one million people care for more than one person.

The Caring Role

19. Care provision involves an array of tasks and activities, the type and level of which will vary on a case-by-case basis. These include, but are not limited to:

- Accompanying the cared-for person to appointments;
- Administering medication;
- Cooking, cleaning and domestic work;
- Financial management;
- Informal supervision;
- Personal care, such as help with washing/bathing and getting dressed;
- Providing emotional support;
- Providing information; and
- Shopping.

Carers in Context

20. Nationally, more people are assuming caring roles every year. According to Carers Week (2019), there are 6,000 people taking on a new caring role every day in the UK. O'Grady (2018a) highlights that 12% of the UK population (7.98m) provided some form of care in the UK in 2018, and the number of carers is anticipated to increase by 3.4 million by 2030 - around 60% (Carers UK, 2018).

21. The most recent figures from the Office for National Statistics (ONS) (Therrien, 2018) indicate a life expectancy of 79.2 years for males and 82.9 years for females, with an expectation that these statistics will begin to rise again further from this current year. Essentially, people are living longer, and with longer-term health conditions.

22. Literature published by Age UK (2019a), Butler and Stewart (2019), Carers UK (2018b), Kentish, B. (2019), LGA (2018) and The King's Fund (2018) continues to highlight the pressing ramifications of a rise in demand for care, and the increase in costs to provide this.

23. It has been reported that an increasing number of individuals are providing unpaid care and support in order to 'prop up' the social care system, which is putting their own health and wellbeing at risk (Age UK, 2017). According to O'Grady (2018a), the total value of informal care was placed at £139billion in 2018, which almost matched the UK's entire health spend of £144billion, and stood at almost eight times the total spend on Adult Social Care.

24. Most carers nationally are between the ages of 45-59, but there has been an increase both nationally and locally in carers aged 65+. Some carers now have children with physical and/or learning disabilities who are now adults.

25. Representatives of Carers Together advised the Panel that a significant amount of work with carers in the 45-59 age group concerns planning for the future, and what would happen to the person being cared for if something were to happen to them. This reflects concerns identified by Carers Trust (2016), and is discussed further in paragraph 37.

26. In terms of gender, the national statistics indicate that there are more (known) female carers than male, which is reflected locally within the Carers Together service (currently, there are twice as many female carers as males receiving support). A potential reason for this could be that females approach caring in a different manner: being more willing to discuss it and/or seek support, for example. Nationally, 42% of carers are male (Carers Trust (2014) and Carers UK (2015)).

27. Regarding the impact of caring, representatives of Carers Together advised the Panel that, nationally:

- 61% of carers state that caring has had a negative impact on their physical health, and 66% of older carers expect their health to deteriorate;
- 72% of carers state that their mental health has been affected by caring;
- 20% of carers identify a lack of practical support;
- 37% of carers describe their financial situation as 'struggling to make ends meet', and 47% of them cut back on essentials such as food and heating; and
- 2.3 million people have given up work at some point to care for a loved one.

28. The long term financial impact of caring shows that, nationally, 25% of those caring for more than 15 years have been in debt as a result of caring, and 50% of long-term carers have cut back on essentials like food or heating.

29. Kelly and Kenny (2018) indicate that the effects of caregiving tend to be greater with the more hours of care provided.

The Local Picture

30. The Panel heard that carers in Middlesbrough aged 50-plus care for partners (38%), their parents (27%), sons and daughters (17%), grandchildren (5%), and siblings (4%). The profile of a carer is not as traditional as one may assume, with more carers providing support to elderly parents and other family members.

31. Representatives of Carers Together provided the Panel with an engaging and very comprehensive data analysis concerning older carers in Middlesbrough. This was produced using information from the ONS, together with the organisation's own existing information, and is shown at Appendix 1.

32. The analysis suggests that further, more focused, awareness-raising and support may be required in certain areas of the town. For example: as TS1 has the highest percentage of people aged 50-plus between 50-59 (42.5%), but the lowest percentage of people providing care in Middlesbrough, there could be more 'hidden carers' in that postcode area. Further, as the highest proportion of 'known carers' is currently within TS3, and the highest proportion of older carers and 'sandwich carers' is within TS7, increased activities in these areas could prove beneficial.

33. The Panel was keen to ascertain what support is being provided to carers in Middlesbrough, and to identify how this can be developed further.

**TERM OF REFERENCE ONE:
TO ASCERTAIN THE SUPPORT AVAILABLE TO OLDER CARERS BY EXAMINING THE WORK THAT THE COUNCIL, ITS PARTNERS AND VOLUNTARY SECTOR ORGANISATIONS ARE CURRENTLY UNDERTAKING**

34. In order to evaluate the support currently being provided, the Panel initially aimed to understand the types of issues facing older carers locally.

35. The Panel was advised that there are several key issues/areas of concern for carers in Middlesbrough, which include:

- Future planning;
- Quality services for the cared-for person;
- Recognition and respect;
- Support to continue in work;

- Support to maintain their health and wellbeing;
- Taking a break from caring/respite opportunities;
- Timely access to information and advice; and
- Transport.

36. As part of their 'Age Friendly Middlesbrough' project, Ageing Better Middlesbrough's (ABM's) advisory group found that carers are most concerned with the day-to-day stresses around caring for someone: being ill themselves, or facing other unplanned/crisis scenarios, for example. In light of the national statistics that *"65% of older carers (aged 60-94 years) have long-term health problems or disabilities themselves..(and).. a third of older carers say they have cancelled treatment or an operation for themselves due to caring responsibilities"* (Carers Trust, 2015), the Panel can appreciate these concerns.

37. The Panel heard that future planning is a significant issue for older carers, particularly for older parent carers. Concerns generally focus on ensuring continued care provision for the cared-for person in the event that something were to happen to them. However, in cases where the carer survives the person being cared for, the effects of post-caring can be both devastating and traumatic. The Panel notes that this can include issues with 'identity', with carers struggling to understand their purpose or value, and/or carers lacking the confidence to engage or reconnect with others. In these scenarios, thorough 1:1 personal support will most certainly be required.

38. The Panel understands the importance of services providing effective and efficient support in order to help address the aforementioned issues.

Council

Middlesbrough Council's Carers Network

39. Middlesbrough Council currently operates a Carers Network for employees who are also carers. This involves a small, informal, group of employees meeting on a quarterly basis to discuss support for working carers.

40. The meetings are supported by Carers Together, who send representatives along to provide updates on work being undertaken for carers in South Tees, and to provide support, information and guidance.

41. To enable Middlesbrough Council to support working carers as far as possible, working carers are encouraged to hold detailed discussions with their line-managers around their needs as a carer. The Council has an Employee Health and Wellbeing Passport, which can be used to aid and record discussion(s), and any actions or adjustments that may need to be made. This also has the benefit of staying with the employee should they change jobs or line management.

42. The Carers Network supports all types of carers, for example: those who are looking after the elderly, people with dementia, mental health issues, drugs and alcohol issues, long term conditions, children with additional needs, and kinship and working foster carers. The Panel supports this work.

Carers Together

43. Carers Together was established in 2003 and currently has 23 employees and 15 volunteers providing a full range of support to unpaid/informal carers. Since 2015, Carers Together has held the contract with Middlesbrough Council for the provision of the Carers Outreach and Assessment Support Service.

44. Support services provided by Carers Together include:

- Carers Assessment and support planning;
- Counselling Service;
- Individual information and practical and emotional support;
- Legal Clinic; and
- Training for carers, families and professionals.

45. In line with existing literature (e.g. Kelly and Kenny (2018)), the Panel understands that providing unpaid care affects household finances. For example: if a carer is employed, but then a change in circumstances means that work is no longer viable, giving up work will potentially have a very detrimental impact. None of the services for carers provided by Middlesbrough Council are subject to financial assessment, which the Panel feels is especially positive. Carers Togethers' services are also provided free of charge.

46. Referrals to Carers Together are received from a variety of sources, including the Council's Access Team and Social Workers, as well as members of the public.

47. Carers Together works very closely with colleagues in Adult Social Care, which has included the joint preparation and delivery of training to Social Workers, as well as other staff. The Panel is unaware of such an arrangement taking place in other localities and feels this to be extremely positive.

48. Regarding carer's assessments, the relationship between Carers Together and colleagues in Middlesbrough Council is very positive. Carers Together completes the same assessments as those undertaken by the Local Authority, however, individuals receiving an assessment by the Local Authority will not be reassessed by Carers Together. In instances where an individual is already known to Adult Social Care, a Social Worker will complete the assessment. If the individual is not already known to Adult Social Care, Carers Together will complete the assessment. All cases are dealt with individually; not all carers require or wish to receive assistance from a Social Worker.

49. The Panel notes the importance of carer's assessments including elements of socialisation, and not just being based solely upon functional outcomes. It is about quality of life and ensuring that the needs of the individual person are met, which can include, for example, offering opportunity to participate in social activities.

50. Statutorily, there is no real distinction between the carer and the person being cared-for. A carer can have their needs met through support plans or a carer's assessment, or some of those needs themselves could be dealt with as part of a support plan for the person being cared-for. This varies depending upon the specifics of the situation, although carers often convey that when the support for the cared-for person is increased, this automatically helps them.

51. The Panel understands that assessments are automatically reviewed on an annual basis, unless a change in circumstances requires an earlier review. This can be triggered either by Carers Together or Adult Social Care.

52. When accessing Carers Together for the first time, carers complete an assessment around ten outcome areas:

- Accommodation;
- Emotional and Mental Health;
- Employment and Education;
- Family Relationships;
- Feeling Informed and Supported;
- Looking After Myself;
- Maximising Income;
- Physical Health;
- Recognition and Involvement; and
- Social Networks.

53. This involves the individual allocating themselves a score of 1-5 on each outcome area prior to the commencement of support activity. Following intervention, this process is repeated in order to evaluate the progress made.

54. In Middlesbrough, the largest improvements are in the areas of Feeling Informed and Supported (improvement outcome: 1.46) and Recognition and Involvement (improvement outcome: 1.50). Conversely, the smallest improvement is in the area of Employment and Education (improvement score: 0.02). However, the Panel understands that this score could potentially be improved if individuals were to liaise with Carers Together prior to withdrawing from employment or education, which would allow for increased guidance and advocacy work to take place.

55. It was highlighted to the Panel that the figures presented are far more significant than they may first suggest, i.e. a relatively modest improvement actually generates a large increase in the person's subtotal health and wellbeing, which reflects positively for those individuals accessing the service. Essentially, if the scores across the different outcomes are combined, this could reflect great significance for the individual concerned.

56. The Panel understands that other organisations supporting carers will generally have different remits to Carers Together. For example: the remit of a substance misuse support charity will generally be to support the person with substance abuse and their family, but will focus mainly upon the person with the addiction. Carers Together does have contact with other organisations, and will therefore signpost/refer as appropriate.

57. In addition to working with Local Authority staff, Carers Together has undertaken carers' awareness training, free of charge, with other organisations and professionals, including newly qualified GPs and the Tees Esk and Wear Valley (TEWV) NHS Foundation Trust.

<u>Ageing Better Middlesbrough (ABM) and Middlesbrough Voluntary Development Agency (MVDA)</u>

58. The Panel heard that ABM is now in its fourth year of operation (out of six), and the programme has engaged carers in many different ways.

59. Of ABM's circa. 3600 network members, a number have identified themselves, voluntarily, as carers. Older people are engaged in ABM's Psychological Therapies and Assertive Outreach Programme, and also in community development activities and taster sessions undertaken within community settings.

60. In relation to ABM's Psychological Therapies and Assertive Outreach Programme, the Panel understands that requirements around personal care and challenging behaviours, which may cause relationships to change, can present difficulties.

61. In terms of the impact that undertaking a caring role can have, every carer is different and will have varying needs, e.g. some may have their health and wellbeing affected, whereas others may be affected financially. As some carers may be more resilient than others, it is important for support services to take a personalised approach and assess the impact of the caring role on that individual person. ABM's Psychological Therapies and Assertive Outreach programmes have identified a key issue around identity and relationships, i.e. individuals in long-term relationships can be significantly affected, psychologically, by a sudden change in circumstances, such as physical health difficulty or conditions like dementia.

62. The extent and impact of care provision does vary from person-to-person and, in some cases, carers aged 50-plus may also be employed whilst caring for a relative or friend. In Middlesbrough, the highest proportion of working carers accessing Carers Together is within TS7, and the lowest is in TS1. If a cared-for person refuses support from professional services, this could put increased pressure upon an individual providing care, and therefore impact upon their health and wellbeing.

63. Regarding current partnership/multi-agency approaches to support carers, the Panel heard that the Middlesbrough Carers Strategy (MVDA, 2015) focuses on 12 agreed outcomes:

- Outcome 1: Carers have improved health and wellbeing;
- Outcome 2: Carers feel supported and valued;
- Outcome 3: There is a reduction in those carers that experience financial hardship;
- Outcome 4: Greater empowerment of carers to support themselves in their caring role;
- Outcome 5: Increased opportunities for carers to participate in training, education, volunteering and employment;
- Outcome 6: There is an increased understanding and appreciation of the role of carers within the Middlesbrough community;
- Outcome 7: More carers have their needs met;
- Outcome 8: Increased range of information, advice and advocacy that is high quality, appropriate and accessible;
- Outcome 9: Middlesbrough has an improved infrastructure of support for carers, which includes a range of high quality flexible services that enables choice;
- Outcome 10: Improved health and social care pathways that identify and recognise the caring role and support choice throughout the care and the caring experience;
- Outcome 11: Improve understanding of the needs of carers that enables early identification to promote support at the right time; and

- Outcome 12: Increased collaboration between carers, providers and commissioners to shape strategic service planning and to continuously plan for the future through the effective use of resources.

64. To drive these outcomes forward, a Middlesbrough Carers Strategic Partnership was established in 2016, which involves key statutory and voluntary sector organisations working together to improve the quality of life for carers in Middlesbrough. The Partnership is chaired by the South Tees Clinical Commissioning Group (CCG), with other partners including: Barnados, Branches, Carers Together, Grandparents Plus, Middlesbrough Council, MVDA, Neuro Key, NHS Foundation Trusts, Relate and The Junction.

65. There is a Joint Commissioning Group in place, which comprises Middlesbrough Council, MVDA and South Tees CCG, and has been established to separate service provision from service commissioning. The Partnership receives insight reports, national and local intelligence in order to progress with work, and identifies and agrees priorities for actions.

66. With regards to branding campaign work that has been undertaken to drive change, the Panel notes that this has included:

- Carer support in James Cook University Hospital (e.g. identifying carers during the hospital discharge process);
- Carer support in mental health settings;
- Carers having access to direct payments via Adult Social Care;
- Carers welfare rights support;
- Increased awareness of carers on GP practice registers;
- Provision of information leaflets and banners to GP practices; and
- Research and evidence gathering (diverse communities).

67. In terms of the direction of travel for carers and the Carers Partnership, a South Tees locality approach is being undertaken. It was highlighted to the Panel that a decision has been made through the Health and Wellbeing Board for a Joint Carers Strategy and a Joint Carers Partnership to be implemented by 2020, which will undertake a complete South Tees approach to supporting carers (including both older and 'hidden carers'). This will not only enhance the work currently being implemented, such as the Carers Partnership's '*We Care You Care*' campaign, which is concerned with raising the profile of carers locally, but will also greatly assist in driving wider support provision forward.

Breckon Hill Community Centre (and 'Hidden Carers' Project)

68. The Panel was advised that, as part of the project that MVDA has been delivering with the Strategic Partnership, there had been a funding opportunity for voluntary sector organisations to submit a joint proposal around the identification of 'hidden carers'. Due to Breckon Hill Community Centre's active footfall of the general community utilising its services, a proposal had been submitted.

69. Between 75 and 100 people access Breckon Hill Community Centre daily for various purposes, which provides excellent opportunity to look at 'hidden carers' within the context of a diverse community. The Panel was appraised of the methodology being utilised within this ongoing project, which involves undertaking informal conversation with every individual entering the Community Centre. This was irrespective of age,

and would therefore incorporate older carers aged 50-plus on a general, rather than specific, basis.

70. It was highlighted to the Panel that terminology has been especially important during this project: the term 'carer', which was used initially, received very little, if any, response during conversations with Bengali and Pakistani families. This was potentially due to cultural ideologies and caring being viewed as a natural role and responsibility for family members to assume. Consequently, in an effort to improve responses, individuals are now being asked what activities (e.g. washing, cooking, cleaning, translating, etc.) they are completing for other people, such as family members or neighbours, and whether these would be completed if that person was not available to undertake them. If not, these people are being identified as fulfilling a caring role.

71. The ethnic groups being engaged with are very diverse, and some patterns have already emerged. For example:

- Bangladesh and Pakistan: Individuals do not class any activities being undertaken as fulfilling a caring role, nor do they class their own health and wellbeing as something that needs to be looked after. As a consequence, participation in their own activities (social, recreational and fitness-based) will be reduced;
- Kurdistan: Individuals within this community do not tend to view activities being undertaken as relating to caring. This ethnic group appears to have the least awareness of being able to apply for caring positions, roles or benefits;
- Tamil: Predominantly Sri Lankan, males tend to see themselves in more of a caring role; and
- Yemen: Within the Yemen community, very few carers have been identified, although the community is quite small in Middlesbrough at present.

72. The majority of identified carers from the Black and Minority Ethnic (BME) population accessing Breckon Hill Community Centre's services are from the Pakistani community, and tend to be female carers. As a supplementary point of note, 10% of referrals to Carers Together currently originate from the BME community.

73. The Panel acknowledges cultural values, ideologies and differences, and that caring roles may be viewed as a role or responsibility, but would always encourage that older carers seek support as required.

74. To date, circa. 60-70% of the residents being consulted with are unemployed: they tend to be at home and in the home environment more than others, and therefore it is anticipated that they will have a greater caring responsibility, with an increased awareness of neighbours and/or family members.

75. The Panel received details regarding a programme entitled *'I Heart'*, which aims to improve the mental health and wellbeing of young children aged nine-plus, and is currently being delivered in Primary Schools.

76. Details regarding the *'I Heart'* programme were referred to the Children and Young People's Learning Scrutiny Panel, as it was felt that this work could contribute to the Panel's 'Mental Health in Schools' review.

Age UK Teesside

77. Age UK Teesside provides support to individuals aged 50-plus. Activities include:

- Befriending to reduce loneliness and/or social isolation;
- Chair-based support, such as work/advice for wills and power of attorney;
- Computer/technology sessions to upskill individuals;
- Information and Advice (benefits advice);
- Playing music in hospitals where people can engage;
- Signposting to local organisations/charities and Local Authorities to resolve concerns; and
- Support for older LGB&T members.

78. When clients first access services (for example, social group activity, welfare benefit advice or during times of crisis), it is unknown as to whether they are a carer or not. Specialist services solely for carers are not offered by Age UK Teesside: in these instances, clients are referred to more appropriate voluntary sector organisations, such as Carers Together, for support.

79. In terms of the organisation's remit, Age UK Teesside provides benefits information and advice, irrespective of whether a person is a carer or not. Previous literature (e.g. Carers Trust, 2016) demonstrates that information and advice regarding benefits and other allowances for carers has been 'patchy', i.e. nationally, some older carers feel they have received good support, whereas others do not. Demand for support continues to increase rapidly: welfare benefits advisors in particular are always fully booked. It was highlighted to the Panel that welfare payments make an incredible difference to people's lives, and it is important that all who are eligible do access them.

80. The Panel acknowledges the number of voluntary organisations training their volunteers in respect of benefits advice. In terms of assistance with form completion, this is on both a manual and digital basis, with as much support as possible being provided, particularly for older people.

81. In relation to Community Hubs, Age UK Teesside delivers welfare and benefits advice and other sessions from these, which have been very successful. The Panel feels that it is important to ensure that Community Hubs are redesigned during periods of service reconfiguration in order to enable all individuals to continue accessing appropriate services. Age UK Teesside currently runs three weekly activity sessions from Thorntree Community Hub, and has recently relocated its head office to a community setting in Berwick Hills. In areas where there are no Community Hubs, work is still being undertaken, which includes befriending and provision of information and advice.

82. Age UK Teesside operates a befriending service in Middlesbrough, with over 20 volunteers providing support. There is an element of befriending that provides older carers with opportunity for respite.

83. Regarding some of the social group activities that Age UK Teesside delivers across Middlesbrough, some people attend with their carers, whereas in other cases, they do not. Some carers wish to share their experiences, others do not. In either case, appropriate support will be provided.

84. In terms of publicising services, methods include:

- Distribution of monthly newsletters;
- Operation of a monthly stand in the Hill Street Centre;
- Partnership/referral work with other agencies; and
- Presentations/talks at events and other activities.

85. The Panel recognises that communication and information sharing are key to ensuring that resources are utilised as effectively as possible, and appreciates the partnership and referral work that is taking place between agencies to ensure that:

- All available information is placed in the public domain;
- The most appropriate organisation(s) is/are able to provide the required support to the respective older carer; and
- Work is not being duplicated.

TERM OF REFERENCE TWO: TO IDENTIFY NEW WAYS OF WORKING BY EXPLORING THE PROVISION AVAILABLE FOR KEY SUPPORT ACTIVITIES, INCLUDING GUIDANCE AND ADVOCACY WORK, AND TO CONSIDER HOW THIS COULD BE ADVANCED FURTHER

86. As established, older carers can either be known or unknown (i.e. ‘hidden’) to services. The Panel was informed that the highest numbers of ‘known carers’ reside in the Coulby Newham, Hemlington and Linthorpe areas of Middlesbrough.

87. Evidently, as per the first term of reference, there is a wide variety of work being undertaken by a range of services to provide key support activities to older carers. In order to ascertain how this could be further developed, not only to provide an increased level of service to those carers that are known, but also to help identify those carers that are unknown (i.e. ‘hidden’), the Panel considered several key areas: Employment; Health; Respite/breaks; Social and Legislative Change; Technology; and Transport.

Employment

88. Regarding carers and paid employment, 85% of carers accessing Carers Together have disclosed their employment status (i.e. employed or unemployed). Of those 85%, 20% are currently employed.

89. Carers who leave paid employment often approach Carers Together for advice and support. Carers Together offers an advocacy service and can provide support to carers prior to leaving their employment (as per paragraph 54, it is important that Carers Together is afforded the opportunity to do so).

90. The Panel was informed that employers vary enormously in their abilities to support older carers. Middlesbrough Council currently offers an array of initiatives, including flexible carers leave and group support. Owing to fewer resources, other smaller businesses may find it difficult to provide such support. Self-employed individuals who become carers may also encounter significant difficulties.

Health

91. Regarding carers' individual health needs, of the 1643 carers in Middlesbrough known to Carers Together, 32% have their own health needs. Some of the conditions that affect carers are physical, such as osteoporosis and fibromyalgia, and others revolve around mental health and wellbeing, such as stress, depression and anxiety. Nationally, 69% of older carers (aged 60-94 years) report that being a carer has had an adverse effect on their mental health (Carers Trust, 2015), while 61% of carers have experienced physical ill health (O'Grady, 2018b). It is important to recognise this to ensure that appropriate support can be provided to carers; the Panel notes that, in terms of mental health and wellbeing, attendance at group and other support activities can reduce feelings of isolation, stress, depression and anxiety.

92. The Panel heard that, as part of a contract with Middlesbrough Council, a project is currently being undertaken to support carers in James Cook University Hospital. This is part of an approach to consider the various scenarios where a change in circumstances would cause an individual to identify sudden change, e.g. in the case of stroke.

93. The Panel feels that, in relation to planning services for the future, the more that is known about the state of health in Middlesbrough, the more can be predicted about what the caring population will look like, and resources targeted as such. By utilising available demographics as a mapping tool, future support for older carers could be progressed. For example: areas with increased ill health could contain a greater number of 'hidden carers'.

Health: Identification and Mandatory Registration of Carers at GP Practices

94. The Panel is of the view that GP practices can act as an effective resource for identifying older carers. However, at present, organisations such as Carers Together receive few referrals from GP practices. The Panel feels that more referrals should be emerging from GP practices, whether from support staff or GPs themselves.

95. The Panel was appraised of a previous Quality Assurance Framework (QAF) that had been in place, which provided GPs with a payment for maintenance of a register of carers. It was explained that following the withdrawal of this QAF, some GP practices have continued to maintain a register, whereas others have not.

96. In light of the above, a letter was forwarded to the Secretary of State for Health and Social Care to express the Panel's views of a need for mandatory registration of carers within GP practices. A copy of this letter is attached at Appendix 2.

97. The Panel received a response from Seema Kennedy MP, Parliamentary Under Secretary of State for Public Health and Primary Care. A copy of this letter is attached at Appendix 3.

98. The Panel was informed that Carers Together has requested that GPs offer flexible appointments to carers, and has also spoken to GPs regarding the potential presence of Carers Together's staff members in practices to offer information, guidance and advice. By offering carers an immediate appointment with staff members, the carer would know that the referral originated from the GP, it would be timely and convenient, and it would avoid the need to send carers home only with an information leaflet (which could result in no further action).

99. The Panel understands the importance of all organisations sharing the responsibility of recognising/identifying carers, and feels that all health and social care services receiving a professional inspection should be measured on how effective they are in achieving this.

Social and Legislative Change

100. The Panel appreciates that both local and national change is constant. It is vital that services continue to monitor external changes, such as social and legislative developments, and continually evolve themselves further in order to fulfil local plans and continue to meet the changing needs of older carers. As previous literature shows, organisations such as Age UK are continually campaigning for social change, and it is important to maintain an awareness of this.

Respite/breaks

101. The Panel was advised that opportunities for breaks and respite do not necessarily need to refer to holidays, time away or expensive retreats. These can include, for example, an hour each day to exercise, or time to pursue social activities or hobbies.

Technology

102. The Panel was informed of the impact of technology and technological advancements upon older carers.

103. The Panel feels that it is a digital world, which can be lonely and/or socially isolating for older carers who do not use technology or the internet. Furthermore, owing to the ever-evolving nature of technology, ongoing support is necessary to ensure that older people continue to feel both engaged and confident in using new technology. All organisations have a continued and shared responsibility to assist as times and communities change and develop.

104. Carers Together has been delivering work around digital inclusion for carers, covering such topics as online shopping and booking medical appointments. Partners including Barclays, Debenhams, Digital Eagles, M&S and Santander have also been undertaking digital inclusion work.

105. It is important to note, however, that regardless of the support made available, not all older people will feel confident using technology, and take-up cannot be enforced. Methods of offline support must therefore be made available too. For example: 65% of ABM's members currently require hard copies of documentation, which is provided to them.

106. A variety of marketing tools must be used to raise awareness of the different support opportunities available to older carers (e.g. provision of information, guidance and advice, and advocacy services). These include contemporary online and social media platforms, as well as traditional media outlets and offline resources, such as 'Love Middlesbrough' magazine, local (print) media resources, and stalls at events. This would ensure that all older carers receive notification of, and access to, all support areas.

Transport

107. In line with previous national research findings (e.g. Carers Trust (2016)), the Panel recognises that there are issues with public transportation being experienced locally, and private hire vehicles can be expensive, particularly for those on a low income. Services, activities and transport are provided predominantly on weekdays during normal office hours (09:00-17:00); feelings of loneliness and/or social isolation can intensify after 17:00. The Panel feels that, in instances where private hire taxis are utilised, this could potentially assist in identifying 'hidden carers'.

108. The Panel was provided with details of recommendations proposed nationally by Carers UK, which could potentially advance support provision locally. These include:

- Better care services;
- Consider the impact of Universal Credit on carers;
- Greater public awareness and recognition of carers and their contribution;
- Improve access to information and advice for carers about rights at work and benefit entitlements;
- Raise Carers Allowance;
- Right to paid time off work to care; and
- Support carers returning to work and employers.

TERM OF REFERENCE THREE: TO UNDERSTAND THE KEY ISSUES AROUND, AND POTENTIAL CHANGES TO, FINANCIAL RESOURCES AND THE IMPACT THAT THESE MAY HAVE ON SERVICE PROVISION

109. Carers provide an invaluable service to the lives of the people that they care for. It is crucial that support frameworks comprising access to appropriate, effective and efficient services are made available to them.

110. The Panel received information regarding the funding of support services and how changes in the health and social care landscape could impact.

111. The Panel was advised that public sector contracts with voluntary and community organisations tend to be offered for an initial term (circa. two-to-three years), with possible extensions dependent upon the outcome of annual reviews (and where funding is available).

112. The Panel understands that financial planning for charitable organisations is especially difficult, with forward planning terms being reduced from five years to three years, and now potentially annually. However, the Panel recognises the hard work taking place to ensure that services can continue, such as increased partnership working and activity monitoring.

113. In terms of funding provided by the Local Authority, an allocation is provided for carers annually, with funding also currently being made available through the Better Care Fund (BCF).

114. The Panel notes that organisations, such as Carers Together, receive funding from a variety of sources, including the Big Lottery and Lloyds TSB Foundation, and also carry out an array of fundraising activities themselves, but funding is very difficult to obtain. With the additional prospect that there is no guarantee that funding can be

continued after a specified period of time, focus and realistic service planning is crucial.

115. The Panel feels that, in the current economic climate (e.g. changes to Government funding, Brexit uncertainty and the implementation of Universal Credit), wider economic factors will impact on local services. It is therefore vital that services are able to work flexibly and adapt to changing market conditions, as required.

116. The Panel acknowledges the increase in demand for services as a consequence of such variables as life expectancy and future planning (particularly for older carers caring for adult children and/or aged friends or relatives). This will inevitably impact upon the resources available, which demonstrates the importance of ensuring that services are actively monitored and reconfigured, as appropriate, to ensure both viability and durability. An increase in partnership working will allow for resources and information to be shared, and duplication to be reduced, meaning that the limited resources available (financial and other) can be utilised appropriately.

117. Conversely, changes to an older carers' personal financial situation can have ramifications for service operations too. For example: if a carer is required to give up paid employment to assume caring responsibilities full-time, that person may find themselves facing debt, and/or may require assistance with completing welfare claim forms, which they may not have needed to do before. This could require support from trained staff/volunteers. Furthermore, this could have an impact upon the carer's own health and wellbeing, and consequently upon the resources of wider support organisations, such as the NHS. It is important that all services can work together and offer a complete support package to older carers.

CONCLUSIONS

118. The Scrutiny Panel reached the following conclusions in respect of its investigation:

119. There has been an increase, both locally and nationally, in the number of older carers, such as Dementia Carers, Substance Misuse Carers, 'Sandwich Carers', etc. The numbers are anticipated to increase further as the population ages, which could have significant impact on wider health and social care services if appropriate support cannot be provided.

120. Every older carer is unique. Some older carers will be more emotionally resilient than others; some will be willing to discuss their circumstances, others will not; some older carers will face severe financial hardship, others will be more financially secure. Everyone's circumstances are different and therefore personalisation is key to ensuring that tailored support can be provided to older carers. There is no 'one size fits all' approach to providing support to older carers.

121. In pursuit of a personalised approach, support services must be approachable, organised, flexible, adaptable, effective and efficient. Trust, confidence and relationship-building are key components of this, which supports the need for quality training provision for staff delivering those services.

122. There is a clear strategic and joint/partnership working commitment across Middlesbrough to support older carers (e.g. Middlesbrough Carers Strategic Partnership), which is exceptionally positive and highly welcomed. By actively recognising each other's differing remits and sharing both knowledge and resources, effective and efficient support can be provided to older carers.

123. Referrals to support organisations are received via an array of sources; everyone has a role to play in this regard. Older carers should be encouraged (or otherwise referred) to attend appropriate support services to ensure both functional and social support to prevent feelings of loneliness and/or social isolation.

124. Caring is subjective, and ideologies do differ as to what constitutes a caring role. For some, whether culturally or morally, caring is seen as a natural responsibility. The Panel appreciates this, but would actively encourage that older carers do seek support as required.

125. In terms of supporting older 'hidden carers', family, friends, neighbours, etc. are particularly well placed to view possible caring situations and identify patterns at a 'grass roots' level. Community Hubs/Centres can also provide an excellent base for identifying 'hidden carers'; support organisations currently receive few referrals from GP practices. When looking to identify 'hidden carers', it is important to consider places/persons deemed 'less obvious'. Taxi drivers, for example, who may come into contact with the same individuals on a routine basis could potentially, through awareness training and regular contact with customers, identify particular trends. Once older carers have been identified, it is important to ensure that they do not disengage from involvement with services and become 'hidden' again.

126. In Middlesbrough, statistical analysis by postcode demonstrates the need for focused targeting in certain areas/localities. For example: TS1 has the highest percentage of people aged 50-plus between 50-59 (42.5%), but also the lowest percentage of people providing care in Middlesbrough. Therefore, there could be more 'hidden carers' in this postcode area. Additionally, the highest proportion of known carers is currently within TS3, and the highest proportion of older carers and 'sandwich carers' is within TS7. These areas could therefore benefit from increased focus of support/resources.

127. At present, both national and local statistics indicate that there are more known female carers than male, and more female carers accessing support services.

128. Support for employers is crucial to ensure that working carers continue to feel secure, valued and supported. Employers must ensure that staff supporting working carers are appropriately trained, reliable and resourceful, and that policies are reviewed to include appropriate provision for working carers. For example: carers leave, flexi leave, compressed hours and support groups. Training should be provided by appropriate third-party organisations, with payments for training being made to ensure their continued work. Smaller businesses and those who are self-employed may experience greater difficulties in providing/accessing support. Middlesbrough Council offers a Carers Network to support working carers, which is supported by Carers Together. Employees are under no obligation to do so, but if identifying themselves as carers, there must be adequate support policies in place. Progress monitoring and gaining feedback to identify successful support mechanisms, and what needs developing, would greatly assist this process.

129. It is essential that older carers who are unemployed, facing unemployment or in debt due to caring for another person, do have welfare/benefits advice made available to them. Welfare advice workers are exceptionally busy in a number of support organisations, which demonstrates both the high need and significance of the work that they do.

130. Complete and accurate carer's assessments and support plans can greatly assist both carers and the person being cared-for. Annual reviews and reviews following changes in circumstances will provide the appropriate ongoing support.

131. Public transportation can be problematic for older carers, and private hire taxis expensive, particularly for those on lower incomes or who have given up paid employment to provide care full-time. When the vast majority of support services, activities and transport options cease at 17:00, feelings of loneliness and/or social isolation can intensify.

132. Not all older carers have access to the internet. Consequently, a range of marketing tools (both online and offline based) need to be used to ensure that all audiences can be reached and afforded the same opportunities to access support. For example: social media platforms, digital stories, 'Love Middlesbrough' magazine, Middlesbrough Council website, road shows, and stalls at events and in shopping centres. Technology is constantly evolving and to ensure that older carers are continually engaged, and to reduce feelings loneliness and/or social isolation, support provision needs to be offered on an ongoing basis.

133. Recognising that opportunities are available does not necessarily mean that older carers will automatically have the confidence to attend support activities. Any gaps in this regard must be identified by support providers, and bridged accordingly.

134. Any changes to financial resources/funding streams can have a sudden and detrimental impact upon service provision, which makes business planning and activity monitoring even more vital. Wider economic factors, such as changes to Government funding, the implementation of Universal Credit and Brexit uncertainty are particularly pertinent at present: services must be realistic, focused and adaptable in order to fully respond. Organisations are working hard to ensure that services can continue in times of uncertainty, which has involved increased partnership/joint working. Older carers' own financial situations can change (e.g. the need to give up paid employment), which in-turn could impact upon the resources of support organisations if more carers approach them for support. Change is constant and local services need to recognise and keep up with demand by monitoring changes/developments.

135. The implementation of a South Tees Joint Carers Strategy, which is currently planned for 2020, will greatly contribute to work going forward. Taking wider external influences into account, partnership working across the South Tees will ensure that the limited resources available can be shared and utilised to ensure the best support for older carers in the area.

RECOMMENDATIONS

136. As a result of the information received, and based on the conclusions above, the Adult Social Care and Services Scrutiny Panel's recommendations for consideration are as follows:

137. That Council policies and procedures relating to older carers continue to be effectively communicated to all Council staff via appropriate methods (for example: payslip, intranet and bulletin messages).

138. That work be undertaken to:

a) Ensure that literature publicising support services for carers (for example: leaflets, posters and flyers) be displayed in prominent places within Council buildings, and electronic resources (for example: the Council's website, social media platforms and e-bulletins) are fully utilised; and
b) Incorporate information about older carers into existing publicity resources within community settings (such as town centre stalls), with an aim to increase both awareness of the support available to older carers, and the number of referrals to support organisations.

139. That all Elected Members receive briefings from appropriate support organisations to help raise awareness of the work being undertaken, and identify ways in which support can best be provided to older constituents with caring responsibilities.

140. That consideration be given, with the assistance of appropriate partners, to the issues pertaining to the death of a carer, including legal matters, advocacy and support, and suitable measures be put in place to help alleviate the concerns of carers.

141. That training be provided to wider Council staff, where applicable, to ensure that older carers can be effectively identified and signposted to appropriate organisations.

142. That Adult Social Care meets with other service areas, including Children's Services and Public Health, to review how data held by the Council is collected, and how it could be utilised to identify areas/wards that may have higher numbers of older, and possibly 'hidden', carers.

143. That, in relation to private hire transport issues, the Licensing department encourages private hire companies to enhance provision for transport after 18:00, and increase the number of vehicles with wheelchair disabled access.

ACKNOWLEDGEMENTS

144. The Adult Social Care and Services Scrutiny Panel would like to thank the following for their assistance with its work:

- J Bracknall – Chief Executive, Carers Together;
- A Buck – Manager, Breckon Hill Community Centre and Langridge Initiative Centre;
- M Davis – Chief Executive, Middlesbrough Voluntary Development Agency (MVDA);
- M Dawson – Programme Manager, Ageing Better Middlesbrough (ABM);
- C Duerden – Strategic Development Officer, MVDA;
- L O'Brien – Chief Operating Officer, Carers Together;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- L Spaven – Head of Community and Service Development, MVDA;
- A Sykes – Chief Executive, Age UK Teesside;
- B Vallance – HR Project Officer, Middlesbrough Council;
- C Walker – Commissioning Officer, Middlesbrough Council; and
- L Wedgwood – Grants and Fundraising Coordinator, Age UK Teesside.

ACRONYMS

145. A-Z listing of acronyms used in the report:

- ABM – Ageing Better Middlesbrough;
- BCF – Better Care Fund;
- BME – Black and Minority Ethnic;
- CCG – Clinical Commissioning Group;
- CQC – Care Quality Commission;
- MVDA – Middlesbrough Voluntary Development Agency;
- QAF – Quality Assurance Framework; and
- TEWV – Tees, Esk and Wear Valley.

BACKGROUND PAPERS

146. The following sources were consulted, or referred to, in preparing this report:

- Reports to, and Minutes of, the Adult Social Care and Services Scrutiny Panel meetings held on 7 January 2019, 11 February 2019, 20 March 2019 and 1 April 2019.

- Age UK (2017), '*Older Carers Left to Fill the Gap as Our Social Care System Crumbles*', https://www.ageuk.org.uk/latest-news/articles/2017/december/older-carers-fill-the-gap/ - accessed 14 January 2019.

- Age UK (2019a), '*Care in Crisis*', https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/ - accessed 18 March 2019.

- Age UK (2019b), '*Later Life in the United Kingdom 2019*', https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf - accessed 7 May 2019.

- Barchester Healthcare (2012), *'The Difference Between Homecare, Care Home and Assisted Living'*, https://www.barchester.com/care-homes-blog/difference-between-homecare-care-home-and-assisted-living - accessed 14 January 2019.

- Butler, P., and Stewart, H. (2019) reporting in The Guardian, '*Age UK: 50,000 Elderly in England Have Died Waiting for Social Care Package*', https://www.theguardian.com/society/2019/feb/06/age-uk-50000-elderly-have-died-waiting-for-social-care-package - accessed 15 February 2019.

- Care Act 2014 (2014), '*Care Act 2014: Assessment of a Carer's Needs for Support*', http://www.legislation.gov.uk/ukpga/2014/23/section/10/enacted - accessed 4 January 2019.

- Carers Trust (2014), '*More Than Four in Ten of the UK's Unpaid Carers are Male'*, https://carers.org/press-release/more-four-ten-uk%E2%80%99s-unpaid-carers-are-male - accessed 18 March 2019.

- Carers Trust (2015), *'Caring about Older Carers: Providing Support for People Caring Later in Life'*, https://professionals.carers.org/sites/default/files/caring_about_older_carers.pdf - accessed 8 January 2019.

- Carers Trust (2016), *'Retirement on Hold: Supporting Older Carers'*, https://healthwatchgateshead.co.uk/wp-content/uploads/2016/08/retirementonhold_report.pdf - accessed 4 February 2019.

- Carers Trust (2018), *'Key Facts about Carers and the People They Care For'*, https://carers.org/key-facts-about-carers-and-people-they-care - accessed 21 February 2019.

- Carers Trust (2019), '*About Carers*', https://carers.org/what-carer - accessed 7 January 2019.

- Carers UK (2018a), *'Assessments: Your Guide to Getting Care and Support'*, https://www.carersuk.org/files/helpandadvice/4765/assessments-england-update-nov-2018-web-version.pdf - accessed 7 February 2019.

- Carers UK (2018b), '*Strain on Unpaid Carers Putting Adult Social Care at Increased Risk of Collapse*', https://www.carersuk.org/news-and-campaigns/news-rss/6004-strain-on-unpaid-carers-putting-adult-social-care-at-increased-risk-of-collapse - accessed 17 January 2019.

- Carers Week (2019), '*What is Caring?*', https://www.carersweek.org/about-us/item/3990-what-is-caring - accessed 8 January 2019.

- Department of Health and Social Care (2018), *'Carers Action Plan 2018-2020: Supporting Carers Today'*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf - accessed 17 January 2019.

- Kelly, A., and Kenny, C. (2018), '*Unpaid Care*', https://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0582 - accessed 27 March 2019.

- Kentish, B. (2019), '*Local Councils Face £1bn Social Care Black Hole as Tax Revenues Fall Short'*, https://www.independent.co.uk/news/uk/politics/council-social-care-funding-budget-short-fall-austerity-cuts-help-local-government-association-a8809076.html - accessed 11 March 2019.

- Lloyd, L., and Jessiman, T. (2017), *'Support for Older Carers of Older People: The Impact of the 2014 Care Act'*, http://www.bristol.ac.uk/media-library/sites/sps/documents/research/review-of-information-on-support-for-carers-on-local-authority-websites-in-england.pdf - accessed 4 January 2019.

- Local Government Association (2018), *'Strain on Unpaid Carers Putting Adult Social Care at Increased Risk of Collapse'*, https://www.local.gov.uk/about/news/strain-unpaid-carers-putting-adult-social-care-increased-risk-collapse - accessed 14 March 2019.

- Middlesbrough Council (2016), *'Middlesbrough 2025 - Fairer, Safer, Stronger - The Mayor's Vision'*, Middlesbrough, UK.

- Middlesbrough Council (2018), *'Strategic Plan 2018-2022'*, Middlesbrough, UK.

- MVDA (2015), '*Strategy to Support and Value Carers*', https://mvda.info/carers-partnership - accessed 14 March 2019.

- NHS (2018), '*Introduction to Care and Support*', https://www.nhs.uk/conditions/social-care-and-support-guide/introduction-to-care-and-support/ - accessed 22 January 2019.

- O'Grady, S. (2018a), reporting in The Express, '*Army of Unpaid Carers are Saving Nation £139bn-a-year*', https://www.express.co.uk/news/uk/993022/nhs-budget-unpaid-carers-saving-uk-billions-in-health-care - accessed 11 March 2019.

- O'Grady, S. (2018b), reporting in The Express, '*Health Fears for Unpaid Helpers Who Never Get a Break*', https://www.express.co.uk/news/uk/1020152/uk-social-care-system-unpaid-family-carers-health-risk-stress - accessed 11 March 2019.
- The King's Fund (2018), '*Key Challenges Facing the Adult Social Care Sector in England*', https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf - accessed 13 March 2019.

- Therrien, A. (2018) reporting on BBC News, '*Life Expectancy Progress in UK 'Stops for First Time*', https://www.bbc.co.uk/news/health-45638646 - accessed 22 February 2019.

- Triggle, N. (2018) reporting on BBC News, '*The NHS Turned its back on Mum - and it cost us £250,000*', https://www.bbc.co.uk/news/health-46378353 - accessed April 2019.

COUNCILLOR JIM PLATT
CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL – 2019/2020

PANEL MEMBERSHIP

The Membership of the Scrutiny Panel for 2018/2019 was as follows:

Councillors J McGee (Chair), J Walker (Vice Chair), D Coupe, D Davison, E Dryden, L McGloin (part year), P Purvis (part year), J Rathmell (part year), Z Uddin and M Walters.

The Membership of the Scrutiny Panel for 2019/2020 is as follows:

Councillors J Platt (Chair), D Smith (Vice Chair), C Cooke, L Garvey (part year), J Goodchild, D Jones, L Lewis, J Walker and G Wilson.

Contact Officer:

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APPENDIX 1

Older Carers in Middlesbrough:

Data Analysis

March 2019

The data in this report was obtained by comparing, merging and analysing data from the Office for National Statistics (www.nomisweb.co.uk/reports). Data was also used from Carers Together database (Charitylog).

Data was merged into postcode areas to allow for analysis and to match with the data held by Carers Together. Please note that TS2 and TS6 were excluded from the analysis. TS2 was excluded because some of the wards in TS2 (Middlehaven) were not represented within ONS/Census data. TS6 was also not included due to the complexity of the wards crossing 2 authorities.

Wards were allocated to postcodes as follows;

Table 1. Wards allocated to postcodes

TS1	TS3	TS4	TS5	TS7	TS8
Gresham	Beckfield	Beechwood	Acklam	Marton	Coulby Newham
University	Middlehaven	Clairville	Ayresome	Nunthorpe	Hemlington
	North Ormesby and Brambles Farm		Brookfield		Marton West
	Pallister		Kader		Stainton and Thornton
	Park End		Ladgate		
	Thorntree		Linthorpe		

Carers Together, 23 Queen Street, Redcar TS10 1AB

St Mary's Centre, 82-90 Corporation Road, Middlesbrough TS1 2RW

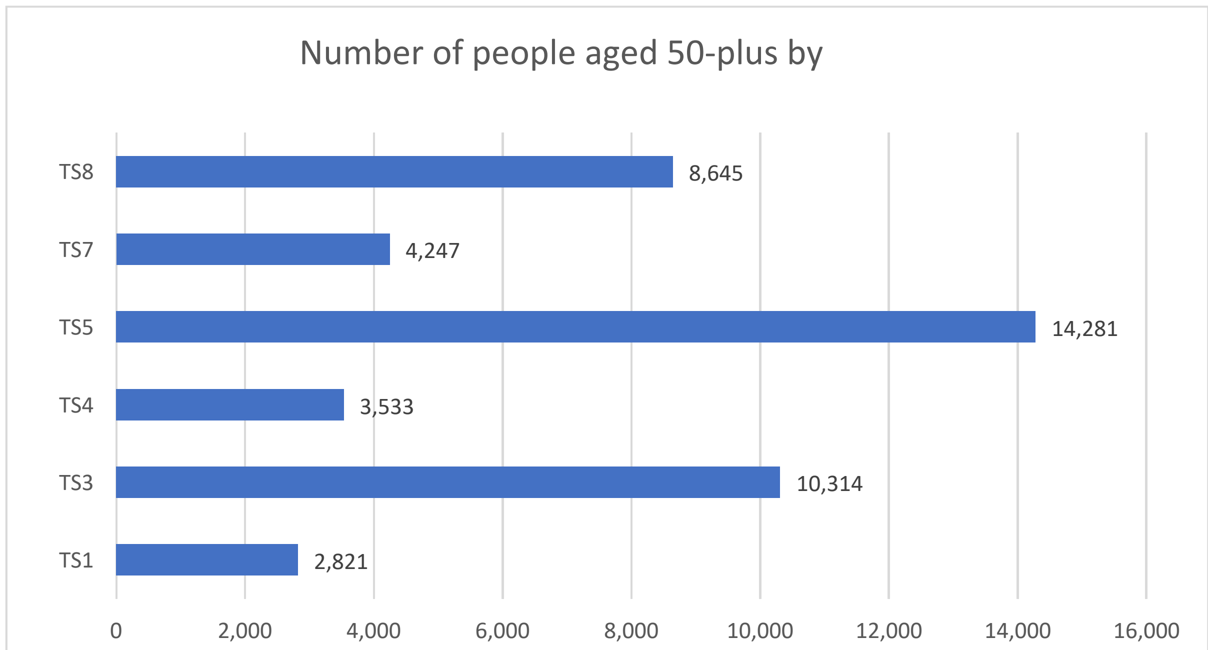


Figure 1. People aged 50-plus by postcode

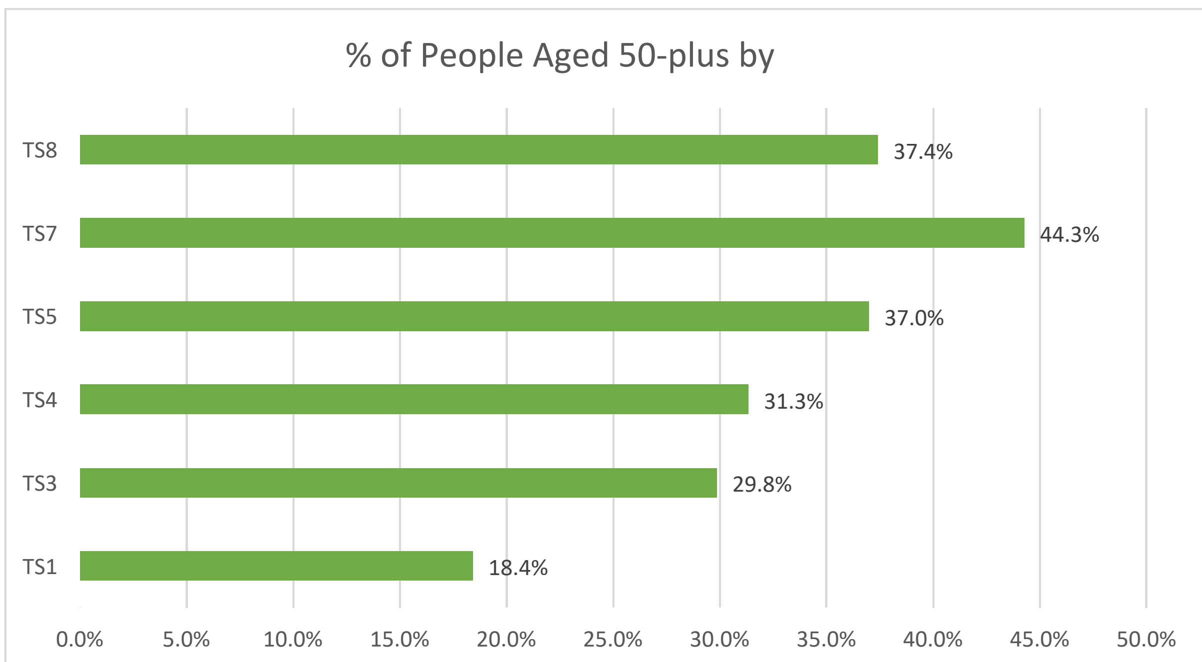
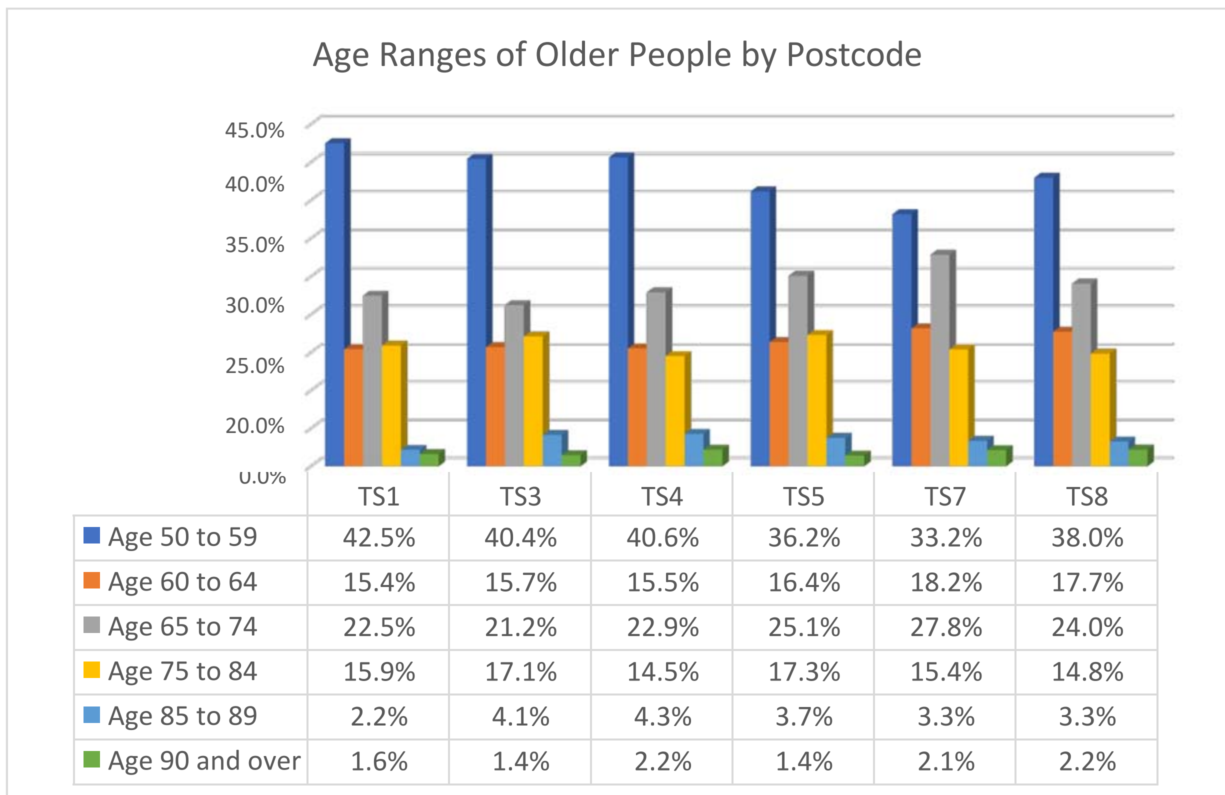
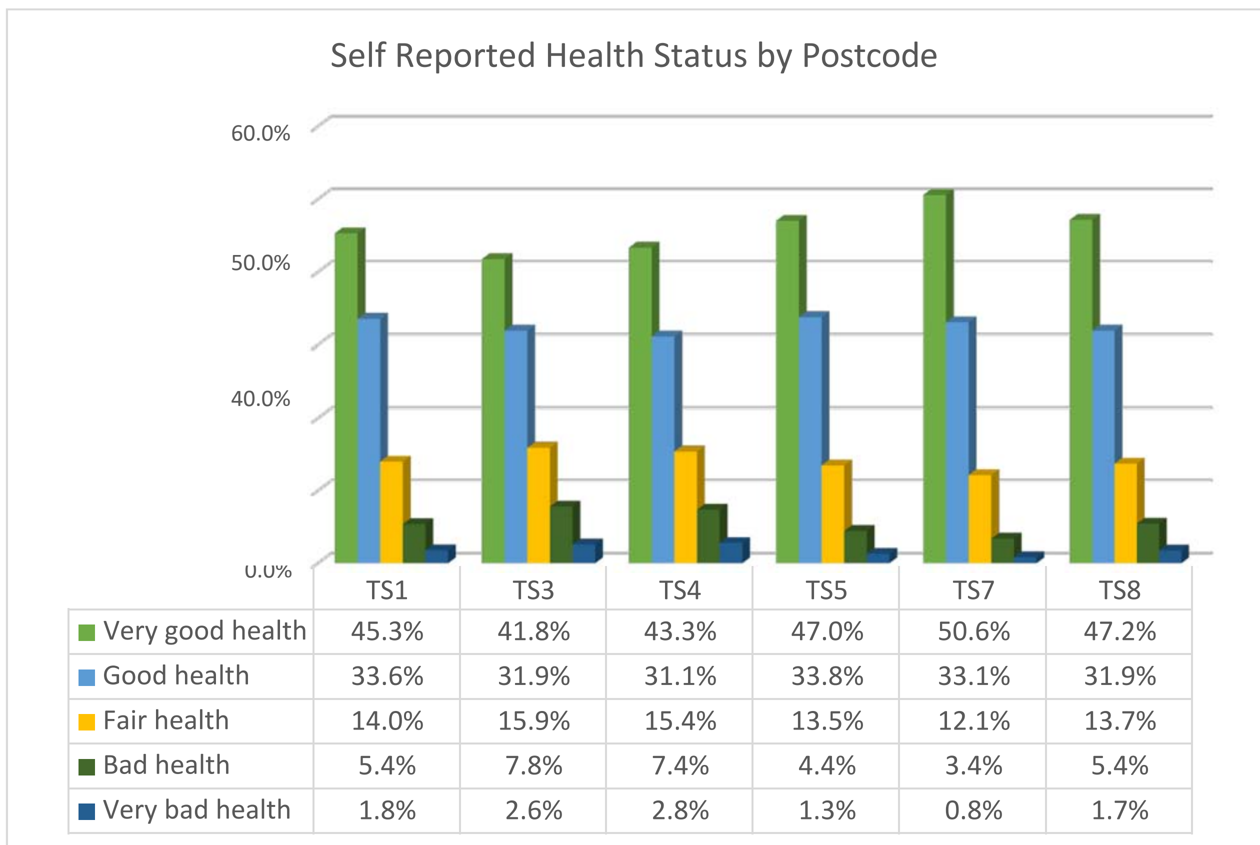


Figure 2. % of People Aged 50-plus by Postcode



	TS1	TS3	TS4	TS5	TS7	TS8
Age 50 to 59	42.5%	40.4%	40.6%	36.2%	33.2%	38.0%
Age 60 to 64	15.4%	15.7%	15.5%	16.4%	18.2%	17.7%
Age 65 to 74	22.5%	21.2%	22.9%	25.1%	27.8%	24.0%
Age 75 to 84	15.9%	17.1%	14.5%	17.3%	15.4%	14.8%
Age 85 to 89	2.2%	4.1%	4.3%	3.7%	3.3%	3.3%
Age 90 and over	1.6%	1.4%	2.2%	1.4%	2.1%	2.2%

Figure 3. Age ranges of older people by postcode



	TS1	TS3	TS4	TS5	TS7	TS8
Very good health	45.3%	41.8%	43.3%	47.0%	50.6%	47.2%
Good health	33.6%	31.9%	31.1%	33.8%	33.1%	31.9%
Fair health	14.0%	15.9%	15.4%	13.5%	12.1%	13.7%
Bad health	5.4%	7.8%	7.4%	4.4%	3.4%	5.4%
Very bad health	1.8%	2.6%	2.8%	1.3%	0.8%	1.7%

Figure 4 Self-reported health status by postcode.

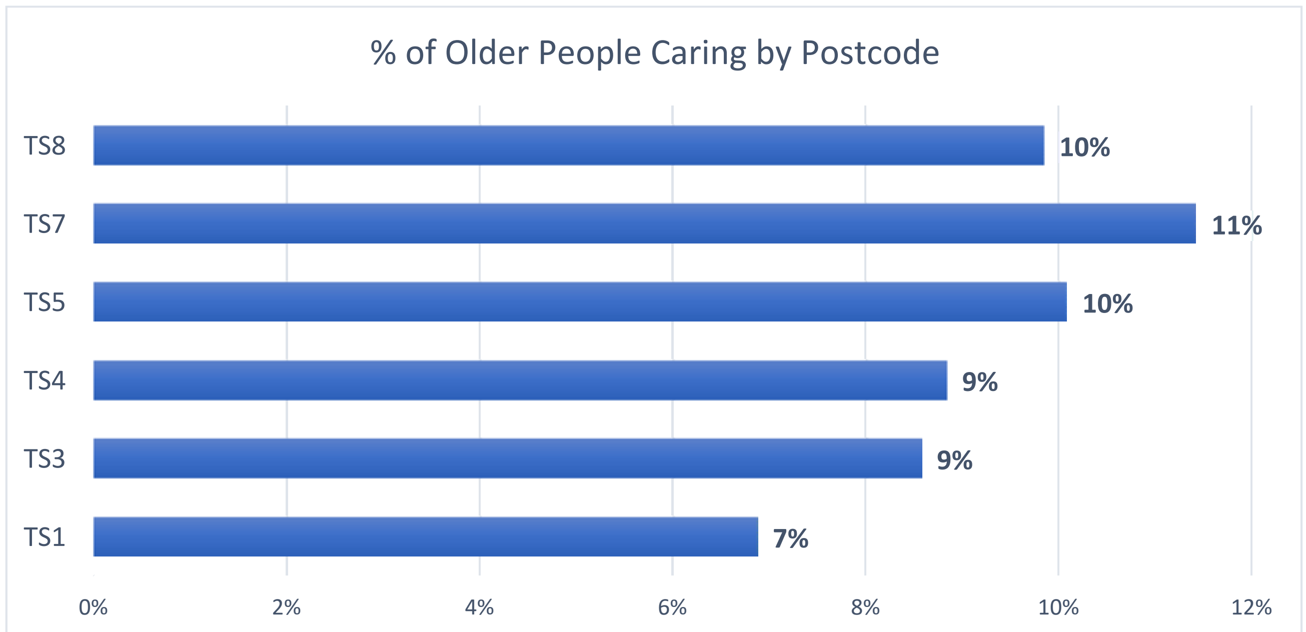
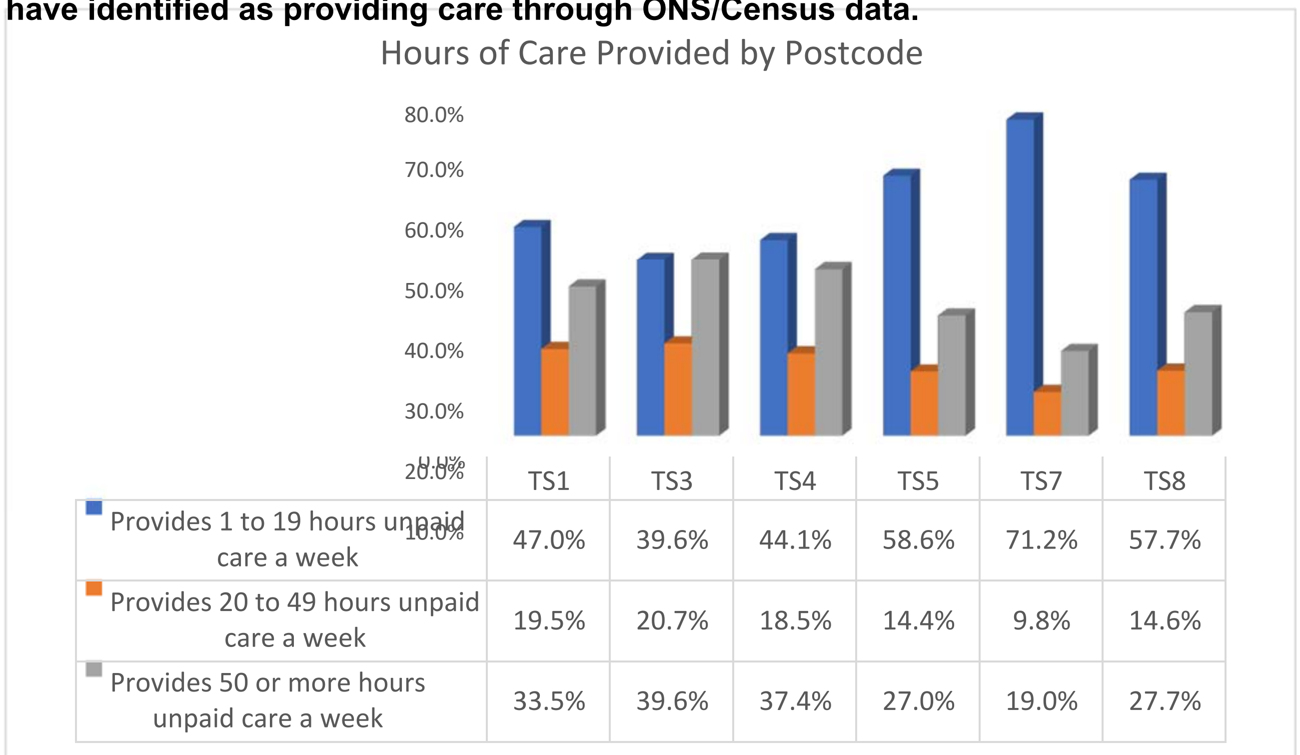


Figure 5. % of older people caring by postcode

The data in figure 5 shows the % of older carers in each postcode as identified through ONS/Census data. For example, we can see that 10% of people in TS8 have identified as providing care through ONS/Census data.



	TS1	TS3	TS4	TS5	TS7	TS8
Provides 1 to 19 hours unpaid care a week	47.0%	39.6%	44.1%	58.6%	71.2%	57.7%
Provides 20 to 49 hours unpaid care a week	19.5%	20.7%	18.5%	14.4%	9.8%	14.6%
Provides 50 or more hours unpaid care a week	33.5%	39.6%	37.4%	27.0%	19.0%	27.7%

Figure 6 Hours of care provided by postcode

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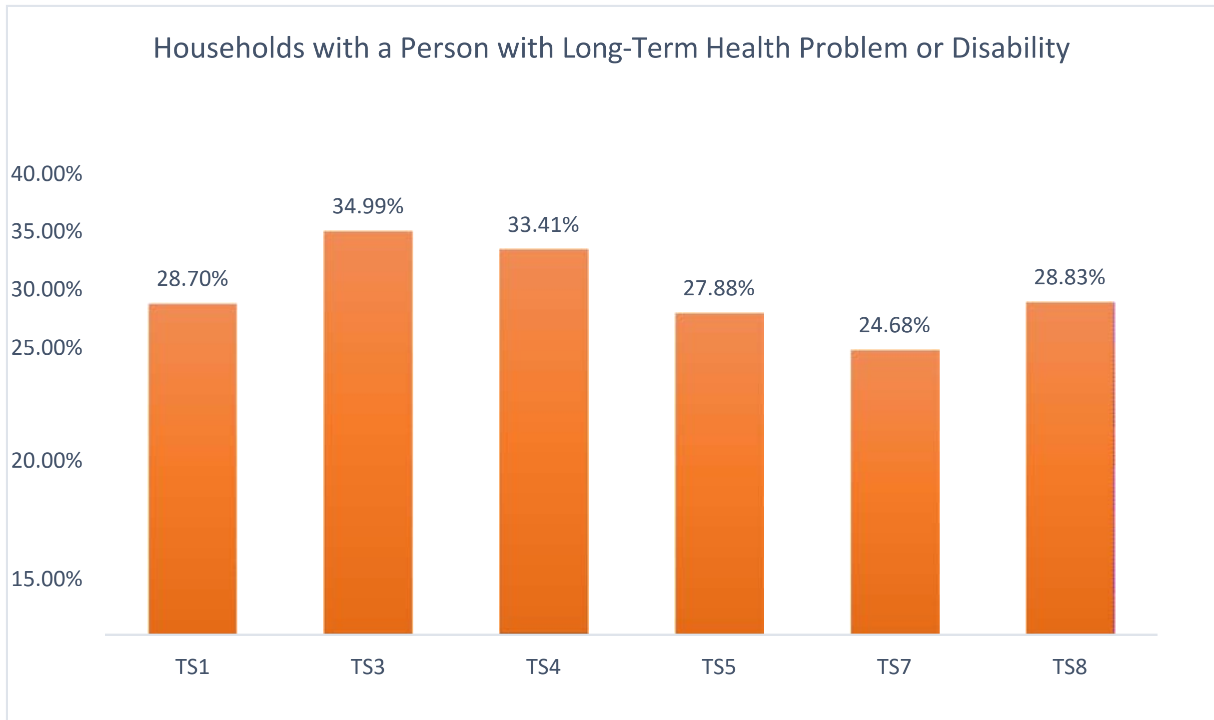

Figure 7. Households with a person with a long-term health problem or disability

The data in figure 7 shows the % of households within each postcode where there is a person with a long- term health problem or disability.

People Providing Care and Households with a Long Term Health Problem or Disability

35%
30%
25%
20%
15%
10%
5%
0%

TS1: 7%, 29%
TS3: 9%
TS4: 9%
TS5: 10%, 28%
TS7: 11%, 25%
TS8: 10%, 29%

■ % providing care ■ One person in household with a long-term health problem or disability

Figure 8 People providing care and households with a long-term health problem or disability

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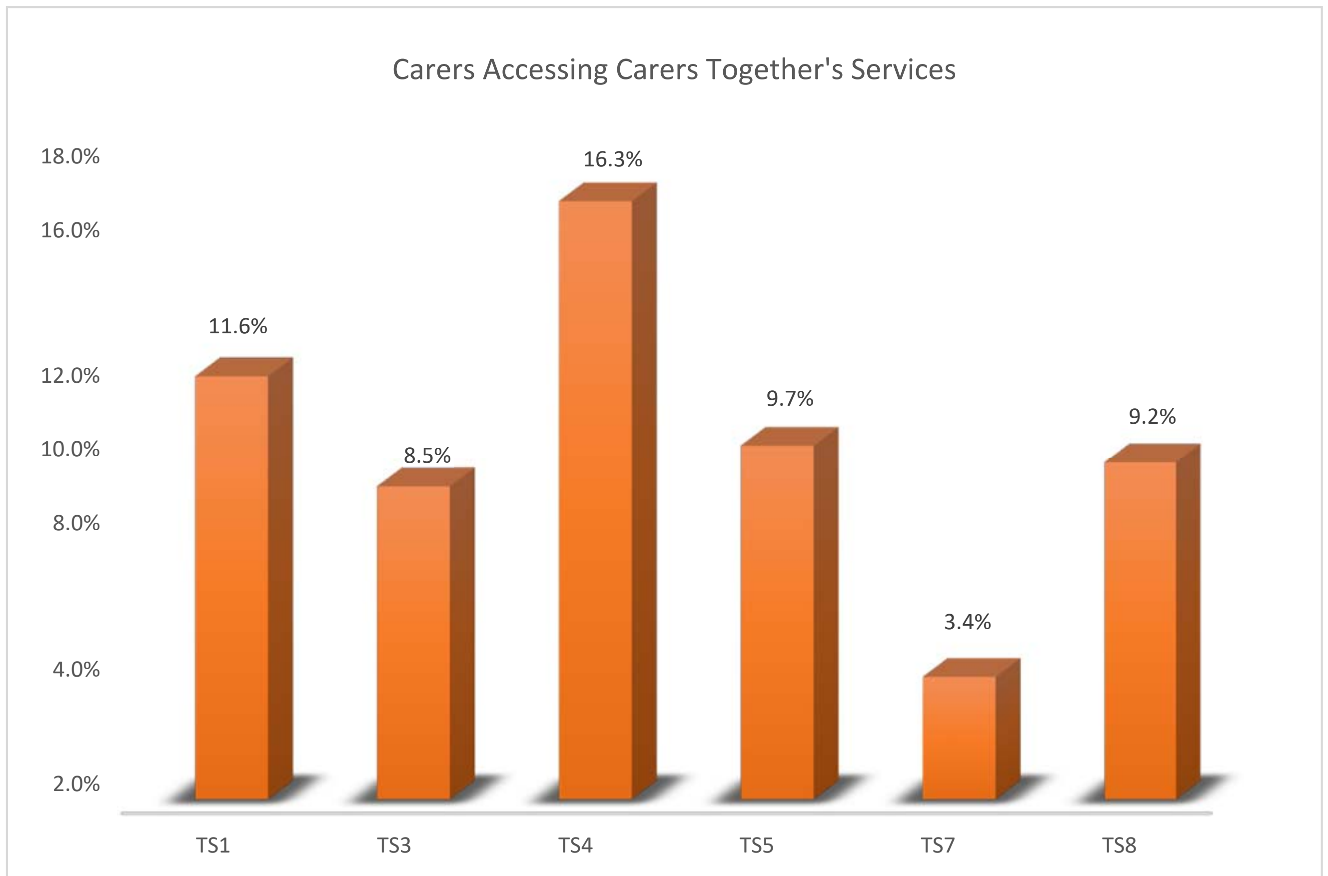
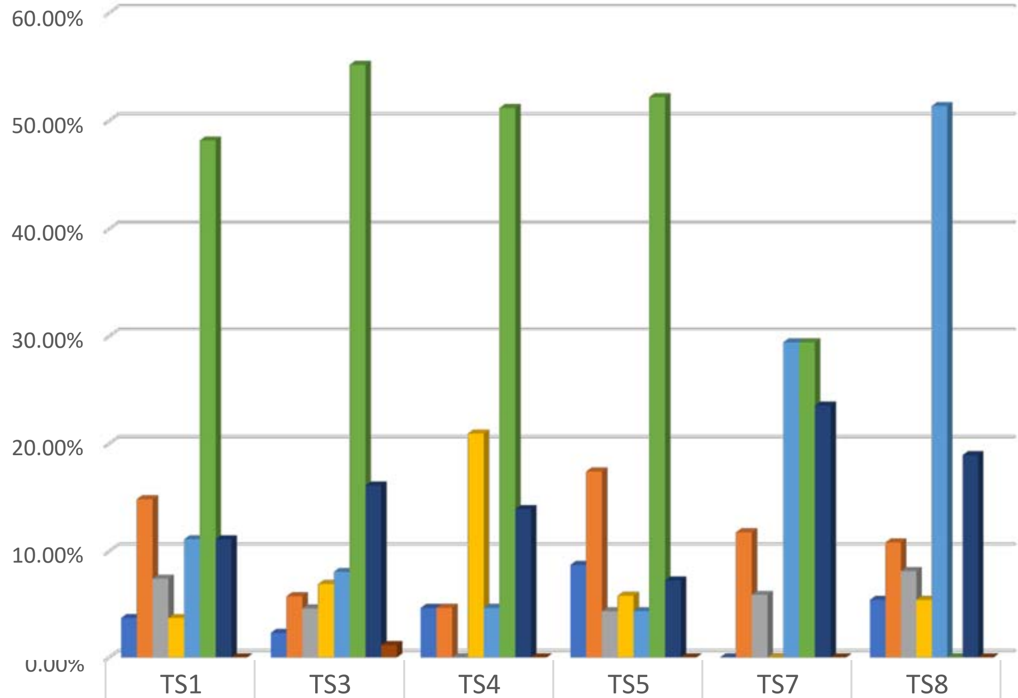


	TS1	TS3	TS4	TS5	TS7	TS8
Number of carers accessing Carers Together	85	180	116	272	27	151
Estimated number of carers over 50	735	2,107	710	2,815	804	1,641
% ratio	11.6%	8.5%	16.3%	9.7%	3.4%	9.2%

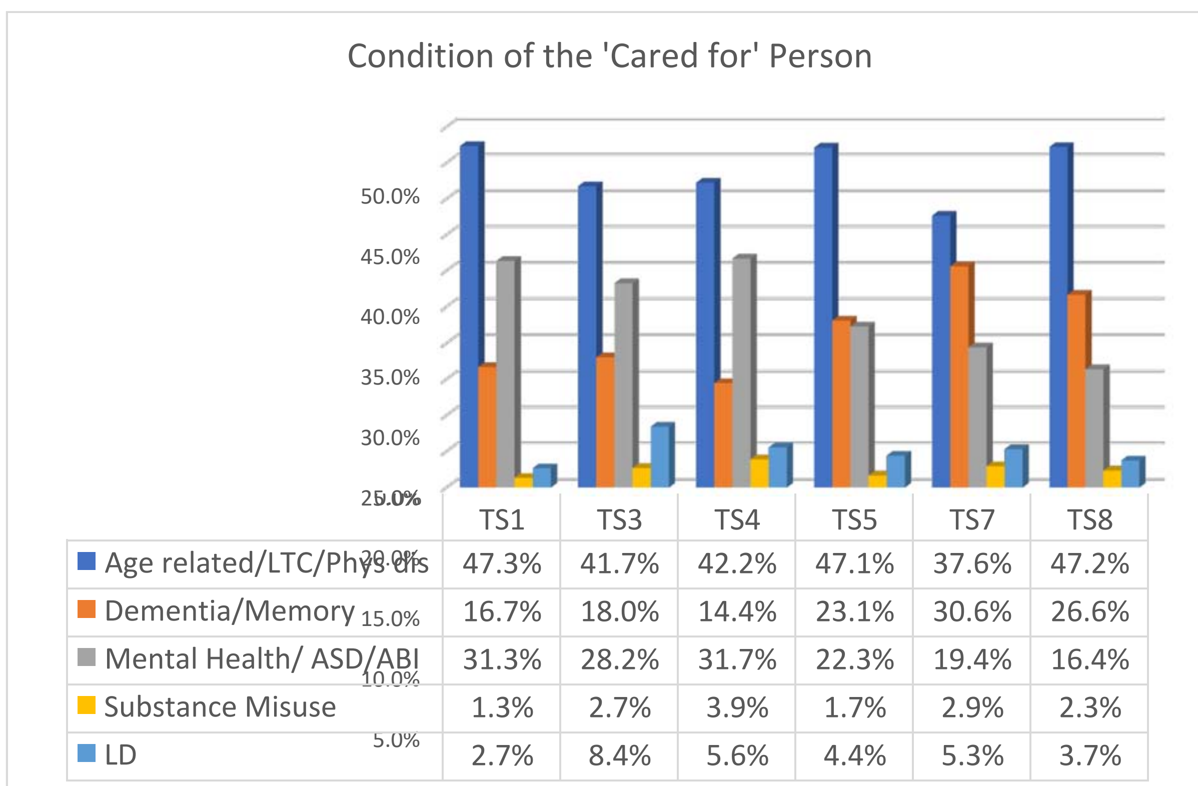
Figure 9. Carers accessing Carers Together's services

The data in figure 9 shows the % of carers accessing Carers Together services. These figures have been identified through the Census/ONS data and adjusted for age.



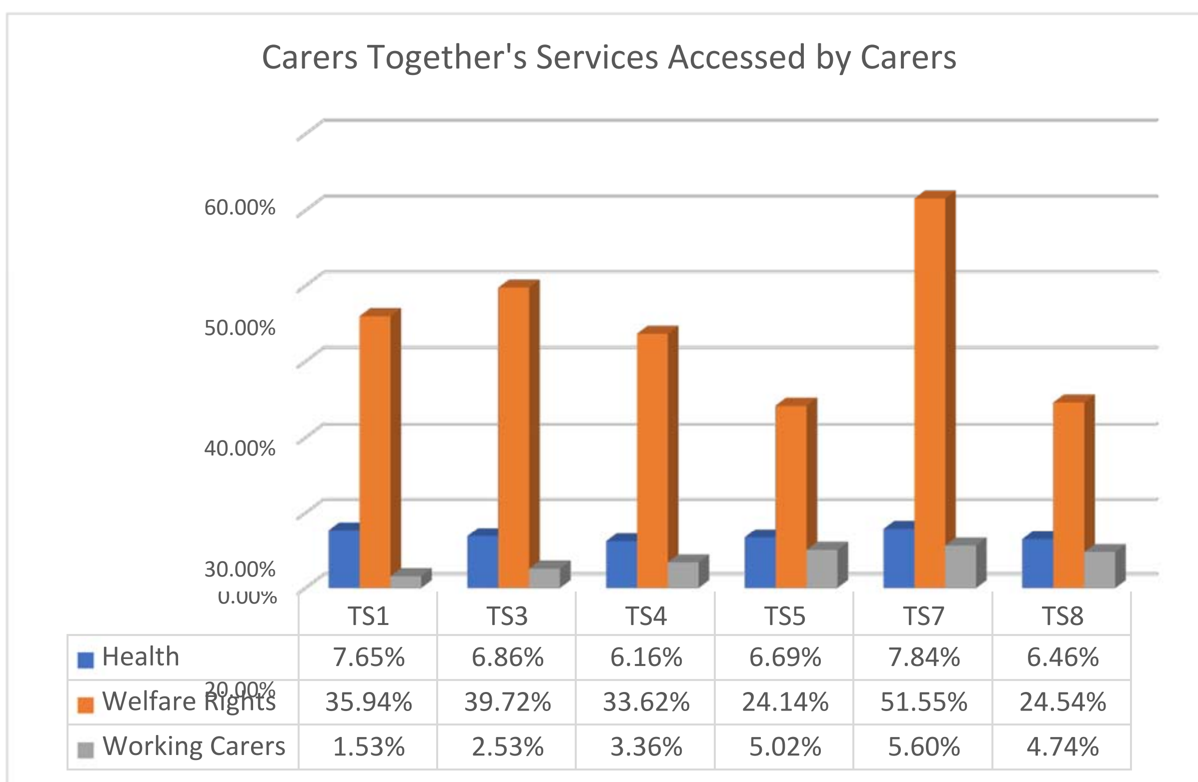
	TS1	TS3	TS4	TS5	TS7	TS8
Cared For	3.70%	2.30%	4.65%	8.70%	0.00%	5.41%
Dual Carer	14.81%	5.75%	4.65%	17.39%	11.76%	10.81%
Ex Carer	7.41%	4.60%	0.00%	4.35%	5.88%	8.11%
Kinship Carer	3.70%	6.90%	20.93%	5.80%	0.00%	5.41%
Parent Carer (19-25)	11.11%	8.05%	4.65%	4.35%	29.41%	51.35%
Parent Carer (under 18)	48.15%	55.17%	51.16%	52.17%	29.41%	0.00%
Sandwich Carer	11.11%	16.09%	13.95%	7.25%	23.53%	18.92%
Young Carer	0.00%	1.15%	0.00%	0.00%	0.00%	0.00%

Figure 10 Caring roles



	TS1	TS3	TS4	TS5	TS7	TS8
Age related/LTC/Phys dis	47.3%	41.7%	42.2%	47.1%	37.6%	47.2%
Dementia/Memory	16.7%	18.0%	14.4%	23.1%	30.6%	26.6%
Mental Health/ ASD/ABI	31.3%	28.2%	31.7%	22.3%	19.4%	16.4%
Substance Misuse	1.3%	2.7%	3.9%	1.7%	2.9%	2.3%
LD	2.7%	8.4%	5.6%	4.4%	5.3%	3.7%

Figure 11 Condition of the 'cared for' person



	TS1	TS3	TS4	TS5	TS7	TS8
Health	7.65%	6.86%	6.16%	6.69%	7.84%	6.46%
Welfare Rights	35.94%	39.72%	33.62%	24.14%	51.55%	24.54%
Working Carers	1.53%	2.53%	3.36%	5.02%	5.60%	4.74%

Figure 12 Carers Together's services accessed by carers

Summary of the profile of older carers by postcode area

TS1

- TS1 postcode consists of the Gresham and University wards.
- According to ONS data there are 2821 people aged over 50 in TS1. This equates to 18.4% of the total population of TS1.
- **The majority of people aged 50-plus in TS1 are aged 50-59 (42.5%). This is the highest percentage within all the Middlesbrough postcode areas.** There is almost a 10% difference between TS1 and TS7. The data shows 42.5% of 50-59 year old people in the TS1 ward compared to 33.2% of 50-59 year olds in TS7.
- The self reported health status of TS1 ranks 3rd of the 6 postcodes analysed. 78.9% of people reported good or very good health.
- **TS1 has the lowest percentage of people providing care in Middlesbrough** (7% compared to 11% in TS7). **33% of those who are caring provide 50 or more hours per week** compared to 19% in TS7. This is the 3rd highest percentage in Middlesbrough.
- 28.7 % of households in TS1 have a person with a long-term health problem or disability. This ranks 3rd in the Middlesbrough postcodes.
- **TS1 has the lowest number of carers** (7%) whilst ranking 3rd with 29% of households having one person with a long-term health problem or disability.
- 11.6% of older carers have accessed Carers Together Services. This is the second highest access rate in Middlesbrough.
- Apart from Adult Carers, the **caring roles in TS1 are predominantly Parent Carers** (59%) Dual Carers (14.81%) and Sandwich Carers (11.11%).
- Older carers in TS1 are predominantly caring for people with long term conditions (47.3%). This is the highest proportion in Middlesbrough.
- **TS1 also has the highest proportion of Mental Health Carers in Middlesbrough** (including Autistic Spectrum Disorders and Acquired Brain Injury). 31% of carers in TS1 are caring for somebody with a mental health issue compared to 16.4 % in TS8. The data also Shows that TS1 has the lowest proportion of Substance Misuse Carers(1.3% compared to 3.9% in TS4).
- **TS1 carers had the lowest access rate to Working Carers support from Carers Together** (1.53% compared to 5.6% in TS7) and the second highest access to specialist health/hospital support (7.65% compared to 6.16% in TS4)

TS3

- TS3 consists of Beckfield, Middlehaven, North Ormesby and Brambles Farm, Pallister, Park End and Thorntree.
- According to ONS data there are 10314 people aged over 50 in TS3. This equates to 29.8% of the total population of TS3.
- TS3 has the 2nd highest proportion of 75-89 year olds (21.8 % compared to 18.8 % in TS4) and has the lowest proportion of people over 90 (1.4% joint with TS5).

- 10.4% of older people in TS3 reported bad health or very bad health. This was the highest proportion in Middlesbrough.
- 9% of older people in TS3 provide care. This is the second lowest proportion in Middlesbrough (joint with TS4)
- 39.6 % of carers in TS3 provide 50 or more hours unpaid care a week and 20.7% provide 20-49 hours per week. This is the highest proportion in Middlesbrough and suggests that individual carers in TS3 provide more hours of care than carers in other areas in Middlesbrough.
- **TS3 has the highest % of households with a person with a long term health problem or disability**
  (34.99% compared to 24.68% in TS7).
- TS3 has the highest % of households with a person with a long term health problem or disability and the second lowest % of people providing care.
- 8.5% of older carers in TS3 have accessed Cars Together Services. This is the second lowest access rate behind TS7 (3.4%). The highest access rate is 16.3% from TS4.
- According to Carers Together data, **TS3 has the highest rate of Parent Carers of children under 18**
  (55%) **accessing support** in Middlesbrough.
- 8.4% of carers in TS3 are caring for somebody with a learning disability. This is the highest proportion in Middlesbrough (TS1 =2.7%)
- The second highest proportion of carers accessing Carers Together Welfare Rights support came from TS3 (39.72%). the second lowest proportion of carers accessing Carers Together Working Carers support came from TS3 (2.53%).

TS4

- TS4 consists of Beechwood and Clairville wards.
- According to ONS data there are 3533 people aged over 50 in TS4. This equates to 31.3 % of the total population of TS4.
- **TS4 has the highest proportion of people aged 85-89** (4.3%) and the lowest proportion of people aged 75-84 (14.5%)
- 10.2 % of older people in TS4 have self-reported their health status as bad or very bad. This is the second highest proportion in Middlesbrough.
- 9% of older people in TS4 reported that they provide care. This is the second lowest proportion alongside TS3.
- 37.4% of older people in TS4 provide 50 or more hours of unpaid care a week. This is the second highest proportion in Middlesbrough behind TS3.
- TS4 has the second highest % of households with a person with a long term health problem or disability (33.4%).
- 16.3% of older carers in TS4 have received information and/or support from Carers Together. This is the highest proportion in Middlesbrough when compared to 3.4% in TS7

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- **There has been a significantly higher proportion of Kinship Carers accessing support from Carers Together from TS4** (20.93% compared to 0% in TS7).
- According to Carers Together data, TS4 has the lowest proportion of Carers caring for someone with Dementia/memory problems (14.4% compared to 30.6% in TS7). **TS4 also has the highest proportion of Substance Misuse carers** (3.9% compared to 1.3% in TS1)

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TS5

- TS5 consists of Acklam, Ayresome, Brookfield, Kader, Ladgate and Linthorpe wards.
- **TS5 has the highest number of people aged over 50 in Middlesbrough**. There are 14281 people aged over 50. This equates to 37 % of the total population of TS5.
- TS5 has the highest proportion of older people aged 75-84 (17.3% compared to 15.4% in TS7)
- 80.8% of older people in TS5 have self-reported that they had good or very good health. This was the second highest rating behind TS7 (83.7%)
- **8.7% of carers in TS5 were also being 'cared for'. This was the highest proportion across all postcodes. TS5 also had the highest proportion of Dual Carers (17.39% compared with 4.65% in TS4).**
- TS5 had the lowest proportion of older carers accessing Welfare Right support from Carers Together (24.14% compared to 51.5% in TS7).

TS7

- TS7 consists of Marton and Nunthorpe Wards.
- According to ONS data there are 4247 people aged over 50 in TS7. This equates to 44.3 % of the total population of TS7. **This is the highest proportion of older people in Middlesbrough** (44.3% compared to 18.4% in TS1)
- 46% of older people in TS7 are aged 60-74. This is also the highest proportion of age range across Middlesbrough.
- **TS7 has the highest proportion of older people reporting their health as good or very good** (83.7%).
- **TS7 has the highest proportion of older people providing care** (11% compared to 7% in TS1)
- 71% of older carers in TS7 provide 1-19 hours care per week compared to 39.6% in TS3. This is the highest proportion across Middlesbrough
- 19% of older carers provide 50 or more hours per week compared to 39.6% in TS3 . This is the lowest proportion across Middlesbrough.
- TS7 has the lowest % of households with a person with a long term health problem or disability **(24.68%).**
- TS7 has the highest proportion of older people providing care and the lowest % of households with a person with a long term health problem or disability.
- **3.4 % of older carers accessing Carers Together services came from TS7**, compared to 16.3% from TS4. **This is the lowest access rate across Middlesbrough.**
- **TS7 had more sandwich carers (23.53% compared to 7% in TS5) than any other postcode area.** This suggests that older carers in TS7 are providing more care for parent/s and children/partners at the same time.
- **Older carers in TS7 are caring for the highest proportion of people with Dementia/Memory problems** (30.6% compared to 14.4% in TS4). These older carers are also providing the lowest proportion of care to people with long term conditions (37.6% compared to 47.3 in TS1).
- **TS7 has the highest proportion of carers that have accessed specialist support from Carers**

Together. 51% of older carers have accessed Carers Together Welfare Rights service (compared to 24.1% in TS5), 7.8% have accessed specialist health/hospital support and 5.6 % have access specialist working carer support.

TS8

- TS8 consists of Coulby Newham, Hemlington, Marton West and Stainton and Thornton.
- According to ONS data there are 8645 people aged over 50. This equates to 37.4% of the population of TS8.
- 10% of older people in TS8 are providing care
- TS8 has the third highest proportion of households where there is a person with a long-term health problem or disability (28.33%).
- 9.2% of older carers have accessed Carers Together Services

- Apart from adult carers, **TS8 has the highest proportion of Parent Carers of someone aged 19-25** (51.3 % compared to 4.35% in TS5). Carers Together are providing or have provided support to 8.1% of ex carers in TS8. This is the highest proportion of support provided to ex carers in Middlesbrough.

Middlesbrough
moving forward

Councillor Julie McGee

Tel:
Email:

Councillor Julie McGee
Chair, Middlesbrough Council's Adult Social Care and Services Scrutiny Panel
C/o Town Hall
Middlesbrough
TS1 9FX

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

15 April 2019

Dear Rt Hon Matt Hancock MP,

MANDATORY REGISTER OF CARERS WITHIN GP PRACTICES

On 20 March 2019 and 1 April 2019, Middlesbrough Council's Adult Social Care and Services Scrutiny Panel, as part of its review into *'Social Care Support for Older Carers'*, received information from the Chief Executive of Carers Together Foundation, a local independent, constituted organisation that obtained charitable status in March 2003 and became a limited company in November 2008.

During the two meetings, the panel discussed 'hidden' carers and the ways in which such persons could be identified in order to receive vital support and advice at the earliest opportunity. The panel members felt that GPs, in particular, are especially well placed to facilitate the process for identifying 'hidden' carers.

Members were appraised of the Quality and Outcomes Framework (QOF) voluntary reward and incentive programme, which rewards GP practices, in England, for the quality of care they provide to their patients and helps to standardise improvements in the delivery of primary care.

Members noted that there was a local enhanced payment previously in place, which incentivised GPs to set up a carers register. The QOF catalogue for 2009/10 included the following indicator: *"The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment"*, which continued up until the end of 2012/2013.

Following the major revision of the indicators, including the retirement of the indicator identified above, there was no longer an incentive for GP practices to have either an identification protocol or a referral mechanism in place. This meant that from 1 April 2013, some GPs continued to offer these, whereas others did not.

Middlesbrough Council's Adult Social Care and Services Scrutiny Panel is of the firm view that the withdrawal/retirement of this indicator is not in the interests of carers, or the health service. It is apparent that without intervention, carers will not receive the support to which they are not only entitled, but require, and therefore there may be significant negative impact upon health resources in the future.

Given the commitments outlined in the NHS Long Term Plan and the development of Primary Care Networks, which focus proactively on caring for the people and communities they serve, it is the view of the panel that 'hidden' carers must be identified and sufficient follow-up support provided.

Following discussion, the panel was unanimous in its decision that a letter be submitted to you, as the Secretary of State for Health and Social Care, with the intention to express support for the mandatory registration of carers at GP practices, together with an appropriate referral mechanism.

Yours sincerely,

Councillor Julie McGee
Chair, Middlesbrough Council’s Adult Social Care and Services Scrutiny Panel

Department
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From Seema Kennedy MP
Parliamentary Under Secretary of State for Public Health and Primary Care

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Councillor Julie McGee
Chair of Adult Social Care and Services Scrutiny Panel
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20 MAY 2019

Thank you for your correspondence of 15 April to Matt Hancock about the mandatory registration of carers by GP practices.

I appreciate your concerns and suggestions and am grateful to you for sharing these with the Department.

We recognise how vitally important carers are and how important it is to identify them so they can be offered support. The identification of carers, and 'hidden carers' in particular, represents an ongoing challenge for the health sector for a number of reasons, including poor awareness amongst healthcare professionals and reluctance on the part of some carers to be identified as such.

Identification of carers remains a key priority for the Care Quality Commission (CQC) when conducting inspections of GP practices. The CQC considers the offers of support made to carers and how involved carers are in decision-making around meeting the health needs of those they care for. The CQC's *Key lines of enquiry, prompts and ratings characteristics for healthcare services* publication provides an assessment framework for inspection teams. Some relevant examples of key lines of enquiry ask the following questions:

- E5.1: are people identified who may need extra support? This covers people who are in the last 12 months of their lives, at risk of developing a long-term condition, and carers;
- E5.4: can people access care, support and treatment in a timely way and, where the service is responsible, are referrals made quickly to appropriate health services when people's needs change? and

- C2.5: do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

The CQC framework surpasses the previous Quality and Outcomes Framework (QOF) requirement for a protocol to support identification. The CQC also produces examples of good practice in this area, which practices can consider.
The examples can be found by visiting www.cqc.org.uk and searching for 'outstanding GPs'.

Last year, NHS England conducted a review into the future of the QOF. A report was published in July and can be found by visiting www.england.nhs.uk/ourwork and searching for 'review QOF England'. The report made a number of recommendations for the development of the framework so it can better support the clinical principles of increasing the likelihood of improved patient outcomes, improving personalisation of care, and decreasing the likelihood of harm from over-treatment. The report also recommended the modification of a number of indicators to improve the framework's impact, and the retirement of some low-value indicators. It was suggested that consideration be given to increasing support for quality improvement in general practice, and a new QOF Quality Improvement domain has now been introduced.

The GP contract framework published in January articulates a number of changes that offer opportunities to improve the support offered to carers. As part of the Network Contract Directed Enhanced Service, NHS England will support the recruitment of a social prescription link worker for each network, which should help link patients into wider community support and resources. The service will also include a requirement for personalised care from 2020, which will support the identification and provision of carers within a personalised care model. The latest GP contract can be found by visiting www.england.nhs.uk/ourwork and searching for 'long term contract'.

I hope this reply is helpful.

SEEMA KENNEDY