

Carers Partnership Board
2 pm, Thursday, 30th July 2020
via Zoom: <https://us02web.zoom.us/j/89239719493>

Agenda

	Item	Lead
1	Meeting Etiquette (Attached at page 2)	Mike Hooper, Healthwatch Cornwall
2	Apologies	Chair
3	Minutes of the Meeting Held on 6th February 2020 (Circulated)	Chair
4	Actions from Previous Meetings	Chair
5	Matters Arising	Chair
6	Kernow Young Carers Update (Information to follow)	Kevin Downing
7	Kernow Carers Service Update (Information to follow)	Jayne Price
8	Trust Carers Group Update (Summary charts for March-May circulated)	Andy Fox
9	Shaping the Future Carers Service in Cornwall (Presentation circulated)	Ania Nicholls, Cornwall Council
10	Adult Social Care: Charging Policy (Presentation circulated)	Derek Hoddinott, Cornwall Council
11	Any Other Business	All
12	Next Meeting: 2pm, 13th November 2020	Chair

Item 1: Meeting Etiquette

Following the meeting of the Carers Partnership Board held on 6 February 2020, concerns were raised with Healthwatch Cornwall by both carers and organisational representatives in attendance. Concerns included the presence of verbally aggressive behaviour directed at both professionals and other Carers. This was not the first time that attendees had expressed such unease.

All members are expected to participate constructively in line with agenda items. The February meeting was halted three times to remind people to focus on the issues at hand and to be mindful and respectful of the views of all members.

There were times during the meeting where invited Council officers were being subjected to unacceptable verbal attack. The negative and aggressive atmosphere created made it a particularly difficult meeting to chair; discussions at times had to be closed by Mike Hooper as it became clear that no benefit would be gained by continuing further.

As discussed previously, all four Partnership Boards are changing, with revised membership and Terms of Reference, and the aim of implementation by May 2020 was on target, pre-COVID-19. Going forward, we need to ensure that the necessary structures are in place to ensure that contributions are forward-looking and that Board discussions and outward messages are constructive.

All members of the Carers Partnership Board have the right to meet in a safe atmosphere where all voices are respected and can be heard equally.

The current Board's Terms of Reference includes the following.

In order to allow the Carers Partnership Board meetings to be conducted efficiently and with decorum, Members of the Board will:

- *Work in partnership with each other, listening to and respecting each other's views*
- *Undertake to represent all the Carers in their Forum Areas*
- *Indicate they wish to make representation through the Chair*
- *Not single out individual Members for scrutiny or challenge*
- *Not interrupt and be guided by the Chair*
- *Respect confidentiality and privacy*
- *Keep to the agenda*
- *Represent the strategic needs of carers and not bring to the meeting concerns from individual carers*

Healthwatch Cornwall operates a Zero Tolerance policy on Bullying and Harassment. This applies to both face to face and online meetings.

MEETING NOTES:	Carers Partnership Board
DATE:	6th February 2020
LOCATION:	The Function Room, The White Hart Hotel, Church Street, St Austell

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)		Parent Carers Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Amanda Wilton (AW)	The Patient Council	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer	Cornwall Council
Aoife Cavanagh (AC)	Deputy Director of Integrated Governance	Royal Cornwall Hospitals (Treliske) NHS Trust
Ben Seamarks (BS)	Commissioning Officer	Cornwall Council
Caroline Ellis (CE)	Admiral Nurse Service Lead	Royal Cornwall Hospitals (Treliske) NHS Trust
Derek Hoddinott (DH)	Consultant	Cornwall Council
Gill Lovell (GL)	Carer	Falmouth Carers Forum
Gordon Lancaster (GoL)	Dementia Carer	Liskeard Memory Cafe
Jayne Price (JP)	Manager of Carers Service and Aged Veterans Service	Cornwall Rural Community Charity
Jenna Grassick (JG)	Service Co-ordinator	Action for Children
Jo Lovell (JL)	Carer	Parent Carers Cornwall
Kevin Downing (KD)	Lead Practitioner	Action for Children
Lynda Berry (LB)	Carer	Helston Carers Forum
Mike May (MM)	Ex-carer	-
Neil Lindsay (NL)	Ex-Carer	Wadebridge Carers Forum & Trust Carers Committee
Pauline Hardinges (PH)	Ex-Carer	Memory Cafe
Sally Mollard (SM)	Carer	-
Wendy Gauntlett (WG)	Carer	Penzance Carers Forum

APOLOGIES

Name	Organisation
Donna Darby	Head of Client & Partnership Networks, Cornwall Care
Barbara Ellenbroek	Cornwall Councillor
Chris Elliot	
Chris Wolstencroft	Fire & Rescue
Claire Jukes	Plymouth NHS Trust
Kelvin Yates	Commissioning Manager, Cornwall Council
Kim O'Keefe	Director of Nursing, Royal Cornwall Hospitals (Treliske) NHS Trust
Liz Nicholls	Adult Social Care, Cornwall Council
Liz Paggett	-
Melanie Howes	Helston Carers Forum
Sarah Stevens	Partnership Coordinator, Pluss
Serena Collins	Commissioning Manager, Childrens & Family Services, Cornwall Council
Stacey Sleeman	People and Prosperity Manager, Cornwall Council
Stuart Cohen	Clinical Commissioning Group
Susan Butterfield	Carer
Teresa Parson	Alzheimers Society

ACTION LOG

<u>Meeting</u>	<u>ACTIONS CARRIED FORWARD</u>	<u>RESPONSIBLE</u>	<u>STATUS</u>
06/02/20	Update on Triangle of Care for circulation to the Board.	AC/MH	Complete. Included in minutes.
06/02/20	Find out why minutes of Dementia Partnership meetings aren't published online.	MH	Ongoing. Response from RJ included in minutes.
06/02/20	Liaise with Sarah Stevens, Pluss, regarding Action for Children services.	KD	Complete. KD confirmed he would liaise via email on 12/02/20.
06/02/20	Update for circulation to the Board re a new group at RCHT to address concerns for carers of those with autism/LDs.	AC/MH	Complete. Included in minutes.
06/02/20	EHCPs on next meeting agenda. Invite SENDIASS.	MH	Ongoing. May meeting cancelled.
06/02/20	Embrace Care - Agenda item for May meeting.	DH/MH	Ongoing. May meeting cancelled.
06/02/20	Embrace newsletter for circulation to Board.	DH/MH	Complete. Circulated with minutes.
06/02/20	Recirculate Carers Engagement Report to Board.	MH	Complete. Circulated with minutes.
06/02/20	Contact DWP re attendance and agenda item - Accessing Benefits (PIP).	MH	Ongoing. May meeting cancelled.
07/11/19	Circulate Kernow Young Carers film to Board.	MH	Complete.
07/11/19	HE to provide NK with a breakdown of the number of carers in Cornwall by location. NK to circulate to Board.	HE/MH	Complete. Link to map circulated with minutes.
07/11/19	Find out if the Cornwall Dementia Partnership minutes were available online.	MH	Complete. Minutes are not published online. However, minutes are now forwarded to CPB distribution list.
07/11/19	Circulate details of the Skills for Care survey to all on the distribution lists for the CPB, the Learning Disability Partnership Board and the Autism Partnership Board.	NK	Complete. Circulated by NK.
07/11/19	Request proposals for suitable alternative venues for CPB meetings.	MH	Ongoing. Email sent to all on distribution list requesting meeting venues. Only 2 responses were received.
01/08/19	Board members to send NK suggestions for alternative meeting places		Ongoing. Last discussed at 6 February 2020 meeting.
01/08/19	Circulate carers service map showing their reach to all Board members	JP/KL	Complete. KL to chase (07/11/19). See above.

01/08/19	GiL to give an update at the next Board meeting about a new group at RCHT to address concerns for carers of those with autism/LDs	GiL	Complete. See 6 February 2020 minutes.
02/05/19	Jayne Price to share information about veterans' services in Cornwall with NK to circulate.	JP	Complete. See 6 February 2020 minutes.
05/02/19	Liaise with Healthwatch Cornwall to see if forum questions can be presented before the next meeting and answers brought.	KY	Ongoing. Dependant on raising of questions. Improved communication with Forums included in 2020 review of Partnership Boards.

Item	What was discussed?	Action
1	<p>Minutes of the Meeting Held on 7th November 2019 and Matters Arising</p> <p>MH provided an update on plans for the development of the Partnership Boards managed by Healthwatch Cornwall (Carers, Older Persons, Autism and Learning Disability). It was intended that implementation would be achieved by early summer and would include:</p> <ul style="list-style-type: none"> • Reviewed member role descriptions and Board member interviews to gain an improved mix of the various types of carers and professionals. • Reviewed Terms of Reference for each Board. • Singular primary Cornwall Council contacts for each Board. • An overarching Board which would provide a formal body for the Partnership Boards to feed their views and recommendations to. <p>The minutes of the meeting held on 1st August 2019 were confirmed as a true record subject to the following:</p> <ul style="list-style-type: none"> • Minute 4, Sharing Good Practice - To clarify, unpaid carers were providing a significant amount of care to inpatients. • Minute 4, Sharing Good Practice, bullet point 4 - To clarify, carers would be offered food off trolleys if there was any left after patients had been served. • Minute 4, Sharing Good Practice - To clarify, Carers ID Cards were used to allow identify unpaid carers on wards. • Minute 8, Annual Health Checks for People with a Learning Disability - Typographical error - SW, not AW, provided the information. <p>The status of actions from previous meetings, as detailed in the updated table, above, were discussed and noted.</p> <p>GL requested an update on the Triangle of Care, referenced in minute 4, Sharing Good Practice. AC provided the following update after the meeting:</p> <p><i>‘The ‘Triangle of Care’ is a working collaboration, or “therapeutic alliance” between the service user, professional and carer that promotes safety, supports recovery and sustains well-being. It was originally developed for mental health services so I think RCHT may have been mixed up with CFT in this instance. However, as detailed later in these minutes, you can see that we have a number of initiatives underway for our Carers across the organisation.’</i></p>	<p>AC to provide MH with update on Triangle of Care for circulation to the Board</p>

<p>At the previous meeting, GL had asked where the minutes of meetings of the Cornwall Dementia Partnership were published online. It had since been confirmed that they were not published online but were forwarded to all on the Carers Partnership Board distribution list. GL now wanted to know why they were not published online.</p> <p>Following the meeting, Rebecca Johns, Assistant Commissioning Officer, Cornwall Council stated: <i>'We are currently trying to get them up onto the dementia roadmap website, I will keep you updated.'</i></p> <p>Following a question from GL, MH reported that the Partnership Boards pages on both the Healthwatch Cornwall and Cornwall Council websites were currently being updated.</p> <p>In relation to the map circulated to the Board that provided a breakdown of the number of carers in Cornwall by location, Sarah Stevens, Pluss, had asked for advice outside of the meeting on how to identify young carers in the Callington area. Social prescribing for 18-65 year olds was offered at the GP Practice, who had asked for support specifically for young carers aged between 18 and 25 years of age. KD said that he would liaise with Sarah regarding the services of Action for Children but details of young carers could not be shared.</p> <p>JP had provided the following update on carers service activity and a breakdown of the Aged Veteran Project:</p> <p>As the Project was set to close at the end of March, there was now a focus on how aged veterans, their carers and their families could access support in Cornwall.</p> <p>A range of activities were being delivered across Cornwall, including a wellbeing event, the sharing of information about the Project's success, the production of a commemorative booklet which would include milestone comments from those who accessed the provision and a poster about how to access support and resources.</p> <p>Succession funding for carer support was currently being sought.</p> <p>346 carers have accessed support through carer support in Cornwall.</p> <p>158 veterans had been supported with a 6 week Get fit course</p> <p>152 Veterans had accessed a 6 week Active Plus course.</p>	<p>MH to find out on behalf of GL why minutes of Dementia Partnership meetings aren't published online.</p> <p>KD to liaise with Sarah Stevens regarding Action for Children services.</p>
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403 veterans and their carers and family had been supported through Changing Lives Plymouth.

Carers service activity over the last quarter:



AW added that it was hoped that a veteran could be included on the Patient Council.

AC undertook to send an update to MH to circulate to the Board regarding a new group at RCHT to address concerns for carers of those with autism and/or learning disabilities (action previously attributed to GL at 01/08/19 meeting). The following update was provided:

- *RCHT has a Carer's passport in place. This allows open access to the wards for our Carers to visit their loved ones. It also contains the detail of the care that the Carer can provide to the patient and the care the ward staff should be providing.*
- *A Carer's folder is currently being trialled on two wards. This includes a Communications Sheet. If a Carer has a question for the team or, for example, wasn't able to be there at the time of the ward round, the Carer can write down any questions or concerns they may have and the staff will respond to this in the folder so the information is available for the next time the Carer visits. If the team are told of other Carers outside of these two wards they can arrange for a folder to be brought to them also.*
- *RCHT wants to establish an 'Always Group'. The idea is that this is a group for Carers to come together with the team at RCHT and work on a specific project to improve things for our patients and their Carers.*
- *A Carer's study day was held last year and well attended. This is an opportunity for Carers to attend the Trust for a day to get information, signposting and to talk about the care they provide to their loved ones. Speakers also attend this day to share information*

AC update to MH for circulation to the Board re a new group at RCHT to address concerns for carers of those with autism/LDs.

	<p><i>relevant to our Carers. Once the date for this year has been identified, we will share this with the Carers Partnership Board.'</i></p> <p>SW fed back on the outcomes of the Parent Carers Cornwall Health and Social Care Survey.</p> <p>79 families had responded and a number of concerns had been highlighted in relation to the perceived negativity displayed by Children's Services, matters that were contrary to the Ofsted report and the large increase in exclusions and off-rolling.</p> <p>SW proposed that Education, Health and Care Plans (EHCPs) be considered at the next meeting, with a representative of Special Educational Needs & Disability Information, Advice & Support Service (SENDIASS) to be invited to share their knowledge of supporting parents with their educational issues, particularly around entitlement to an EHCP for their child as well as exclusions and Home Education.</p>	<p>EHCPs on next meeting agenda. Invite SENDIASS.</p>
2	<p>Day Opportunities and Usage of Council-owned Buildings</p> <p>The Chair had requested that day opportunities be discussed at the meeting, specifically, the number of Council owned buildings that were not currently being utilised, including respite centres which were vacant during the daytime. Lowena was cited as a space that wasn't being used effectively, with bids for day services being turned down due to it being a respite centre. There was seemingly a need to encourage different departments within the Council to communicate more effectively with one another to ensure that suitable spaces weren't being left unused.</p> <p>BS cited the problem of day services not operating beyond 5pm, as well as the need to address the issue of meaningful activities being lost outside of term time as colleges were closed. He said that it was important that local knowledge of suitable resources was fed back to the Council so they could link in with them.</p> <p>A commonly heard message was that there were not enough day opportunities available. Also, the needs throughout Cornwall differed greatly so it was necessary to identify gaps, shortcomings and the appropriate products to fill them. It was acknowledged that commissioners needed to ensure that venues were not put in a position where they were in opposition to one another and that there was a need to upskill staff in some areas.</p>	

	<p>BS encouraged members to email him at Ben.Seamarks@cornwall.gov.uk with details of under-utilised spaces for him to investigate. PH suggested the One Stop Shop in St Austell.</p>	
3	<p>Embrace Programme and Reducing Unmet Demand for Home Care</p> <p>DH gave a presentation on Embrace Care, circulated with these minutes, providing findings and timelines for progression.</p> <p>It was agreed that the Board receive an update at its next meeting.</p> <p>In addition to the information contained within the presentation, DH stated the following:</p> <ul style="list-style-type: none"> • Some patients, or their families, wanted healthcare despite the patient having been identified as being safely cared for at home. • The remaining 2% on the Diagnostic pie chart related to issues for which there were no attributable causes that would allow for grouping. • Most patients wanted to return home and to be around their family. • It was felt that an alerts system created crises. • Around 350 individuals had eligible homecare needs but the appropriate support had not been identified, which led to a knock on effect for beds. • People became dis-abled through the use of temporary beds, leading to long term issues. • People with Direct Payments that employed personal assistants had not been factored into the care workforce figures. • When addressing the elements to make better use of existing resources it was necessary to consider the levels of unmet need, the clustering in four distinct areas and current, inappropriate care settings. • The Council used a Dynamic purchasing system but it had not always been possible to find the right providers. Internal processes were to be looked at. • That would include a pilot scheme with providers working closer together and collating resources to meet more need. • Improved rota planning would decrease hours driving. • The very small profit margins for the homecare market were problematic. • The Council was working with Cornwall Partners in Care to run workshops in each part of the county. • The first trials would be launched in the next few weeks. 	<p>MH/DH - Agenda item for May meeting.</p>

	<p>DH provided the following responses to questions from the Board:</p> <ul style="list-style-type: none"> • It could be very worthwhile to gain feedback on the Community Intervention Offer element. • The Embrace newsletter could be circulated to the Board. • ‘Older people’ referred to those of 65 years and above. • Currently, there were no plans for similar work on younger people coming out of hospital. Embrace was a two year programme which would test the principles of linking across systems and ensure that lessons could be learned for future work. • It was a data driven exercise guided by data scientists (Newton Europe). Trials would be informed by data up to the current day. • Levels of support for individuals was dependent on their care needs, which it was recognised changed over time. • He would pass on concerns that there were communication issues with Devon due to them operating on different systems. • Packages of Care could only be handed back with the Council’s agreement. BS added that 28 days notice had to be provided and it had to be ratified by a senior officer. He invited people to email details of their individual cases to contractsadult@cornwall.gov.uk, in order for the Council to gain ground level knowledge. • A map detailing how homecare goes out to market could be circulated. He would welcome the opportunity to meet and discuss it with groups. 	<p>DH to send Embrace newsletter to MH for circulation.</p>
4	<p>Kernow Young Carers Update</p> <p>Kevin Downing and Jenna Grassick, Action for Children, provided an update on kernow Young Carers.</p> <p>KD opened by saying that he hoped that some young carers could attend a future meeting but, in the meantime, if Board Members had any questions that they would like him to put to them, were welcome to email him at Kevin.Downing@actionforchildren.org.uk. Some members expressed concern that behaviours displayed at Board meetings may make it an inappropriate environment to invite young people into.</p> <p>Last quarter figures were provided, including:</p> <ul style="list-style-type: none"> • There were approximately 1500 young carers being supported. • 643 young adult carers. 	

	<ul style="list-style-type: none"> • 385 had short breaks between October and December. • Through the Falmouth Rotary Club, 150 from Falmouth and Penryn had visited the cinema. • 113 new referrals, further increasing the strain on services. • 115 one to one sessions. • 25 secondary schools had groups. • 2 Wellbeing Practitioner students at Exeter University. <p>Kernow Young Carers were proud to be supported by a number of local organisations and businesses, including Falmouth University, the Truro Mayor's Charity and the Threemilestone Co-op.</p> <p>Funding pots were available for school, attainment and educational needs, including, for example, clothes for interviews.</p> <p>Feedback gained from young carers had been very positive, with a common comment being that the service helped them to feel less isolated.</p> <p>KD informed the Board that a young carer from St Ives was to appear on the Victoria Derbyshire show on the BBC (<i>MH emailed to the Board a link to the show, available on the BBC iPlayer, on 20/02/20</i>).</p> <p>Due to the meeting overrunning, there wasn't time to show a short film about Billy, a 14 year old carer who supported his older brother, who was autistic, and his mum, who had a connective tissue disorder (<i>MH emailed to the Board this link to the film on the Kernow Young Carers Facebook page on 20/02/20</i>).</p>	
	<p>Shaping the Future Carers Service in Cornwall</p> <p>Ania Nicholls, Commissioning Officer, Cornwall Council, presented the Carers Engagement Report (previously circulated to the Board), detailing the results of the carers engagement activities carried out between august and October 2019.</p> <p>It was agreed that the Carers Engagement Report be re-circulated to the Board.</p> <p>AN stated that the next steps would be to produce a draft Carers Strategy, commissioning intentions and service models. The Board would then be further engaged in the process.</p>	<p>MH to resend the CER to the Board</p>

	<p>Relating back to the earlier discussion regarding underutilised properties, AN suggested that it could be worth investigating use for peer support for carers, led by local groups. Peer support was wanted to help to promote how and where support could be accessed.</p> <p>The following responses were provided to questions from the Board:</p> <ul style="list-style-type: none"> AN acknowledged a report of a Care Support Worker (CSW) in Penzance who had said that she now had reduced her capacity for assessments and also CSWs no longer attending local Forums. She said that the priority was to reach as many hidden carers who hadn't had assessments and accessed support, as possible. She was very positive about the Penzance Carers Forum and the peer support that they could provide, which was an example that she hoped others would follow. Going forward, CSWs would not be expected to attend every single support group. New ways for ensuring that groups had access to necessary information needed to be developed. <p>JP added that the service did now look different. Previously it had a focus on visiting support groups but the current contract had an assessment focus. CSWs chose how to prioritise their time to ensure that all local groups were visited.</p> <ul style="list-style-type: none"> Regarding the referral process, JP encouraged use of the helpline, which allowed needs to be evaluated and prioritised and help allocated. It was acknowledged that meant that some people had longer waits than others. She invited members to provide her with individual examples outside of the meeting. <p><i>Note: Concerns regarding behaviours displayed by some members during consideration of this item, including aggressiveness and negative, backward facing comments, were raised by a number of attendees following the meeting.</i></p>	
	<p>Direct Payments</p> <p>Derek Hoddinott, Commissioning Manager, Cornwall Council, presented the Draft Adult Social Care Direct Payments Policy, which had been to the Council's Health and Adult Social Care Overview and Scrutiny Committee in January and was due to be considered by the Council's Cabinet on 12 February 2020.</p> <p>Particular attention was drawn to the following:</p>	

	<ul style="list-style-type: none"> • The vital role played by disAbility Cornwall & Isles of Scilly. • The Policy was written in the manner that it was also a guide, including links to background information, easier to understand language and less duplication. • The budget calculation element had been completely rewritten as it had not been well understood previously. • The need to support innovation in how Direct Payments could be used to meet eligible needs. • The assistance of Age UK regarding language used. • The disAbility Cornwall reference group was being reformed to enable continued post-consultation. • Future drop-in sessions would be more accessible and cover wider areas of assistance. <p><i>Note: The Cabinet approved the Policy for implementation with effect from 1 April 2020. The report and decision can be accessed here:</i></p> <p>https://democracy.cornwall.gov.uk/ieListDocuments.aspx?CId=577&MId=8916&Ver=4</p>	
5	<p>Any Other Business</p> <p>Adult Social Care Draft Charging Policy</p> <p>Derek Hoddinott, Commissioning Manager, Cornwall Council, provided a summary of the Adult Social Care Draft Charging Policy, which was due to be considered by the Health and Adult Social Care Overview and Scrutiny Committee on 11 March 2020. The full report could be accessed at:</p> <p>https://democracy.cornwall.gov.uk/ieListDocuments.aspx?CId=1153&MId=8955&Ver=4</p> <p>DH acknowledged the mistakes made when a new policy was drafted in 2017 but withdrawn following concerns regarding the consultation process.</p> <p>The following responses were provided to questions from the Board:</p> <ul style="list-style-type: none"> • DH would feed back concerns that the Social Worker role was not as specialised as it had been previously and would seek feedback from operational colleagues regarding the role moving forward. He also highlighted the geographical challenges faced in Cornwall in attracting and retaining staff both in the public and private sectors. AN added that the whole care sector was affected and work would be done to further encourage volunteer work. 	

	<ul style="list-style-type: none"> • DH had advised Cornwall Council that its Transport Policy needed to be reviewed. It sat within the Charging Policy but was a separate document. <p>Accessing Benefits</p> <p>PH highlighted concerns regarding Personal Independence Payment telephone lines, citing a two hour wait and the lack of appropriate options. MH would liaise with the Department for Work and Pensions to ask that it sends a regular attendee to Board meetings and that the matter be discussed at a future.</p> <p>Future Meeting Venues</p> <p>It was agreed that the preferred venue for the next meeting was the One-stop Shop, St Austell or Truro Library.</p> <p><i>Note: The 7 May 2020 meeting was cancelled due to the Covid-19 outbreak.</i></p>	<p>MH to contact DWP re attendance and agenda item.</p>
<p><i>The meeting started at 13:35 and closed at 15:55.</i></p>		

Kernow Young and Young Adult Carers Update

The Covid-19 pandemic has had an immediate and striking effect on our delivery over this quarter. Already able to work from home and “on the road” our team adapted to the potential issues immediately. Home visits were undertaken by telephone, and consent forms etc posted or emailed to the family. When it became apparent that we would be unable to run activities we wrote to all the families who had requested an activity place over the Easter period and offered them the opportunity to access a short break for their home during the lockdown period, we had requests for art materials, family films, board games etc, and families reported to us that these resources were helping them bond and providing entertainment for young carers and parents together. We completed 190 of these short breaks during this period. We also offered additional support if the family were shielding, or if the young carer wanted to check in with a worker and included staff numbers on email, letters and on social media to ensure they were accessible. It became apparent that although we had contacted a large number of our families through these mediums, there were also those that had not engaged recently, or we didn’t have an up to date email address for. The young carers team shared out the areas and have been checking in via telephone with all our families. Those that we have been unable to contact will receive a letter at the end of the summer to ensure they are still living at the same address, check number and confirm they still require our service.

We have continued to deliver 1-1 support via phone and TEAMS, and have smoothly transitioned the young adults and reference group to virtual meetings. We have also delivered small groups to young carers who attended school groups.

We have run over 40 groups since the beginning of lockdown

During calls to families the impact of Covid-19 became more and more apparent and we used our short break funding, and voluntary income to support families (eg our educational fund). We also bought items for families such as cookers, washing for machine for an unwell parent who needed to wash her bed sheets often, and food for families struggling at this time. We have helped young carers with technology eg financial support with a laptop for education and to keep in touch with friends and family and have helped with electricity and gas bills. All this support was accessed through an anonymous doner and the Action for Children Emergency fund. Over 40 families have accessed this funding adding value of over £7000.

Alongside this we have continued our well being work with young carers, developed a well being group led by our CBT practitioners, and planned an extensive range of virtual activities and 1-1 sessions with young carers over the summer holiday



Kernow Carers Service Update



Covid - 19 and Kernow Carers Service



Our Carers Assessment Provision and support for carers has continued via telephone



We have held 3 Carers Forums via Zoom, offering carers the opportunity to have their voices heard



We have increased opportunities for carers to receive support from KCS by holding a daily Facebook Live session and offering support to the Local Authority's Access Team



We created the KCS Covid-19 Wellbeing Grant which enabled well over 100 carers to access items to support their wellbeing throughout the Lockdown. This included Kindles, Tablets, Exercise equipment - even an E-Bike!



Vulnerable carers are being contacted by email, letter or telephone with an offer of information, guidance and signposting to support around Covid-19





Virtual Carers Forums are continuing via Zoom throughout July

17th July - St Austell

21st July - Falmouth

22nd July - Wadebridge/Bude

23rd July Truro

29th July - Liskeard/Saltash

30th July - Helston



For further information, , contact the Family Information Service on 0800 587 8191 or check our Facebook page.

Carers Service Survey



Cornwall Council are currently planning a new Service for carers which would be introduced in July 2021, when our current contract comes to an end. Information about the proposed model of service can be found online. It is important for all carers to have their voice heard - we would therefore urge as many people as possible to complete the survey on the proposed model of service which is open until 14th August

<https://www.cornwall.gov.uk/adultcarers>

Digital Services Information Sheets

Parameters of the Report	
Date Parameters:	Between 01/04/2019 - 31/03/2020
Date of Information Download:	01/04/2020
Clinical Systems where data was extracted:	Rio
Includes:	Carers Report
Excludes:	All other teams
Report Produced by:	Rebecca Dombrick
Contact Details:	01726 873224
Signed off by:	n/a
Date of the Report:	02/04/2020
Date Information Sent:	02/04/2020
Who requested the Information:	Teresa Brown, Andy Fox
Nature of Request:	Local Monitoring
Who Information was sent to:	Teresa Brown, Andy Fox
Version Control:	V1

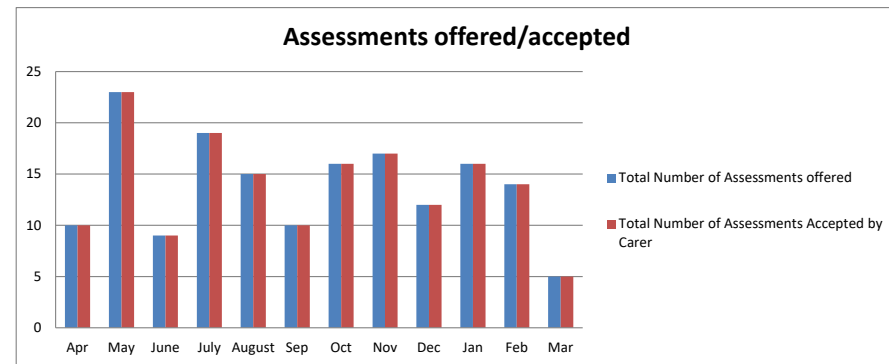
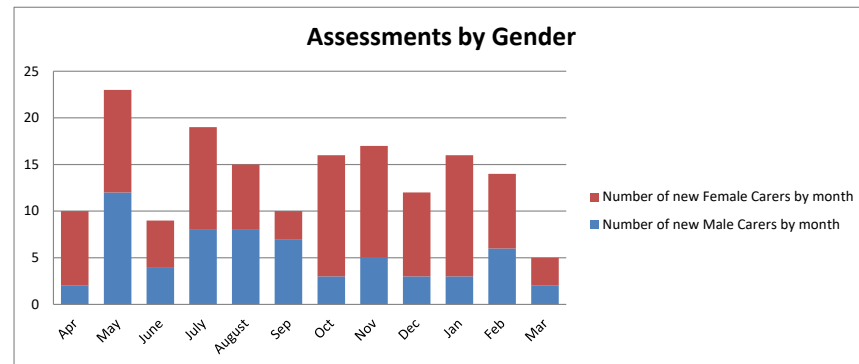
NEW CARERS & ASSESSMENTS 2019-2020

* Refreshed Figures

Number of Carers on RIO since August 2019		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
11	Number of new Male Carers by month	2	12	4	8	8	7	3	5	3	3	6	2
11	Number of new Female Carers by month	8	11	5	11	7	3	13	12	9	13	8	3
53	Total Number of new Carers on Rio (2018/19)	10	23	9	19	15	10	16	17	12	16	14	5
	Total New Carers - Cumulative (2019/20)	10	33	42	61	76	86	102	119	131	147	161	166

11	Total Number of Assessments offered	10	23	9	19	15	10	16	17	12	16	14	5
100.00%	Percentage of Carers offered an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

11	Total Number of Assessments Accepted by Carer	10	23	9	19	15	10	16	17	12	16	14	5
100.00%	Percentage of Carers Accepting an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%



Digital Services Information Sheets

Parameters of the Report	
Date Parameters:	Between 01/04/2020 - 30/04/2020
Date of Information Download:	01/05/2020
Clinical Systems where data was extracted:	Open RiO
Includes:	Carers Report
Excludes:	All other teams
Report Produced by:	Rebecca Dombrick
Contact Details:	01726 873224
Signed off by:	n/a
Date of the Report:	01/05/2020
Date Information Sent:	01/05/2020
Who requested the Information:	Teresa Brown, Andy Fox
Nature of Request:	Local Monitoring
Who Information was sent to:	Teresa Brown, Andy Fox
Version Control:	V0-1

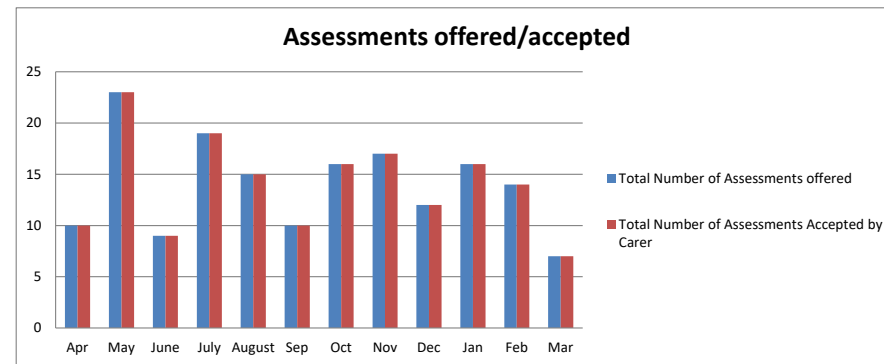
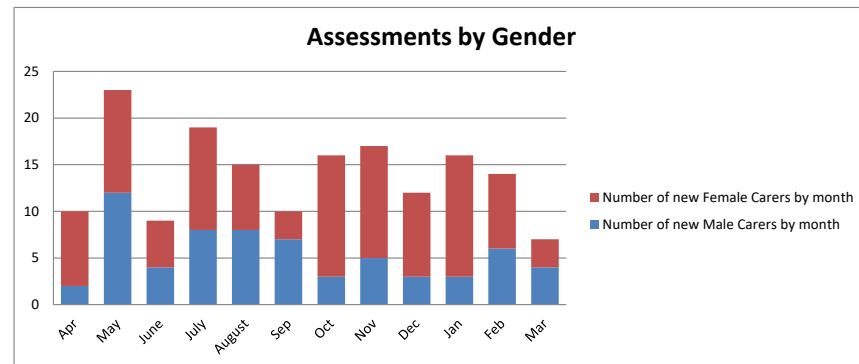
NEW CARERS & ASSESSMENTS 2019-2020

Refreshed Figures

Number of Carers on RIO since April 2019		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
65	Number of new Male Carers by month	2	12	4	8	8	7	3	5	3	3	6	4
103	Number of new Female Carers by month	8	11	5	11	7	3	13	12	9	13	8	3
168	Total Number of new Carers on Rio (2018/19)	10	23	9	19	15	10	16	17	12	16	14	7
	Total New Carers - Cumulative (2019/20)	10	33	42	61	76	86	102	119	131	147	161	168

168	Total Number of Assessments offered	10	23	9	19	15	10	16	17	12	16	14	7
100.00%	Percentage of Carers offered an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

168	Total Number of Assessments Accepted by Carer	10	23	9	19	15	10	16	17	12	16	14	7
100.00%	Percentage of Carers Accepting an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

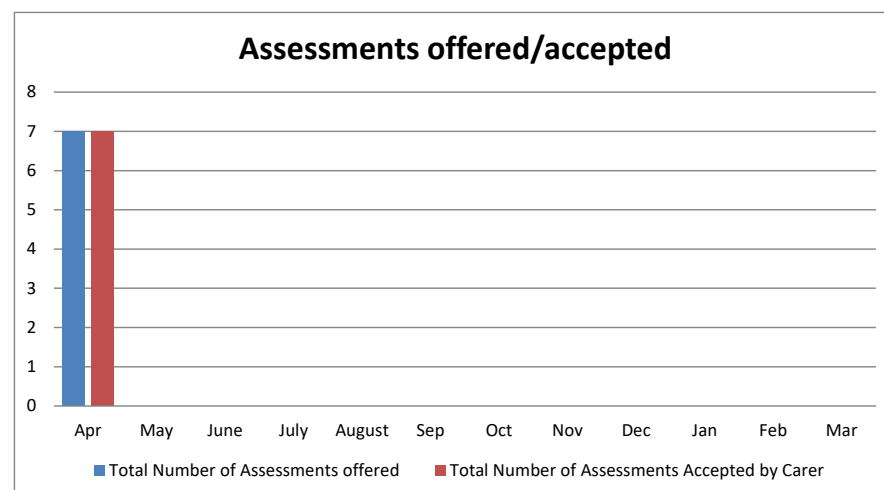
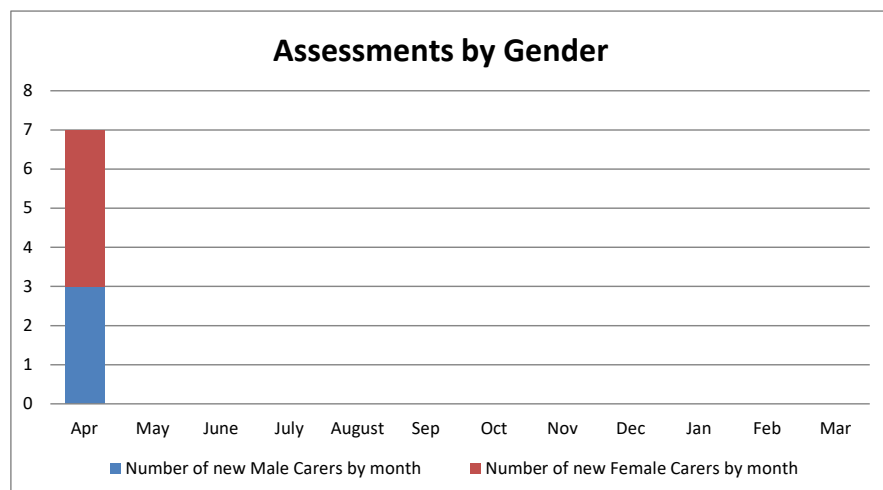


NEW CARERS & ASSESSMENTS 2020-2021

Number of Carers on RIO since April 2020		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
3	Number of new Male Carers by month	3											
4	Number of new Female Carers by month	4											
7	Total Number of new Carers on Rio (2018/19)	7											
	Total New Carers - Cumulative (2019/20)	7											

7	Total Number of Assessments offered	7											
100.00%	Percentage of Carers offered an Assessment	100.00%											

7	Total Number of Assessments Accepted by Carer	7											
100.00%	Percentage of Carers Accepting an Assessment	100.00%											



Digital Services Information Sheets

Parameters of the Report	
Date Parameters:	Between 01/04/2020 - 31/05/2020
Date of Information Download:	01/06/2020
Clinical Systems where data was extracted:	Open RiO
Includes:	Carers Report
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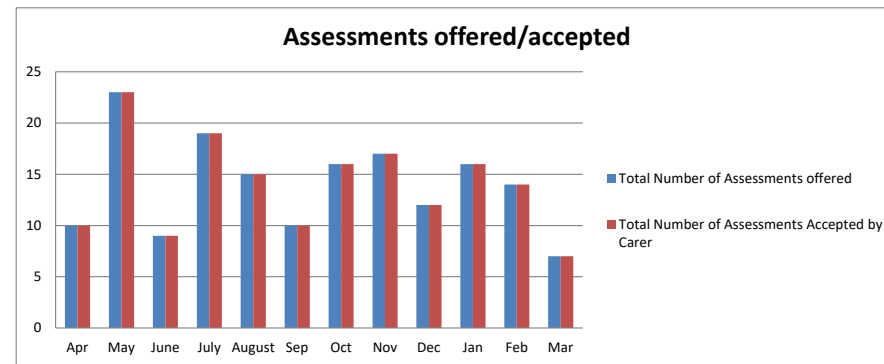
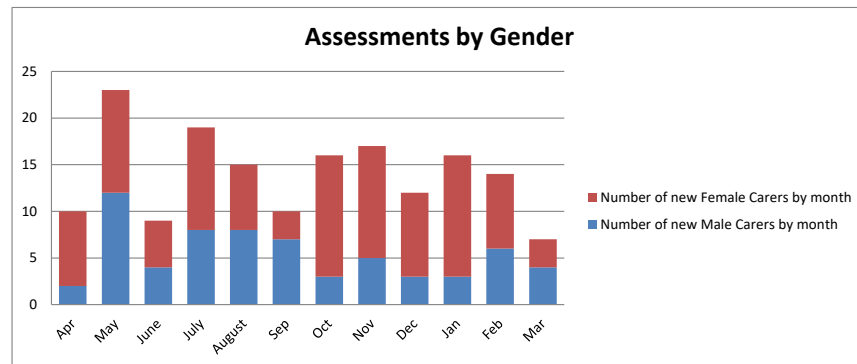
NEW CARERS & ASSESSMENTS 2019-2020

Refreshed Figures

Number of Carers on RIO since April 2019		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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168	Total Number of new Carers on Rio (2018/19)	10	23	9	19	15	10	16	17	12	16	14	7
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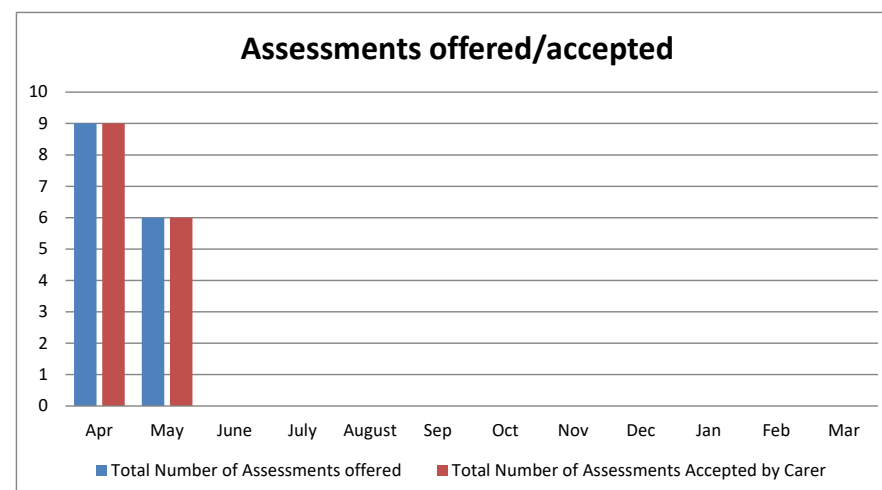
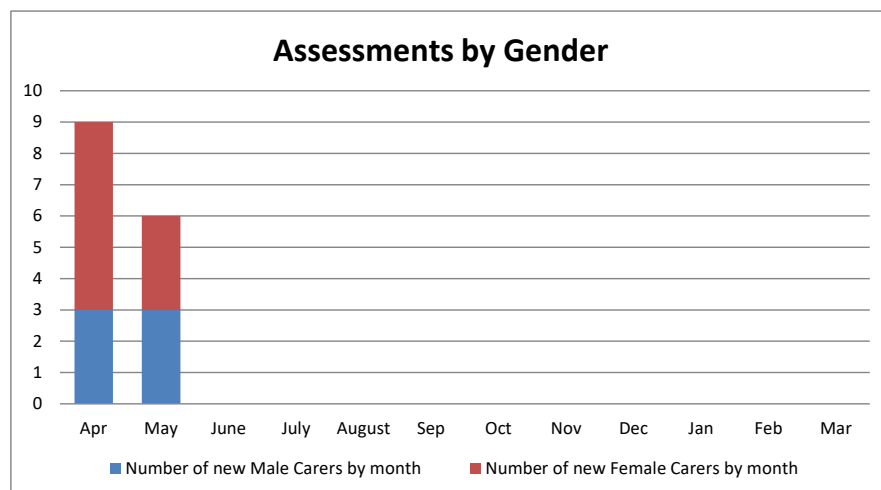


NEW CARERS & ASSESSMENTS 2020-2021

Number of Carers on RIO since April 2020		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
6	Number of new Male Carers by month	3	3										
9	Number of new Female Carers by month	6	3										
15	Total Number of new Carers on Rio (2020/21)	9	6										
	Total New Carers - Cumulative (2020/21)	9	15										

15	Total Number of Assessments offered	9	6										
100.00%	Percentage of Carers offered an Assessment	100.00%	100.00%										

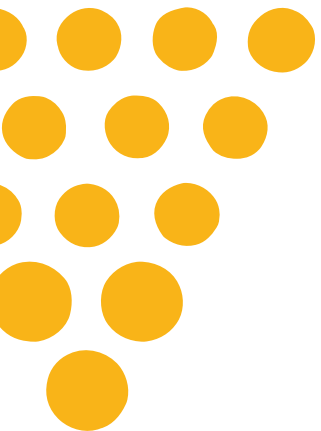
15	Total Number of Assessments Accepted by Carer	9	6										
100.00%	Percentage of Carers Accepting an Assessment	100.00%	100.00%										





Cornwall Cares for Carers

Carers Project



Current provision

Contracts for:

- Carers support service
- Website, helpline and carers register
- Carers grants
- Carers training
- Carers emergency card
- Hospital based Carer Support pilot

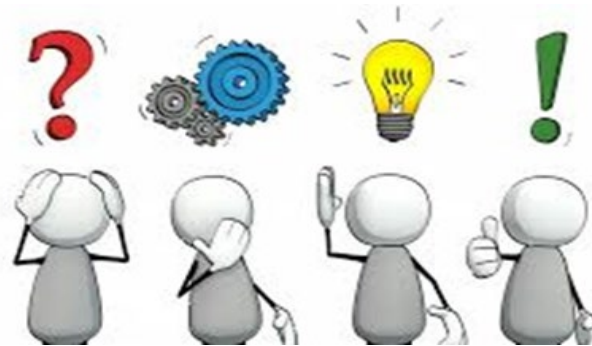


All are coming to an end in March/July 2021.
We are now designing a new service.

Commissioning cycle of each service



What we have done so far



- Engagement with carers, practitioners and other stakeholder Aug-Nov 2019
- Analysis of national policies, legislation and trends
- Analysis of population needs and local data
- Engagement with other Local Authorities

What you told us...

“ I've been left alone to get on with it for the past 30 years, and that seemed to work fairly well, I don't cost much to feed and I'm still alive. ”

“ Get in touch with local carer's groups & organisations. Try not to let your own health suffer by keeping fit. Take regular breaks & have time to relax & unwind every day. ”

“ Family carers are often left to their own devices and not asked how they are coping, or if they need any support. ”

More information on www.cornwall.gov.uk/adultcarers



Key themes

- **Access to information and support** including peer support for (working) carers
- Help with **financial resilience** and access to welfare entitlements and benefits
- **Deteriorating physical health** and **feeling lonely** and socially isolated
- **Support from employers**
- Awareness and **recognition by professionals and local organisations**

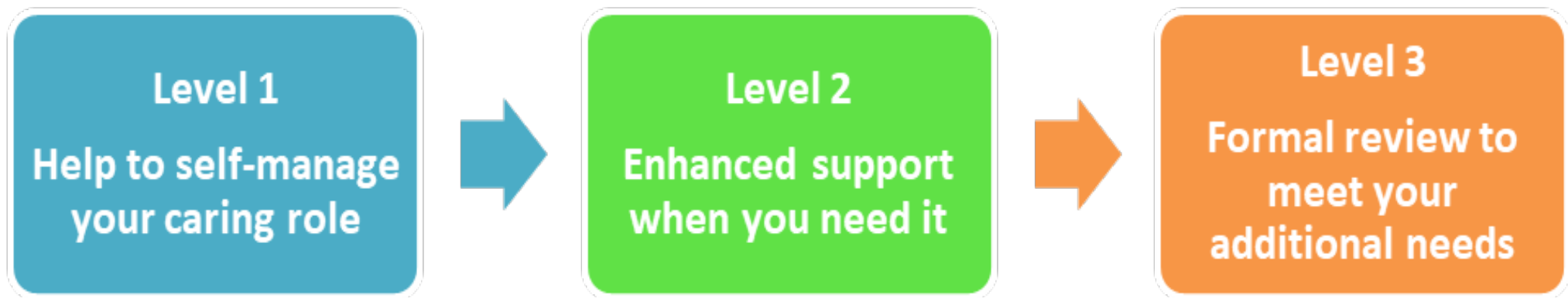
Plan and timescales

- Carry out further engagement on the draft carers strategy and the service model
- Develop and commission a new service offer for all age carers from 1 July 2021



Proposed new model

Helpline + information + advice + peer support development + grants + training + carer's assessment as one joint provision



Proposed new model

Level 1-Help to self-manage your caring role-clear information and signposting, helpline, peer support in a community

Level 2-Enhanced support when you need it- wellbeing and welfare support including access to financial entitlements and benefits on 1to1 basis or in a group setting, training, coaching and grants, help with completing forms

Level 3 -Support plan to meet any additional needs you may have

Your feedback



Survey available on www.cornwall.gov.uk/adultcarers
-closes on Friday 14 August.



Thank you / Meur ras

If you have any questions or comments

ania.nicholls@cornwall.gov.uk

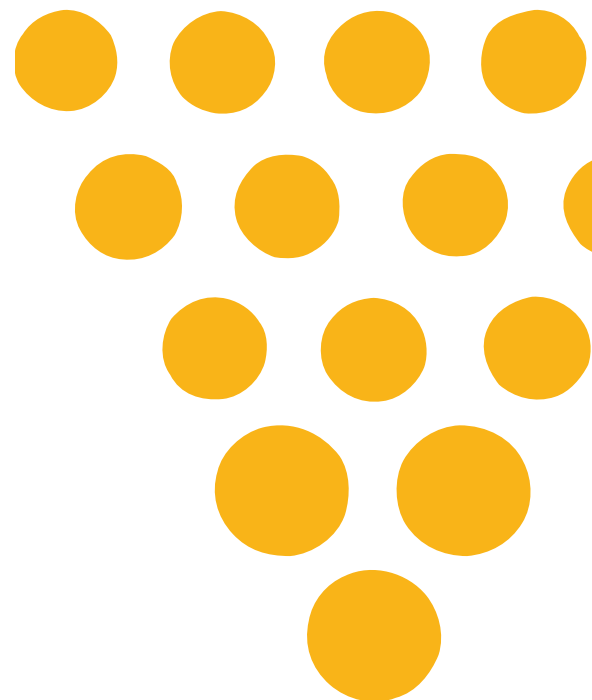


Cornwall Cares for Carers

Draft Adult Carers Strategy 2020-2029

Version 0.9 AN

Adult Social Care



Draft Adult Carers Strategy 2020-2029

Contents

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1. Introduction

“I didn't realise how much I was caring for my Father until I had to have a rest from work. As my Father is actually quite fit and able I hadn't realised that 'helping' him with his finances/paperwork and heavy physical jobs had greatly affected me. I hadn't thought of myself as a carer. People who are caring as I was won't label themselves as carers and as such won't put themselves forward for help offered to carers. So much more to caring than the obvious physical caring many people do.” Carers Survey respondent, 2019

A person is considered **a carer** if they provide unpaid care, (practical help and/or emotional support) to someone with a medical or emotional problem. They can be a parent, a partner, other family members or a friend. Sometimes children or young persons may also be involved in the caring process.

Cornwall Adults Carers Strategy and its vision **Cornwall Cares for Carers** have been developed and co-designed by carers and practitioners. Cornwall Council worked together with NHS Kernow, voluntary sector, carers, Healthwatch and other stakeholders to create a joint vision for carers. By saying “we” we are referring to the Council, NHS Kernow and their partners who are committed to meet Carers’ Outcomes co-produced by Carers.

Every day thousands of people in Cornwall support a family member, a partner or a friend who may have needs related to physical health or/and mental health. It is impossible to under estimate the importance of the role that informal carers play in supporting people needing support to live their daily lives. The work that carers do to support those they look after and to work closely with health and social care teams is invaluable. This strategy aims to ensure that the critical role of carers is acknowledged and respected - and that carers’ needs are recognised and met.

The key aims of this strategy are to:

- Explain the vision Cornwall Cares for Carers
- Describe the Outcomes that carers told us they would like to achieve
- Describe the new proposed service offer that would meet Carers’ Outcomes

- Describe the national and local context including key data and legislations
- Identify the tools and methods that will be used to measure our progress against Carers' expectations.

2. Our vision-what Carers have told us

One of our core aims is to ensure that our services are shaped by the voices of the people who engage with them. In 2019 we have been working with carers, those they care for, staff members and partner organisations to co-design a new approach to supporting and working with Carers under the vision **Cornwall Cares for Carers**. The views of people who engage with our services are integral to our ambitions to deliver good care and continuous improvement.



This word cloud was created from the carers survey in 2019.

Our key objective is to ensure carers can maintain their own health and wellbeing to achieve a balance between their caring responsibilities and a life outside caring, while enabling the person they support to enjoy the best quality of life.

When asked how carers expect their quality of life to change over the next year **11% of carers** said they **expected it to get better**, **45% expected it to get worse**, and **44% expected it to stay the same** (State of Caring 2019).

Carers tell us that caring for another person can be very challenging during difficult times. Feeling so worried and focused on supporting a family member or friend can be overwhelming. Carers often forget about themselves, neglecting their own health and wellbeing needs. Life can seem on 'hold' whilst all energies go into supporting the person they look after and trying to meet their needs. Our Carers Strategy recognises the huge contribution that carers make. It is critically important to plan the future carers support offer that can make a real positive and sustained impact.

With practitioners across health and social care and other organisations recognising carers and considering how best to support and meet their individual needs we would like to ensure that carers continue supporting the person they look after, whilst also looking after their own wellbeing.

Key Outcomes-What Carers have told us

According to feedback these are the key outcomes that are important to Carers:

Outcome 1: I have a choice about my caring role.

Many people admitted not having much choice and support, feeling trapped in their caring role and feeling bad about feeling resentful at times.

On the contrary several carers indicated that they accepted their caring role and "just get on with it". Some respondents suggested that carers should be more proactive in seeking support and making the most of their relationships with friends and family.

Outcome 2: I have a break from my caring role.

Almost 80% respondents thought that "to have a break from their caring role" is the most important area for support. Several respondents suggested shared respite which could include befriending and wellbeing support service. Carers could have some mutual arrangements when one carer could look after more than one person to allow other carers to have a break or a volunteer could be arranged.

Outcome 3: I can easily find the information and advice I need in my caring role

Almost 70% of survey respondents agreed that information about support for carers is easily accessible. Although there was a consistent thread that finding out about the information initially is often difficult. Some people felt the face to face communication and support would be the best and would like to join peer support groups and attend a drop in advice centre. Others indicated that they “don’t need anyone to talk” and they would rather practical advice or access information online, via email or a carers app so they can do it in their own time when they can.

Outcome 4: I find support in my community and from local community organisations

There was a number of negative comments when people reported having no help or not knowing how to access it. Although many people are aware of support groups in their local area, they might not be able to get involved due to transport challenges or times of the day when people are at work. It was emphasised that support should also be offered by local support groups and organisations such as surgeries, schools and others. Any practitioner who is in contact with carers ought to check their wellbeing and offer help, information and guidance.

Outcome 5: I am able to share my experience and skills as a carer with other carers

Many respondents praised community spirit and great support networks where they can talk to people in a similar situation, support each other and share their experience. Some carers also suggested more opportunities for intergenerational support between young and adult carers.

Outcome 6: I am respected as an expert partner in care and my views are taken into account

For most carers the experience of looking after someone close is rewarding and has a positive impact on the people they care for, however, too often carers feel they are on their own, do not feel respected, valued and supported for the huge contribution they make.

Outcome 7: I am given information of what to expect from mental health and learning disability services in terms of care planning and treatment.

Our survey shows that carers involvement in discussions about care for their cared for seems to vary. It was reported that many practitioners don't seem to recognise carers' vital role. There need to be more promotion and awareness of carers and the way how they can be supported.

Outcome 8: I am helped to achieve my own most important life-goals, including education, training and working

Many carers spoke about how difficult they found it to balance work, look after their own health and wellbeing and perform a caring role, and in some cases how they needed to give up work altogether because there were no alternatives. Some carers have supportive employers who allow them to work flexibly. Others reported that had to reduce their working hours and find their employers not being considerate and understanding of their caring responsibilities. There was evidence of the short and long term impacts on carers and their finances from having to make compromises around work.

Outcome 9: I can access support in a crisis/emergency situation and have a contingency plan agreed for when I cannot care

Many carers worry about what will happen in case of an emergency where they are unable or are not willing to care or the person they care for needs urgent treatment. This should be included in in conversations with practitioners for example GPs.

Carers UK ¹ have identified that of carers who responded to their survey in 2019 who had an emergency admission for the person they care for, 29% felt that the admission could have been prevented if they'd had more care and support for the person they care for and 18% felt that more support for them as the carer (eg breaks from caring) would have prevented the admission.

Outcome 10: I am helped to care safely, confidently and effectively

Many respondents emphasised the importance of training that would help carers in their caring role. Two areas related to coping with stress and practical information regarding care were most frequently chosen. They would also like to access support in crisis.

People also value support with home adaptations and technology access to online training and information and other available resources help them in their caring role.

Outcome 11: I am helped to maintain my own health, wellbeing and independence

One of the biggest challenges for carers who responded to our survey were their own deteriorating physical health and feeling lonely and socially isolated. Emotional/mental health wellbeing support was second the most important area for support.

Many carers reported that they struggle financially, don't have time for themselves and feel frustrated about not having any support in their caring role. According to the survey carried out by Carers UK² 64% respondents have focused on the care needs of the person they care for, and not on their own needs. 81% of all Carers reported having ever felt lonely or isolated as a result of their caring role.

¹ CUK State of Caring 2019 carersuk.org/stateofcaring

² CUK State of Caring 2019 carersuk.org/stateofcaring

Outcome 12: I am supported when I stop being a carer through choice or bereavement

It has been noticed that support for carers shouldn't end when there is a change in circumstances or a cared for dies. Carers should be supported with bereavement and any other changes that impact their life and their caring responsibilities.

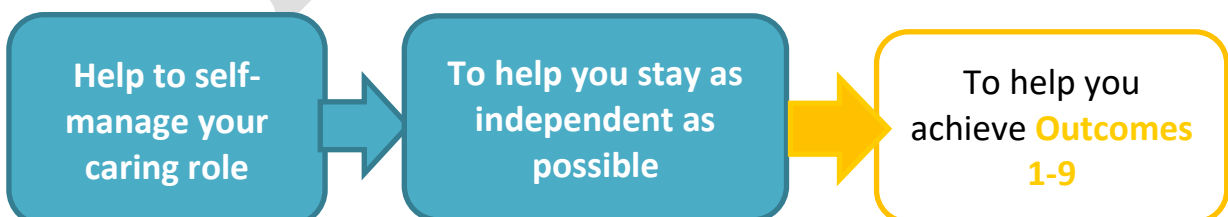
3. Carers support offer

We are aiming to further strengthen our relationship with carers, communities and the organisations that support them by working collaboratively to empower communities to prevent, reduce and delay the needs of carers. By working together with carers and key organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Cornwall. To achieve this, we have engaged with carers and other stakeholders and have reviewed our commissioning arrangements. As a result, we co-designed the new proposed service delivery model which reflects people's views on what is needed and wanted.

Our plan

Our objective is to offer a three-level support service for Carers which would deliver key Outcomes based on the feedback received from carers and practitioners and ensure those in need have **the right support at the right time**.

Level 1



● Carers identified early

Carers and the essential role they play should be identified at first contact, or, as soon as possible thereafter:

- We will be working with health and social care organisations to ensure carers can be identified and supported by practitioners, whether that is providing information or being referred on to any specialist support and / or a carer's assessment/wellbeing check.
- We will develop guidelines and training for health, social care and wellbeing practitioners to ensure they are "carer aware".
- Carers emergency card will be in use to-identify the person as a Carer, advise emergency services that there is a person with care needs dependant on the Carer and where to find the contingency plan;
- **Information, guidance and support for carers**
 - A single point of access to information and guidance on support services will be in operation. This will include information condition related (for example, specialist mental health, learning disabilities and/or dementia services), digital support, carers breaks and other resources and facilities that can help carers fulfil their caring role and improve their own health and wellbeing. The information will be presented in a variety of formats to suit the needs of the carers including working carers, ensuring that support/information is available over the telephone, online and via leaflet if appropriate.
 - We will develop working links with partner organisations to establish clear referral protocols and practice for families/carers to be referred to and be received from Carers support services when appropriate.
 - We will ensure that carer peer support networks are developed to offer carers advice, emotional support and an opportunity to socialise and/or have a break.
 - We will stimulate development of an infrastructure and resource for support services for carers including carers local peer support groups to ensure consistent support offer for carers across the county
- **Carers involvement**
 - We will empower health and social care practitioners to recognise the carer as an expert partner and integral to planning care for the person who they care for. This will be part of the carer awareness training. Staff members will also receive training in the following areas: policy and practice protocols about confidentiality and sharing information are in

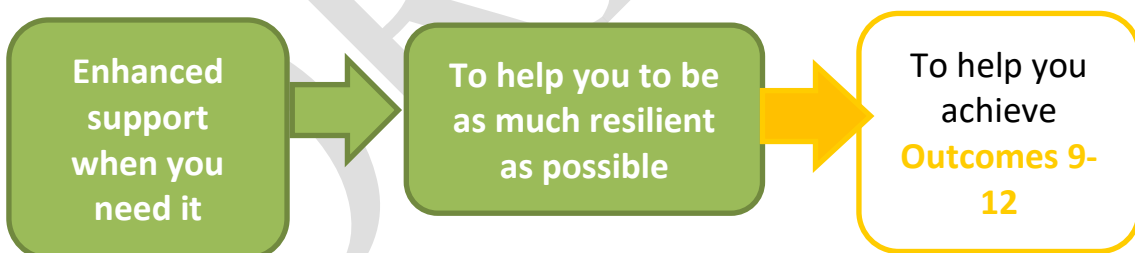
place. They need to be confident of the real boundaries of information sharing rather than perceived ones.

- We will provide clear policies, protocols and procedures for carers to enable them to be proactively involved in the care planning and treatment process across the care pathway, for inpatient, home treatment and community. This will include guidelines on confidentiality and for sharing information, highlighting this is a three way process between the person using services, carers and professionals.
- Carer support workers will be working closely with acute and community hospitals, and other CHSC teams, irrespective of service to ensure carers are involved in discharge planning and aftercare support as early as possible.

● **Support for employers**

We will raise the awareness of a caring role to increase the number of employers who understand the impact of caring responsibilities on their workforce. We will aim to underpin and develop initiatives to support employers to improve working practices and flexible working to help carers to stay in work, as well as to support carers returning to work and improving advice on financial support for carers.

Level 2



For carers who find themselves in a challenging situation and/or when they are showing signs that they are starting to struggle, we will offer:

● **Wellbeing support**

Wellbeing checks will be an opportunity to work creatively and positively with carers. During a wellbeing check Carers will be supported to develop a better understanding of their own needs and what will maintain or improve their wellbeing including making better use of their own abilities, networks and community resources. It will also consider how the carers needs for support can be reduced, delayed or prevented. Support will be delivered on one to one basis

or in a group setting and/or may include signposting to the most appropriate service in a community.

- **Welfare support**

Welfare support delivered on 121 basis and/or in a group setting will provide welfare advice on carers grants, benefits and other entitlement avenues of financial support. This will include help with completing forms.

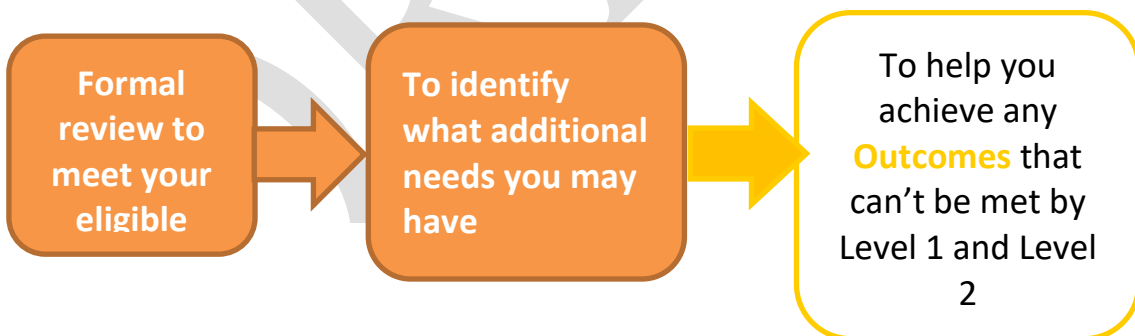
- **Training and coaching for carers**

A wide range of learning opportunities including face to face and online will be available to Carers to help them develop practical skills, knowledge and confidence to maintain their caring role for as long as they wish.

- **Carers grants**

Grants will be available to support carer peer support groups to help Carers to self-manage their health and wellbeing, carer breaks and to informal carers to meet any unforeseen circumstance that prevents them from fulfilling their caring role and the need cannot be met from elsewhere (e.g. repair or replacement for essential domestic equipment, provision of private care equipment).

Level 3



Carers will be given the opportunity to request a formal review (carer's assessment) to identify their needs and how they can be met. We may ask Carers to do a self-assessment online to understand the Carer's needs. The review will consider the impact of caring on the carer and the things that a carer wants to achieve in their own day-to-day life. It will also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or have a hobby/socialise.

Guided by the Care Act 2014, our aim is to carry out a review proportionately using a strength based approach to ensure that it is person centred and recognises the Carer's own knowledge and capacity. The review will:

- consider the Carer's own strengths and capabilities, and what support might be available from their wider support network or within the community,
- identify the Carer's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, through meeting their needs and improving or maintaining their wellbeing,
- result in Carer's support plan if a carer has eligible needs. The support plan will explain the carer's needs, how they can be met and carer's personal budget if applicable.

Carer's Personal Budget

If the above community support and universal services options (Level 1 and Level 2) have been exhausted and the carer still has unmet needs, it may be appropriate to consider supporting the carer with a one-off, small amount of funding to purchase items or services that will improve their health and wellbeing.

Safeguarding

We will ensure that safeguarding for Carers is given adequate consideration including carers being able to speak up about abuse or neglect within the community and care settings, carers experiencing harm or carers who unintentionally or intentionally harm or neglect the person they support.

Intergenerational care and support

Our carers service will be jointly commissioned to support young carers and adult carers to ensure close links and allow smooth transition between Young Adult carers to adult carers. There are many studies showing benefits of intergenerational care and support which brings older and younger people together to build stronger communities. The research shows that older people who are in contact with the younger generation may feel less lonely and socially isolated; therefore their health, emotional and mental wellbeing would improve

having a positive impact of their quality of life. It is worth noting those relationships also benefit young people by improving their own welfare and life chances.

Our measures

We are committed to regularly reviewing our services to ensure they are fit for purpose and meet the needs of people who engage with them. To be able to identify if carers are able to access the right support and if there are any gaps in the provision we will analyse the feedback received formally and informally from:

- Contract and performance management of any future commissioning arrangements for carers, to include outcomes monitoring and regular service user engagement and co-production to shape the delivery and development of services.
- Exploring ways in which we can undertake meaningful and regular engagement and co-production with carers and those with lived experience.
- Carers Partnership Board -with support from smaller carers groups will work collectively and collaboratively across organisations and with Carers to oversee the implementation of this strategy and Our Plan across partner organisations.

4. Local and national context

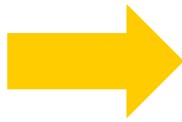
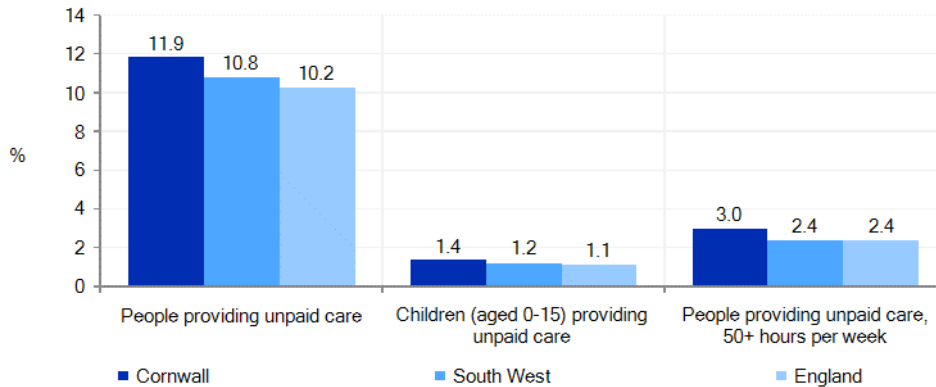


Over **63k** residents in Cornwall **provide unpaid care**-this equals to nearly **12% of residents**-this is an additional 7.5k carers compared to 2001 (Census 2011).

In 2011 **3%** of residents in Cornwall-that is almost **16k people provided unpaid care for 50 or more hours per week** -this is an increase of over 2,700 people compared with 2001 (Census 2011).



- When compared to the South West (SW), and England and Wales (EN&W) census data; it is evident that the number of Cornwall's unpaid Carers is above both regional and national levels.



The work of carers in Cornwall has been **valued at £1.3 billion** per annum (Carers UK, Valuing Carers 2015 report based on the number of hours a carer spends on providing care).

- Carers population is dynamic.** An aging population contributes to more people becoming carers than leaving a caring role (43% increase from 2011 to 2019). The usual trend between census is 10% increase.

There could now be as many as 8.8 million adult carers in the UK, compared to 6.3 million adult carers recorded in the 2011 Census (State of Caring 2019).

Improving support for carers must be at the heart of how we address our ageing population as demand for health and social care increases.



The total population of people aged 65 and over is predicted to increase by about 33% by 2030. The percentage of the population in Cornwall aged 18-64 with a learning disability, autism, physical disability, visual impairment or mental health need is predicted to remain stable; however the percentage of the population aged 65 and over with those needs is expected to dramatically increase.

● Hidden carers

It is estimated that there are at least an additional 10% of carers who are not known to health and social care services. Hidden carers are those who may not recognise themselves as carer and consequently be less likely to access support. Some studies suggest that identification as a carer and consequent seeking of support may vary across the spectrum of caring work, with some carers being more at risk of being hidden carers, for example for those who don't care for people with very complex and/or more intensive needs. Sometime there is also a resistance to adopting the label of 'carer' and a guilt because of close family relationships.

● Sandwich carers

There is an increasing number of 'sandwich carers' (Carers UK estimated 2.4 million in the UK) – those looking after young children at the same time as caring for older parents. This terminology can also be used much more broadly to describe a variety of multiple caring responsibilities for people in different generations. As increasing numbers of people are working longer, often beyond retirement age it is anticipated that the support needed for Carers will need to adapt and change.

Around **one in nine working people** are also **carers** and therefore the largest proportion of carers are in employment, whether full or part time (Census 2011).



● Carers and Covid-19

Covid-19 has highlighted that there are times when Carers need additional support in order for them to continue with their role, including development of their digital skills to enable them to access support through different channels.

5. Strategy background

● The Care Act 2014

The strategy underpins which for the first time gives carers the legal right to recognition and entitlement to support in their own right.

● **Carers Action Plan 2018-2020³**

Prepared by the Department of Health and Social Care Carers Action Plan 2018-2020 recognises the increasing value and importance of carers to health and social care and broader society. It emphasises the need for Carers to access information and support to provide the best care they can. Carers need to be helped to balance their caring responsibilities with their own employment and to preserve their personal health and wellbeing.

This Action Plan identified four primary themes related to adult carers which are:

- **Services and systems that work for carers** - There is no such thing as a "typical carer". Services and systems need to be aware of the diversity of carers and their circumstances, from an elderly neighbour, to a young adult carer even to someone serving in the armed forces. Services also need to be responsive and flexible, recognising and supporting carers at different stages in the caring journey.
- **Employment and financial wellbeing** - Where an employer is made aware of an employee with caring responsibilities, employers can take simple, but effective action to consider flexible working practices to enable carers to balance their caring and employment responsibilities.
- **Recognising and supporting carers in the wider community and society** - Many carers will have little contact with services for carers and will not be receiving formal support in their caring role. It is therefore vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities.
- **Building research and evidence to improve outcomes for carers** - This helps to better understand what solutions would be most effective and helpful for carers, to strengthen areas where we identified gaps and to ensure that the development and delivery of future policies are informed by a strong evidence base.

³ Carers action Plan 2018-2020

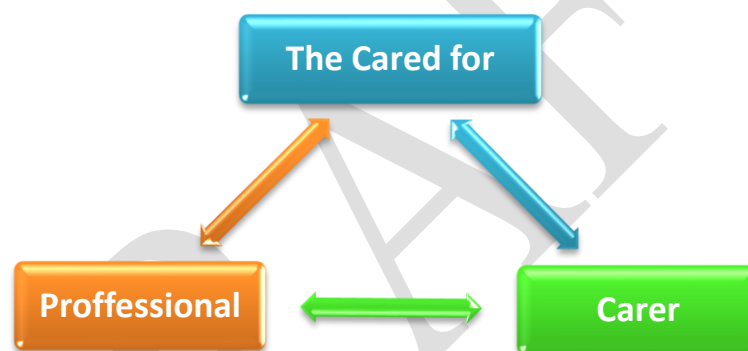
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

- **Cornwall Council and NHS Kernow Adult Health and Social Care Market Position statement 2019-2022** lists the key strategic aims to help support carers:

- Jointly commission services to remain in their caring role
- Support carers where possible using direct payments/personal budgets
- Enable carers to access integrated support service to support carers in their caring role
- Improve services for carers through closer working between the Council and NHS Kernow.

● **The Triangle of Care**

The 'Triangle of Care' is a working collaboration, or "therapeutic alliance" between the carer, the cared for person and any professional working with them that promotes safety, supports recovery and sustains well-being



The Triangle of Care was initially developed by The Princess Royal Trust for Carers (now Carers Trust) to improve mental health acute services. It is widely accepted that these key principles can be applied to all service areas so that they underpin the support offer that should be provided to carers. The six principles include:

- 1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- 2) Staff are 'carer aware' and trained in carer engagement strategies.
- 3) Policy and practice protocols regarding confidentiality and sharing information, are in place.
- 4) Defined post(s) responsible for carers are in place.
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- 6) A range of carer support services is available.

● Co-production



Co-production is the relationship where professionals and citizens share power to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make in order to improve quality of life for people and communities, (The New Economic Foundation -NEF)

Co-production is a new way of engaging people who receive services. We are committed to ensure the services for carers will be co-produced by carers and practitioners as much as possible.

NEF recognises six main important parts of co-production⁴:

- **Recognising people as assets:** People are seen as equal partners in designing and delivering services, rather than as passive beneficiaries or burdens on the system.
- **Building on people's capabilities:** Everyone recognizes that each person has abilities and people are supported to develop these. People are supported to use what they are able to do to benefit their community themselves and other people.
- **Developing two-way reciprocal relationships:** All co-production involves some mutuality, both between individuals, carers and public service professionals and between the individuals who are involved.
- **Encouraging peer support networks:** Peer and personal networks are often not valued enough and not supported. Co-production builds these networks alongside support from professionals.
- **Blurring boundaries between delivering and receiving services:** The usual line between those people who design and deliver services and those who use them is blurred with more people involved in getting things done.
- **Facilitating not delivering to:** Public sector organisations (like the government, local councils and health authorities) enable things to happen, rather than provide services themselves. An example of this is

⁴ Public Services Inside Out, David Boyle, Julia Slay and Lucie Stephens, 2010
https://b3cdn.net/nefoundation/946910eae8c00ae1c8_q6m6iveqt.pdf

when a council supports people who use services to develop a peer support network.

Prepared by:

Kelvin Yates and Ania Nicholls

Adult Transformation and Commissioning

28 July 2020

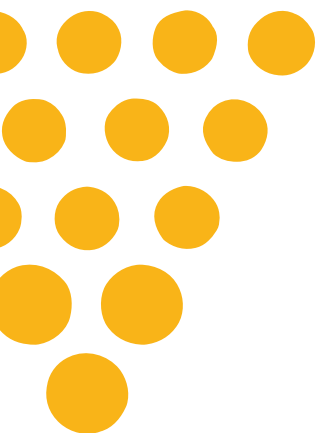
If you would like this information
in another format please contact:

**Cornwall Council, County Hall
Treyew Road, Truro TR1 3AY**

Email: comments@cornwall.gov.uk

Telephone: **0300 1234 100**

www.cornwall.gov.uk



Consultation

Draft Adult Social Care Charging Policy

Welcome and Introduction

- Welcome
- The On-Line Event
 - Turn off your microphone if not speaking – this improves the audio quality
 - Press the hand symbol if you want to speak. When you have spoken, please press the symbol again
 - If you are using the video function, we may ask you to close this if the quality of the call is not good.
- A note taker will record comments but these will not be on a named basis
- You can use the on line survey to let us know any other views
- The consultation closes on 11 September 2020

Charging Policy – Initial Development

- Adult Social Care last consulted on its charging policy in December 2017. The consultation was not completed
- We had advice on our approach to consultation and have since been listening to views from voluntary and community sector organisations and people who have support from adult social care
- We drafted the new policy to reflect this learning and have written it in simpler language, included links to other information so it can be used as a guide and added sections on issues not previously included. We then had informal advice from some community organisations on the document.
- The revised draft was presented to Health and Adults Overview and Scrutiny Committee and agreed for consultation in February 2020.

What's new?

- Written in simpler language
- Links to additional information
- New sections
 - Direct Payments
 - NHS Continuing Health Care, Intermediate Care and Funded Nursing Care
 - Paying by Direct debit
 - Duty to notify change of circumstances
 - Data Sharing
 - Self-Funding
 - Shared Lives
 - Eligibility to apply
 - Informal Carers
 - Appointeeship, LPA and Deputyship
 - Gaps in service
- Confirms plan (explained in Direct Payment policy) to introduce self service for people to make applications for financial assistance

Main Changes to Old Policy

- Charging for care at home from the date it starts – previous policy started charges from the date the assessment was complete
- Charging for respite care using rules for a short stay in a care home – previous policy used rules for care at home
- Introducing a charge for arranging care for people who pay all their care costs – previous policy did not have a charge
- Removing the subsidy for meals – previous policy used a set price of £2.50 for meals

Case Study – Respite Care

Brenda is over pension age and has income of £428 week. Brenda books in for a respite stay at The Elders care home, at a cost of £900 per week. Brenda starts her stay at the Elders on a Monday and stays for 14 nights.

Charge Under Current Policy

The charge would be calculated the same way as care at home. This means that although Brenda has reduced household expenditure during her stay at the Elders, the Council would still allow that expenditure. This reduces the charge that Brenda would pay.

The charge applying care at home rules would be £233.25 per week. However because the Council charges from a Saturday her stay is over 3 charging weeks and the total amount Brenda would pay is **£699.75**.

Charge Under Proposed Policy

The charge would be calculated in the same way as a temporary care home stay. This means that a lower amount of household expenditure would be applied and Brenda would pay a higher charge.

The charge for Brenda, using the temporary care home stay rules would be £397.35 per week. However, Brenda would only be charged for the nights she stayed, meaning her charge for the period of respite, would be **£794.69**

Case Study – Home Care

Betty comes home from hospital and a package for care at home starts on Monday 15 June 2020 costing £150 per week. A financial assessment is booked in for Thursday 18 June 2020 but on this day, Betty says she is not feeling well, so asks if the appointment can be moved to Monday 22 June 2020. On 22 June 2020, the financial assessment is carried out and as a result, Betty is assessed as needing to pay £120 towards her care at home.

Charge Under Current Policy

No charge is paid until the Saturday after the financial assessment. Betty does not start paying the charge until 27 June 2020. This means there is a 12 day period of free care that reduces the amount of money the Council has available to meet other needs.

Charge Under New Policy

The charge would start on the date that Betty's care package started. This would mean that she would be paying £120 towards her care from 15 June 2020.

How are we consulting?

- Written directly to 4500 people who have care needs
- The Voluntary Sector Forum and their 219 members
- Partnership Boards
- Care Providers
- Direct mailing to Voluntary and Community organisations who support people in Cornwall
- Public awareness through media and our website
- 10 public Webinars starting 7 July 2020
- 4 staff webinars throughout July
- Additional webinars for Partnership boards, Voluntary Sector Forum and other organisations on request
 - If safe – 6 face to face workshops in August and 3 drop in sessions
- People can make comments using the survey form, by writing to the Council, email or calling us

What Happens Next

- Consultation will close on 11th September 2020
- The draft policy will be reviewed by Council management teams in October
- A revised draft policy will be considered by Health and Adults Overview and Scrutiny Committee in November 2020
- The final draft will then be considered at Cabinet on 12 December 2020
- We will publish the policy, give feedback on the consultation and introduce it from 1 February 2021



Questions?