

Health and Adult Care Scrutiny Committee

**Carers**  
**Spotlight Review –**  
**A Follow Up**

21 March 2023

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This report can be downloaded from:

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## Preface



The purpose of this review is to rejuvenate the focus on the role of unpaid carers. The vital part they play in the health and wellbeing system beyond the statutory provision to those requiring support. The Committee is committed to continue its influence on service providers to encourage service improvements to the unpaid carer, particularly when they need care themselves like elective surgery.

The only one certainty in life after birth, is death. What matters is the experience in between, how we treat or are treated by others. I am always amazed at the dedication and commitment unpaid carers display whenever I am fortunate to meet them. We all know how important family life is. Those who are nurtured and cared for, reap the benefits given freely by partners and family members, which enriches their lives in turn.

For many of us we often don't recognise that we are a carer, it is gradual as the needs of our loved one's increase, or it has always been there supporting a sibling, or parent who needs support. We have only looked at adults but we are aware children can be carers of a parent or sibling and would ask Children's Scrutiny to consider carrying out a review of this cohort.

On 22 February 2023 a consultation on the Carers Support and Carers Offer was launched. Reference to this process has not been made in the body of this report, as it was after the evidence gathering sessions for this review took place and it remains a live consultation. Members will however follow this process closely and hope that decision makers take careful note of the Spotlight Review's findings.

On behalf of my fellow councillors, we would like to thank all those who took part in this refreshing of the Review, all the Carer Ambassadors, staff at Westbank and other volunteer organisations, the Scrutiny Team, and with a special thanks to both Sue Younger-Ross and Ian Hobbs for their dedication and drive to keep the welfare of carers constantly front of mind at County Hall.

**Councillor Sara Randall Johnson, Chair, Carers Spotlight Review – A Follow Up,  
Health and Adult Care Scrutiny Committee**

# 1. Recommendations

The Spotlight Review ask the Health and Adult Care Scrutiny Committee to consider this report and conclusion and make the following recommendations to the Health System. **The Committee ask for a report back on progress within 6 months.**

## Recommendation 1

That the Committee recognises the invaluable role of replacement care and urges the Council to maintain this provision.

## Recommendation 2

- (i) That further work is undertaken with Primary Care to improve carer identification and referral by GP surgeries into Devon Carers to ensure a more consistent offer.
- (ii) That NHS Devon Integrated Care Board, the Hospital Trusts and the County Council continue to ensure carers' appointments and carers' elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.

## Recommendation 3

That there is system wide recognition and a holistic approach taken to support and address carers isolation, embedded in all work of the County Council's including in its commissioning arrangements.

## Recommendation 4

That work continues, and is expanded, to promote the sign up of organisations and communities to "Carer Friendly Devon.

## Recommendation 5

That One Devon considers longer-term funding for community and voluntary sector groups to help ensure sustainability in their work.

## Recommendation 6

That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person and prioritises a reduction in any backlog over the next 12 months.

## Recommendation 7

That Health and Adult Care Scrutiny continues to closely monitor unpaid carers and further recommends Children's Scrutiny does likewise in terms of young carers.

## 2. Introduction

The Spotlight Review was undertaken by the following members of the Health and Adult Care Scrutiny Committee:

- Councillor Sara Randall Johnson (Chair)
- Councillor Carol Whitton (Vice Chair)
- Councillor Tracy Adams
- Councillor Jess Bailey
- Councillor Pru Maskell
- Councillor Ron Peart
- Councillor Richard Scott
- Councillor Martin Wrigley

On 20 January 2022 the Health and Adult Care Committee resolved to undertake a piece of work to update on unpaid carers following on from the Committee's 12 March 2020 [Carers Spotlight Review](#).

The terms of reference for the review were:

1. To provide members with an introductory overview of carers in Devon.
2. To have a further session with carers and staff at Devon Carers at Westbank, Exminster.
3. To review what the re-set Caring Well in Devon contract might look like; developments with Local Care Partnerships and the carer offer in Devon – now and looking forward.
4. To report back to the Health and Adult Care Scrutiny Committee / local Health and Care System with recommendations from the findings of the Spotlight Review.

The term 'carer' in this report is used synonymously with 'unpaid carer' and has the intended same meaning as someone providing care without payment. 'Care worker' is used for those care workers employed to provide care.

This report provides a snapshot of issues raised to members by Carer Ambassadors, Devon Carers and officers in their representations to the Spotlight Review. Members would like to place on record their gratitude to the witnesses who contributed to the Review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

Members of the Spotlight Review ask the Health and Adult Care Scrutiny Committee, Cabinet, and NHS Devon to endorse this report and consider the recommendations detailed above.

## 3. Background / Context

### What is a Carer?

A carer is a person of any age who provides (or intends to provide) care and/or support of any type to another person, usually a family member, sometimes a neighbour or friend, without payment and not as part of a volunteer scheme. The “cared-for” person could not manage without this care/support.

### Carers in Devon

Carer Services in Devon are provided under joint commissioning arrangements between the County Council (both Adult Care & Health, and Children’s Services), and NHS Devon. This arrangement is known as the Devon Carers Partnership in which Devon County Council is the lead partner. Westbank Community Health and Care were awarded the 5-year contract in April 2018 for Caring Well in Devon for Adult Carers of Adults’ Service, and in a separate lot, the Young Carers Support Service for young carers.

- It was estimated by the Officer for National Statistics that during the pandemic there were 130,000 carers in Devon. In common with other areas the 2022 Census shows a reduction (in comparison with the 2011 Census) in the number of people identifying as carers in Devon. 42,000 carers of adults are known through Integrated Adult Social Care & Devon Carers.
- 54% of carers aged 50-64 self-report as ‘in good health’ – this compares with 87% of the non-carer population.
- Caring has become a larger problem since the pandemic; the already-existing issues have been exacerbated by workforce issues within care. The requirement to spend more time caring has meant that many carers have struggled to fulfil their paid jobs, putting their income in jeopardy.
- Many carers (64%) reported being unable to take break from their carer role during the pandemic.
- 1 in 6 carers are in debt as a result of their caring role; this increases to 2 in 5 for those in receipt of Carer’s Allowance.
- Devon Carers reported the high number of carers worried by the cost of living increase and not able to take their breaks from caring as before.
- All of these factors have contributed to more carers feeling isolated, exhausted, worried, and in many cases close to burnout / breaking point.

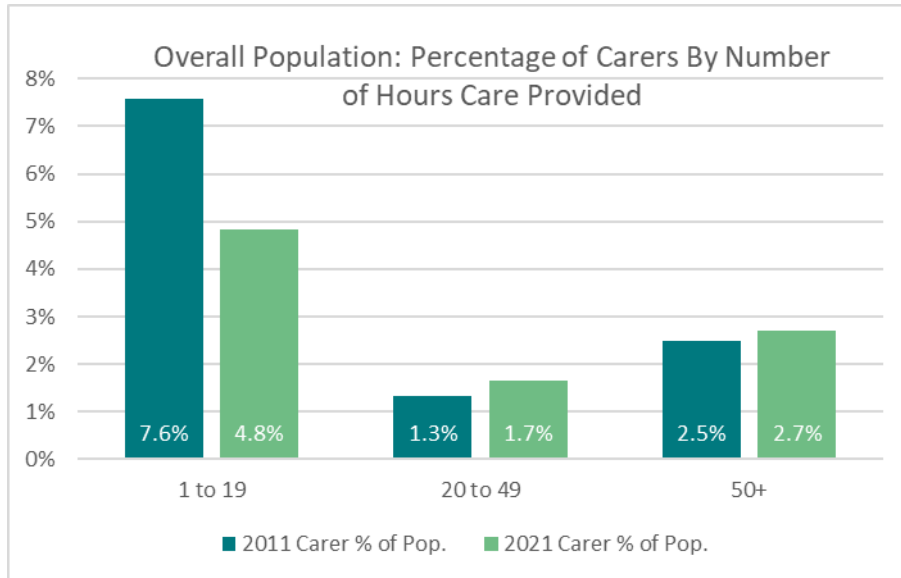
### National Picture

Against expectations in England and Wales the overall number of people saying that they provided some form of unpaid care fell 2.4 % to an estimated 5 million. This was 9% of the usual residents of England and Wales, a decrease from 11.4% in 2011.

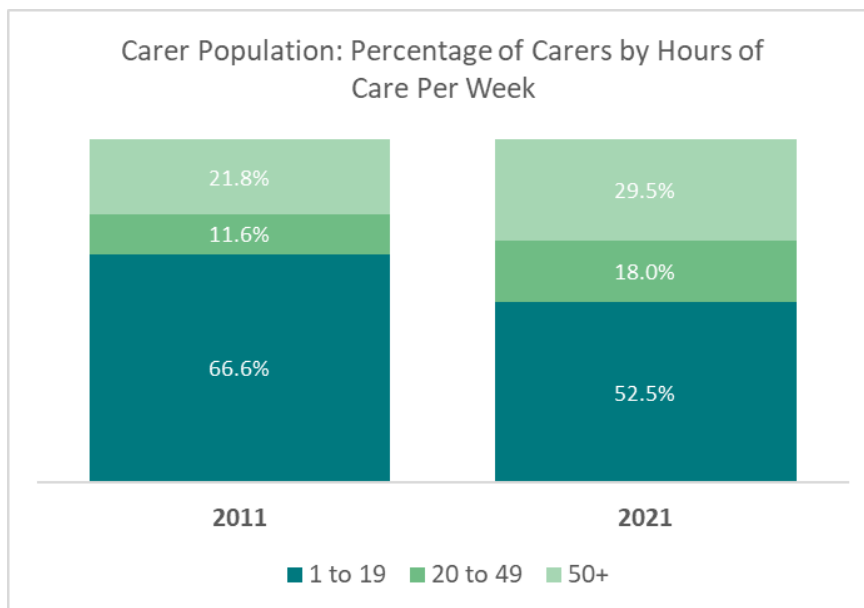
- The proportion of people providing 19 or less hours of unpaid care a week decreased from 7.2% in 2011 to 4.4% in 2021.
- The proportion of people who provided 20 to 49 hours of unpaid care a week increased from 1.5% in 2011 to 1.9% in 2021.
- The proportion of people who provided 50 or more hours of unpaid care a week increased slightly from 2.7% in 2011 to 2.8% in 2021.

### Local Devon Picture

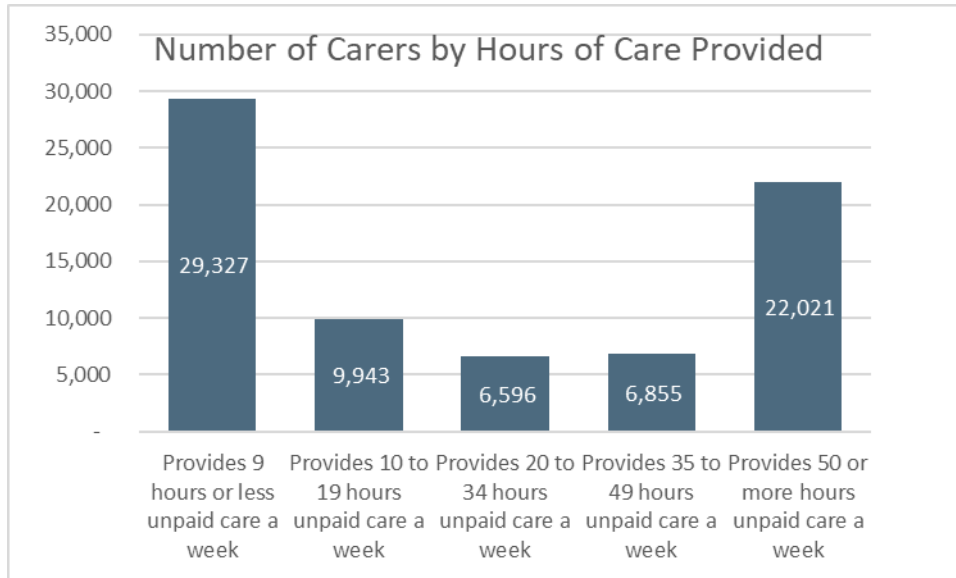
This pattern was replicated in the Devon area with those providing more intense care (greater hours) seeing an increase in numbers and the decrease being seen at the lower end in the 1 to 19 hour category.



In 2021 the percentage of carers providing 1 to 19 hours of care decreased by 14.1% compared to 2011 but those providing 20 to 49 and 50+ hours of care increased by 6.4% and 7.7% respectively.



Overall, the numbers of carers in Devon in 2021 is greatest in the two extremes of the hours of care provided. Just over 29,000 providing 9 hours or less and 22,000 providing 50 or more hours. It is interesting to note that for those providing 1-19 hours of care in 2021, 75% were providing 1-9 hours of care. Although this breakdown is not available for 2011 it may suggest that the decrease in carers occurred in the very low end of the hours of care provided as this appears to be the larger group.



The data shows that in Devon the number of carers providing the highest number of hours per week (above 20) has increased. This is significant as it is these carers providing essentially full-time care that require the most support and are put under significantly more strain than non-carers. As for the reason behind the overall decrease in carer numbers, sources have suggested that the change in the question may have had an impact. The key message from the data is the increase in the number of hours of care provided by families every week since 2011 is striking and is a continuous upward trend.

The Office for National Statistics suggests that Covid 19 had an impact, "Census 2021 was undertaken during the pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond.<sup>1</sup>" Reasons for this impact may include the following:

- During the pandemic community volunteer groups provided small services such as shopping and prescription collection. These tasks may have been carried out by someone prior to the pandemic that would have identified themselves as providing less than 9 hours of care. As the community groups took over this function that person may not have identified themselves as providing any care in 2021. This would fit with the decrease in people reporting providing the least (19 hours or less) amount of care.
- Friends/relatives may have previously provided a small amount of care to someone pre pandemic but due to the problems caused by isolation, lockdowns and the fear of catching Covid 19 this reduced to just a single person providing that care.

<sup>1</sup> [How life has changed in Waverley: Census 2021 \(ons.gov.uk\)](https://ons.gov.uk)



## Eligible Needs

At the start of the new contract period with Devon Carers in 2018 there was still concern about whether carers' eligible needs under the Care Act 2014 would be evident at very high levels, and the offer was structured in such a way as to ensure resources would be available to respond to that (Figure 1). Over time, as experience and skills to solve “prevent reduce delay” needs developed, more help could be moved “upstream” of a finding of carer eligibility, and preventive measures could be more innovative (Figure 2).

Helpline		Carer Health and Wellbeing Checks	
Level 1 - Universal	Level 2 – Targeted (identified risks)	Level 3 – Personal (eligible needs)	
Information and Advice (Helpline)	All of Level 1 plus:	All of levels 1 and 2 plus	
Guidance (Helpline)	Personal advice from a worker as a brief intervention, face to face or telephone	More intensive one to one and group support	
Signposting (Helpline)	Sourcing, signposting and referral to other services	Input to support the carer to be an expert partner in care while maintaining their own health	
Newsletter	Peer support in facilitated groups and buddy pairs	Personal Budget	
Alert card	Contingency and escalation planning	One-off independence payment	
Carer-organised peer support	Hospital Discharge (reactive, 160 cases per annum)	Carer breaks payments	
Celebration events (eg Carers Week)	Online and telephone carer to carer support	Replacement care (via DCC Operations Teams)	
Training to care safely, first aid and looking after carer's own health	Training to provide more specialist caring where this is needed		
Online training apps and other online resources	Casework and crisis support		
Assistance with contingency planning (for Alert Card) where carer is having difficulty			
Support to develop mutually supportive relationships and networks			
Advice on access to common facilities (e.g. education) and services (e.g. anxiety and depression)			

Figure 1 - Carer Offer 2018

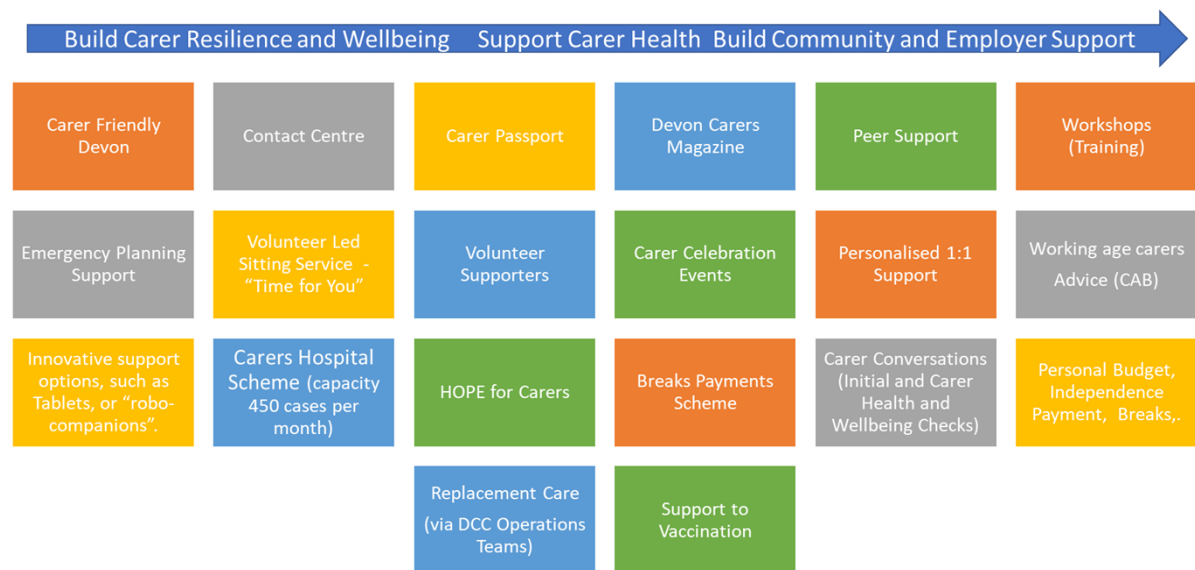


Figure 2 - Carer Offer – Current Constituent Parts

## The Biennial Carers' Survey

Devon's performance in the Biennial Carers' Survey since 2014/15 were reported on and presented in comparison with England, the South-West Region, Devon ICS as a whole (Devon, Plymouth, Torbay) and the average performance of Devon's CIPFA Statistical Neighbours. The 2021-22 survey period covered the peak of the Omicron wave of the pandemic late 2021/early 2022. 991 surveys were sent to a random sample of eligible

carers of which 445 were completed and returned. This represented a 45% response rate significantly better than England (33%) and the region (40%).

The headlines of the survey were:

- Devon is better performing in terms of: satisfaction with social care; consultation and inclusion of carers in decisions regarding cared for persons support (comparatively with Devon's CIPFA comparator authorities, although there has been a downward trend); and access to information (which showed an improving trajectory and good performance).
- Devon is more poorly performing on self-reported quality of life and levels of social contact of carers (namely, greater social isolation) with both of these on a downward trend and low compared to Devon's CIPFA comparator authorities the other data sets.

## The Carer Offer in Devon: Now and Going Forward

The Carer Offer in Devon has continued to evolve as understanding has developed and new means of addressing carer need have been developed, and commissioners alongside providers have better "heard" what carers have told them. Devon Carers have updated their strategy document: *Devon Carers Vision and Strategy 2023 –2025*. Devon Carers work to move towards this vision has already begun, but can be summarised in 5 priorities:

- Renovating structures and systems
- Develop innovative tools and services
- Pioneer approaches to identify carers through new mediums
- Integrate with other organisations as a positive influencer
- Increase co design and participation with carers

By the 31 March 2025 Devon Carers have committed to achieving the following outcomes:

- *We will have at least 31% (c. 37,200) of carers in Devon registered with our service.*
- *We will improve equity of access to our service better representing the wider community of Devon.*
- *We will have developed a suite and selection of tools and resources, in collaboration with carers, that support carers earlier in their caring journey, prior to reaching any kind of crisis point.*
- *We will have migrated to and implemented a digital work space for our colleagues.*
- *We will have begun and completed a number of Process and System reviews, ensuring that they support our work, not the other way around.*
- *We will implement our new First Line Response Function within Carer Support Management.*
- *We will implement a new Development and Partnerships Team into Devon Carers.*
- *We will implement a new Stakeholder Engagement Strategy and Plan.*
- *Every part of our service will have a clear and used approach to co design and collaboration with carers*

It should be noted that the Carer Offer is not the whole of the activities of the Carers Programme or of Devon Carers. For example, the Caring Well in Devon contract has a "service facing aspect" requiring the delivery of Carer Awareness Training, and where this is delivered outside of Health and Social Care this has become closely aligned with the Carer Friendly Devon initiative. The development of carer focus as the ICS forms at strategic and Local Care Partnership levels requires supportive capacity from both the Carer's Programme Team and Devon Carers.

## 4. Progress on Scrutiny Recommendations from 2020 Carers Spotlight Review

The following recommendations were agreed at the [Health and Adult Scrutiny Committee](#) on 12 March 2020 and subsequently by [Cabinet](#) on 13 May 2020.

### Recommendation 1

That Government through the Local Government Association (LGA):

- (a) works with the County Council to identify a funding stream to support carers, linked to new proposals to fund Adult Social Care, particularly in relation to the provision of replacement care. Increased resources are needed to recognise the growth in the number of carers and the longer duration of their caring responsibilities. This is essential to delivering the ambition of the Care Act 2014.
- (b) reviews the benefits and appeals system accessed by carers to ensure it is properly supportive and not leaving carers without the financial support they are entitled to.
- (c) reviews the NHS Continuing Healthcare criteria to ensure it is providing the necessary provision for carers.
- (d) recognise the skills and value of care workers and reviews their pay with a view to the provision of competitive remuneration and benefits in order to boost staffing levels.
- (e) creates a ministerial role for carers.

### Recommendation 2

That a Carers Charter is created:

- (a) recommending a carers pathway signed up to by each agency, including primary care and consultants, outlining what carers can expect in terms of support at each stage of the process.
- (b) recommending the continued development of a clear gold standard for carers assessments to avoid variation with effective follow up procedures in place. That this model pathway is signed up by all service providers including the voluntary and third sector.

### Recommendation 3

That Devon campaigns and promotes carers income maximisation through a dedicated staff appointment.

### Recommendation 4

That relations are continued to be developed between care workers and carers using the County Council's in-house domiciliary care as a pilot to improve the way agencies work with carers.

### Recommendation 5

That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person.

### Recommendation 6

That advance communication and complementary working is developed between Devon Carers, the third and the voluntary sector, which includes longer term funding for these groups.

### Recommendation 7

That Devon Carers build into their contract a carers buddying scheme, whereby carers are matched with a trained volunteer who is also a carer (or former carer) to provide support, help and advice.

### Recommendation 8

That Devon Carers and Adult Social Care and Health Operations work to ensure a level of carers assessments consistent with nationally recognised good practice in terms of the methodology and pathways.

### Recommendation 9

That the Devon Long Term Plan ensures through its Integrated Care Model that carers needs are properly recognised to ensure they get the support they need to care without putting their own health and wellbeing at risk.

### Recommendation 10

That NHS Devon CCG and the County Council ensure carers' appointments and carers' elective surgery are prioritised; that medical staff know they are carers and support is put in place when they go home after surgery.

### Recommendation 11

That through the Better Care Fund (which the carers budget comes from) a resource stream is targeted at:

- a) GPs to recognise carers as a group they need to provide for;
- b) training health professionals in Primary Care Networks to recognise and support carers.

### Recommendation 12

That there is an initial health and emotional wellbeing check for all carers upon their identification.

## Update Reports to Committee

On 26 January 2021 the Committee received an [update report](#) on progress against the recommendations from the 2020 review. At this time officers advised the following:

- 3 of the recommendations are considered to be complete
- 8 of the recommendations are in progress
- 1 of the recommendations is delayed in its entirety due to COVID-19

It was reported to members that the pandemic had had a significant impact on officers' ability to implement the Spotlight Review's recommendations. Since March 2020 the focus has been on improving support for carers and bolstering existing services and support mechanisms, however the recommendations from the Carers Scrutiny Spotlight Review were reported to have been considered throughout this process.

At the start of this follow up Review process in October 2022 members were advised that of the recommendations made by the Spotlight Review in 2020, ten out of twelve were now considered complete, with two in progress. These were:

- Recommendation 4 - Improved relations between paid care-workers and unpaid carers (see page 13)
- Recommendation 5 - Ensuring the views of carers are taken into account in needs assessments (see page 14)

## 5. Key Issues

Key issues arising from the witness interviews are presented here. An open interview methodology was used, where conversations ranged over many topics.

### Carer Identification

Devon Carers currently support around 25,000 carers, however, they believe that there are in the region of 120,000 carers in the County. Recognising that the experience of carers differs hugely and acknowledging that not all carers will want support Devon Carers ambition is to reach 50% of carers in Devon, with a particular focus on ensuring equity of access, reaching underrepresented groups and communities. In order to prevent service overload, Devon Carers target is to increase by a minimum of 5% each year - with 25,000 carers this represents about 21% of carers in Devon, so the year 1 target will be to get to 26% and year 2 to get to 31% etc.

Carer identification appears to still be a major issue, as it was in the 2020 Spotlight Review. There remains a need to ensure that those who find themselves in a caring position are identified as carers and the individuals given adequate information and support regarding caring. Carer Ambassadors spoke at length about the difficulties people have in both recognising and accepting their role as a carer. Many carers do not see themselves as a carer if they are caring for a loved one. Staff at Devon Carers highlighted issues around carer identification as a significant barrier to their work – the point at which a person recognises they are a carer and ask for help. Often lots of carer journeys only officially begin after a hospital event. Additionally, many carers do not like to ‘wear the badge’ due to a social stigma, or a concern about labelling a relationship that was previously only seen as for instance sibling, partner, and so on, as carer / cared-for.

Delays in diagnosis are also a factor. A Carer Ambassador shared his experience that it took around six years for the person he cares for to receive a diagnosis, and almost a decade for him to accept the label of carer.

Carer Ambassadors highlighted a need for the system to recognise the differences between a life-long carer (for example, for children) and an old age carer (looking after someone towards the end of their life) because carers have different needs.

### Carer Support

Staff at Devon Carers spoke about the ways in which carers can get connected to the service and how across the system there should be “no wrong front door” – wherever carers present, there should be help available to them. Hospitals and GPs can refer carers to Devon Carers, and this is good practice and in line with the NHS Long Term Plan, but they are not obliged to do so.

Staff and Carer Ambassadors spoke about the guilt that carers go through and how asking for advice may imply failure and that the carer cannot cope. Many spoke about the obligations and implicit contract that carers ‘have to’ look after close friends or families. Many of the Carer Ambassadors stated they have felt helpless at times, and it has impacted upon their mental health. The caring journey starts with assisting with small tasks but can slowly turn into dominating life and more like a job that carers feel obligated to do and they ‘cannot just walk away’. Particularly with the pandemic, people stepped in to help out, expecting for it to be a short-term solution but now feel ‘trapped’. Many carers felt guilt when taking a break or going out of the house and feel like they need to be there all the time.

Carer Ambassadors commented that NHS Devon were at times ‘too concerned with performance targets’ and ‘getting people out of beds’. Carers felt like the health system treats them as a ‘stop-gap solution’ rather than in any way a partner as they were often not included in discussions around the plans for the cared-for person. Officers advised

members that the Health and Care Act 2022 includes new carer provisions that should mean greater carer involvement. This includes at hospital discharge, duties to consult carers around planning, commissioning and around services related to prevention, treatment, diagnosis, and care. The NHS Long Term Plan also has 6 carer-related requirements including the provision of Carer Passports and the introduction of best-practice Quality Markers for Primary Care, being worked on in collaboration with the ICB.

In the November 2022 report from Healthwatch on [The impact of providing unpaid care at home](#) the following issues relating to a lack of support for carers were highlighted:

*Unpaid carers are often not recognised as such, the role is not always recorded on patients records and if new to the role, they are unaware of support available to them including financial support. The role they undertake is often all consuming and affects their personal lives and those of their immediate family and friends. It can lead to deterioration in both physical and mental health leaving the carer unsure of where to turn to gain support.*

*Information on what support is available is sometimes difficult to find, particularly if they are not able to access or use equipment to access websites and sometimes it becomes a case of who you know and not what you know to access information. Despite the limited response<sup>2</sup>, the number of respondents who report that their caring responsibilities have had a negative impact on their health is high and yet the number of people who have sought support is low in comparison. This may be for a variety of reasons such as acceptance of their situation, insufficient time, unawareness, or lack of information of support available, or a feeling they do not need to access support.*

Carer Ambassadors also observed that many carers and those cared for are elderly and lack access to the internet and/or IT skills. Combined with much of the support for carers being accessible online this can lead to a sense of isolation and distance from the support that is available. It was suggested that with local community groups and libraries often offering free IT training services, or access to computers that signposting people to these services could help some in alleviating these difficulties.

Carers stated they were not always trained on pieces of equipment such as hoists. By not knowing how to use this equipment properly it presents a risk of physical injury to both the unpaid carers and the cared for people. Carers also felt that they needed more help on financial management. Especially on sorting out what to do with joint accounts or managing money with less income or without their partner and budgeting to take into account the rising costs of care.

Carer Ambassadors continue to be identified as an invaluable resource bringing issues relating to carers forward. The Carer Ambassador's role is also crucial in helping carers to know what is available in the community. Through the Carer Ambassadors, they are trying to promote the Devon Carers offer by dropping leaflets and posters into places where carers have a touch point e.g. dental practices, supermarkets etc. It was noted to members that as the Carer Ambassador scheme has developed, there appears to have been increasingly active collaboration between the commissioners, Devon Carers and Westbank.

## Replacement Care

Replacement care is a term used in the 2014 Care Act and refers to provisions put in place to allow carers to take a break from their caring responsibilities, also commonly known as respite care. It aims to support carers to have a break from their caring responsibilities. There are many different types of replacement care including:

- day centres
- care at home
- a short stay in a care home
- holidays or short breaks

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<sup>2</sup> Healthwatch received 121 responses to the survey across Devon, Plymouth and Torbay.

- carers' emergency replacement care schemes
- other, such as sitting services, innovative use of technology, potentially Shared Lives

Carer Ambassadors were unanimous in raising replacement care as their first concern and a key area to improve. Feedback to members was positive about the Carers Breaks scheme and the difference it makes to people's lives in providing a period of respite that they can have, with the scheme making them 'feel okay to ask for a break'. However, with the cost of living rises, recruitment and retention issues within the sector, unpaid carers were finding it increasingly difficult to get help. Many had taken on less hours at work to cover for caring, which put even more pressure on finances. Likewise, Carer Ambassadors stated that they knew of families moving the cared for person into their home or vice versa to save on costs and bills. This meant that replacement care and respite breaks was even more critical for carers to have time away from their responsibilities. There is also a lack of sitters who can provide a short period of respite and Carer Ambassadors wanted to see a volunteer drive to increase the number of sitters available to carers.

Officers agreed that replacement care continues to be a challenge. The current system has an over reliance on inflexible bed-based care (where beds can often only be booked for 7, 14 or even 21 days) leading to less personalisation and less diversity of provision. It was reported that locality replacement care profiles were nearing completion which will allow better local market development due to a greater understanding of local positions regarding replacement care.

## **Paid Care Workers**

The 2020 Spotlight Review included a recommendation focussed on improving the relationship between unpaid carers and the paid care sector, which was one of two that had not been progressed in the intervening period:

*That relations are continued to be developed between care workers and carers using the County Council's in-house domiciliary care as a pilot to improve the way agencies work with carers.*

Evidence members received from Care Ambassadors highlighted a number of ongoing concerns relating to paid care workers and indicated a need to revisit this recommendation:

- the lack of paid care workers in the workforce. One carer had 60 hours of care in their package but could only get 48 hours covered due to staff shortages which ultimately meant the family had to do more.
- a lack of quality, trained care workers due to the low pay. Paid care workers should earn a similar level to equivalent nursing/care roles within the NHS.
- more training for paid care workers for those with complex needs and with regards to mobility issues and handling, many are helping to move around cared-for people without consideration of their own risks.
- the need for stability and continuity with paid care workers. Constantly changing staff, and times of visits disrupts routines and could be detrimental to those with dementia for instance. Some carers stated that where they do not know the paid care worker there can be issues with trust and it becomes difficult to utilise the break they could potentially have.

## **Assessments**

Two types of assessments were discussed by Committee members and Carer Ambassadors: needs assessments, of the people with needs for care and support; and carer assessments.

The Care Act 2014 introduced rights for carers to have a carers assessment if there is an appearance of need, and placed duties on local authorities to provide for those needs if eligible. Dissatisfaction with carers assessments in Devon was an issue highlighted to members in the 2020 Spotlight Review. Carers at the time felt that the quality of those assessments was rather mixed. This dissatisfaction was not reported as such an issue this time, and Committee members heard from staff of Devon Carers how improvement and

management within Devon Carers had been undertaken in the intervening period. No doubt the quality of carer assessments and the satisfaction of carers with these continues to be an important area for focus by the Carers Service. No evidence was offered to the Committee about carer assessments undertaken by County Council staff.

Carer Ambassadors continued to express concern about the involvement of carers in the needs assessments of the people they care for. This is required by the Care Act 2014, with the “gold standard” being recognition by staff of carers as “expert partners in care”.

Members included the following recommendation in their previous report:

*That the County Council reviews its needs assessment process to ensure it is taking the views of the carer into account as well as the cared for person.*

Taking account of the finding of the 2021 Carers Survey, it is concluded that while there is some evidence of improvement, carers continued to feel insufficiently involved. Members were disappointed to note that this recommendation had not been further progressed over the last 3 years, and asked that this be a priority moving forward.

## **Individual Budgets / Direct Payments**

Many Carer Ambassadors like the direct payment model (for the needs of their cared-for people) as a way for them to manage their own caring arrangements. Concern was raised about direct payments not however keeping up with costs and inflation, meaning that budgets do not cover the packages which people are entitled to e.g. carers are given £18p/h to pay for care but companies are charging up to £22p/h which means carers are having to find the difference at a time when many are already impacted by cost of living issues. There are also obvious workforce issues which are impacting on the availability of paid care workers. Carers also want to see more self-employed/independent care workers who can build long term relationships with cared-for people rather than paid care workers through agencies.

## **Single Point of Contact**

As carers highlighted in the 2020 Spotlight Review, there is still a need for a single point of contact between Health and Adult Social Care, and a single point of access. Carers reported being so much information that it becomes difficult to take in. They also felt that they are ‘bounced around to different services to try and get answers’. Carers wanted one point of contact within the system, someone who knows them, listens to them and can help them quickly so they can get back to their own lives.

## **NHS Devon Integrated Care Board**

Carers felt that there was a lack of representation from carers on the NHS Devon Integrated Care Board (ICB). The 4 core purposes of Integrated Care Systems (ICS) are:

- a) improve outcomes in population health and healthcare
- b) tackle inequalities in outcomes, experience and access
- c) enhance productivity and value for money
- d) help the NHS support broader social and economic development.

The ICB is set up to use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges. The ICB represents an opportunity for the system to think about joined up services for carers and Carer Ambassadors want to work with them to share their experiences.

## **Diagnosis Delays**

Carer Ambassadors raised the issue of delays in diagnosis causing subsequent delays in Carer’s Allowance and Personal Independence Payments (PIPs). It was clarified that



County Council work is not dependent on diagnosis – support is still offered to carers regardless, although there is a recognition that the financial support is vital and when withheld can be very detrimental. The Spotlight Review heard from a carer who shared his stressful and difficult experience of dealing with Department for Work and Pensions and trying to obtain PIPs. This was exacerbated by the person he cares for having no official diagnosis and him not being clear what support was available or where to access it.

## Social Isolation

There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and maintain connections with families and friends. The long-term trend in levels of social isolation is worsening in Devon with the decline in excess of all comparator groups. Whilst there is pandemic impact evident as a result of national lockdowns, shielding and changes in services offered, the decline in Devon in 2021-22 was more significant than its comparators.

- Working age adults are c.a. 10% more socially isolated than older people.
- Females reported being marginally more socially isolated than males.
- There is geographic variation with unpaid carers in the Southern locality self-reporting significant levels of social isolation.
- Unpaid carers of people with memory and cognition (dementia) needs reported significantly higher levels of social isolation than carers of people with other types of support needs.
- Working age carers are more socially isolated than older carers.
- Female carers are marginally more socially isolated than male carers.
- There are geographical differences in the levels of social isolation (skewed by low numbers of respondents in certain localities).
- The lack of replacement care and short breaks for unpaid carers has had an adverse impact on their social isolation, which in turn impacts on their wellbeing

The importance of community support and involvement was discussed with members. It was noted that the early days of the pandemic provided a model for the good that could be achieved with collective support – such as occasionally checking on elderly or isolated neighbours to help them feel supported and connected. Carers often reported as feeling unsafe but it was unlikely that this should be understood in the traditional sense of being at risk of harm from others, rather in the sense of isolation, unsettledness and anxiety.

The importance of prevention, inextricably linked to the Care Act Principle of Wellbeing, was highlighted. Devon Carers' suite of preventative activities is varied and includes things such as the Carers Hospital Service, the Devon Carers Magazine, and provision of various types of support (peer, 1:1, emergency planning).

## Carer Friendly Devon

There has been significant growth in the Carer Friendly Devon scheme working with organisations and businesses across the County to raise awareness of unpaid carers and their contribution to their community and to help those organisations and businesses to better support carers themselves, whether they are their customers or their employees. The scheme comprises Carer Friendly Communities and Carer Friendly Employers, with organisations being able to sign up as either one or both depending on their function.

To date in Devon there are registered:

- 25 organisations to be Carer Friendly Communities.
- 18 organisations to be Carer Friendly Employers.
- 20 organisations to be both Carer Friendly Communities and Employers.

Libraries Unlimited have signed up as both a Carer Friendly Community and Employer in December 2022 and are working to improve their offer to carers. They will also be supporting Carers Week in June 2023 and creating an online Carers Collection alongside

in person events. National Trust, John Lewis and Devon and Cornwall Police have committed to signing up.

The County Council also is already a member of Employers for Carers, and is seeking accreditation for the Carers Confident Scheme, which it is hoped will give the Authority, and its members, more standing in encouraging others along the same development path. Members were advised that the district authorities remain at an earlier stage of the process.

Devon Carers are also trying to engage with groups that might be underrepresented such as male carers, working age carers, LGBTQ carers, and BME carers.

## **Carers Hospital Service**

The Carers Hospital Service is a nationally award-winning service running at all four of Devon's major hospitals. It aims to provide carers with additional support in coping with a planned or unexpected admission into hospital for either the carer or the cared for person. The service has seen increasing referrals year-on-year (10,377 total since 2018, with 7,474 of these being first-time identifications) and helps not only to support carers but also to identify those who previously did not consider themselves carers or were unknown to Devon Carers and other bodies. It has seen particularly positive outcomes in terms of carer health and self-care, support, control over their everyday life, and being and feeling safe and caring safely.

## 6. Conclusion

The invaluable role that unpaid carers play cannot ever be overstated and it is the vital the County Council, the health system and the wider society both recognises and values this. It is essential that carers in Devon are identified and supported to ensure they are not isolated and alone or in a state of crisis, rather their incredible efforts are fully recognised and their physical and mental health needs looked after. The role of Primary Care is paramount in identifying carers more quickly and before their health and wellbeing deteriorates. GP surgeries need to be better coordinated to identify carers.

The Carer Offer in Devon has evolved as understanding and new means of addressing carer need have been developed. Commissioners and Devon Carers have better “heard” what carers have told them. All the evidence members received through this Review process, indicates Devon Carers continuing to make progress. Carer Ambassadors trust and welcome the work Devon Carers and the County Council are doing, but there is still significant room for improvement as the new strategy recognises.

Members did however note some disparity between the Biennial Survey results and what Carer Ambassadors told them during the Spotlight Review. Carer Ambassadors reported a high level of satisfaction with services they were receiving, but that there is an urgent need for more replacement care and that there remain significant issues with loneliness and isolation coupled with the cost of living. There is a huge problem still identifying carers, with 70% or so of carers still unidentified. The “time poor” nature of carers’ lives that was described to members during the Spotlight Review also needs to be a key consideration, so that the system does the running, not the carer.

Members felt it crucial that whenever the County Council commissions services it should incorporate carer-aware working policies and promote the carer offer and Carer Friendly Devon. The message needs to be conveyed to businesses that it is in everyone’s interest to support carers.

There is a need to continue to learn from higher performing local authorities nationally, regionally and locally to improve the service offer to Devon’s unpaid carers. It is essential that the County Council is a Carer Friendly Organisation and that work continues apace to achieve this given the obvious benefits.

While Carer Ambassadors recognised the overall positive trajectory of Devon Carers and the County Council, there were also significant concerns raised about the financial pressures of the authority halting some of this work. Members were convinced that every effort needed to be made to ensure the tapestry of the carer’s offer in Devon is maintained.

## APPENDIX 1

### Spotlight Review Activities

- A1.1 On **25 October 2022** the first meeting of the Spotlight Review took place virtually on Teams (the list of witnesses who attended the session are detailed below in Appendix 2), where members received an introductory overview of carers in Devon.
- A1.2 On **26 October 2022** members undertook a site visit to Devon Carers at Westbank, Exminster to meet with Carer Ambassadors as part of understanding better the carer experience, hear carer perspectives, and the key issues raised by Carer Ambassadors at the Carers Partnership Steering Group since 2020.
- A1.3 On **7 February 2023** members met to discuss with officers and Carer Ambassadors what the re-set Caring Well in Devon contract might look like; developments with Local Care Partnerships; the carer offer in Devon – now and looking forward and Carer Friendly Devon. Following this session members met to discuss their draft findings and recommendations.

## APPENDIX 2

# Contributors / Representations to the Review

Witnesses to the review in the order that they appeared at the Spotlight Review:

<b>Witness</b>	<b>Position</b>	<b>Organisation</b>
Sue Younger-Ross	Joint Carers Lead	Devon County Council / NHS Devon
Ian Hobbs	Senior Commissioning Manager (Market Management, Personal Care and Carers)	Devon County Council
Jess Rundle	Practice Lead - Carers	Devon County Council
Oliver Keenan	Business Analyst, Transformation Team, Integrated Adult Social Care	Devon County Council
Edward Walker-Brown	Commissioning Support Officer, Integrated Adult Social Care	Devon County Council
Andy Hood	Head of Carers Services	Devon Carers
Councillor James McInnes	Cabinet Member for Integrated Adult Social Care & Health	Devon County Council
Freya Caygill	Carer Ambassador	
Anthony Bartlett	Carer Ambassador	
Kerry Good	Carer Ambassador	
Anne Brand	Carer Ambassador	
Ann Mitchell	Carer Ambassador	
Nicky Jeffrey	Carer Ambassador	
Fiona Bladon	Carer Ambassador	
Deborah Goldsworthy	Carer Ambassador	
Linda Cornish	Carer Ambassador	
Philip Cornish	Carer Ambassador	
Miriam Thomas	Carer Ambassador	
Richard Ker (online)	Carer Ambassador	
Win Cameron (online)	Carer Ambassador	
Linda Hughes (online)	Carer Ambassador	
Laura Quigley (online)	Carer Ambassador	
Jane Taylor	Carer Ambassador	
Sarah Hicks	Chief Executive	Westbank
Lee Mullen	Business Manager	Devon Carers
Gina Williams	Carers OT Specialist	Devon Carers
Catherine St John	Social Work Service Manager	Devon Carers
Suzie Walters-Jefferies	Development and Partnerships Manager	Devon Carers
Joss Leicester	Services Manager	Devon Carers
Catherine Hill	Lead Practitioner - Participation	Devon Carers

## APPENDIX 3

## Bibliography

Devon Carers Vision and Strategy 2023 to 2025 (Devon Carers, 2023)

[People at the Heart of Care: Adult Social Reform Paper](#) (Department of Health and Social Care, December 2021)

[Devon Joint Strategic Needs Assessment](#)

[Annual Report for Adult Social Care in Devon for 2021](#) (Devon County Council, 2022)

[The impact of providing unpaid care at home](#) (Healthwatch, 2022)

[5-Year Integrated Care Strategy](#) (One Devon, 2023)