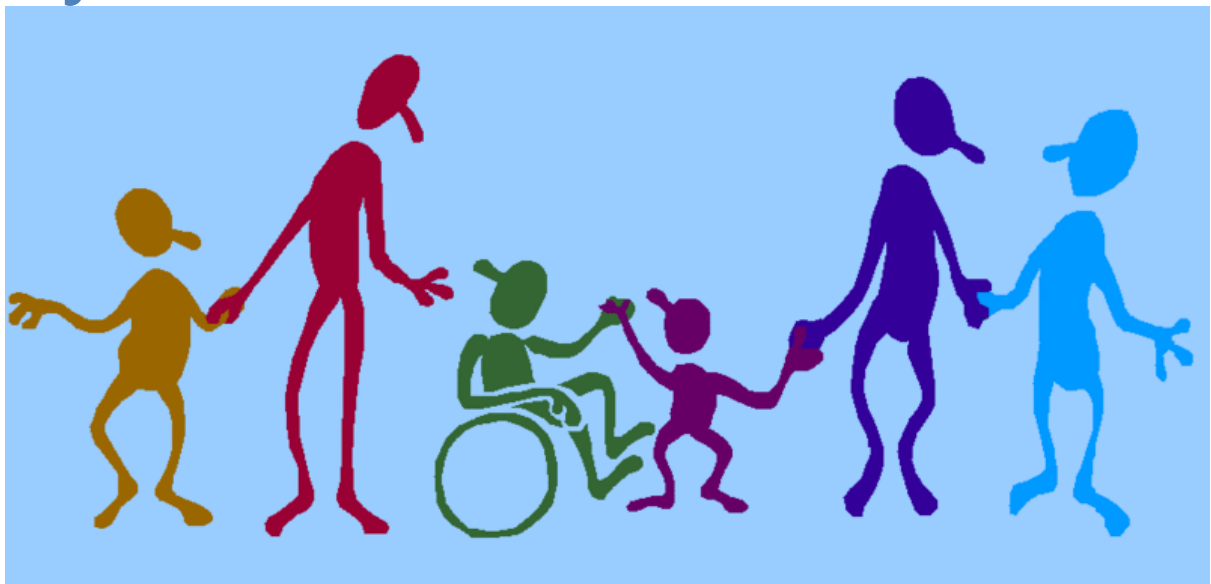


Overview and Scrutiny Report

Carers' Support and Respite Provision in North Tyneside



April 2016



North Tyneside Council

1. Introduction

- 1.1 As part of the Adult Social Care, Health and Wellbeing Sub-committee work programme 2015/16, members agreed to establish a sub-group to carry out a study of carers' respite provision in North Tyneside for adult carers and parent carers of disabled children, however during the study it became evident that the scope needed to be extended to cover carers' support.
- 1.2 Realising the important role that carers play in North Tyneside, the main aim of the study was to ensure that the appropriate services and structures are in place to support them in this role, and that they have access to good quality support, advice and information and respite care.
- 1.3 The Care Act 2014 consolidates and improves existing legislation; "putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation". For the first time, carers will be recognised in the law in the same way as those they care for and the Care Act sets out carers' legal rights to assessments and support. The Act also emphasises the promotion of wellbeing and contributing to the prevention of needs.
- 1.4 The Children and Families Act also requires that Local Authorities assess parent carers' needs for support on the appearance of need or where an assessment is requested by the parent.
- 1.5 Although the sub-group acknowledged the important role of young carers, members were reminded that in March 2011 the Health and Wellbeing Sub-committee had carried out a review to examine how well the health and wellbeing needs of young carers were being met in North Tyneside and whether there were any gaps in service provision. At that time a number of recommendations were made and an action plan implemented. Members subsequently met with a group of young carers to check progress against the action plan, and although it was evident improvements had been made, several new issues were raised and responded to by the relevant Cabinet member and partner organisations in April 2013. In light of this and to keep the study manageable, it was agreed to exclude young carers from the study.
- 1.6 Members of the sub-group included:
 - Councillor Pamela Brooks (Lead)
 - Councillor Karen Clark
 - Councillor Cath Davis
 - Councillor John O'Shea

2. Recommendations

- 2.1 In total the sub-group made 19 recommendations. A summary of the recommendations is attached at Appendix A.
- 2.2 In accordance with Section 122 of the Local Government and Public Involvement in Health Act 2007, Cabinet are required to provide a response to the recommendations of the Overview and Scrutiny Committee within two months. In providing this response Cabinet are asked to state whether or not it accepts each recommendations and the reasons for this decision. Cabinet must also indicate what action, if any, it proposes to take.

3. Methodology

- 3.1 The sub-group initially met with the Strategic Commissioning Manager, Whole Life Disability and Principal Manager, 0-25 Integrated Disability and Additional Needs Service who assisted with the scoping of the review. They also provided continuous support and advice to the sub-group throughout the review.
- 3.2 The sub-group then held a series of evidence gathering meetings with expert witnesses and service users between October 2015 and April 2016, these included meetings with:
 - Adult carers of children with learning disabilities and parent carers of disabled children to hear first hand their views and experiences. Please note that both groups were relatively small in numbers, with three in each group.
 - Service providers from the Council, private and voluntary sector, to gain an understanding of the services provided and to ascertain whether there were any issues or gaps in service. Members also discussed with service providers the issues which had been raised at the meetings with carers.
 - Manager of Finance Services and Strategic Commissioning Manager, Whole Life Disability, Adult Social Care, to gain a better understanding of direct payments and what it means in terms of respite care for adult carers.
 - Commissioning Manager, North Tyneside Clinical Commissioning Group, to discuss health partners' involvement in carers' support and respite provision.
 - The Fostering and Adoption Service to discuss family based short breaks.
 - The Carers' Lead Officer, Newcastle City Council to discuss its carers' offer.
 - The Commissioning Manager, People Based Commissioning Team, Adult Social Care, to discuss North Tyneside's Commitment to Carers'.
 - The manager of North Tyneside Carers' Centre.

4. Background/context

4.1 Who is a carer?

A carer is someone who helps another person on an unpaid basis, usually a relative or a friend, in their day to day life. This is not someone who provides care professionally or through a voluntary organisation.

There are three categories of carers:

Adult carer who provides or intends to provide 'necessary' care for another adult who has care and support needs.

Parent carer of a disabled child is an adult who provides or intends to provide care for a disabled child for whom the adult has parental responsibility. Adults caring for a disabled child who do not have parental responsibility for that child, can ask for an assessment of their needs for support.

Young carer are children and young people under 18 who provide or intends to provide care for another person (but excludes paid/formal volunteering).

4.2 National data

The 2011 Census found that 5.4 million people in England were providing unpaid care. Over a third were providing 20 hours or more of care each week (this is the point at which caring starts to significantly impact on a carer's health and wellbeing and their ability to have a life alongside caring), an increase of 5% on the 2001 figures.

The Census also indicates that the general health of carers deteriorates in line with the increasing hours of care they provide. 5.2% of carers reported that their own health was 'not good', this rose to almost 16% among those caring for more than 50 hours a week.

4.3 Number of carers in North Tyneside

In North Tyneside the Census identified 22,208 adult carers in North Tyneside, and highlighted a 19% increase in the number of people who are caring for more than 20 hours or more each week.

The figures broken down are as follows:

Number of people providing 1-19 hours of unpaid care	13,789
Number of people providing 20-49 hours of unpaid care	2,941
Number of people providing 50+ hours of unpaid care	5,478

4.4 Economic value of carers

A joint report produced by the University of Leeds and University of Sheffield and published by Carers UK highlighted that the economic value of the

contribution made by carers in the UK is now £132 billion per year, almost double its value in 2001 (£68 billion). This is close to the total annual cost of health spending in the UK which was £134.1 billion in the year 2014/15. In North Tyneside this equates to £455 million in 2015 increasing from £258 million in 2008.

4.5 National drivers

- The Care Act 2014
- The Children and Families Act 2014
- Carers Strategy: Second National Action Plan 2014-16, Department of Health
- NHS England Commitment to Carers
- Better Care Fund

4.6 Local drivers

- Creating a Brighter Future – Ready for School, Work and Life and Cared for Safeguarded and Healthy
- Safeguarding
- Carers' Charter and Champions for Adult Carers
- Parent Carers of Disabled Children and Partnership Working

4.7 Carers with 'eligible' needs

If following an assessment a carer is assessed as having 'eligible' needs, their needs can be met in a number of different ways, these are outlined by carer type below.

Adult carers:

- Advice and/or information or supporting a carer to make use of community resources; and/or
- Replacement care such as respite directly to the cared for person. This would be provided using the cared for person's personal budget; and/or
- A Carers' personal budget

Parent carers (dependent upon the complexity of needs assessment):

- Advice and/or information or supporting a carer to make use of community resources; and/or
- Childcare support; and/or
- Access to Specialist commissioning resources/personal budget across all agencies

4.8 Funding and Services to Support Carers

An amount of £560k funding to support carers has been identified as part of the Better Care Fund (BCF) in 2015/16.

The expenditure relating to carers up to February 2016 can be broken down as follows:

Purpose	Council Funding
North Tyneside Carers' Centre to provide information and advice	**£73,394
Two Carer Support Workers who are employed by the Carers' Centre and work in Adult Social Care	**£81,308
Young Carers Project Manager (Carers' Centre)	£36,093
P.R.O.P.S North East – (Positive Response to Overcoming Problems of Substance misuse) to support carers/family members of all ages who care for drug and/or alcohol users in North Tyneside	£104,994
Carers' Assessments	£50,600
Carers' Direct Payments	£5,680
Respite Care for Carers	£633,000
TOTAL	£985,069

4.9 In addition to the above, £2m has been spent in 2015/16 on day care for people with Learning Disabilities, Mental Health problems, and Older People. A proportion of this care will be providing respite for a carer, but unfortunately there is not a straightforward way to calculate this proportion.

4.10 The Council and North Tyneside Clinical Commissioning Group also commission additional services that are of benefit to carers, these include the Memory Support Service (joint funding of £117,700) which provides support to people with dementia and their carers and a Specialist Mental Health Carer Support Worker (North Tyneside Clinical Commissioning Group funding £30,332) who works in the Community Mental Health teams.

4.11 From 1 April 2016 a pilot has been introduced in Adult Social Care to test out a new pathway and different model of support for carers. The pilot has been developed using comments and feedback received from carers. The funding of £154,694 for the pilot is made up of the existing budgets for Information Advice and Guidance and Carer Assessment and Support Workers using the funding highlighted in the table.

4.12 Carers' views and experience

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. It is carried out every two years. The last survey was in November 2014 and Adult Social Care included some additional questions to the standard questions which are required. The survey was sent to 1155 carers who are known to Adult Social Care and 436 responses were received.

- Satisfaction with social care services has improved by 2.1 percentage points but...;
- Carer reported quality of life is worse than 2 years ago;

- Carers feel less included or consulted in discussion about person they care for; and
- The percentage of carers finding it easy to find information about services fell by 10 percentage points.

ASCOF: Measure	2012/13	2014/15	Regional average
1D: Carer-reported quality of life**	8.7	8.3	8.4
1I2: The proportion of carers who reported that they had as much social contact as they would like	50.5%	45.3%	46%
3B: Overall satisfaction of carers with social services	41.3%	43.4%	49.6%
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for	79.5%	74.6%	79%
3D2: The proportion carers who find it easy to find information about services	76.3%	65.9%	72.7%

**The measure 1D gives an overall score based on respondents' self-reported quality of life across six questions in the survey. All six questions are given equal weight.

4.13 Additional information/data

- 18% of carers have had to give up work due to caring;
- 68% of carers feel caring has made their own health worse (16% 'A lot worse'); 18% miss their own health appointments; 11% carers have suffered a physical injury due to caring;
- 70% of carers are not aware they are entitled can have a separate carers assessment, only 22% recall being offered one
- 67% of carers who had an assessment were satisfied with it, 7% were dissatisfied;
- 67% of carers said something could be done to help them in their caring role. The most common response by some way was more carer breaks (47%), followed by better advice and information (24%), an out of hours crisis response service (8%), counselling (6%), support groups (4%) and training (3%); and
- 57% of carers had reached a 'breaking point' in the last 12 months. The most common outcomes were: sought help from friends or family (29%); Contacted GP, nurse/healthcare professional (25%); Contacted Social Service (16%); Hospital attendance (13%), Emergency services called (8%); Carer contacted Carers' Centre / group (5%).

5. Review findings

Identifying carers and assessments:

- 5.1 The Care Act 2014 gives local authorities a responsibility to assess a carers' need for support, where the carer appears to have such needs. The Children and Families Act also gives parent carers of children under 18 years a right to a parent carer's needs assessment. Local Authorities must assess parent carers' needs for support on the appearance of need or where an assessment is requested by a parent. This will mean that more carers are able to have an assessment, comparable to the right of the people they care for. When an assessment is complete, the local authority must decide whether the carers' needs are eligible for support from the local authority.
- 5.2 Although the sub-group acknowledged that identifying more carers' may ultimately increase pressure on already reducing resources, they believed early identification of carers was important so that they received an offer of an assessment, and timely and appropriate support and advice. It was stressed that although there maybe an increase in numbers receiving an assessment, that this may not necessarily equate to the same numbers accessing services, as many carers' just want access to good quality information and advice.
- 5.3 Members expressed concern about the 'hidden carers', for example those caring for a family member or friend who see it as their responsibility to carry out the caring role, and don't seek help. They believed it was important that this group of carers were also identified and made aware of the support available.
- 5.4 The sub-group recognised primary care services as the main initial point of contact for carers, including 'hidden carers', and as such can play an essential role in identifying carers and referring them to social care for an assessment of their needs. Members met with representatives of North Tyneside Clinical Commissioning Group, and welcomed the targeted work with GP's they are carrying out to increase the number of carers identified and to develop carers' registers, and stressed the importance of this work continuing. However they believed that more could be done to identify carers and provide them with appropriate signposting information. To facilitate this the sub-group recommended that all GP practices had a designated Carers' Champion adhering to the principles of the Carers' Charter, and also to provide carers with appropriate support and signposting information.
- 5.5 During the visit at North Tyneside Carers' Centre, members were shown signposting information which had been produced by Salford Council; this was a piece of laminated card in the shape of a key with signposting information on it. Members thought that this was a creative and more memorable way to receive information and suggested that something similar to this be produced and provided to GP practices for distribution to newly identified carers.

Recommendation 1: That North Tyneside Clinical Commissioning Group and the Council's Adult Social Care continue to work with primary care services and GPs to increase the number of carers identified, receiving an assessment and timely advice and information.

Recommendation 2: That North Tyneside Clinical Commissioning Group encourages all GP practices to appoint a designated Carers' Champion.

Recommendation 3: That North Tyneside Clinical Commissioning Group and the Council's Adult Social Care, explore opportunities to produce signposting information, similar to the laminated key, for distribution by GP practices.

Information, advice and training:

- 5.6 In order to carry out their caring role it is crucial that carers have the right information, advice and training. This is emphasised in the Care Act 2014 and in the Children and Families Act 2014. Both documents highlight the importance of providing advice and information in a timely manner and in an appropriate format.
- 5.7 The sub-group were pleased that providing good advice and information is a key priority outlined in North Tyneside's Commitment to Carers' and acknowledged the wealth of information and advice available through the Carers' Centre, other voluntary organisations and the relatively new Care and Connect service. Members were also made aware of a new app, SIGN North Tyneside, which offers free and impartial information on adult health and wellbeing services. When members met with parent carers, they noted that North Tyneside's Parent Carer Forum 'All Together Better', had produced easy read guides for carers', and praised them for this excellent work.
- 5.8 Members were however concerned to hear that the performance measure relating to 'the percentage of carers who find it easy to find information about services' fell by 10 percentage points between 2012/13 and 2013/14. Also that evidence gathered by Healthwatch and outlined in the Carers' Commitment, highlighted that many carers often felt they lacked information and advice.
- 5.9 This was reiterated at meetings with parent carers, who explained that often carers find out important information from other carers, rather than from professional organisations.
- 5.10 The sub-group concluded that although there was a wealth of information and advice available to carers in North Tyneside, many carers didn't know where to access information. It was therefore suggested that Adult and Children's Services carry out a review of the key points where signposting and information for carers is available. To ensure that information is effectively co-ordinated, taking into account the variety of services and topics that carers need information on.

Recommendation 4: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment, to review the key points where signposting and information for adult and parent carers is available, to ensure that information is effectively co-ordinated.

- 5.11 During meetings with parent carers, a number of training needs were raised.
- 5.12 Parent carers mentioned that moving and lifting their disabled children is something they do on a daily basis but they don't receive any training in this area. They asked if training could be made available to them, similar to the training offered to professional carers. Members believed it was crucial that all informal carers received Moving and Handling training, not only for health and safety reasons, but also because of the additional pressure it would put on social and health care services in the event of a carer not being able to carry out their caring role due to sustaining an injury.
- 5.13 Members were also made aware that some parent carers lacked basic IT skills which made it difficult for them to access information and advice online. In light of this, and with organisations relying more and more on people to access information via the internet, members considered it was important that carers who lacked these skills, received the appropriate training.
- 5.14 During the visit at North Tyneside Carers' Centre, members were pleased to hear about the wide range of courses delivered and facilitated through the centre, available to carers with identified needs, including Moving and Handling training and basic IT skills training.
- 5.15 The sub-group concluded that in relation to training, consideration needed to be given about how we ensure that carers with identified training needs, in particular parent carers, access relevant courses to help them in their caring role, such as those offered by the Carers' Centre.

Recommendation 5: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how carers with identified training needs, in particular parent carers, are informed and invited to attend relevant training courses, such as those offered by the Carer's Centre.

- 5.16 Members also learnt through speaking with parent carers, that parent carers of children with Attention Deficit Hyperactivity Disorder (ADHD) are not eligible for respite support. There are approximately 500 children diagnosed with ADHD living in North Tyneside, and it is thought that this maybe just the tip of the iceberg.
- 5.17 Carers of children diagnosed with ADHD expressed how challenging and difficult it is to manage their child's behaviour, in particular their sexualised behaviour, and felt they would benefit from training to help them deal with this.
- 5.18 During the visit at North Tyneside Carers' Centre, members learnt that the centre co-ordinates a programme of general and topic specific training sessions, based on carers' identified needs. If a need was identified to provide training to carers to help them deal with the challenging behaviour of someone with ADHD, the Carers' Centre would explore the possibility of providing this training.
- 5.19 Although members were aware that a more in-depth study, covering support provided for children with ADHD and their families is currently being carried out by a sub-group of the Children, Education and Skills Sub-committee, they

thought this was an important issue and wanted to raise it as part of this study. Therefore the sub-group recommended that a business case was submitted to the Carers' Centre to provide training for carers of people with ADHD, to help them understand and deal with the challenging behaviour associated with ADHD.

Recommendation 6: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to review the current training commitment to parent carers of children with ADHD, and to consider the submission of business case to the Carers' Centre, to provide additional training to help carers deal with the challenging behaviour associated with ADHD.

- 5.20 When members met with adult carers of children with learning disabilities, they talked about how service users were allocated key workers, and that this was very beneficial. There was however some concern that the Council were now moving away from this model.
- 5.21 In relation to key workers, clarification was provided by a service manager of the Community Learning Disability Team, who advised the sub-group that the majority of service users with learning disabilities and using a commissioned service or using a direct payment, are assigned a key worker; and all service users with complex needs or carers who are under stress would definitely be allocated a key worker. It was explained however that due to staff turnover and social workers leaving there maybe times when a service user is without a key worker.
- 5.22 Adult carers of children with learning disabilities thought that a social worker or case manager should be the first point of contact for carers, however believed it would also be beneficial to have single point of contact in the Council for carers to contact, particularly in times of crisis or emergency. They also mentioned that they were aware that there had been a Carers' Champion, however weren't sure if they still existed and what their role was.
- 5.23 In relation to having a single point of contact in the council for carers, members were advised that this had been considered however hadn't been a feasible option, as the issues are so varied and it would be difficult for anyone to have all of the knowledge required. It was explained that as the emergency procedures are covered in the contingency plan which is part of the carer's assessment, all carers should know who to contact in times of crisis, and the correct telephone numbers to use.
- 5.24 The sub-group were concerned that some carers weren't sure what to do in the event of an emergency and suggested that consideration should be given to how the carers' assessment could be strengthened, to ensure the carer understands the emergency procedure, including who to contact and the correct emergency telephone number.

Recommendation 7: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how the adult carers' assessment can be strengthened, to ensure that carers understand the emergency procedures.

- 5.25 Members were informed that all organisations are encouraged to have at least one designated Carers' Champion. In relation to the Council there are two Carers' Champions; the Cabinet Member for Adult Social Care and the Commissioning Manager, People Based Commissioning. The general role of the Carers' Champion is to stand up for the rights of carers and to adhere to the principles outlined in the Carers' Charter; they are not a contact to sort out issues for carers. A full description of the Carers' Champion role is attached at Appendix B. Members were informed that the roles of the champions within the Council are currently for adult carers, however will be extended to include young carers.
- 5.26 Members were pleased to hear that the Carers' Champion's are still in existence, however suggested that there was a re-launch of the Carers' Champion to ensure that carers and service users have a better understanding of their role and remit, and that at the same time to re-launch the Carers' Charter.

Recommendation 8: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to re-launch the Carers' Champion and the Carers' Charter.

- 5.27 During the meeting with adult carers of children with learning disabilities, members heard that generally direct payments are used to purchase the more recognised respite services, and there appeared to be little encouragement or advice on how they could use their direct payment in a more creative way.
- 5.28 This issue was raised at the meetings with service providers who informed members that the majority of service users were generally content with the amount of choice they had, and that some service users felt anxious at the suggestion of changing the services they receive. This is reiterated in a recent review of direct payments carried out by Adult Social Care. There were however examples of how respite could be provided differently, such as a service user who used their direct payment to fly to Spain to stay with a relative who provided their care, resulting in the user having a holiday and respite for the carer.
- 5.29 Members heard about the services available to help service users plan their care. Including Care and Connect, who provides advice and support to adults to help service users stay independent, and the planning cafe which assists people with learning disabilities to develop their own support plan around their personal budget. In relation to the planning cafe, members were made aware that this service is currently under review.
- 5.30 Members noted that although there were support services to assist service users and carers plan respite care, they questioned if more could be done to promote more creative ways to use direct payments, and also to alleviate the fears people have about doing things in a different way. The sub-group suggested that officers explore this further and carry out research into areas of good practice.

Recommendation 9: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how alternative and more creative ways of using a direct payment for respite care can be promoted and encouraged in both children and adult social care.

Respite provision/short breaks:

- 5.31 The sub-group were made aware of a range of universal and specialist respite care and short break services in North Tyneside including:
- West Farm Residential Short Breaks (for adults)
 - Shared Lives (for adults)
 - Addison Street Short Breaks Unit (for children over 8 years old)
 - Heatherfield Mews Residential and Short Breaks Unit (for children over 8 years old)
 - North Tyneside Family Based Short Breaks (for all children)
- 5.32 With regards to adult carers of children with learning disabilities, the sub-group were informed about respite provision based at West Farm which offers residential short break respite for people with learning disabilities. The service will be moving to a new purpose built unit with 6 single bedrooms in Longbenton in April 2016 and Flexible Support Options had been given the contract to manage West Farm which started on 1 October 2013.
- 5.33 It was explained that there used to be in excess of 100 people using the service at West Farm, but following service user re-assessments this was reduced to 45. Some service users opted to move over to Shared Lives, where care is provided in the home of a Shared Lives carer to enable the service user to live in a family environment. Members met with the manager of the Shared Lives service and were pleased to hear that the service is working well; despite the difficulties they have encountered recruiting Shared Lives carers.
- 5.34 Adult carers of children with learning disabilities talked about the initial problems encountered at West Farm during the transition of the service from the Council to Flexible Support Options, which included concerns over the quality of care, high staff turnover and no consistent manager in place. However the carers felt that things had improved since the appointment of a consistent manager.
- 5.35 In relation to the booking system at West Farm, it was mentioned that some carers were unable to get the dates they requested due to others booking all the best times up front. The sub-group raised this issue with the manager of West Farm and were pleased to hear that issues with the booking system had now been resolved, as carers are only allowed to book three months in advance and are required to take a mix of weekends and weekdays.
- 5.36 Carers' also raised concerns regarding emergency care protocols at West Farm, specifically in relation to requesting an extension of respite care in emergency circumstances and the length of time it can take to resolve issues between the provider and case managers.

5.37 Members also heard that an emergency bed is not kept aside at West Farm. It was explained by the Strategic Commissioning Manager, Whole Life Disability that a review completed in 2013 had not identified a justified need for an emergency bed on a permanent basis. However as emergencies arose, if a bed was available at West Farm this could be accessed. Although this is not meant to be a long term arrangement there have been occasions where this has been the case, and this can impact on the access to beds for respite purposes. Other arrangements for an emergency placement are available if a bed at West Farm is not available. Other arrangements for respite (other than at West Farm) have been explored with Flexible Support Options but these have not been able to be progressed for a number of reasons, such as property was not suitable, cost of providing 1:1 support outside of the current commissioned service.

5.38 To alleviate the problems associated with emergency care, the sub-group suggested that the Council in conjunction with Flexible Support Options produce an emergency care protocol, to ensure that there is a consistent approach to emergency care and that everyone is clear about the emergency procedures.

Recommendation 10: That Cabinet ask the Head of Health, Education, Care and Safeguarding to work in conjunction with Flexible Support Options, to produce an emergency care protocol, and distribute to service users.

5.39 In relation to short breaks provided to children and young people who have complex disabilities, members met with the managers of Addison Street and Heatherfield Mews.

5.40 In relation to Addison Street members were informed that they provide short break care for children and young people aged between 8-17years old, who have a physical and/or learning disability. Although the accommodation was built over 30 years ago, it is fit for purpose and DDA compliant. The unit has capacity for up to 50 children and 5 overnight beds.

5.41 It was explained that Heatherfield Mews is two units joined together; one unit is a four bed residential unit and the other a two bed short break unit, they are two distinct units which can't be mixed. Currently 17 children and young people access the units and in the main have challenging behaviour and autism. The units were acquired 5 years ago and are a set of three terraced houses. The sub-group were informed that the residential and short break units don't sit well together and are difficult to run as two separate units in the same building. Ideally it would be better to be on a larger site with the units side by side, but remaining separate. The hub and spoke model is one which seems to work well in other areas and would involve having a central core of staff (the hub) that carry out the administration functions and the units (the spokes) that carry out the caring role/respite. Members thought that this model may bring service users back into the borough and also provide opportunities to take people from outside the borough and generate an income. The sub-group therefore suggested that the potential and benefits of a purpose built unit, based on the hub and spoke model be explored further.

Recommendation 11: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment, to explore the potential and benefits of a different model care, such as the hub and spoke model, for Heatherfield Mews.

- 5.42 When the parent carers of disabled children met with the sub-group they talked about accessing family based care for respite. Following this the members were keen to find out more about this service and met with the Service Manager, Fostering and Adoptions and a social worker from the team. The sub-group were informed that the Council had been providing family based short break respite, an in-house provision, for 15 years. Foster carers are recruited to provide short breaks in their own home, which can be either overnight or day care. The service is predominately for children with disabilities living at home with their parents, and includes children with physical and/or learning disabilities and complex health needs. As Addison Street doesn't take children under 8 years old, they cater for a lot of younger service users who often start using the service early and continue using it for a long period of time. For consistency and where possible, children stay with the same foster carer.
- 5.43 The sub-group were pleased to hear that North Tyneside has one of the highest retention rates of foster carers and that the team have also had some success offering the service to other local authorities who don't have their own in-house family based care for respite service. The sub-group were also impressed with the Fostering and Adoptions team's entrepreneurial skills and for promoting themselves and attracting business from other local authorities.
- 5.44 Members were however made aware of cross boundary equipment issues, which occasionally happens when the service is provided to children outside of the borough. In these circumstances an Occupational Therapist from the local authority area where the child lives is responsible for making the arrangements for equipment etc., however there are often hold-ups, delaying a short break for a child. To alleviate this, the sub-group suggested that the issues relating to access to equipment be explored and consideration given to North Tyneside paying for the equipment up front and then claiming it back from the relevant local authority.

Recommendation 12: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore the issues in relation to access to equipment and to gain an understanding of the current financial model and make changes where appropriate.

- 5.45 In relation to the budget for family based care for disabled children, members were informed that the Fostering and Adoption Service recharges the Children's Disability Team for the carer's fees and allowances, however the social work support is provided within the mainstream fostering budget and the recharge does not cover this cost. The manager of the Fostering and Adoption Service explained that recharging is very time consuming and believed that it would be a more efficient use of time to hold the budget in-house. Also in terms of the overall budget there is currently a deficit, should this increase then the short break scheme would be under threat as there is no capacity in the mainstream fostering budget to absorb the deficit.

Ultimately this could mean an in-house resource may not be available when needed, so causing families delay in accessing a service they need as an external resource would have to be sourced.

- 5.46 In light of the above, members suggested that family based care for disabled children is reviewed to gain an understanding of the demand for family based care in relation to the needs of disabled children, evaluate the range of resources available to meet the needs, and to consider the effectiveness of recharging to the Children's Disability Team.

Recommendation 13: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment to gain a better understanding of the demand for family based care in relation to the needs of disabled children, evaluate the range of resources available to meet the needs, and to consider the effectiveness of recharging to the Children's Disability Team.

Performance and contract management:

- 5.47 North Tyneside Commitment to Carers' and associated action plan was launched in November 2015. It is joint plan between the Council, North Tyneside Clinical Commissioning Group and North Tyneside Carers' Centre. It sets out how we intend to respond to the needs of all carers who regularly care for family members and friends in North Tyneside.
- 5.48 Currently the Commitment to Carers' doesn't sit anywhere and there is no ownership of the action plan. Members expressed their concern, that without any senior/partnership ownership and accountability, the actions outlined in the plan may not be implemented or progress in a timely manner. As the implementation of the actions in the plan are dependant on a range of partner organisations, the sub-group considered that the Health and Wellbeing Board to be the appropriate body to oversee and review the Carers' Commitment and recommended that this was done on an annual basis. It was also recommended that each individual Health and Wellbeing Partnership Board which sits under the Health and Wellbeing Board, is aware of the actions which fall in their remit and ensure they are regularly monitored, so that they are implemented in a timely manner.

Recommendation 14: That the Cabinet Member for Adult Social Care ensures that North Tyneside Commitment to Carers' is overseen and reviewed by the Health and Wellbeing Board on an annual basis.

Recommendation 15: That the Cabinet Member for Adult Social Care ensures that each Health and Wellbeing Partnership Board which sits under the Health and Wellbeing Board, is aware of and regularly monitors the Commitment to Carers' actions within their remit, to ensure they are implemented in a timely manner.

- 5.49 The sub-group also recommended that to ensure that actions outlined in the Commitment to Carers' action plan are implemented and outcomes achieved, that the Adult Social Care, Health and Wellbeing Sub-committee is presented with regular progress reports.

Recommendation 16: That the Adult Social Care, Health and Wellbeing Sub-committee, receives regular progress reports on the actions and outcomes outlined in the North Tyneside Commitment to Carers' action plan.

- 5.50 North Tyneside Carers' Charter is a set of principles agreed by carers in North Tyneside to promote better recognition and support for carers, the full set of principles are attached at Appendix C. Members were informed that the charter is widely promoted through out the borough; however there are no local targets or performance measures to monitor the success of it. In light of this the sub-group suggested a set of local indicators were developed.

Recommendation 17: That Cabinet ask the Head of Health, Education, Care and Safeguarding to develop a set of local performance indicators to monitor the success of the Carers' Charter.

- 5.51 When members met with the Commissioning Manager, People Based Commissioning, they heard that all health and social care service providers commissioned by the Council and North Tyneside Clinical Commissioning Group are expected to agree and sign up to the principles of the Carers' Charter. It was also noted that any health or social care service providers, even those who don't directly offer a service to carers, have a responsibility to ensure the wellbeing of carers, and that they should adhere to the principles outlined in the Carers' Charter. For example, when appropriate, signposting carers' to the right organisation for help.

- 5.52 To strengthen the support to carers further the sub-group suggested that where relevant the Council and North Tyneside Clinical Commissioning Group, as part of contract monitoring, should request evidence on how they have supported and engaged with carers, this could be something as simple as signposting or providing information to carers.

Recommendation 18: That the Council and North Tyneside Clinical Commissioning Group, as part of contract monitoring, request evidence from social and health care service providers on how they are supporting and engaging with carers.

- 5.53 North Tyneside Clinical Commissioning Group informed members that although not statutory, they are currently completing the NHS England Commissioning for Carers Principles self-assessment for carers using the national template. This involves evidencing what the Clinical Commissioning Group are doing in North Tyneside for carers and identifying any gaps, this will be used to develop more robust action plans, including performance measures and targets. It was suggested that once the self assessment is completed, that the Clinical Commissioning Group present the self-assessment, along with any action plans addressing areas of concern, to the Adult Social Care, Health and Wellbeing Sub-committee.

Recommendation 19: That North Tyneside Clinical Commissioning Group presents the self-assessment for carers and any action plan/s to address areas of concern to the Adult Social Care, Health and Wellbeing Sub-committee.

6. Background Information

North Tyneside's Commitment to Carers
The Care Act 2014 – fact sheets
Valuing Carers 2015 – The rising value of carers' support (authored by the Universities of Sheffield and Leeds)
Review of Direct Payments by Adult Social Care

7. Appendices

Appendix A – Summary of recommendations
Appendix B – Carers' Champion – role and remit
Appendix C – North Tyneside Carers' Charter

8. Acknowledgments

- 8.1 The sub-group would like to place on record their thanks to the following officers for the information, support and advice they have provided:

Scott Woodhouse – Strategic Commissioning Manager, Whole Life Disability (NTC)
Kath Robinson – Principal Manager, 0-25 Integrated Disability and Additional Needs Service (NTC)
Annalise Eastland – Manager, Addison Street (NTC)
Andy Thornton – Manager, Heatherfield Mews (NTC)
Nicola Price – Improvement Manager (NTC)
Sharon Robe – Manager, West Farm
Julia Pollin – West Farm
Martin McGregor – Lead Officer, Shared Lives (NTC)
Joanne Safe – Service Manager, Community Learning Disability Team (NTC)
Sandra Lillford – Manager Financial Services (NTC)
Tom Dunkerton – Commissioning Manager (NTCCG)
Marina Yaseen – North East Commissioning Support (NECS)
Paula Gibbons - Service Manager Fostering and Adoptions (NTC)
Julie Blakey – Social Worker Fostering and Adoptions (NTC)
Susan Meins - Commissioning Manager, People Based Commissioning Team (NTC)
Claire Easton – Manager, North Tyneside Carer's Centre
Fiona Richardson – Carers' Lead Officer, Newcastle City Council
Sharon Ranadé – Democratic Services Officer

- 8.2 The sub-group would also like to express their gratitude to the adult carers of children with learning disabilities and parent carers of children with learning disabilities who kindly met with the sub-group to share their experiences and views.

Summary of recommendations

Recommendation 1: That North Tyneside Clinical Commissioning Group and the Council's Adult Social Care continue to work with primary care services and GPs to increase the number of carers identified, receiving an assessment and timely advice and information.

Recommendation 2: That North Tyneside Clinical Commissioning Group encourages all GP practices to appoint a designated Carers' Champion.

Recommendation 3: That North Tyneside Clinical Commissioning Group and the Council's Adult Social Care, explore opportunities to produce signposting information, similar to the laminated key, for distribution by GP practices.

Recommendation 4: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment, to review the key points where signposting and information for adult and parent carers is available, to ensure that information is effectively co-ordinated.

Recommendation 5: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how carers with identified training needs, in particular parent carers, are informed and invited to attend relevant training courses, such as those offered by the Carer's Centre.

Recommendation 6: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to review the current training commitment to parent carers of children with ADHD, and to consider the submission of business case to the Carers' Centre, to provide additional training to help carers deal with the challenging behaviour associated with ADHD.

Recommendation 7: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how the adult carers' assessment can be strengthened, to ensure that carers understand the emergency procedures.

Recommendation 8: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to re-launch the Carers' Champion and the Carers' Charter.

Recommendation 9: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore how alternative and more creative ways of using a direct payment for respite care can be promoted and encouraged in both children and adult social care.

Recommendation 10: That Cabinet ask the Head of Health, Education, Care and Safeguarding to work in conjunction with Flexible Support Options, to produce an emergency care protocol, and distribute to service users.

Recommendation 11: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment, to explore the potential and benefits of a different model care, such as the hub and spoke model, for Heatherfield Mews.

Recommendation 12: That Cabinet ask the Head of Health, Education, Care and Safeguarding, to explore the issues in relation to access to equipment and to gain an understanding of the current financial model and make changes where appropriate.

Recommendation 13: That Cabinet ask the Head of Health, Education, Care and Safeguarding and the Head of Commissioning and Investment to gain a better understanding of the demand for family based care in relation to the needs of disabled children, evaluate the range of resources available to meet the needs, and to consider the effectiveness of recharging to the Children's Disability Team.

Recommendation 14: That the Cabinet Member for Adult Social Care ensures that North Tyneside Commitment to Carers' is overseen and reviewed by the Health and Wellbeing Board on an annual basis.

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Recommendation 19: That North Tyneside Clinical Commissioning Group presents the self-assessment for carers and any action plan/s to address areas of concern to the Adult Social Care, Health and Wellbeing Sub-committee.