

# **Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 14<sup>th</sup> of September 2022**

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**Subject:**

**CARERS SERVICES CONTRACT IN BRADFORD DISTRICT & CRAVEN**

**Summary statement:**

**This report provides an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.**

**This report provides information on the emerging needs of unpaid carers as a result of COVID-19 impacts.**

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care & Wellbeing**

## 1. SUMMARY

- 1.1 This report provides an update on the Council and CCG's jointly commissioned Carers Service within Bradford district and Craven.

## 2. BACKGROUND

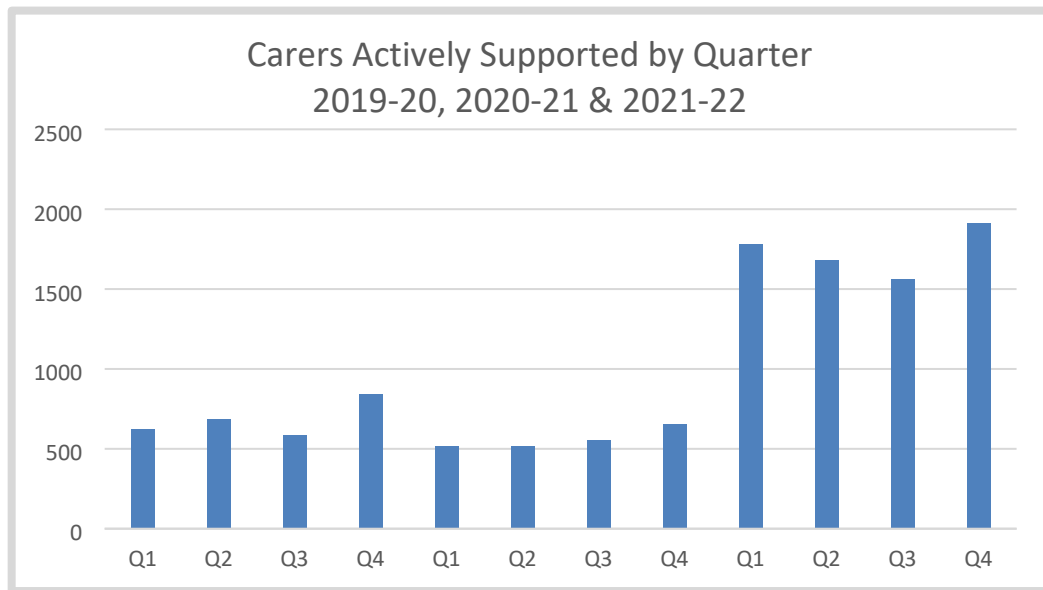
- 2.1 On 16<sup>th</sup> of December 2021 the Health and Social Care Overview and Scrutiny Committee received an update on the Council and CCG's jointly commissioned Carer Service within Bradford District and Craven.
- 2.2 The above report included information on the emerging needs of unpaid carers as a result of COVID-19 impacts.
- 2.3 It was resolved at HOSC in 2021 that a further update report on the Carers Service was to be submitted to the Committee in 2022. The Committee specifically asked for an update on actions to ensure general safeguarding of carers and on LGBTQ issues.
- 2.4 This report therefore sets out to provide an update on;
- The jointly commissioned Carers Service in general, including the above specific points.
  - The emerging trends in unpaid carers needs.
  - Future procurement intentions.

## 3. REPORT ISSUES

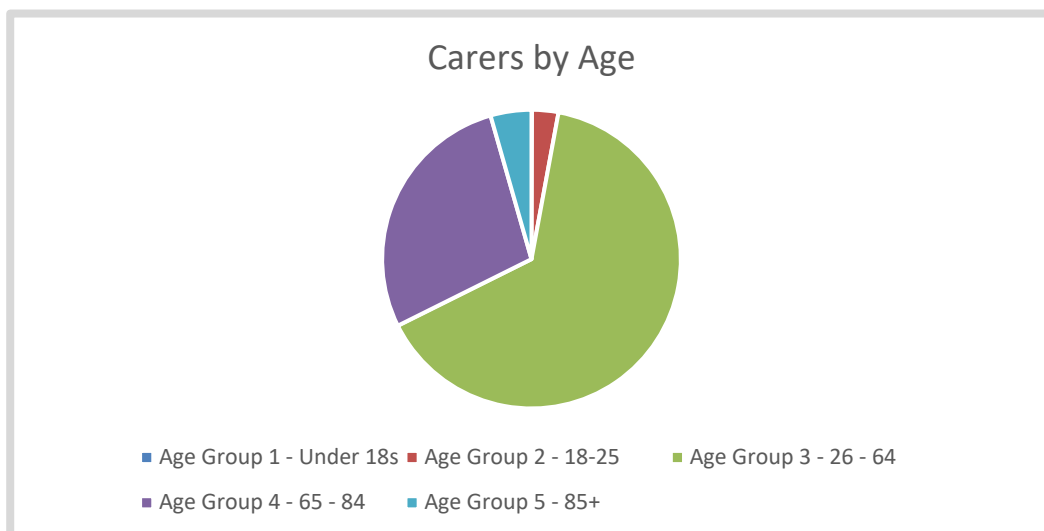
### 3.1 Carers Service Bradford district and Craven

- 3.1.1 As reported in the 16<sup>th</sup> of December 2021 the Health and Social Care Overview and Scrutiny Committee, the contract for a Carers Service was awarded to Carers Resource. The contract commenced in April 2019.
- 3.1.2 A detailed report on service outputs for the period April 2019 to March 2022 can be found at APPENDIX 1 to this report.
- 3.1.3 Points to draw from these outputs include;
- Of the newly-registered carers providing ethnicity information, in 2019-20 21% were from BAME communities, in 2020-21 this was 24% and in 2021-22 this had increased to 30%, which is now more reflective of the district demographics than at the start of the contract.
  - As previously reported, the number of carers actively supported during the peak of COVID-19 was severely impact by successive lockdown measures. However, during 2021-22 the numbers actively supported have returned to near pre COVID-19 levels (see graph 1 below).

*Carer Feedback: "Thank you so much for your time, for the Wellbeing Grant.... Your input has helped me to navigate some very choppy waters over the past few weeks. I was feeling quite distraught at one point but feel more-able to deal with things now".*



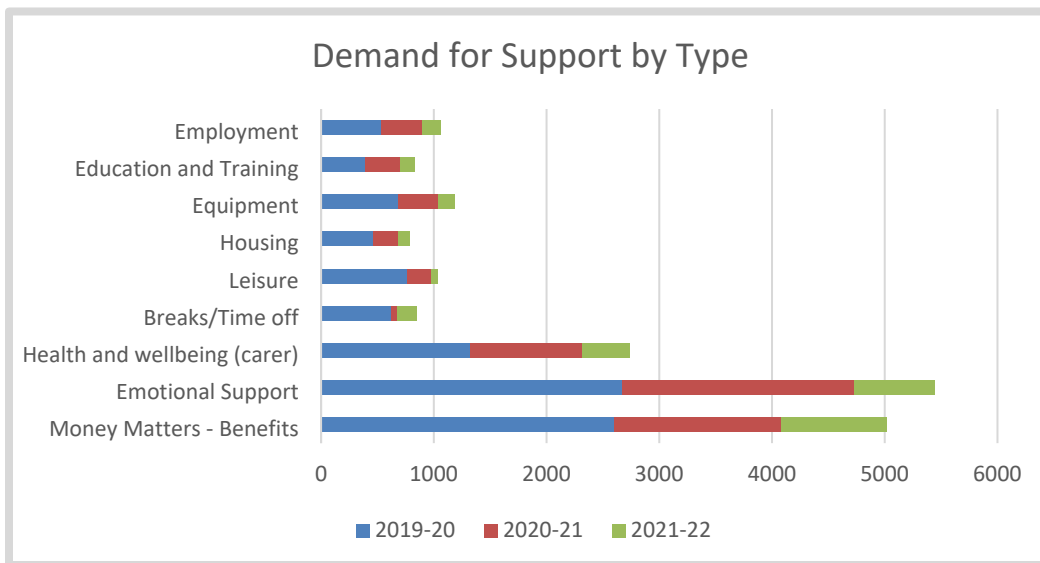
- The overwhelming majority of carers supported are in the 26-64 (67%) and 65-84 (26%) age groups (see chart below). These percentages have been largely stable throughout the last three years and generally mirror the national carer picture.



- The largest number of referrals each year are consistently self-referrals at 65% followed by referrals from Primary Care sources and Secondary Care sources at 10% and 7% respectively. Referrals from Social Care and Voluntary Sector source being 6.5% and 4% respectively.
- Before the pandemic approximately 40% of carers received support face to face. At the peak of the pandemic this dropped to 7% of carer support activity. With the return to more normal arrangements post pandemic this has risen to near normal levels again at 33%.

*Carer Feedback: "Carer Resource helped me think of 'me' again, to help both me and mum. I am happier and more positive... Carers Resource changed my mind-set. I've found me again, the person, not only the carer... They picked me up, so sincere, kind, went beyond the call of duty to help me and Mum, we are on a positive way forward... THANK YOU"*

- Demand for support as increased across all categories of support. In terms of highest demand for support by type Emotional support remains the highest in demand, however 2022 as seen a steep increase in demand for support around Money Matters and Benefits (see graph below).



- We have also seen a significant increase in the number of peer support and worker led support groups facilitated by the service. In 2019 there were 83 active groups. This fell to 44 during the peak of the pandemic but as increased to more than 160 post pandemic.
- As more services return to normal post pandemic referral and signpost of carers to other professional and voluntary sector support agencies is returning to near levels as well providing opportunity for more multi agency support to carers.

3.1.4 Unlike the main Carers Service provision which is largely returning to pre COVID-19 levels of activity, Carer Navigator's continue to be impacted by COVID-19 reduction measures in place at both Bradford Royal Infirmary and Airedale General Hospital's.

3.1.5 The Carer Navigator support provision at Bradford Royal Infirmary and Airedale General Hospital was established to provide support to new and existing carers as they support their loved ones prior to and at the point of discharge from hospital.

3.1.6 Over the April 2021 to March 2022 period the Carer Navigator's received 224 referrals. Of those carers referred 35% were aged between 41 and 70 and 28% were aged 71 and over.

### 3.1.7 Of those supported;

- Post intervention, 80% of unpaid carers reported greater confidence in their ability to manage, 55% reported being aware of options available for managing care of the cared for and nearly 60% reported feeling informed, skilled and equipped to care and a similar percentage reported having an increased awareness of support available.

*Carer Feedback: During a follow up call with the carer she said "it had helped me to realise that while my caring situation was difficult, I still have choices about how I responded to things.*

- Of those engaged with the Carers Resource Carer Navigator's, the majority were subsequently linked up with Carers Resource Locality Team's where ongoing support could be continued.

3.1.8 The Carer Navigator service continues to support positive outcomes for carer and cared for; 50% of the cared for engaged were discharged to their preferred place of residence and 65% of the cared for and carers supported felt involved and informed about decisions related to discharge from hospital.

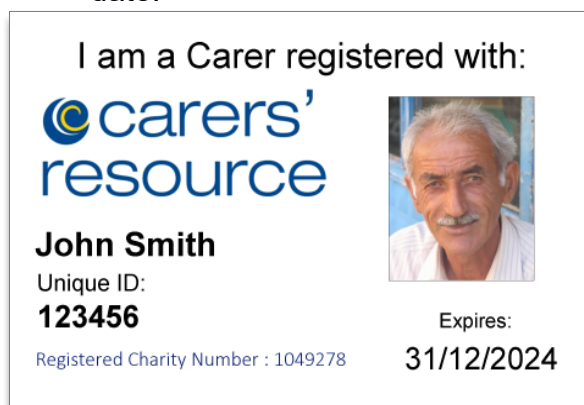
3.1.9 Appendix 2 to this report includes case studies of the support offered by the Carers Service including the Carer Navigator's work. Case studies are from the period that COVID-19 restrictions were still in operation.

## 3.2 General safeguards and mitigating actions

3.2.1 A number of general safeguards and mitigating actions are being put in place to support unpaid carers.

3.2.2 To improve assessment of service reach and reporting of equalities monitoring the service will be monitored against the new minimum equalities data set recently adopted by the Council. The data set includes expanded categories on marital status, sexual orientation, religion or belief and ethnicity.

3.2.3 A Carers Card was launched on Carers Rights Day on the 26<sup>th</sup> of November 2021. The card provides a simple and quick way unpaid carers can be identified by professional support agencies. Uptake of the card is growing with 678 issued to date.



- 3.2.3 During Carers Week, June 2022 the service was instrumental in supporting the West Yorkshire wide, NHS led 'Message in a Bottle' campaign. The campaign aimed to provide carers with confidence that should they be unable to continue in their caring role due to an emergency arising; through the Message in a Bottle scheme the cared for person they support would be taken care of. The scheme is essentially similar to the Council's own Emergency Planning service, which also provides a safety net for unpaid carers should an emergency arise.
- 3.2.4 Also during Carers Week promotional videos on support for carers offered by the service were shown on the Big Screen in Centenary Square. The videos were produced in a number of community languages including Urdu, Hindi, Polish, Czech and Arabic as well as English. The videos were also available online via YouTube<sup>1</sup>

### **3.3 Other Activity**

- 3.3.1 The Council and its partners have continued to seek and use additional resources to support unpaid carers in the district. Below are details of the most recent additional support provided.
- 3.3.2 Two allocations have been made to support unpaid carers from the Government Household Support Fund, which the Council received under the national programme. The sum of £50,000 was made to support unpaid carers from the Council's Winter allocation of Household Support Fund and a further £50,000 from the current Spring and Summer extension to the programme. This funding is being used primarily to support vulnerable carers access food, the funding being distributed in the form of food parcels and small grants.
- 3.3.3 An additional £60,000 investment allocated in 2022 aims to support a year-long pilot project to assess the potential to improve carer Care Act Assessments. This is a direct response to carer engagement activity in which carers expressed low levels of confidence and value in Care Act assessments.
- 3.3.4 The pilot will provide carers with the opportunity to have an assessment of their needs, separate to and independent of the needs of the cared for person they support. Historically most carer Care Act Assessments have been carried out as a joint cared for/carer assessment in which the focus of the assessment is predominantly on the cared for person needs. Currently carer assessments are carried out by Council Social Work teams. The pilot project will see carer Care Act Assessments undertaken externally and independently by appropriately trained staff at Carers Resource, our carers service provider.
- 3.3.5 The pilot involves three Social Work teams making referrals for assessment to Carers Resource where the assessment will take place adopting the standard Council carers assessment and costed support planning approach and documents.
- 3.3.6 We envisage this work will lead to;

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<sup>1</sup> <https://www.youtube.com/watch?v=xgZSxwpJABc>

- Improved provision in place which better fulfils the Council's responsibility to carers under the Care Act 2014 and an increased number of carer assessments being carried out.
- Improved support plans for both carer and the cared for which delivers on priorities set out in the Bradford District and Craven Carers Strategy 2029-2024<sup>2</sup> as a reflection of the National Carers Strategy.
- Improved outcomes for carers, as captured in the bi-annual Adult Social Care Outcomes Framework survey. The carer outcomes being;
  - Proportion of carers who reported that they had as much social contact as they would like
  - Overall satisfaction of carers with social services
  - The proportion of carers who report that they have been included or consulted in discussions about the person they care for
  - The proportion of carers who find it easy to find information about services
  - Carers quality of life

3.3.7 At the end of the pilot recommendations will be put to the Procurement & Commissioning Forum.

### 3.4 Emerging Trends in Unpaid Carer Needs

3.4.1 It is clear from national research on the impact of Covid-19 on unpaid carer's and the growing inflationary pressures everyone's experiencing, carers are facing difficult times. Recent surveys of unpaid carers undertaken by Carers UK<sup>3</sup> indicated that;

- 81% of unpaid carers have seen an increase in hours they spend caring.
- 78% of carers said the needs of the person they care for had increased, and 51% said this had impacted on their health and wellbeing
- 67% are worried about how they will cope if further lockdowns are introduced.
- 57% of unpaid carers are worried about what happens in case of emergency as they do not have an emergency plan in place.
- 28% said they are struggling to make ends meet and 11% reported having reduced hours worked due to caring responsibilities
- 75% of carers who were stressed and anxious about their finances in February 2022, up from 52% in September 2021
- nearly six out of 10 carers reported they were cutting back on heating, and 14% having already fallen into arrears with their energy bills
- 91% of unpaid carers felt lonely.

A recent survey by the Alzheimer's Society<sup>4</sup> on the 'Unmet support needs after a dementia diagnosis' highlighted the following in responses from unpaid carers;

- 26% of carers reported that the health and social care support for their loved one has got worse over the past year

A slightly earlier 2020 report carried out by the Carers Trust<sup>5</sup> on young carers and

<sup>2</sup> <https://www.bradford.gov.uk/adult-social-care/carers/bradford-district-and-craven-carers-strategy/>

<sup>3</sup> <https://www.carersuk.org/for-professionals/policy/policy-library/under-pressure-caring-and-the-cost-of-living-crisis>

<sup>4</sup> <https://www.alzheimers.org.uk/sites/default/files/2022-07/left-to-cope-alone-after-diagnosis-report.pdf>

<sup>5</sup> <https://carers.org/resources/all-resources/108-my-future-my-feelings-my-family>

young adult carers, those aged 16 to 25 who fall within scope of the Carers Service suggests that;

- 64% of young adult carers felt that the amount of time they spend caring had increased since Coronavirus
- 21% of young adult carers said that time away from the person they care for was an important coping mechanism during lockdown.
- 59% of young adult carers say their mental health is worse.
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope.

3.4.2 Despite the reduction in Covid-19 restrictions toward the latter part of 2021 some carers were understandably still reluctant to re-engage with the service.

Consequently, some mitigating measures originally put in place to alleviate the impact of Covid-19 restrictions have been retained. These include;

- Support to carers groups to help them set up Google Meets.
- WhatsApp calls with local Parent Carer groups.
- Socially distanced walks in local parks.
- Video calls to provide bereavement support.
- Face to face meetings and support in Covid safe venues such as a local café, a Covid Secure community centre or allotment projects.
- Running of Webinar's on specific subjects e.g. Disability Living Allowance and PIP's, again activities normally delivered as indoor training sessions.
- Supporting carers with loved ones in care homes to clarify guidance on visiting arrangements in care homes and engaging with the care homes on behalf of carers where necessary.

3.4.3 Carers have appreciated these activities which reflects the evidence from a recent local SNAP survey of carers (see 3.5.9 below for additional survey feedback), which indicated that carers are increasingly willing to use online support resources and support.

### 3.5 Future Commissioning Intentions

3.5.1 The current (Adult) Carers Service contract is due to end on the 5<sup>th</sup> of April 2023. This service is jointly commissioned and funded by City of Bradford Metropolitan District Council, Bradford District and Craven Health and Care Partnership and North Yorkshire County Council.

3.5.2 The current overall annual contract value is £1,433,986 This includes ring fenced amounts as set out below;

Carers Service	£1,116,138.00
Carers Personal Budget (Wellbeing Grant's)	£120,000.00
Carer Navigator Support	£137,848.00
Carer Care Act Assessment Pilot	£60,000.00

3.5.3 The procurement will be a joint procurement exercise led by Health and Wellbeing and involve the Council's own Children's Service. The joint procurement will have



three Lots; Lot 1: (Adult) Carers Service, Lot 2: Young Carers Service and Lot 3: Carer Navigator Service.

3.5.4 The procurement of the Carers Service, as detailed in section 3.24 of the Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee held on 17<sup>th</sup> March 2022<sup>6</sup>, began in May this year with extensive service user and stakeholder engagement activity. This included face to face engagement with carer groups, events to which carers, providers from the voluntary and community sector, health and social care professionals and other stakeholders were invited. It also involved use of a SNAP survey of unpaid carers.

3.5.5 Carers told us they wanted improved communication with easy access to timely, accurate information and guidance on all aspects of carer support, less red tape, better communication on what is available without having to 'go around the houses'. Their suggestion was to update and develop more online resources and apps for carers who want to use the internet and consider one stop shops for those that prefer face to face support

*Carer Feedback: "How do we know what to ask for if we don't know what is available".*

3.5.6 Carers told us they wanted more 'Time for Me', more opportunities for carers to take time out for themselves, to have a life of their own. They said we need a more flexible respite offer.

3.5.7 Carers told us that we need to ensure that young carers don't drop off the radar, we need to ensure the young carer voice is heard. They said we need joined up services that ensure a smooth and effective transition from young carers to adult carer services.

3.5.8 Carers told us they need improved support from Primary Health, annual carer health and wellbeing checks at GP surgeries, regular call backs to carers to reduce the sense of isolation. They said we need flexibility around appointment times, particularly within health services.

*Carer Feedback: "Trying to arrange and book appointments with GP's and hospitals is a full time job... ...The 'It's not my job' attitude needs to change within health and social care services".*

3.5.9 Carers told us they need more personalised support, we need benefit support that can deal with issues both from a carer and cared for perspective at the same time, better bereavement support when being a carer comes to an end. More half term support in the form of activities to support parent carers and young carers. They said we need to adopt a more holistic, whole family approach to assessing carer support needs.

*Carer Feedback: "when you have a family to look after being a carer impacts on all family members, not just the carer... ...What happens to them when I am gone".*

<sup>6</sup> <https://bradford.moderngov.co.uk/relListDocuments.aspx?Cid=145&Mid=7634&Ver=4>

- 3.5.10 When asked, “What is Most Important to you” in the SNAP survey, carers responses included;
- Keeping fit and healthy so I can continue caring
  - To have some sort of life of my own before I’m too old or unwell
  - Meeting and talking to other carers in my area at a time that is best for me
  - Time for myself, I desperately need a proper break
  - Caring people around to help and access to support without long waits
  - Keeping in touch with friends and family
  - Face to face consultation with a doctor to deal with my own health problems
  - My mental health, my sanity
  - Feeling that my brother is safe and supported in all aspects of his life
  - Knowing that my loved ones’ needs are being met
  - Security, knowing that our benefits and housing are secured
- 3.5.11 The service specification for the new adult Carers Service will aim to respond to the identified needs drawn from this engagement feedback.
- 3.5.12 The service specification will also reflect the priorities for unpaid carers as set out in the joint health and social care Bradford district and Craven Carers Strategy 2019-24.
- 3.5.13 The service will be locality based and adopt Community Led Support and strengths based approaches to service delivery. The service will contribute to meeting the Council’s duty under the Care Act 2014, to promote an individual’s ‘wellbeing’, which includes carers.
- 3.5.14 The procurement will be run as an Open Invitation to Tender Procurement under Council, Contract Standing Orders.<sup>7</sup>
- 3.5.15 It will be a joint procurement with Children’s Services who will be commissioning a Young Carers Service as a separate Lot alongside the adult Carers Service Lot. The procurement will be launched via Yortender in late September 2022, be completed by December 2022 with the new service contract’s starting in April 2023.
- 3.5.16 To provide a degree of stability to sector and service users the resulting service contracts will be for five years with options to extend by two further twelve month periods.
- 3.5.17 Outcomes for the adult Carers Service are taken directly from the Care Act 2014 as measured by the bi-annual Adult Social Care Outcomes Framework survey. The outcomes for carers being;
- Carers report having a good quality of life
  - Carers report having the amount of social contact that they would like
  - Carers are able to access support including support for their own personal and healthcare needs
  - Carers report finding it easy to find information about support
  - Carers report that they have been included or consulted in discussions about the person they care for

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<sup>7</sup> <http://intranet.bradford.gov.uk/working-day/tenders-and-grants/rules-and-regulations-tenders-and-grants>

- Carers are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

#### **4. FINANCIAL & RESOURCE APPRAISAL**

- 4.1 The procurement of the Carers Service in the Bradford district and Craven will be undertaken within the proposed contract value as detailed in the 17<sup>th</sup> of March 2022 report to this committee and jointly funded through allocations in the Better Care Fund (BCF).

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 5.1 The Care Act 2014 recognises the equal importance of supporting carers and the people they care for. Under the Care Act the Council is responsible for doing or ensuring carers assessments are undertaken in accordance with the Care Act.
- 5.2 The governance structure of this work will sit within the Health and Wellbeing Department and will report to Departmental Management Team (DMT), to the Bradford district & Craven Health & Care partnership and to the Planning and Commissioning Forum where both the Council and Bradford ICB are represented.

#### **6. LEGAL APPRAISAL**

- 6.1 There are no legal issues arising out of this Report in addition to the statutory references made within the body of the Report or detailed in the previous legal appraisal set out in the Report dated 16 December 2021 regarding commissioning of services.

#### **7. OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

- 7.1.1 The Carers Service provided through this commissioning and procurement process is designed to support some of the most vulnerable residents in Bradford district and Craven communities. As such they are an important part of the approach to equality and diversity as the Council and CCGs through this service seek to empower unpaid carers.
- 7.1.2 The on-going monitoring of the contract will provide information on any changes and ensure they are addressed.

##### **7.2 SUSTAINABILITY IMPLICATIONS**

- 7.2.1 None.

##### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

- 7.3.1 The commissioned service provider are required to support the Council's commitment to reduce CO2 emissions through the contracting arrangements it

enters into with the Council.

#### **7.4 COMMUNITY SAFETY IMPLICATIONS**

7.4.1 There are no community safety implications arising from this report.

#### **7.5 HUMAN RIGHTS ACT**

7.5.1 The implementation of the Council's and CCGs duties under the Care Act 2014 must be discharged in keeping with the positive obligations incumbent of the Council and NHS to uphold and safeguard people's human rights in keeping with the European Convention on Human Rights and statutory principles of the Mental Capacity Act 2005 Code of Practice.

7.5.2 In implementing the Care Act 2014 the Council must safeguard peoples Human Rights whether or not the person has capacity to consent.

7.5.3 The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity.

#### **7.6 TRADE UNION**

7.6.1 Not applicable.

#### **7.7 WARD IMPLICATIONS**

7.7.1 There are no direct implications in respect of any specific Ward.

#### **7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

7.8.1 Not applicable

#### **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

7.9.1 None.

#### **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

#### **8. NOT FOR PUBLICATION DOCUMENTS**

8.1 None.

## **9. OPTIONS**

9.1 There are no options associated with this report. Its contents are information only.

## **10. RECOMMENDATIONS**

10.1 That the content of the report be noted.

## **11. APPENDICES**

APPENDIX 1: Carers Service Outputs – April 2020 to March 2021

APPENDIX 2: Case Study - Carers Service & Case Study - Carer Navigators

## **12. BACKGROUND DOCUMENTS**

12.1 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on the 16<sup>th</sup> of December 2021.<sup>8</sup>

12.2 Report to the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 17 March 2022.<sup>9</sup>

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<sup>8</sup> <https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7631&Ver=4>

<sup>9</sup> <https://bradford.moderngov.co.uk/ieListDocuments.aspx?CId=145&MId=7634&Ver=4>

APPENDIX 1

Carers Service Outputs - April 2019 to March 2022.

N.B. Where appropriate figures have been rounded to the nearest whole number

		2019-20						2020-21						2021-22					
Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
<b>Carer Involvement</b>	Number of volunteers 'actively' supporting the delivery of the service (with more than 2 hours volunteer time per week)	17	39	61	66	46	N/A	25	28	38	41	33	N/A	45	15	29	40	32	N/A
	Carers attending engagement events, providing other feedback etc.	12	11	10	7	10	40	24	21	6	5	14	56	7	1	14	0	6	22
	Number of carers receiving Choices, and/or receiving support	3073	3431	3684	4218	3601	N/A	3206	2744	5007	5938	4224	N/A	5675	6143	6656	7239	6428	N/A
	Number of new carers Registered with the Service this quarter	1084	1107	965	1320	1119	4476	278	350	351	342	330	1321	685	752	752	768	739	2957
	Number of all carers 'actively supported this quarter	621	688	588	844	685	2741	515	514	556	651	559	2236	1783	1683	1561	1915	1736	6942
<b>Carer Profile</b>	<b>Gender (new carers registered this quarter)</b>																		
	Male	271	312	241	356	295	1180	80	96	102	85	91	363	160	155	157	182	164	654
	Female	813	795	724	964	824	3296	198	254	249	255	239	956	495	567	489	546	524	2097
	Transgender	Not Previously Counted												1	0	1	2	1	4
	Prefer not to say	0	0	0	0	0	0	0	0	0	2	0.5	2	29	30	105	38	51	202
	<b>Ethnic Group (new carers registered this quarter)</b>																		
	Asian/British Asian: Bangladeshi	5	5	9	15	8.5	34	3	4	1	1	2	9	6	6	2	6	5	20

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
	Asian/British Asian: Indian	13	10	9	16	12	48	2	2	9	2	4	15	13	4	7	10	9	34
	Asian/British Asian: Other Asian	1	4	4	5	4	14	1	2	1	1	1	5	3	3	4	10	5	20
	Asian/British Asian: Pakistani	105	169	172	222	167	668	40	55	38	45	44	178	85	108	102	132	107	427
	Black/Black British: African	1	5	2	5	3	13	0	3	1	2	2	6	1	6	2	1	3	10
	Black/Black British: African	2	5	2	10	5	19	0	1	2	0	1	3	1	2	2	2	2	7
	Black/Black British: Other Black	1	4	1	1	2	7	0	0	0	1	0.3	1	1	1	1	2	1	5
	Chinese: Chinese	0	1	1	0	0.5	2	0	1	0	0	0.3	1	0	1	0	0	0	1
	Mixed: White and Asian	1	1	1	2	1	5	0	1	2	0	1	3	2	0	3	2	2	7
	Mixed: Other	1	0	2	3	2	6	0	0	0	0	0	0	1	3	1	2	2	7
	Other Ethnic Group	4	3	7	6	5	20	0	0	0	2	0.5	2	2	1	2	6	3	11
	Other ethnic group: Arab	6	1	1	2	3	10	0	0	1	0	0.3	1	1	1	2	4	2	8
	White: British/Mixed British	749	756	599	843	737	2947	161	206	201	186	187	754	309	364	323	355	338	1351
	Mixed: White and Black African	0	1	0	1	0.5	2	0	1	0	1	0.5	2	0	0	1	0	0	1
	Mixed: White and Black Caribbean	0	3	3	2	2	8	1	1	0	0	0.5	2	0	1	1	5	2	7
	White: East European	11	9	15	17	13	52	4	3	4	1	3	12	1	6	7	4	5	18
	White: Irish	4	1	1	3	2	9	1	0	0	0	0.3	1	1	2	0	3	2	6
	White: Gypsy or Irish Traveller	0	1	1	1	1	3	1	0	1	0	0.5	2	0	0	1	0	0	1
	White: Other White	5	6	15	10	9	36	3	3	3	1	3	10	8	3	3	8	6	22
	Prefer not to say	25	49	24	19	29	117	1	28	67	83	45	179	73	71	74	113	83	331
	Not yet processed	150	73	96	139	115	458	60	39	20	16	34	135	177	169	214	103	166	663
	<b>Age Group</b>																		
	Age Group 1 - Under 18s	2	0	0	0	0.5	2	0	0	0	0	0	0	0	0	0	0	0	0
	Age Group 2 - 18-25	24	25	23	37	27	109	13	4	10	9	9	36	16	25	21	16	20	78
	Age Group 3 - 26 - 64	562	616	543	752	618	2473	154	209	197	244	201	804	417	431	457	507	453	1812
	Age Group 4 - 65 - 84	249	254	241	323	267	1067	63	70	90	55	70	278	121	193	145	140	150	599
	Age Group 5 - 85+	48	43	37	41	42	169	11	14	10	3	10	38	17	28	32	23	25	100
	Prefer not to say	199	169	121	167	164	656	37	53	44	31	41	165	114	75	97	82	92	368

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
	<b>Source of Referral</b>																		
	Source of referral 1 - Self	725	610	594	861	698	2790	179	158	156	231	181	724	441	572	418	544	494	1975
	Source of referral 2 - Primary Care - GP	52	54	46	50	51	202	15	21	28	11	19	75	6	13	32	39	23	90
	Source of referral 3 - Primary Care - Hospital	0	0	0	0	0	0	4	6	10	18	10	38	4	55	36	75	43	170
	Source of referral 4 - Primary Care - Other	70	41	31	44	47	186	11	29	21	8	17	69	13	10	30	20	18	73
	Source of referral 5 - Secondary Care	45	179	150	159	133	533	29	63	40	19	38	151	11	4	17	23	14	55
	Source of referral 6 - Social Services - Access	9	12	10	0	8	31	10	0	0	3	3	13	8	0	4	0	3	12
	Source of referral 7 - Social Services - Social Worker	34	68	24	51	44	177	6	15	17	8	12	46	3	28	14	25	18	70
	Source of referral 8 - Social Services - Other	33	25	19	19	24	96	0	12	12	1	6	25	3	8	26	15	13	52
	Source of referral 9 - Voluntary Sector	87	91	69	113	90	360	18	27	46	25	29	116	19	23	35	26	26	103
	Source of referral 10 - Palliative care	11	13	12	13	12	49	1	9	6	3	5	19	2	5	2	7	4	16
	Source of referral 11 - Children's Services	6	5	6	4	5	21	1	1	6	1	2	9	0	14	1	22	9	37
	Source of referral 12 - Family/Friend	1	0	3	4	2	8	1	8	3	10	6	22	15	65	6	12	25	98
	Source of referral 13 - Education	2	2	1	2	2	7	1	1	5	3	3	10	4	16	1	4	6	25
	Source of referral 14 - Job Centre Plus	1	3	0	0	1	4	2	0	1	1	1.0	4	2	1	0	1	1	4
<b>Support Activity</b>	Number received 1-2-1/face to face support from a support worker	507	652	644	474	569	2277	72	70	102	138	96	382	385	305	675	864	557	2229
	Number received support by telephone only from a support worker	842	641	634	1095	803	3212	1902	1177	1302	1775	1539	6156	995	1042	886	1639	1141	4562
	Reason for referral 1 - Money Matters - Benefits	595	612	668	723	650	2598	633	351	270	226	370	1480	329	367	152	92	235	940
	Reason for referral 2 - Emotional Support/listening	518	663	589	904	669	2674	1001	788	165	102	514	2056	250	271	128	64	178	713



Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
	Reason for referral 3 - Health and wellbeing (carer)	410	240	255	420	331	1325	367	332	187	109	248	995	142	168	16	93	105	419
	Reason for referral 4 - Breaks/Time off	242	98	75	206	155	621	1	5	21	25	13	52	30	85	45	15	44	175
	Reason for referral 5 - Leisure	158	205	177	221	190	761	114	97	1	0	53	212	16	28	10	8	16	62
	Reason for referral 6 - Housing	94	101	154	112	115	461	90	67	39	29	56	225	15	0	82	6	26	103
	Reason for referral 7 - Equipment	150	179	196	165	173	690	165	125	25	31	86	346	52	42	32	21	37	147
	Reason for referral 8 - Education and Training	53	107	128	100	97	388	99	138	44	29	77	310	21	95	12	5	33	133
	Reason for referral 9 - Employment	96	139	116	177	132	528	187	126	36	22	93	371	40	60	30	36	42	166
<b>Carers Assessment</b>	Number of wellbeing reviews carers 'facilitated' and completed	388	333	368	467	389	1556	285	318	295	583	370	1481	373	222	443	398	359	1436
	Number of wellbeing reviews carers 'self' completed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of referrals for 'statutory' carers assessment	3	4	3	4	4	14	0	0	0	0	0	0	0	0	0	0	0	0
<b>Information and advice provided</b>	Number of carers who have received general carers information and advice by post only	49	54	55	54	53	212	36	30	35	98	50	199	31	31	8	8	20	78
	Number of carers who have received general carers information and advice, face to face	0	0	0	0	0	0	20	91		37	49	148	120	105	675	864	441	1764
	Number of carers who have received specialist information and advice by post only	220	212	208	202	211	842	182	264	431	386	316	1263	0	0	17	14	8	31
	Number of carers who have received specialist information and advice, face to face	107	160	145	71	121	483	3	78	52	36	42	169	169	138	70	78	114	455

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
	<b>Of the above; number of Carers</b>																		
	Advised on ... 1 Money matters other than benefits	26	35	25	31	29	117	24	22	27	8	20	81	235	203	328	318	271	1084
	Advised on ... 2 Welfare Benefits e.g. PIP, Attendance Allowance, Carers Allowance.	49	88	76	85	75	298	37	21	59	43	40	160	461	486	594	698	560	2239
	Advised on ... 3 Education and Training	7	26	33	26	23	92	9	5	22	10	12	46	45	147	160	113	116	465
	Advised on ... 4 Employment	10	21	13	12	14	56	12	4	14	6	9	36	39	182	274	253	187	748
<b>Signposting</b>	Number of carers signposted to relevant services	344	312	302	322	320	1280	184	85	83	93	111	445	72	85	46	64	67	267
	Number of carers signposted to relevant services with an arranged appointment	1	0	0	0	0.25	1	0	0	0	0	0	0	0	0	0	0	0	0
	Signposted to ...1 Welfare Benefits Advice specialist	52	68	44	57	55	221	4	9	3	4	5	20	8	36	18	24	22	86
	Signposted to ...2 Other Money Matters specialist	17	14	12	14	14	57	5	6	3	10	6	24	1	14	6	8	7	29
	Signposted to ...3 DWP	4	10	9	8	8	31	1	8	4	3	4	16	1	1	1	2	1	5
	Signposted to ...4 Employment specialist other than DWP	43	38	59	63	51	203	45	0	0	1	12	46	2	0	0	0	1	2
	Signposted to ...5 Leisure/Social	38	50	46	58	48	192	12	1	0	4	4	17	29	9	4	7	12	49
	Signposted to ...6 Breaks & Time off	33	55	27	36	38	151	19	1	0	1	5	21	15	11	6	8	10	40
	Signposted to ...7 Equipment/Adaptations	31	57	49	66	51	203	1	1	0	2	1	4	10	10	7	5	8	32
	Signposted to ...8 Bereavement Support	4	5	1	6	4	16	1	0	1	1	1	3	6	4	4	0	4	14
<b>Emergency Plans</b>	Number of referrals for emergency plan	0	0	0	0	0	0	0	0	0	0	0	0	0	74	29	35	35	138

Quality & Performance Indicator	Method of Measurement	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total	Q1	Q2	Q3	Q4	A.P.Q.	Total
<b>Emergency Plans (cont)</b>	Number of emergency plans completed	97	129	114	98	110	438	39	61	62	68	56	230	29	27	63	79	50	198
	Number of emergency plans activated and implemented	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of emergency plans reviewed	1	1	1	15	5	18	0	5	35	1	10	41	0	1	3	7	3	11
	Number of emergency plans closed	6	3	9	15	8	33	10	27	30	23	23	90	2	10	8	9	7	29
<b>Advocacy</b>	Number of carers receiving issue-based advocacy support	137	123	135	122	129	517	99	123	115	245	146	582	14	24	12	13	16	63
	Number of hours spent providing issue-based advocacy support	48	45	40	35	42	168	26	35	38	10	27	109	6	10	4	4	6	23
	Number of carers referred to statutory advocacy support services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Support Groups</b>	Number of support groups supported or facilitated	18	19	21	25	21	83	5	9	14	16	11	44	35	36	47	50	42	168
	Number of carers attending facilitated support groups	125	112	107	129	118	473	35	34	69	70	52	208	97	174	92	74	109	437
	Number of support groups that become 'self-managed' during the quarter.	0	1	0	0	0.25	1	0	0	0	0	0	0	0	0	0	0	0	0
	Number of 'one off' workshops delivered to support groups	7	8	3	5	6	23	1	0	0	0	0.3	1	0	0	0	0	0	0
<b>Carers Small Grants</b>	Number of referrals for carers small grant	190	220	231	249	223	890	257	252	245	338	273	1092	285	273	289	264	278	1111
	Number of carers small grants awarded	179	216	228	248	218	871	252	239	235	335	265	1061	280	271	289	246	272	1086

## Case Study - Carers Service

<b>Carer's situation</b>	
<p>The carer, a 90 year old man, is the sole carer for his 88 year old wife. The cared for has been diagnosed with Alzheimer's Disease which means that she needs a wide range of support. The cared for cannot be left alone as she is unaware of dangers and easily gets confused and overwhelmed. The cared for needs an increasing amount of care as her health deteriorates, and she is no longer able to do most daily tasks without support. The carer has a responsibility to maintain everything for the wellbeing of them both.</p> <p>The Carer also suffers from his own health conditions and is frequently needing hospital appointments. He has, among other procedures, had a hip replacement.</p>	
Support provided by:	
Telephone	<input checked="" type="checkbox"/>
Office appointment	<input type="checkbox"/>
At home	<input type="checkbox"/>
Outreach venue	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>
<b>What did the carer need/want?</b>	
<p>The carer had concerns regarding what would happen to his wife should he need to be in hospital again for a prolonged period of time, or if he should fall and hurt himself while he was out.</p>	
<b>What support/practical help did you provide?</b>	
<p>A Wellbeing Review was completed and this offered the carer the chance to express his concerns and offered him emotional support and support and guidance from the locality worker.</p> <p>During the conversation alternatives were discussed and an Emergency Plan created. This was to give him some peace of mind that a plan was now in place should anything happen to him. The Locality Worker also spoke about further support that is available to them both, mostly talking about local groups that focus on Alzheimer's disease.</p> <p>Discussed wellbeing events and how important it was for them both to try to continue living their lives instead of staying at home because of their fears. The cared for also gave consent to speak to his daughter who wanted to support her parents about the plans that were put in place, and the other things that had been discussed.</p>	
<b>Outcomes achieved (click on box):</b>	
Quality of life maintained	<input checked="" type="checkbox"/>
Improved health/wellbeing	<input checked="" type="checkbox"/>
Maintained health/wellbeing	<input checked="" type="checkbox"/>
Increased choice and control	<input checked="" type="checkbox"/>
Increased self confidence	<input type="checkbox"/>

Better informed/skilled/equipped	<input checked="" type="checkbox"/>
No readmission within 30 days	<input type="checkbox"/>
Better use of primary care services	<input type="checkbox"/>
Improved levels of self-care	<input type="checkbox"/>
Less socially isolated	<input checked="" type="checkbox"/>
Improved mental wellbeing	<input checked="" type="checkbox"/>

**Comments: (e.g. the difference our work made)**

The Wellbeing Review allowed the carer to explore all of his concerns, including worries about what would happen if he was suddenly taken ill.

Setting up an Emergency Plan gave him peace of mind over what would happen in the case of a sudden illness or accident, and being able to discuss his life led to finding out about other support groups that improved his quality of life. This improved his mental wellbeing, lessened his worries, and potential provided him with social opportunities.

All of this improved his mental wellbeing. Attending the groups would make him less socially isolated. And, his choices were increased as he was more aware of the choices available to him.

## Case Study – Carer Navigator Support

<b>Carers Situation</b>
<p>Initial identified needs from the referral were about benefits, financial advice and information and support to maximise the couple's income. It transpired that this was a complex caring situation. The husband did not have mental capacity to give his wife Power of Attorney to manage his financial affairs. She did not know what his income was or what she was entitled to.</p> <p>It developed into advising and supporting the carer with every issue and need surrounding the caring role, advocating on her behalf and liaising with services including social services, primary care, continuing health care funding, housing, and employment. I also provided ongoing emotional support and confidence building to manage the overwhelming changes that had happened in their lives.</p>
<b>Background history</b>
<p>The carer's husband (in his early 40s) had a brain haemorrhage/major stroke and was in hospital for 5.5 months. This had left him completely disabled and dependent on his wife and a care package/ professional support to manage all his activities of daily living. He lived in a hospital bed in their living room in a small terraced house with no downstairs bathroom or suitable facilities. Both their lives had been permanently altered and, after discharge, they had been left back home in the community with insufficient support to maximise their quality of life. The carer was in her 30s and had been working whilst she had limited access to her husband in hospital due to the pandemic. Now she was unable to work due to her 24 hour caring responsibilities. A community Social Worker had not been allocated yet.</p>
<b>Client's situation</b>
<p>The carer was a very capable person but, like most carers, did not know what was available to support them both or how to navigate the NHS, primary care and social services systems she had found herself communicating with. There was also a slight language barrier which sometimes resulted in her not understanding what she needed to do especially over the phone. Other services did not seem to realise this disadvantage and actually caused a delay in some areas e.g. phone calls with the DWP.</p>
<b>Support Given</b>
<p>Initially, intensive support via many home visits in the first few weeks to then weekly visits. Also support was extended past the usual 6 week remit to approximately 10 weeks due to the complexity of the case.</p> <p><u>Finance/Employment/Legal</u></p> <p>Benefits advice/support about both their incomes, his disability income, Carer's Allowance, joint claim for Universal Credit and a voluntary sector welfare benefits advice service. I supported her to get Appointeeship with the DWP for his benefits. Discussed and advised around Power of Attorney for her to manage his affairs via solicitor/Court of Protection due to his lack of mental capacity. Support given via myself and a referral to</p>

our Employment team on carers' rights at work, issues around statutory sick pay not being the correct amount and what choices the carer would have going forward i.e. staying longer on sick pay, leaving her job permanently etc.

#### Liaising with statutory services/getting care needs and carer needs met

I liaised closely with the husband's Social Worker on a regular basis via joint home visits and frequent phone calls to advocate on behalf of the carer to ensure the carer's voice/needs were heard and addressed. I made a referral for a Statutory Carer's Assessment as well as Care Needs Assessment for her husband. I supported her to voice her concerns/complaints about the care package not meeting her husband's care needs, resulting in a change of care package provider and getting more suitable aids/adaptations for him.

To try and reduce further carer strain/burn out, we made a request for weekly breaks via a sitting service of approx. 10.5 hours per week. I supported her to apply for continuing healthcare funding by attending the first and second assessment and advocating on behalf of the carer. I emphasised to the assessor the huge impact of the caring role on the carer and what was needed to help her sustain this. This funding was approved and the result was the care package was increased in hours, including increased sitting service/breaks for the carer from 10.5 hrs to 18 per week. Waking night shifts of care and respite. Also referred for specific primary care support e.g. allocated two community matrons, more intensive Physio. The carer would be able to use Direct Payments to have more choice and control to pay for whomever she chose to provide care whilst she had breaks.

#### Housing

Prior to the CHC meeting I had supported the carer to register with the local council and to complete a housing application based on her husband's medical needs. I made a referral to a housing organisation to provide her with a housing support worker to look for more suitable disabled friendly/adapted housing and set up her login to check her housing offers weekly.

#### Emotional Support/Confidence Building

Each contact with the carer included building rapport and trust with her and listening to her needs and issues. She slowly revealed to me the difficult family dynamics she was part of and that there was very little support or positive communication with his family. It was a sensitive situation and her being able to manage independently for her and her husband both financially and in her housing situation (his family owned their home) would give her the freedom and choice to build a new life with him based on their needs not the family/cultural expectations. This would have meant she would not have had her voice or needs acknowledged. Having the space to discuss this and understanding that carer strain and burn out were a reality allowed her to give herself permission to feel less guilty about taking breaks and looking after herself not just him.

#### **Signposting, referral, networking with other agencies**

- Adult Social Care
- Bradford Royal Infirmary-Stroke Ward
- Continuing Healthcare Funding Assessor
- Housing Options
- Bradford Council
- GP Practice/Primary Care

- Welfare Benefits Advice Service
- Department of Works and Pensions
- Carers Resource Employment Team
- Carers Resource Locality Team

**Quality of life outcomes for the client (please mark below all that are appropriate)**

Maintained improved health/well being	x	Increased choice and control	x
Increased self confidence	x	Feeling informed/skilled/equipped	x
No readmission to hospital in 30 days	x	Appropriate use of primary care services	x
Improved levels of self-care	x	Less socially isolated	x
Improved mental wellbeing	x		

**Conclusion**

Due to our input, this carer was able to have better quality of life supporting her husband alongside statutory services at home. The reality was that if she had not been able to manage he would have had to be assessed to move into some kind of long term care. Neither wanted this. Her voice/needs were heard thus reducing her carer strain and burnout because she was able to understand and have the confidence to ask for support and to challenge any issues around his care needs.