

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **1 March 2012**

By: **Chairman of the Review Board**

Title of report: **Scrutiny review of identifying carers in East Sussex**

Purpose of report: **To present the outcomes of the scrutiny review.**

---

**RECOMMENDATION: that the Committee considers the report of the Review Board and makes recommendations to Cabinet for comment and County Council for approval.**

---

## **1. Financial Appraisal**

1.1 There are no direct financial implications from the report as recommendations are intended to be achieved within existing budgets. Recommendation 4 involves investigating the viability of a Local Enhanced Scheme (LES). This would include investigating the financial implications of the recommendation.

## **2. Summary**

2.1 During the course of a previous scrutiny review (Respite Care Provision – June 2011) it became apparent that whilst provision was available to eligible carers, some carers were either unaware of the provision or unwilling to pursue it. The Scrutiny Committee established this review to consider how to encourage more people to recognise when they are performing a caring role and whether statutory agencies and voluntary organisations could do any more to identify carers they come into contact with and direct them to appropriate support.

2.2 The review focused on the identification of vulnerable adult carers rather than the nature of the support being provided to existing carers. The Review Board talked to a diverse range of organisations that have contact with carers including: Adult Social Care, the local Primary Care Trusts, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, GP representative, the Local Pharmaceutical Committee and Care for the Carers.

2.3 The report attached at appendix 1 contains a summary of work of the Review Board, together with the findings and recommendations. The Committee is recommended to receive the Review Board's report for submission to Cabinet on 24 April 2012 and County Council on 15 May 2012.

COUNCILLOR PAT OST  
Chairman of Review Board

Contact Officer: Harvey Winder      Tel No. 01273 481796

Local Members:      All

Background Documents: None

# Scrutiny review of identifying carers in East Sussex

## Report by the Project Board

Councillor Pat Ost (Chairman)

Councillor Beryl Healy

Councillor Phil Scott

Councillor Sylvia Tidy

March 2012

**Adult Social Care and Community Safety Scrutiny Committee – 1 March 2012**

Cabinet – 24 April 2012

Full Council – 15 May 2012



# The report of the scrutiny review of identifying carers in East Sussex

Recommendations.....	4
Objectives and scope of the review .....	6
The profile of carers .....	6
1. Adult Social Care .....	7
How carers are currently identified .....	7
Further steps being taken to identify carers .....	8
Sustainable improvements.....	9
Carer’s Demonstrator Site Pilot.....	10
2. Primary Care (GP practices) .....	10
Local Enhanced Scheme .....	10
Carers Charter .....	11
Influencing Clinical Commissioning Groups.....	12
3. Secondary Care (Hospitals).....	12
Continued training of staff .....	13
Other local authorities .....	13
4. Mental Health (Sussex Partnership NHS Foundation Trust) .....	14
5. Community Pharmacies .....	14
6. Conclusion .....	15
Appendix: Terms of reference, membership and evidence.....	16

## Recommendations

Recommendation	
1	<b>Adult Social Care should ensure that the Assessment and Care Management Teams have a mechanism in place that ensures they actively follow up any unreturned supported assessment forms so that all carers have the opportunity to be properly assessed.</b>
2	<b>ASC should build a mechanism into the process of transition from children's to adult social care services, which is being overseen by the new Transition Team, to ensure the referral of a carer of a service user for a carer's assessment.</b>
3	<b>The appropriate Adult Social Care team should undertake an automatic review of a carer's needs when a young carer becomes an adult.</b>
4	<b>Investigate the feasibility of introducing a Local Enhanced Scheme (LES) for GP practices which would incentivise the identification and support of new carers, with a key focus on the referral of carers for a carer's assessment.</b>
5	<b>The Council should encourage GP practices to continue to take up the Carers' Charter offered through Care for the Carers and to identify Carer Champions.</b>
6	<b>The Council should use its position on the Health and Wellbeing Board to make the business and quality case to the Clinical Commissioning Groups (CCGs) to demonstrate that effective support for carers will be beneficial for them in achieving quality of care targets.</b>
7	<b>East Sussex Healthcare NHS Trust should continue to roll out the Council's 'Carer Aware' training to its staff.</b>
8	<b>The ESCC lead commissioner for carers should network with colleagues in West Sussex, Brighton &amp; Hove, Kent and Surrey to share good practice and ensure there is consistency in relation to the passing on of carer information between trusts and local authorities.</b>
9	<b>Adult Social Care should devise a system to feedback to the Sussex Partnership NHS Foundation Trust the status of a carer's assessment following the referral of the carer by the Trust.</b>
10	<p><b>Commissioners in Public Health should support the role of pharmacies in identifying and signposting carers as part of their ongoing commissioning activity, including specific activities as follows:</b></p> <ul style="list-style-type: none"> <li>➤ <b>To make 'Carer Aware' training available to pharmacy staff.</b></li> <li>➤ <b>To make "Do you look after someone?" leaflets available to pharmacies for insertion into blister packs/handing out to potential carers by pharmacy staff (including delivery drivers)</b></li> <li>➤ <b>To encourage pharmacies to insert the leaflet into the 'Message in a Bottle' bottles supplied by Lions Clubs, prior to giving them to patients/carers.</b></li> </ul>



## Objectives and scope of the review

1. During the course of a previous scrutiny review of Respite Care Provision (June 2011) it became apparent that whilst provision was available to eligible carers, some carers were either unaware of the provision or unwilling to pursue it. The Adult Social Care Scrutiny Committee established this review to consider how to get more people to recognise when they are performing a caring role and whether statutory agencies and voluntary organisations could do any more to identify carers they come into contact with and direct them to appropriate support.
2. This review focuses on the identification of vulnerable adult carers rather than the nature of the support being provided to existing carers. The Review Board talked to a diverse range of organisations that have contact with carers including: Adult Social Care (East Sussex County Council), the local Primary Care Trusts, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, GP Practices, the Local Pharmaceutical Committee and Care for the Carers.

## The profile of carers

3. The Department of Health defines a carer as someone who “provides unpaid support to family or friends who couldn’t manage without this help”<sup>1</sup>. One in ten of the UK population are thought to be carers and the caring role is indispensable to the UK economy, valued at £119 billion per year.<sup>2</sup> There are an estimated 50,000 carers in East Sussex and the Council is in contact with 4,000 of them. Demographic trends and competing demands on public finances are likely to make the role of carers even more important in the future.
4. The Department of Health has warned that by 2017 the UK will have reached the tipping point for care when the numbers of older people needing care will outstrip the numbers of working age family members currently available to meet that demand<sup>3</sup>. The NHS Operating Framework for 2012/13 recognises the importance of carers, listing “increased support for carers” as a key area of basic care for NHS organisations to focus on<sup>4</sup>.
5. The point at which a partner, relative, friend or neighbour crosses the threshold from looking after a loved one as part of their existing relationship to becoming a carer can be ambiguous. Indeed, in many black and minority ethnic communities there is a sense in which the threshold is never crossed and that part of the duty of a relative is to provide care without state assistance.
6. There is no clear profile of the average carer’s family, finance, housing, or years of caring, making it difficult to identify a carer from the outside looking in. There is also no clear correlation between the type of illness a patient is suffering and the likelihood that they will have a carer. This makes targeting potential carers all the more difficult.
7. Furthermore, many carers do not wish to be identified as a carer. The Board were informed that there were many reasons for this, including:
  - a) the pride of many people in a caring role means they can resent being thought of as a carer;

---

<sup>1</sup> <http://www.dh.gov.uk/health/category/policy-areas/social-care/carers/>

<sup>2</sup> Carers UK, CIRCLE & The University of Leeds, ‘Valuing Carers 2011’, 2011, p.2

<sup>3</sup> Department of Health, “Recognised, Valued and Supported”, 2010, p.42

<sup>4</sup> Department of Health, “The Operating Framework for the NHS in England 2012-13”, 2011, p.13

- b) many people see it as a duty to a family member and not a specialised role to be remunerated by the state;
- c) culture and religion tend to exacerbate the feeling of duty as it is particularly prominent amongst black and minority ethnic communities;
- d) generational attitudes of older people in relationships mean that a husband may only want his wife involved in his care;
- e) people fear it could result in a loved one being taken from a person's care, assets such as a home being forcibly sold or the loss of other state benefits;
- f) the nature of a condition, particularly for mental health patients, means that care is often only provided sporadically during periods when the condition flares up, which means the carer is less likely to see themselves as a carer;
- g) carers believe they need the permission of the cared for person to have a carer's assessment;
- h) carers may be reluctant to leave a cared for person alone and may not feel that being identified as a carer will alleviate this problem; and
- i) the threshold for the Department of Work and Pensions carer's allowance is 35 hours or more of care per week, which exceeds the duration of care many carers perform. Therefore a number of people in a caring role may not seek or accept a carer's assessment as they do not feel they would be considered as a carer or they do not realise they are entitled to an assessment even if they are not eligible for the carer's allowance.

## **1. Adult Social Care**

### ***How carers are currently identified***

8. Carers in East Sussex who wish to receive financial or social care support for their caring role are required to have a carer's assessment with the Adult Social Care (ASC) department of East Sussex County Council (ESCC). Under the Carers (Equal Opportunities) Act 2004 local authorities have a duty to provide a carer's assessment to any member of the public who requests one. Depending on the risk facing a carer, a carer's assessment gives access to a variety of services including Personal Budgets, CRESS (Carers Respite Emergency Support Service) and respite provision. ESCC is currently in contact with around 4,000 carers based on the number who have received carer's assessments.

9. Social Care Direct is the ASC contact centre for East Sussex. It receives calls from partnership organisations, the voluntary sector and the public and provides information or refers them to the relevant operational teams. In 2010/11 Social Care Direct handled 5,500 calls, 15% of which were for carers' assessments. The majority of contact is by telephone although contact via email is increasing.

10. Most carer referrals are from voluntary organisations such as Alzheimer's Society and Care for the Carers. Community Matrons, GPs and East Sussex Fire & Rescue Service also refer carers to Social Care Direct.

11. Individuals who call Social Care Direct are typically carers of self-funding service users calling on matters relating to the service user rather than their own situation. In this instance, Social Care Direct staff may use a Carer's Information Gathering Tool to assess the carer's situation; the questions help to identify high, moderate or low needs. If a high or moderate need is detected the carer is offered a referral for a carer's assessment.



12. A carer's assessment is carried out by one of the four geographical Assessment and Care Management Teams and may be done on the telephone, face-to-face or through completing a supported assessment form. Assessment and Care Management Teams can also identify new carers and carry out an assessment in the course of their work.

### ***Further steps being taken to identify carers***

13. The Council has recently implemented a number of strategies that prioritise the identification of carers. Many of these are specific to the ASC department and include:

- a) rebranding the ASC leaflet, "Do you look after someone?" by removing the term "carer" from the title as it has been found to discourage people;
- b) putting in place a Performance Improvement Plan to regularly monitor and engage with the operational teams involved in supporting carers to improve their services;
- c) ensuring there are 'carer champions' in each ASC team and ensuring they meet regularly;
- d) making the Carer Aware e-learning course mandatory for all ASC staff;
- e) putting in place a triage process (assessing need based on severity) in Social Care Direct that, although not designed specifically for carers, helps to ensure that those most in need are prioritised for help; and
- f) redesigning the ASC Support Pathway to ensure it includes the role of carers more prominently.

14. The Council has also taken steps to promote the identification of carers across the organisation, including:

- a) including a strong remit to refer carers in Council strategies such as the Substance Misuse and Older Peoples strategies;
- b) including carers as a specific impact group in all new Equalities Impact Assessments (EIA) for strategies; and
- c) by April 2012, putting in place an internal policy that will look to identify and support carers who are employees of the Council.

15. Looking after the needs of carers is also at the forefront of the Council's Commissioning Grants Prospectus. The Council has put in place strategies that encourage voluntary sector organisations to identify carers, including:

- a) expecting voluntary sector organisations to have in place strategies to actively identify carers and expecting them to encourage their staff to refer carers for a carer's assessment;
- b) expecting voluntary sector staff to complete the Council's Carer Aware e-learning course;
- c) commissioning voluntary sector organisations such as Care for the Carers, Alzheimer's Society, Action for Change and Hastings Advice & Representation Centre to actively identify carers in the community and commissioning Newhaven Community Development Association to work with small local employers to ensure that they have systems in place to identify and support carers in their workforce; and
- d) promoting the Carer-Aware e-learning externally, including working with the Library and Information Service to encourage take up.

16. The Council is also introducing a Carer's Discount Card that will provide discounts to carers at various businesses and is due to be piloted in Eastbourne. The discount card is a photo ID card that is valid for one year (the same as a carer's assessment). The card is designed to be discreet and it is expected that shops offering discounts will make their membership of the discount scheme clear for the benefit of carers.

### ***Sustainable improvements***

17. The Board recognised that a wide range of strategies to identify carers are in place within the Council but there were some specific areas highlighted during the review where existing approaches could be enhanced.

18. In some cases, a carer's assessment is initiated by sending a supported assessment form for a carer to complete. However, perhaps due to the competing commitments of carers, the forms are not always returned. It is assumed that the Assessment and Care Management Team will pick up when a carer has failed to return a form, but there is no apparent mechanism in place to ensure that this happens. The Board considered that this poses a risk and recommended that a mechanism should be put in place to ensure that follow ups occur after a supported assessment form is sent to a carer.

---

#### **Recommendation 1**

**Adult Social Care should ensure that the Assessment and Care Management Teams have a mechanism in place that ensures they actively follow up any unreturned supported assessment forms so that all carers have the opportunity to be properly assessed.**

19. The Council recently piloted a programme that increased the use of telephone assessments as a way of streamlining the assessment process. The Board reiterated the position it held during its Review of Respite Care that assessments carried out in the home offered the assessor an opportunity to see first hand how a carer is coping and would give the clearest indication of the needs of the carer. The Board also recognised the need to make the best use of resources but encouraged ASC to use face-to-face assessments in cases that are more complex.

20. The newly created ASC and Children's Services Transition Team coordinates the transition of the provision of social care for a service user moving into adulthood. It is critical that during this time there is a simultaneous coordination of the needs of any carer. The Board identified this as an ideal opportunity to build a mechanism into the operation of the Transition Team that considers the needs of the carer alongside those of the service user.

21. The Board also felt it would be appropriate to ensure ASC carry out a carer's assessment when a carer becomes an adult, as the levels of entitlement for child and adult carers differ.

---

#### **Recommendation 2**

**ASC should build a mechanism into the process of transition from children's to adult social care services, which is being overseen by the new Transition Team, to ensure the referral of a carer of a service user for a carer's assessment.**

#### **Recommendation 3**

**The appropriate Adult Social Care team should undertake an automatic review of a carer's needs when a young carer becomes an adult.**

## **Carer's Demonstrator Site Pilot**

As part of the implementation of its Core Carers Strategy, the Department of Health set up demonstrator sites that looked at ways to improve support, respite and health checks for carers. East Sussex Primary Care Trusts (PCTs), in partnership with Care for the Carers, bid to be a demonstrator site for providing support to carers, which included innovative ways of identifying carers.

A Department of Health grant of approximately £500,000 funded the pilot, which took place in both GP practices (primary care) and hospital wards (secondary care). The budget was used to expand the Care for the Carers' Hospital Liaison Service that was previously commissioned to provide support to carers and staff in East Sussex Healthcare NHS Trust, delivered by one liaison worker. The demonstrator site funding paid for an additional three liaison workers and two co-ordinators who were from a mixed clinical and non-clinical background. As the service was split between primary and secondary care it was renamed the Carers Liaison Service for the duration of the pilot, which ran for 15 months until 31 March 2011.

The Carers Liaison Service based its delivery on the Princess Royal Trust for Carers best practice guidelines on supporting carers. The aim of the Carers Liaison Service was twofold: to improve the physical and emotional health of carers by offering a physical presence in GP practice receptions and hospital wards, offering advice and support to carers; and, to provide training and support to healthcare workers with the aim of building their confidence to identify carers.

## **2. Primary Care (GP practices)**

22. GP practices are widely recognised as a key location for identifying carers. They are a point at which identification can occur before a crisis arises either for the carer or the cared for person. They are the only point throughout the healthcare system where a patient's complete records are held. However, identification of carers in primary care happens less frequently than in secondary care (hospital) as many carers are more able to cope at this stage of care, whereas the challenges faced by the carer and patient are likely to be more acute during and after secondary care.

23. Care for the Carers' service evaluation of the demonstrator site pilot showed that in primary care, during the course of the pilot, referrals of carers rose to 235, compared with 24 the previous year. However, at the time of Care for the Carers' post-project evaluation in mid-2011 there had been no referrals by any of the practices since the end of the pilot, suggesting a significant drop-off without the presence of the dedicated liaison workers.

24. The Board recognised that there are not sufficient resources to employ staff to replace the liaison workers on a permanent basis. However, during the course of the review other approaches to engage with GP practices to incentivise the identification of carers were identified.

### ***Local Enhanced Scheme***

25. GP practices are encouraged to sign up to the Quality and Outcomes Framework (QOF), which is a voluntary annual reward and incentive programme for all GP surgeries in England. As it is a significant source of income to GPs, the vast majority of GP practices sign up to the QOF. The QOF rewards GP surgeries for fulfilling certain criteria, which includes holding a register of carers.

26. A register of carers is a way of identifying patients with carers or patients who are a carer themselves. Between 0.5 and 2% of patients were registered as carers on the carer registers of the practices that took part in the demonstrator site pilot. By comparison it is estimated that 10% of patients are carers.

27. The Princess Royal Trust for Carers said in 2006, “there is very limited value in identifying carers and keeping a register of them unless that information is put to use in improving services for carers”<sup>5</sup>. In order to achieve points from the QOF a practice must have, “a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment”<sup>6</sup>. However, there are no incentivised targets ensuring the mechanism for the referral of carers is actively used or the register kept up to date. The report of the National Carer’s Strategy found that there were often inaccuracies in lists of carers held on the registers, which in many cases needed updating.<sup>7</sup>

28. The Board spoke to a GP who explained that their practice staff keep the register of carers up to date, but due to their workloads only edit and update it opportunistically as opposed to undertaking proactive searches of patient records to identify carers. This suggests that in some cases GP practices are not able to fully utilise their register of carers with their existing staff.

29. National evidence suggests that the most effective way of ensuring that GP practices divert staff and resources towards a project is to offer targeted incentives. The QOF does not currently incentivise proactive use of the register of carers and the Board recognised that the QOF cannot be influenced locally as it is a national framework. The Board considered looking instead at the feasibility of introducing a local incentivising scheme, known as a Local Enhanced Scheme (LES), which could be used to offer incentives to encourage GP practices to identify and support carers using their existing resources.

30. There would be a cost attached to a LES. However, because of the priority given to carers in the NHS Operating Framework, an additional £1m NHS funding per annum for carers in East Sussex is expected to be available from 2012/13. This is intended primarily to fund carers’ breaks, but may free up some existing funding that could be used more flexibly.

---

#### **Recommendation 4**

**Investigate the feasibility of introducing a Local Enhanced Scheme (LES) for GP practices which would incentivise the identification and support of new carers, with a key focus on the referral of carers for a carer’s assessment.**

#### ***Carers Charter***

31. Care for the Carers has developed a Carers Charter in response to the reduction in referrals following the end of the demonstrator site project. The GP practices involved in the demonstrator site are piloting the Carers Charter with the aim of encouraging them to continue to engage with carers.

32. The Council has commissioned Care for the Carers to focus on primary care under the terms of the Council’s Commissioning Grants Prospectus. Consequently, the liaison worker previously assigned to support secondary care has now focused their attention on providing support for the pilot.

33. The Carers Charter has a set of five guiding principles that clearly set out what GP practices are expected to do, making it easier for them to assess their own performance. Participating GP practices complete a self-assessment form that asks them to evaluate their current practice and performance. Care for the Carers will then award the GP practice with a star rating from 1 to 4.

---

<sup>5</sup> Princess Royal Trust for Carers, Better Practice, Better Practices, p.24

<sup>6</sup> <http://www.qof.ic.nhs.uk/>

<sup>7</sup> CIRCLE & University of Leeds, New Approaches to Supporting Carers’ Health and Well-being: evidence from the National Carers’ Strategy Demonstrator Sites programme, 2011, p.62

34. One of the key methods of obtaining certification is to ensure the surgery has a Carer Champion. Carer Champions are most likely to be a 'frontline' member of the team; they could be part of the reception, office or nursing team. It is crucial that the Carer Champion has regular contact with patients and their carers. Care for the Carers will support the Carer Champion with information and leaflets to hand out.

35. It is hoped that GP practices that display the Carers Charter symbol will reassure carers that their staff are able to help them. Furthermore, the Carer Champion is expected to ensure GP practice staff prioritise the identification and referral of carers. The Board felt that the Carers Charter should be encouraged as a way to recognise GP practices that have prioritised support for carers.

---

#### **Recommendation 5**

**The Council should encourage GP practices to continue to take up the Carers' Charter offered through Care for the Carers and to identify Carer Champions.**

### ***Influencing Clinical Commissioning Groups***

36. The ongoing reform of the NHS is expected to see the replacement of the PCTs with Clinical Commissioning Groups (CCGs) from April 2013 as the organisations responsible for commissioning local health services. GPs will lead CCGs and all GP practices will be required to join their local CCG. CCGs will be responsible for planning and buying emergency and urgent care services in their area and this is expected to focus attention on the quality of care, particularly in areas such as unplanned hospital admissions. As a result, GPs are expected to take a leading role in the design of services which better manage long term health conditions. This may increase the incentive for GPs to look at the role of carers as people who can reduce the burden on the healthcare system of patients suffering from long-term illness.

37. The Council will be a key partner of the local CCGs and is expected to work closely with them on commissioning healthcare, for example through the Health and Wellbeing Board. This presents new opportunities to make the business and quality case to CCGs for the importance of effective support to carers to the healthcare system.

---

#### **Recommendation 6**

**The Council should use its position on the Health and Wellbeing Board to make the business and quality case to the Clinical Commissioning Groups (CCGs) to demonstrate that effective support for carers will be beneficial for them in achieving quality of care targets.**

### **3. Secondary Care (Hospitals)**

38. Hospital wards are a key location for identifying carers as, unlike in primary care, when a patient attends hospital appointments their carer is more likely to accompany them. Likewise, the carer is often with a patient when they are admitted to hospital, and likely to visit them on a daily basis, often staying for several hours. A large number of healthcare professionals are likely to see the patient, providing a number of opportunities for a carer to be identified. Identification does not routinely occur without prompting, although when it does, carers are more likely to be receptive to having a carer's assessment than in primary care.

39. The demonstrator site project achieved greater success in secondary care than in primary care. Referrals in secondary care increased to 1,030 during the pilot compared to 78 the previous year, but have dropped since the pilot ended, although not to the extent of primary care.

40. Efforts by the Council and East Sussex Healthcare NHS Trust (ESHT) to evidence the savings and wider benefits of the Carer Liaison Service to secondary care, particularly in the area of facilitating patient discharge and preventing readmission, are ongoing. The outcome of this exercise is a matter of interest to the Board. In the mean time, the Board recognised the identification of carers could be enhanced in other areas.

### ***Continued training of staff***

41. The Carer Liaison Service's carer awareness training programme was well received by healthcare staff in secondary care during the demonstrator site pilot, despite wards being extremely busy. There was a higher uptake of training than in primary care, although it was typically carried out opportunistically. A total of 220 NHS staff received carer awareness training, 134 in secondary care and 86 in primary care. Care for the Carers concluded that, in secondary care, staff often lacked the confidence to identify carers and formal systems of identification and referral only worked when staff were trained and supported to use them.

42. As Care for the Carers has been commissioned to focus on developing the Carers Charter in primary care, the liaison worker is no longer present in secondary care to the same extent as before the pilot. Whilst this means that direct support to hospital staff has been reduced, the Board felt that the training the liaison worker offered could be supplemented by the Carer Aware training offered by the Council. The training is free of charge, universally available, can be carried out informally and on an ad-hoc basis, and would be a suitable way of ensuring that healthcare workers were given carer awareness training.

---

#### **Recommendation 7.**

**East Sussex Healthcare NHS Trust should continue to roll out the Council's 'Carer Aware' training to its staff.**

### ***Other local authorities***

43. The majority of residents in East Sussex receive hospital care from East Sussex Healthcare NHS Trust, which has been the focus of local efforts to improve carer identification and support in secondary care. However, residents of the west and north of East Sussex receive care from NHS Trusts outside of the county.

44. It is more difficult to ensure that Trusts outside the county refer carers living in East Sussex for a carer's assessment. The ASC Out of County Hospital Team passes information from other hospitals onto social care in ESCC, but this relies on other Trusts and GP surgeries compiling and transferring carers' information in the first instance. Coordination amongst ASC lead commissioners across the South East could go a long way to ensure that there are common expectations of Trusts in relation to carers.

---

#### **Recommendation 8**

**The ESCC lead commissioner for carers should network with colleagues in West Sussex, Brighton & Hove, Kent and Surrey to share good practice and ensure there is consistency in relation to the passing on of carer information between trusts and local authorities.**

## 4. Mental Health (Sussex Partnership NHS Foundation Trust)

45. Identifying the carers of patients receiving mental health support can be problematic due to the range of different individual circumstances and needs of the patient, and the way that circumstances change frequently due to the nature of mental health issues. This may result in a different mental health clinician being involved in the care of a patient as circumstances change, and different levels of care being offered. Furthermore, because of the nature of mental health, at times a patient may not require care. If a carer is not in a position whereby they are providing care on a full time basis it is less likely they will consider themselves a carer.

46. The main provider of mental health specialist services in East Sussex is Sussex Partnership NHS Foundation Trust (SPT). SPT is prioritising carers as part of its policy and strategy and is developing internal and external mechanisms to identify carers. Most notably the Trust has signed up to the 'Triangle of Care', a guide to developing an organisation's awareness of carers' needs, and has published a Carer's Charter. SPT has also developed a Sussex-wide carers' involvement group and an East Sussex action forum to ensure carers involved in the care of mental health patients are given a platform to let their views be known. All SPT teams have a carer champion who feeds into the Local Carers' Forums.

47. However, there is an issue regarding the communication between SPT and ASC. SPT and ASC work together but the IT systems used by the two organisations are not linked. This means that when SPT refers a carer to ASC, there is no easy way for the SPT clinician to check when the carer's assessment has occurred. This is particularly problematic when there is a change in circumstance between annual reviews, as SPT are not informed of the date of a carer's 12-month review.

---

### Recommendation 9

**Adult Social Care should devise a system to feedback to the Sussex Partnership NHS Foundation Trust the status of a carer's assessment following the referral of the carer by the Trust.**

## 5. Community Pharmacies

48. Due to the frequent contact pharmacy staff make with people collecting prescriptions on behalf of cared for people, the review identified potential for community pharmacies to play an enhanced role in identifying carers. The Local Pharmaceutical Committee supported this opportunity.

49. There are 108 community pharmacies in East Sussex and all are required under the pharmacy contractual framework with the PCTs to provide essential services. The Local Pharmaceutical Committee suggested that these essential services could encompass the provision of information and leaflets for the purposes of signposting carers towards a carer's assessment. The essential services are:

- a) **Promotion of a healthy lifestyle** - This involves participation in national/local campaigns to promote public health messages. During the campaign, staff would take a proactive role in promoting the message, which could include identifying carers. Literature would also be provided in many cases. Up to six of these campaigns are undertaken each year.
- b) **Signposting** – Community pharmacies are expected to proactively provide information to people who require further support, advice or treatment that cannot be provided by the pharmacy. This includes providing them with information on other health and social care providers or support organisations that may be able to assist the person. A written referral note may be provided when this is felt appropriate by the pharmacy staff.

- c) **Support for self care** – This includes the provision of advice and support by pharmacy staff to enable people to better care for themselves or their families. Pharmacy staff will provide advice to people, including carers, requesting help with the treatment of minor illness and long-term conditions. Pharmacy staff will signpost patients to other health and social care providers, when appropriate.

50. The PCTs already fund community pharmacies to carry out these essential services as part of their Public Health role, which means that the provision of information and leaflets for identifying carers could be included without the need for additional commissioning. The only additional cost would be printing the “Do you look after someone?” leaflets for distribution. The decision on which campaigns to promote under “promotion of a healthy lifestyle” would also be decided by the Public Health team, which now sits within the Council in anticipation of Public Health commissioning responsibilities formally transferring to local government from April 2013.

51. Delivery drivers and shop staff have the most contact with patients and carers as pharmacists primarily provide clinical advice. Delivery drivers are an untapped potential resource as they are often aware of a patient’s situation and will typically inform pharmacists of any changes in circumstance.

52. The Local Pharmaceutical Committee indicated that they would be in favour of supporting the provision of the ASC Carer Aware training to pharmacy staff as a means of helping staff to identify who to provide the leaflets to. They indicated that it may be possible for the PCT to build it into the commissioning package, but this would be outside essential services, although the training is freely available online.

---

#### **Recommendation 10**

**Commissioners in Public Health should support the role of pharmacies in identifying and signposting carers as part of their ongoing commissioning activity, including specific activities as follows:**

- **To make ‘Carer Aware’ training available to pharmacy staff.**
- **To make “Do you look after someone?” leaflets available to pharmacies for insertion into blister packs/handing out to potential carers by pharmacy staff (including delivery drivers)**
- **To encourage pharmacies to insert the leaflet into the ‘Message in a Bottle’ bottles supplied by Lions Clubs, prior to giving them to patients/carers.**

## **6. Conclusion**

53. The Board recognised that the Council should aspire to contact as many carers as possible, even if it is just to offer advice and guidance. Realistically however, a concentration of efforts and funding should be made towards the most vulnerable. There are approximately 50,000 carers in East Sussex based on the 2001 census; by comparison the Council has conducted carer’s assessments for 4,000 people. Even a small increase in the percentage of identified carers would have significant budgetary implications. The recommendations are therefore designed to be used to focus resources on identifying the most vulnerable adult carers.

54. The role of carers is critical to East Sussex and it is hoped that the recommendations of the Board go some way to ensure vulnerable carers are actively identified as early as possible and supported by the Council and all partner organisations. Early identification of carers will help the carer and the cared for person but will also lead to long term savings for both the Council and NHS organisations.



## **Appendix: Terms of reference, membership and evidence**

### **Scope and terms of reference of the review**

This scrutiny review was established by the Adult Social Care & Community Safety Scrutiny Committee on 9 June 2011 to consider and make recommendations on how to improve the identification of vulnerable adult carers.

### **Board Membership and project support**

Review Board Members: Councillor Healy, Councillor Ost (Chairman), Councillor Scott, Councillor S Tidy

The Project Manager was Harvey Winder

Ongoing support to the Board throughout the review was provided by Barry Atkins, Head of Strategic Commissioning

### ***Project Board meeting dates***

4 October 2011, 19 December 2011, 19 January 2012, 3 February 2012

### **Witnesses providing evidence**

#### **The Board would like to thank all the witnesses who provided evidence.**

Marie Casey, Acting Chief Executive, Care for the Carers

Wendy Shirvani, Customer Access Manager, Social Care Direct

Richard Watson, Health Improvement Specialist, Public Health

Linda Brown, Assistant Director of Nursing, Urgent Care, East Sussex Healthcare NHS Trust

Andy Porter, Deputy Director Social Inclusion, Sussex Partnership NHS Trust

Karen Hoskins, Interim Deputy Director, Sussex Partnership NHS Trust

Vanessa Taylor, Professional Executive Officer, East Sussex, Local Pharmaceutical Committee

Craig McEwan, Chairman, Local Pharmaceutical Committee

Dr Lindsay Hadley, Partner, Old Town Surgery, Bexhill-on-Sea

Barry Atkins, Head of Strategic Commissioning

Debbie Charman, Strategic Commissioning Manager – Carers

Allyson King, Projects Officer - Carers

### **Evidence papers**

<b>Law and National Guidance</b>
Carers (Equal Opportunities) Act 2004
Recognised, valued and supported: next steps for the Carers Strategy, Department of Health, 25 November 2010
Care and personalisation: improving outcomes, Department of Health, 25 November 2010

The Operating Framework for the NHS in England 2012/13, Department of Health, 24 November 2011
<b>Academic Publications</b>
Valuing Carers, Carers UK, CIRCLE & University of Leeds, 2011
New Approaches to Supporting Carers' Health and Well-being: evidence from the National Carers' Strategy Demonstrator Sites programme, CIRCLE & University of Leeds, 2011
<b>Guidance for Professionals</b>
Supporting Carers: An Action guide for General Practitioners and their teams, second edition, Royal College of General Practitioners, 2011
Princess Royal Trust for Carers, Better Practice, Better Practices
Social Care Institute for Excellence – Good Practice Framework
<b>Other local authority scrutiny reviews</b>
York City Council – Scrutiny Carers Review, 2011
<b>Examples of Training and Pilot Projects</b>
Overview of Tameside and Glossop Joint Carer Champion Training, Think Local Act Personal, 2010
Reaching out to Carers Innovation Fund – Disability Information & Advice Centre, Plymouth Guild, 31 May 2011
NHS Carers Demonstration Project: Better Support for Carers, Care for the Carers, 2011
<b>Information Provided By Witnesses</b>
Social Care Direct (East Sussex County Council), Local Pharmaceutical Committee, Adult Social Care (East Sussex County Council), Alzheimer's Society, Care for the Carers, East Sussex Healthcare NHS Trust, Hastings and Rother PCT, Sussex Partnership Trust

Contact officer for this review: Harvey Winder, Scrutiny Support Officer

Telephone: 01273 481796

E-mail: [harvey.winder@eastsussex.gov.uk](mailto:harvey.winder@eastsussex.gov.uk)

East Sussex County Council, County Hall, St Anne's Crescent, Lewes BN7 1SW