Notice of Health and Adult Social Care Overview and Scrutiny Committee

Date: Monday, 25 July 2022 at 6.00 pm

Venue: Committee Room, First Floor, BCP Civic Centre Annex, St Stephen's Rd, Bournemouth BH2 6LL

Membership:

Chairman:
Cllr J Edwards

Vice Chairman:
Cllr L-J Evans

Cllr D Butler
Cllr L Dedman
Cllr B Dion
Cllr C Johnson
Cllr A Jones
Cllr C Matthews
Cllr S Phillips
Cllr M Robson
Cllr A M Stribley

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:

https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=5036

If you would like any further information on the items to be considered at the meeting please contact: or email

Press enquiries should be directed to the Press Office: Tel: 01202 118686 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpcouncil.gov.uk

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GRAHAM FARRANT
CHIEF EXECUTIVE

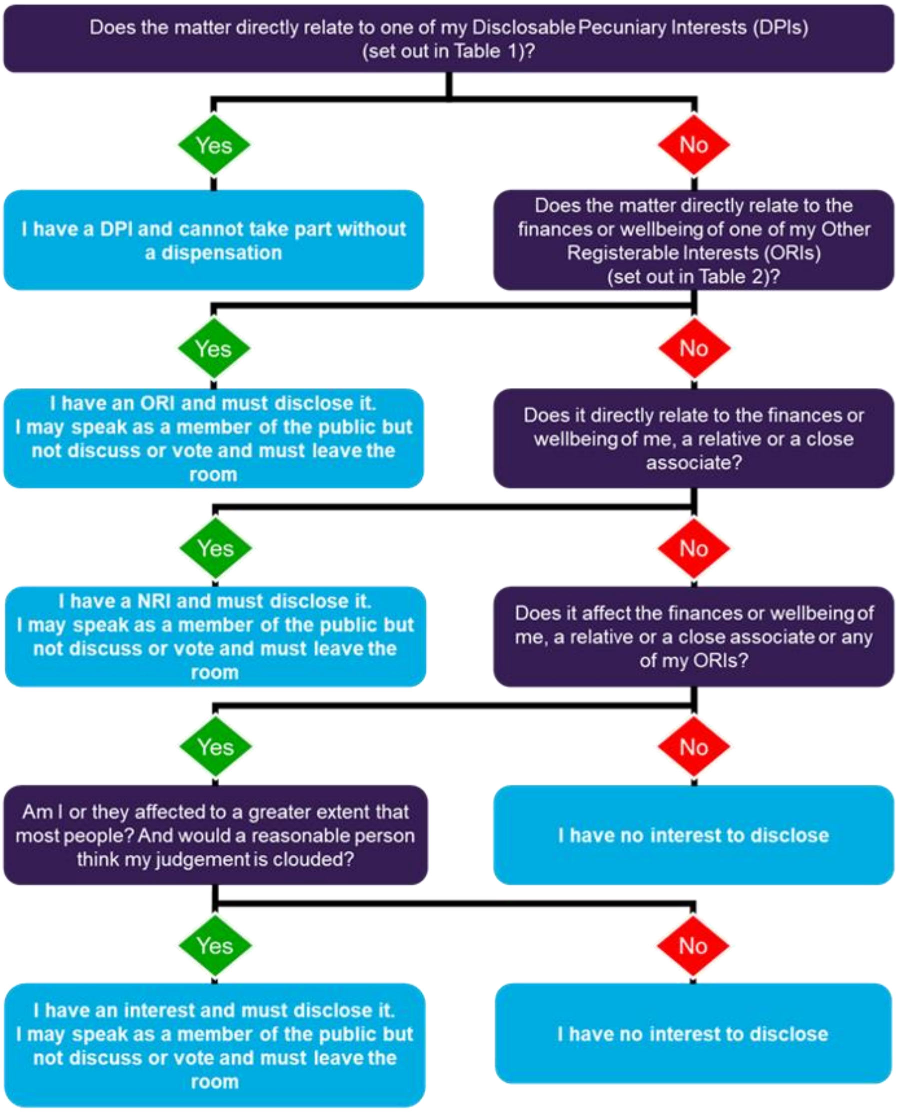
15 July 2022

Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



Does the matter directly relate to one of my Disclosable Pecuniary Interests (DPIs) (set out in Table 1)?

- Yes: **I have a DPI and cannot take part without a dispensation**
- No: Does the matter directly relate to the finances or wellbeing of one of my Other Registerable Interests (ORIs) (set out in Table 2)?
  - Yes: **I have an ORI and must disclose it. I may speak as a member of the public but not discuss or vote and must leave the room**
  - No: Does it directly relate to the finances or wellbeing of me, a relative or a close associate?
    - Yes: **I have a NRI and must disclose it. I may speak as a member of the public but not discuss or vote and must leave the room**
    - No: Does it affect the finances or wellbeing of me, a relative or a close associate or any of my ORIs?
      - No: **I have no interest to disclose**
      - Yes: Am I or they affected to a greater extent that most people? And would a reasonable person think my judgement is clouded?
        - Yes: **I have an interest and must disclose it. I may speak as a member of the public but not discuss or vote and must leave the room**
        - No: **I have no interest to disclose**

What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test	Predetermination Test
In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?	At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer (susan.zeiss@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Declarations of Interests

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

4. Confirmation of Minutes

5 - 14

To confirm and sign as a correct record the minutes of the Meeting held on 23 May 2022.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

https://democracy.bcpcouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf

The deadline for the submission of a public question is 4 clear working days before the meeting.

The deadline for the submission of a public statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

6. Covid Update

Verbal Report

To receive an update regarding Covid, from Sam Crowe, Director for Public Health.

7. Combating Drugs Partnership Board Update

Verbal Report

To receive an update on the Combating Drugs Partnership Board, from Sam Crowe, Director for Public Health, and agree a date in 2023 for a progress update.

8. Integrated Urgent Service including NHS 111 and NHS 111 First Programme

15 - 20

This report outlines the background, performance, challenges, and future developments of the Dorset Integrated Urgent Care Service (DIUCS) to date. At the meeting there will be a presentation that will enhance this report.

9. BCP Carers Strategy

21 - 78

A Carers Services Review has been undertaken in collaboration with carers and key stakeholders. The findings will inform the new BCP Carers Strategy. This report provides the committee with an update on current progress.

10. Day Opportunities Strategy

79 - 92

A review of day opportunities, including buildings-based day services is currently underway, in collaboration with key stakeholders, which will inform a new BCP Council Day Opportunities Strategy. This report provides the committee with an introduction to this piece of work and update on current progress.

11. Portfolio Holder Update

Verbal Report

To receive a verbal update from the Portfolio Holder for Communities, Health and Leisure.

12. Tricuro Update

Verbal Report

To receive an update regarding Tricuro, from Phil Hornsby, Director for Commissioning for People.

13. Forward Plan

93 - 102

To note the Committee’s Forward Plan and make any amendments as necessary.

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Meeting held on 23 May 2022 at 6.00 pm

Present:-

Cllr J Edwards – Chair

Present:	Cllr D Butler, Cllr D Farr, Cllr C Johnson, Cllr C Matthews, Cllr S Phillips, Cllr D Borthwick and Cllr N Hedges
Also in attendance:	Cllr Iynegar and Cllr Rampton

1. Apologies

Apologies had been received from Councillors Jones, Robson, Stribley, Wilson and Louise Bate from Healthwatch.

Councillor L-J Evans attended remotely, forgoing any voting rights.

2. Substitute Members

Councillor Hedges substituted for Councillor Stribley and Councillor Borthwick substituted for Councillor Jones.

Councillor Hedges, as Chairman of the Council presided over the next item on the Agenda, Election of Chair of the Health and Adult Social Care Overview and Scrutiny Committee

3. Election of Chair of the Health and Adult Social Care Overview and Scrutiny Committee

RESOLVED that Councillor Jackie Edwards be elected as Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the ensuing 2022/23 Municipal Year.

4. Election of Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee

RESOLVED that Councillor L-J Evans be elected as Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the ensuing 2022/23 Municipal Year.

5. Declarations of Interests

Councillor Johnson declared a personal interest as a Staff Nurse employed by the Royal Bournemouth Hospital, Councillor Matthews declared a personal interest as a Governor of Dorset Healthcare University NHS Foundation Trust and Councillor L-J Evans declared a personal interest as a bank employee for University Hospitals Dorset.

6. Minutes

RESOLVED that the Minutes of the Health and Adults Social Care Overview and Scrutiny Committee held on 7 March 2022, having previously been circulated, be agreed as an accurate record and signed by the Chair.

7. Action Sheet

The Chair advised of a meeting in June for the findings of the Carers Review.

The Vice Chair requested an update on writing to MPs and Cabinet discussions relating to Carers.

8. Public Issues

There were no public issued received on this occasion.

9. Outpatient Assessment Centre at Dorset Health Village

The Deputy Director Design and Transformation presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The purpose of the Report was to update the Committee on the Outpatient Assessment Centre @ Dorset Health Village. The Outpatient Assessment Centres (OAC) @ Dorset Health Village Poole became operational on the 16 November 2021.

The Outpatient Assessment Centre was a new health space located in the heart of the community on the 2nd floor of an active retail store (Beales), financed by NHS Funding and was delivered in response to the waiting list pressures in Dorset. Supported by the VSCE sector, BCP Planners, and commercial partners, its delivery model improved productivity, using the same healthcare workforce, with only the addition of a small operational team, supplemented by volunteers acting as Patient Navigators.

The Centre was constructed using repurposed material form the Nightingales, it used extant public transport networks and was integrated into the wider green agenda for Poole. Co-deigned with clinicians, Live Well and Active Dorset, and working with Social Prescribing partners and the academic community, it focused on the holistic approach to people centric care. In addition, it supported the healthy high street agenda, using the NHS as anchor institution to create the high street as a destination and increase footfall. The first of its type, it was setting the benchmark for other systems in the UK to build the hospital from the outside and was truly collaborative in its approach.

The Committee discussed the report and comments included:

- Several Committee Members praised the project and wanted to thank all the staff involved in making it an outstanding success
- In response to a query regarding how long funding was available for the project, the Committee was advised that it was a three-year project, with the option to increase to four. The Committee was advised that it formed part of the project to take some health services to the high street and away from hospital sites. It was highlighted that wellbeing hubs nearer the community was the future way of working of the Integrated Care Partnership
- The Committee was advised that partners including Community Action Network (CAN) were working together to create a living space within the Dolphin Centre to signpost health care, social care, and voluntary services to all come together in one accessible place
- The Portfolio Holder for People and Homes echoed the praise given and advised of a personal good experience of the outpatient centre. She did highlight one issue in accessing the centre which she found off-putting, and the Deputy Director Design and Transformation advised he would take the feedback back to the team
- In response to a query regarding the Boscombe Hub, the Committee was advised that site options were still being considered
- The opening hours were clarified, and it was noted that it was currently 8am-6pm, but that it could be opened at weekends and was designed to be able to open 8am-8pm 7 days a week. Any visits were by appointment only.
- In response to a query regarding staffing, it was advised that it used the same workforce from the hospitals and had been designed to increase productivity and the number of patients seen. The only additional staff was an operational manager, administration, and volunteer staff.

RESOLVED that the Committee note the Report.

10. Suicide Prevention Plan, Progress Report 2022

The Director of Adult Social Care Commissioning (Interim), Principal Programme Lead, NHS Dorset Clinical Commissioning Group, Assistant Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book. The Committee was also provided with a PowerPoint presentation.

In 2020 both BCP Council and Dorset Council, Partners, Public Health Dorset, and the Dorset Clinical Commissioning Group established a multi-agency Pan Dorset suicide prevention programme (SP) as part of the national SP programme.

The report provided an update on the six key workstreams within the pan-Dorset programme and progressed BCP Council's own Suicide prevention plan, one year since publication.

Overall, there had been significant progress in promoting suicide prevention and wider mental wellbeing agendas through communications, training, and support services.

Some areas of work had been hampered by the pandemic and other factors. A new national strategy was anticipated later this year and plans locally would need to be reviewed considering these through the Suicide Prevention Steering Group and Council's Corporate Management Board.

The Portfolio Holder for Tourism and Active Health advised that he received a briefing and had been involved with the programme for a while and wanted to highlight his support for the Suicide Prevention programme. He highlighted the complexities of what was involved and how pleased that talking about suicide prevention was becoming more open with frank discussions really welcomed.

The Committee discussed the report and presentation and comments were made, including:

- In response to a query, warm transfer was explained as being connected on the phone straight to an appropriate organisation/service
- The Vice Chair thanked everyone involved and agreed that this had been a stigmatised topic for too long
- In response to a query regarding the real time surveillance data the Committee was advised of the issues surrounding collecting it, however, were informed some insights had been made from 18 months of good data. This could be shared with the Committee at some point, however the sharing of such sensitive information needed to be approached with caution.
- In response to when the data could be shared, the Committee was advised that there was some data available until November last year which could be shared if helpful. **ACTION.**
- The Chairman of the Council provided a very detailed contribution to Committee on his own personal experiences with losing a loved-one to suicide. His statement included many references to the services that were on offer to the individual in question whilst outlining the benefits, challenges, difficulties, and failings of many of these services. The Committee heard that the Chairman was in full support of report and noted Workstream 6 2.12, as referenced in the report, and hoped that this would be achieved quickly. The Chairman also referred to the High Sheriff's Project "Harmony in Dorset", being worked upon by Bournemouth University, of which he hoped to be increasingly involved with as Chairman of BCP Council.

- A Committee Member highlighted their chosen charities when they were the Mayor and Deputy Mayor and the work those charities undertook and requested that the Officers worked closely with those charities. In response an Officer advised that strong partnership work was ongoing.
- In response to a query regarding the mental health first aid training and suicide first aid training it was noted that the length ranged depending on whether it was instructor or management training. The Talk for All, skills development was highlighted to destigmatise and provide listening and awareness skills to widest audience possible. **ACTION – share further information with the Committee.**
- In response to a query regarding whether hospitals kept data of suicide attempts, the Committee was advised that the acute hospital did record reason for presenting but not necessarily that it was a suicide attempt, partly because the hospital deals with the presenting issues. It was acknowledged that further work needed to be undertaken in this area
- A Committee Member enquired whether data could be pulled together regarding the reasons of attempted suicide, in response the Committee was advised of the main reasons which included relationships breaking down, housing issues, loss of long-term partners and long-term illness. Drug, alcohol, and mental health issues were also highlighted within the data.
- In response to a concern regarding collecting data from hospitals, the Committee was advised that there were gaps in recording and the difficulties with hospital coding, it was a conversation that was being had with partners to ensure the data collected was accurate. It was noted that there was a big difference between people who attempt to harm themselves and those who succeed to commit suicide, and some of the differences were highlighted to the Committee.
- The Zero Suicide Alliance was highlighted as a good source of information, it was advised that anyone could sign up to it and it aimed to equip people with the basic knowledge surrounding suicide. **ACTION – send link to Committee Members**
- The Committee was advised of the places available for people in crisis to call and it was noted that the Z card had information on it
- A Committee Member highlighted how the Council offices and numbers were not easily accessible and the Committee was reassured that the connection number, which could be accessed through 111, would then be followed by a warm transfer. The reason why there was also a different number was from feedback from those with lived in experience who requested a separate telephone number
- In response to a query about young people and mental health, the Committee was advised there was direct work with Bournemouth Universities to create some type of retreat for students in crisis and ensure pathways were quick and accessible. Some of the issues

were highlighted but work to develop a suicide strategy with them and CAMHS was ongoing and really focused on the young adults.
- The Chair requested that the new National Strategy be put on the Forward Plan for later in the year with plans needing to be reviewed once published. **ACTION – add to Forward Plan**

RESOLVED that

(a) Councillors comment on and scrutinise the content of the progress report.

(b) To note that a new national strategy is expected this year and that plans will need to be reviewed once published.

11. Integrated Care Strategy Development

The Director of Public Health Dorset shared a PowerPoint presentation with the Committee regarding the Dorset Health and Care System which included:

- Developing health and care systems
- ICS ambitions
- Collaboration
- Meeting ambitions
- Dorset health and care system
- NHS Dorset
- Partnerships
- Challenges
- Getting best value for public pound
- Dorset health and care partnership
- Partnership responsibilities
- ICP strategy requirements
- Progress to date
- Engagement approach
- 100 conversations
- Join the conversation
- ICP Strategy Development Timeline @ April 2022

The Committee discussed the presentation and comments were made, including:

- In response to a query regarding how engagement with the non-digitally would be undertaken, the Committee was advised it would take various forms, including face to face in-depth interviews, digital engagement platforms and more informal face to face chats in a variety of settings
- A Committee Member expressed their excitement about this work and wanted to know if there was going to be work with other organisations, it was highlighted there was a health inequalities group who had been working with the Institute for Health Equity developing a health inequality strategy, initially very focused on

NHS, however it was stressed that there was a lot of work which could be done within the community to strengthen the strategy

- In response to a query regarding financing the scheme, the Committee was advised of the need to improve efficiency, streamline and provide care closer to people's homes and that communication to find solutions with local Leaders was a positive step towards achieving this
- In response to a question from the Chair about any resistance to the proposed changes, the Committee was advised that the real proof would be seen when the Integrated Care Partnership Strategy was signed off and whether it was taken seriously regarding the differences to how resources were used to address priorities
- In response to a query about how the change would be implemented, the Committee was advised that the strategy was important to provide a clear pathway, but collaboration was already happening around some very important issues such as suicide prevention. It was noted that barriers which prevented collaboration were being removed and full advantage of that needed to be realised at the earliest opportunity
- The Portfolio Holder for People and Homes wanted to thank all the Officers and the Leader of BCP who had pushed to get a representative from BCP on the Integrated Care Strategy Board and felt the willingness of leaders to collaborate would make a real difference
- The Portfolio Holder for Tourism and Active Health concluded that BCP had been proactive in developing and felt that the reduction of Councils in Dorset to two enabled better working relations between them and NHS Dorset.

RESOLVED that the presentation be noted.

12. Portfolio Holders Update

The Director of Public Health Dorset provided a verbal update on Covid on behalf of the Portfolio Holder for People and Homes and highlighted how rates had fallen. It was acknowledged that there had been a reduction in the number of people testing, but advised that approximately 200 tests were carried out daily across Dorset which clearly showed that the wave had receded. The Committee was advised of two further variants of Omicron, which were being monitored and were currently not of concern in this country.

In response to a query regarding Monkey pox, the Committee was advised that it was a national incident being led by the UK Health Security Agency, who were working hard to understand its extent however it did not appear to be any cause for concern locally.

The Portfolio Holder for Tourism and Active Health enquired whether the Committee would like an update regarding the approval of the budget at the Public Health Board, but it was decided that should be provided later.

The Portfolio Holder for People and Homes advised that the Director of Public Health Dorset had covered some of the items she wanted to provide updates on, however highlighted:

- Contact centre was going from strength to strength, early intervention, and support
- Extra care housing steering group which was identifying potential sites which were being considered
- Care technology was progressing at pace, engaging, and developing lifeline and careline
- Adult Social Care had restructured adult hospital discharge leading to people leaving hospital earlier
- Further recruitment of shared lives carers plus additional support living places for adults with learning disabilities
- It was advised that Carers week would take place from 7-12 June 2022
- The Committee was advised that an update on the Health and Wellbeing Board would be provided later due to a delay in government guidance being provided
- The Chair enquired whether a letter had been drafted to local MPs asking them to review the informal carers allowance **ACTION – discuss with Officers to see if this had been progressed**
- Promoting care work was discussed and the Committee was advised that work had been ongoing with job centres, so care providers had a dedicated space within job centres to engage and interview potential care workers. It was noted it was a 3-month pilot so feedback could be provided once concluded.

The Chair referred to the Carers Conference which was scheduled on 7 June from 9.30-12:30 and requested feedback be given on the time of it, mornings were the busiest time for carers which would make it impossible for them to attend.

13. Forward Plan

In response to a query about when the Committee could receive an update on Tricuro, it was advised that this item would come as soon as possible and that the Director – Commissioning for People could possibly give a brief verbal update on the transition from two to one at the Committee's meeting in July. **ACTION – add to Forward Plan**

14. Future Meeting Dates

The Committee agreed the date for its next meeting as 25 July 2022 at 6pm.

The meeting ended at 8:15pm.

CHAIR

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Integrated Urgent Service including NHS 111 and NHS 111 First Programme**
Meeting date	25 July 2022
Status	Public Report
Executive summary	This report outlines the background, performance, challenges, and future developments of the Dorset Integrated Urgent Care Service (DIUCS) to date. At the meeting there will be a presentation that will enhance this report.
Recommendations	**It is RECOMMENDED that:** The Health and Adult Social Care overview and scrutiny committee note the presentation for information, any comments from the committee will be followed up and a written response for the committee to review.
Reason for recommendations	N/A
Portfolio Holder(s):	Sue Sutton, Urgent and Emergency Care Programme Director, NHS Dorset – Integrated Care Board
Corporate Director	Dean Spencer, Chief Operating Officer, NHS Dorset – Integrated Care Board
Report Authors	Emma Wilson, Head of Urgent and Emergency Care, NHS Dorset – Integrated Care Board
Wards	Council-wide
Classification	For Information

Background

1. The presentation outlines the background, performance, challenges, and future developments of the Dorset Integrated Urgent Care Service (IUCS) to date. Below is a summary of the key areas the presentation shall focus on in more detail:

    a. **Introduction to the Dorset Integrated Urgent Care Service and the services included**:

    - 111 call answering (non-clinical health advisors).
    - 111 online cases requiring clinical input.
    - Clinical Assessment Service (clinical support) including Single Point of Access.
    - Primary Care Out of Hours (8pm – 8am 7 days a week).
    - Improved Access to General Practitioners (blended model throughout the service).
    - Night nursing (8pm – 8am Monday – Friday, 24-hour cover for weekends and Bank Holidays).
    - Prison Health (Onsite GP coverage 0900-12noon on Saturday and Sunday at HMP Verne and 0900-12noon on Saturday at HMP Guys Marsh plus face-to-face medical intervention outside these times where needed post clinical triage by the Clinical Assessment Service).

    b. **NHS 111 First**

    NHS 111 First was nationally mandated in July 2020, and driven by the following principles:

    - Influence public behaviour so people, who would otherwise have walked into urgent and emergency care settings, contact 111 First.
    - Create sufficient capacity in 111 and the Clinical Assessment Service to ensure that people contacting get timely and effective resolution to their presenting question or complaint, ideally without the need for onward referral (increase of ‘consult and complete’ model within the Integrated Urgent Care Service).
    - Reduce face-to-face contact; Maximise the number of alternative options to face-to-face urgent care and ensure they are all available on the Directory of Services.
    - Getting people to the right place first time, maximising value, reducing duplication for patients and waste of clinical resource.
    - Ensure that receiving units are pre-alerted to expected patients, advice and care already provided and the reason for the onward referral.
    - Avoid overcrowding in all urgent care walk in settings to prevent spread of nosocomial infection (Royal College of Emergency Medicine, May 2020).
    - Patients feel they get timely and effective resolution to their presenting question or complaint.

- Ensure there is no negative unintended impact on safety or for other parts of the system.

c. NHS 111 Online

- NHS 111 Online was launched in 2018 and uses the same triage system as 111 telephony, NHS Pathways.
- In cases where users request a call back a message is sent into the Clinical Assessment Service who will then medically assess the patient to see if they require an appointment to be seen face-to-face or can be closed with care advice.
- In February 2022 Emergency Department outcomes have also been offered a call back option and in May ambulance category 3 and 4 outcomes were offered the same.
- January – May 2022 there were 53,761 visits to NHS 111 Online by Dorset citizens.

d. Current Performance

- Since 2019, there has been a significant increase in calls coming into NHS 111 services Nationally.
- Within Dorset call demand has increased by 64% since 2019 and has impacted on the ability to meet the NHS 111 Call Answering and Abandonment Rate Key Performance Indicators.
- Following a review of the demand in 2020 and recurrent and non-recurrent funding was agreed to increase the call answering and clinical workforce within 111 and Clinical Assessment Service (CAS).
- Demand continues to increase, and workforce modelling is on-going to map demand and capacity.
- Although demand has increased Dorset 111 services continue to support the Urgent and Emergency Care services and exceed the validation targets for ED and Ambulance Category 3 and 4 cases. Validation is where a clinician looks in detail at a case to see if the original clinical outcome was correct. NHS Pathways cannot ask every single question that may be necessary to ensure the patient is directed to the right service.

e. Current Challenges

- Due to demand increasing across the country there are other providers calling on National Contingency which means Dorset take a proportion of calls out of area which can then have a knock-on effect to performance. The percentage of calls depends on each individual situation but can be up to 100% of calls at one time divided up amongst the better performing providers at that time.
- Staff sickness due to Covid-19 outbreaks and in general has also had an impact both Nationally and Locally.
- Poor shift coverage in some clinical areas has meant at times the service has had a reduced service offer.

- Recruitment into clinical roles is a challenge and with increase demand on the Clinical Assessment Service this workforce is vital.
- The system across Dorset has been in OPEL 4 due to current pressures. Dorset Integrated Urgent Care Services have been in OPEL 3 and 4 for most of April and May 2022.
- Preparation for the Regional Call Management programme has also meant increased workload.

f. Future Developments

- A National mandate has been released requesting that all areas implement a new telephony platform to enable calls to be switched across providers within a regional footprint. This will also allow for any future movement of borders within regional areas and would allow for further collaboration with other regions to share calls.
- The Single Virtual Contact Centre (SVCC) will allow calls to be routed to any call handler across a specific footprint. For example, Dorset callers will initially be sent to the Dorset service, but should the caller be waiting over a specified time then they will be re-routed to another South West NHS 111 Service where there is a call handler free to take the call.
- Out of Hospital Offer: The project ambition is to provide high quality joined up primary and community based urgent care services that meet the needs of the population and contribute to reducing health inequalities. It will contribute to the delivery of a sustainable reduction in people attending the Emergency Department with minor acuity, but it will not deliver the totality of this improvement on its own.
  There are key dependencies with other projects and workstreams which will be progressed in parallel to maximise impact and deliver the project ambition, which will be continually monitored and report into the Urgent and Emergency Care Delivery Group.
- Urgent and Emergency Care Delivery Plan agreed by Urgent and Emergency Board. Implementation has commenced via the Urgent and Emergency Care Delivery Group.

Options Appraisal

2. N/A

Summary of financial implications

3. N/A

Summary of legal implications

4. N/A

Summary of human resources implications

5. N/A

Summary of sustainability impact

6. N/A

Summary of public health implications

7. N/A

Summary of equality implications

(a) N/A

Summary of risk assessment

8. Integrated Urgent Care Service risk relating to demand, and capacity is within the NHS Dorset Integrated Care Board Corporate risk register.

Background papers

N/A

Appendices

There are no appendices to this report. However, a presentation will be presented at the meeting.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**BCP Carers Strategy**
Meeting date	25 July 2022
Status	Public Report
Executive summary	A Carers Services Review has been undertaken in collaboration with carers and key stakeholders. The findings will inform the new BCP Carers Strategy. This report provides the committee with an update on current progress.
Recommendations	**It is RECOMMENDED that:** **(a) The Committee consider and scrutinise the contents of this report** **(b) The Committee supports the 5 key priorities for the BCP Carers Strategy** **(c) The Committee consider attendance at a future informal Carers Strategy Engagement Session before the strategy is taken to Cabinet on 28th September**
Reason for recommendations	The 5 key priorities for the BCP Carers Strategy have been developed through engagement with carers and key stakeholders. The informal engagement session will allow committee members to be involved and kept up to date with progress of the strategy before the final version is taken to Cabinet.

Portfolio Holder(s):	Councillor Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	Phil Hornsby: Director – Commissioning for People
Report Authors	Emma Senior: Commissioning Manager – Prevention and Wellbeing
Wards	Council-wide
Classification	For Recommendation

Background

1. A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid, (but definition would include people in receipt of Carers Allowance).
2. For the purpose of this strategy the term ‘carer’ does not include individuals employed in paid care work, (e.g. commissioned care, via a Direct Payment, or as part of work with a voluntary sector organisation).
3. Research commissioned by Carers UK estimates that 10.58 million adults in the UK are carers, which equates to 1 in 5 people. Since October 2020, there has been a 42% increase in carers providing more than 20 hours of care per week. The value of their care during the pandemic has been estimated at £530 million per day, or £193 billion per year.
4. At least 11% of people in Bournemouth, Christchurch and Poole are unpaid carers. Although it is a challenge to identify the true number of carers, the increasing membership of the BCP Carers Information and Advice Service (CRISP), currently standing at 5,652 carers, suggests that they remain under-represented.
5. In December 2021, a survey was developed in collaboration with carers, members of this committee, practitioners, and CRISP. The aim of the survey was to find out how easy carers found it to access support and what would help them the most in their caring role.
6. 2804 online survey links and 2447 paper copies were sent to carers registered with CRISP. The survey was also distributed through Adult Social Care networks to partners, commissioned services and voluntary agencies that work with carers who support people residing in the BCP Council area.
7. To ensure the survey reached carers not registered with CRISP, organisations and agencies of underrepresented groups were informed of the survey and review. Both online and paper versions were sent to these groups along with a cover letter, for them to distribute to carers.
8. In total, 742 carers responded to the survey, 331 were digital responses, and 411 were paper responses.

9. As part of the survey, carers were asked if they wanted to participate in focus groups to share their feedback further and contribute to the carer's services review; 179 carers volunteered.

10. In total, 31 focus groups were held with carers, 2 focus groups with practitioners and 2 focus groups with external partners. Feedback was also obtained from carer representatives and practitioners in various forums that take place locally, including the Pan Dorset Carers Steering Group, Dorset Carers Partnership Group, BCP Carers Reference Group, Carers Action Group and Carers Operational Group.

11. Focus groups were facilitated via several methods, including group video conferencing, 1-1 video conferencing, 1-1 telephone calls, home visits, face to face workshops and email.

Review Findings

12. A full report on the carer's services review findings is available in appendix 1

13. The review findings have elicited 5 key priorities for the BCP Carers Strategy:

Priority 1: **Identification and Recognition**

- Identify Carers as early as possible in their caring journey
- Support Carers to self-identify
- Recognise the full diversity of Carers
- Recognise the contribution that Carers make to society
- Involve Carers in planning, commissioning decisions and service design

Priority 2: Information and Advice

- Ensure information and advice is accessible to all Carers
- Involve Carers in the planning and development of information and advice
- Invest in training for Carers and professionals

Priority 3: Supporting Carers Physical, Mental and Emotional Wellbeing

- Enable carers to take a break from their caring role
- Support carers to look after their own physical and mental health

Priority 4: A Life Alongside Caring

- Enable carers to have time for themselves
- Enable carers to have access to education and employment
- Support carers to access activities they enjoy

Priority 5: Collaborative Working Across Dorset

- Working with partners to ensure equity of service across Dorset
- Engaging with all organisations across Dorset that support carers to promote, value and recognise carers services

14. Consultations are taking place on the 5 priorities with carers who volunteered to be part of focus groups, the Pan Dorset Carers Steering Group, Dorset Carers Partnership Group, BCP Carers Reference Group, Carers Action Group and Carers Operational Group.

Summary of financial implications

15. The Better Care Fund is providing £1.23 million for carers for 2022/23, and the delivery against the priorities identified in the carer's strategy will be within this financial envelope.

Summary of legal implications

16. None identified at this stage

Summary of human resources implications

17. Early findings indicate that additional staff capacity may be needed for the BCP carer support service to carry out the (recommended) operational priorities of the strategy. This would be managed within the funding available for carers from the Better Care Fund.

Summary of sustainability impact

18. A sustainability impact assessment is being undertaken, although it is not anticipated that there will be any significant impacts on the environment as a consequence of this strategy.

Summary of public health implications

19. Proceeding with the key priorities for the Carers Strategy will improve the health and wellbeing of carers as one of the key priorities is to support carers physical, mental and emotional wellbeing. It would also reduce health inequalities locally by seeking to collaborative across Dorset to ensure equity of service.

Summary of equality implications

20. An EIA screening document has been in production since the start of the carers services review and has been regularly updated to ensure that equality implications are taken into account. This will be taken to the EIA panel prior to completion of the BCP Carers Strategy

Summary of risk assessment

21. As the priorities were developed through engagement with carers, if these were not supported then there would be a risk of reputational damage to BCP Council for not taking into account the views of the people the strategy is being written for.

22. If the Better Care Funding for carers was reduced or withdrawn, the priorities of the strategy would need to be reviewed to ensure any available funding was targeted to areas with the greatest impact.

Background papers

23. Published Works:

    Make Caring Visible, Valued and Supported – Carers Week 2022 Report, Carers UK (2022)

    Unseen and undervalued – the value of unpaid carers support during the pandemic, Carer UK (2020)

Appendices

1. BCP Carers Services Review Report 2022

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BCP Carers Services Review

Carers Support Survey

2021-2022

bcpcouncil.gov.uk

Background

In December 2021, Unpaid Carers of people residing in the BCP Council conurbation were invited to participate in a local survey. The aim of the survey was to find out Carers' perceptions of the support they receive to perform their caring role. The Survey results will be used by Carers services and commissioners to look at ways to improve service delivery and to formulate a new BCP Carers Strategy.

A joint Pan-Dorset Carers strategic vision document (Valuing Carers in Dorset 2016 - 2020) was produced in collaboration with local Carers and eight statutory partners that made up the Better Together Integrated Health and Social Care programme in 2015. This is currently being reviewed and refreshed by the Pan Dorset Carers Steering Group. The BCP Carers Strategy will run alongside the Pan-Dorset Strategy and reflect the specific challenges that Carers face within the urban area of BCP Council, as opposed to the more rural environs of the Dorset Council area.

The new BCP Carers Strategy will be informed by the findings of the BCP Carers Services review and survey, with Carers and practitioners working in partnership with commissioners to identify the priorities. The review places focus on 7 areas of Carers support that were consulted on by the BCP Carers Reference group:

- CRISP, the Carers Centre and Information
- Carers Skills and Training,
- Respite and Short Breaks,
- Commissioned Services,
- Self-directed Support and Direct Payments,
- Emergency Planning
- Carer's assessments

Methodology

The survey was developed in collaboration with Carers, councillors on the Health and Adult Social Care Overview and Scrutiny Committee and practitioners. Carers and providers at local forums were presented with the aims of the survey and Carers services review throughout November and December 2021, which received a positive reaction. From this, member carer representatives and providers requested that the survey was sent to them via email or post for either personal use or distribution throughout the local area.

5,251 Carers registered with CRISP were sent a copy of the survey

2,804 digital surveys distributed

2,447 paper surveys distributed

A cover letter was sent with the survey at the end of December 2021 to explain the purpose of the survey and review to motivate Carers to respond. An online version of the survey was created, as well as a paper version to ensure Carers had equal opportunity to participate.

2804 Microsoft Forms links and **2447** paper copies were sent to Carers over the age of 16 registered with CRISP. The survey was distributed through Adult Social Care (ASC) networks to partners, commissioned services and voluntary agencies that work with Carers who support someone residing in the BCP Council area.

To ensure the survey reached Carers not registered with CRISP, organisations and agencies of underrepresented groups were informed of the survey and review. Both online and paper versions were sent to these groups along with the cover letter, for them to distribute to Carers who have identified with them:

- Mytime young Carers charity
- Pramalife
- Dorset Advocacy
- KushtiBok
- The Leonardo Trust
- BCP GRT support
- BCP SEND
- Dorset Race Equality
- Dorset Mind
- We are With you – Substance misuse
- Bournemouth and Poole College
- Bournemouth University
- Parent Carer Foundation
- Learning Disability Partner

Carers were provided a timeframe of 1 month to complete and return digital surveys and an additional week was provided for Carers who completed the paper surveys, as Carers may have needed additional time for such responses.

In total **742** Carers responded to the survey**.**

331 were digital responses, and **411** were paper responses, showing that more Carers opted to complete the paper format. This may be because some Carers that were sent the survey via email had not read or seen it. Whereas, Carers who received postal surveys had it addressed directly to them and delivered with a pre-paid envelope enclosed so Carers could return surveys without any challenges. It may also indicate that most Carers who returned surveys do not use or are unable to use technology.

In May 2022**, 5476** Carers were registered with CRISP. **3045** of these Carers had registered with an email address, and **2421** of these Carers had registered with a postal address. From this, we can see that most Carers prefer to receive information from CRISP via email, indicating they have access to technology. Although it cannot be assumed that these Carers are confident in using technology for more than receiving emails. It also cannot be assumed that Carers who receive postal information do not have access to technology, as it may be their personal preference to receive direct post.

Any survey returned that contained a concerning response was followed up by commissioners and CRISP, with Carers invited to share their feedback further and discuss their experiences with the team. Carers had the opportunity to contact commissioners who could provide them with any necessary support to return the survey by uploading their responses through the Microsoft Forms link during a telephone conversation.

At the end of the survey, Carers were asked if they wanted to participate in focus groups to share their feedback further.

24.1% of Carers volunteered to participate in focus groups (**179** volunteers in total).

Focus groups were facilitated through several means, including group video conferencing, 1-1 video conferencing, 1-1 phone calls, home visits, face to face workshops and email.

In total, **31** Focus Groups have been held with Carers, **2** focus groups with practitioners and **2** focus groups with external partners. Feedback was also obtained from Carer representatives and practitioners in various forums that take place locally such as, the Pan Dorset Carers Steering Group, Dorset Carers Partnership Group, BCP Carers Reference Group, Carers Action Group and Carers Operational Group.

742 survey responses received in total.

179 Carers volunteered to participate in focus groups.

30 focus groups have been held in total.

Content

Recognising Carers

For many years, the term ‘Unpaid Carers’ has been used across services to describe Carers. As part of the review, we sought feedback on this term to see if Carers had any suggestions to help Carers identify themselves and register with services when the caring role begins.

Carers were asked what they would prefer to be recognised or referred to as. Some suggestions were provided to help which were: Recognised Carer, Unpaid Carer, Informal Carer, Known Carer.

On average **30%** of people preferred the term Recognised Carer and **28%** Carers preferred the term Unpaid Carer.

Some Carers who received the survey contacted the team for support because they did not know what an Unpaid Carer was, therefore, they did not understand the reason for the survey being sent to them. When this was raised in focus groups, some Carers agreed that they had also been confused by this, as they received Carers allowance.

In the focus groups, Carers were asked to consider the terms highlighted in the survey and provide some feedback:

“Recognised carer shows the work we do is being recognised. I think a change in the term would alter the culture overall, within workplaces, health and social care, and the wider economy”.

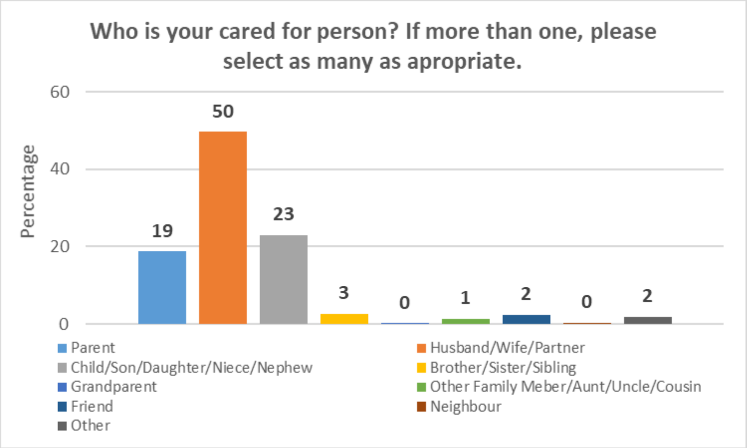
“I don’t like the term unpaid carer; it might lead people to thinking I am a volunteer. I am happy with parent carer or family carer because it explains the situation straight away. However, unpaid carer does open a conversation if people are unsure what it is, which raises awareness”.

“I understand it is necessary to refer to the wider population of Carers when promoting services, but not one shoe fits all. With Recognised Carer, I feel it emphasises that identifying with services with important so you they know about your situation and shows there is an awareness of Carers out there.”

***Graph 1**: Word cloud representing survey responses.*

Demographics of Carers Locally

Carers may be providing care for a family member, such as a Parent, Child, or sibling, or for a partner, friend, or neighbour. They may live with, nearby or away from the person they support, and may care for more than one person. In the survey we sought to find out who Carers are supporting. Various options were included to ensure the accuracy of our data; and Carers could also select more than one option to reflect the prevalence of Carers supporting two or more people in the local area. Qualitative data was collated from those who answered 'other' to gain insight into areas not covered by the question.



Graph 2: Respondent's relationships to person they care for

It was found that **50%** of respondents cared for a Husband, Wife or partner, followed by **23%** who cared for a child and **19%** for a parent. The least common circumstances where those who cared for a Grandparent or neighbour, with both at **0.1%** in total.

15 respondents (**2%**) selected 'other'. Upon reviewing the responses, Grandchildren and In-laws were mentioned which raises awareness to even more diversity in Carers locally.

There will be different challenges Carers face in respect of their situation. Within the focus groups, Carers raised that although many challenges span across the board, particular issues are harder to overcome because of the relationship between the carer and cared for person. Carers reflected on changes in the dynamics of the relationship over time. Many expressed they struggled to come to terms with their new role in the individual's life, as they had taken on responsibilities outside of their comfort zone, such as personal care and toileting.

A range of factors can affect the relationship between the carer and cared for person. However, many Carers felt how they viewed themselves and their role before and after caring began, to be a factor effecting the relationship's dynamics.

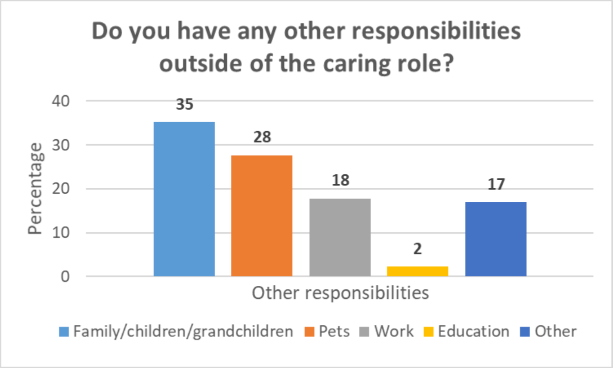
"One week I was a Wife, we shared responsibility and supported each other, the next week, I was the one who had to take all responsibility and make decisions on his behalf."

"I used to work full time and could go out when I pleased, but now I feel hopeless for my future, because I know this will get harder. It is a role reversal, I once was a son dependant on my dad, and now he is dependent on me."

"My relationship with my other children is very different to the relationship I have with (my son), I love them all equally, but he requires a different approach, it makes it hard when my other children need help, I get frustrated or overstep boundaries."

Responsibilities of Carers

There are many responsibilities Carers manage daily, that limit the time they can take time for themselves. We asked about the other obligations that Carers are responsible for, in an aim to better understand how services can be proactive in supporting Carers (graph 3). The survey provided the options of family, children, grandchildren, pets, work, education and other, with more than one option available to reflect the range of duties. The 'other' option allowed qualitative data to be collected to gain insight into areas not considered.



Graph 3: Other Responsibilities of Carers

35% of respondents reported duties relating to family, children, or grandchildren. **28%** had responsibilities for theirs, or their cared for persons, pet(s). **18%** were in either full or part-time employment and **2%** were in some form of education. **17%** of respondents selected other and provided further details such as: voluntary work, finances, household maintenance and cleaning (represented in **graph 4**).

Other responsibilities Carers have		
Their own health & wellbeing	Household maintenance	Gardening
Paperwork/ Applications/ Finances	Cleaning/Laundry	Travel/Transport
Appointments	Shopping	Religion
Voluntary work	Cooking	Life events

Graph 4: Other responsibilities of Carers referenced in the Survey and Focus groups

Throughout the survey and focus groups, balancing responsibilities was referred to as one of the main contributors to the limited time Carers have. Carers shared experiences of feeling overwhelmed and often living with a sense of urgency.

Carers also found obligations more difficult to manage when they required support from external parties, such as managing finances and benefits, employment related issues or completing applications.

"Trying to book appointments, deal with applications and household chores is hard as a Carer."

"I feel very rushed a lot of the time, and often my list of jobs is put on the back burner because something urgent comes up."

"Dealing with authorities is hard, it's always a battle to get them to speak with me because of confidentiality."

"I often found myself on hold, waiting for contact or never hearing back. It makes a hard job impossible."

Focus groups enabled Carers to share tips and resources with one another that help them. Carers recognised that working with the community, utilising the skills available and sharing information can benefit others.

"There is so much available locally, we need to use what is already there to prevent any delays with setting up new services

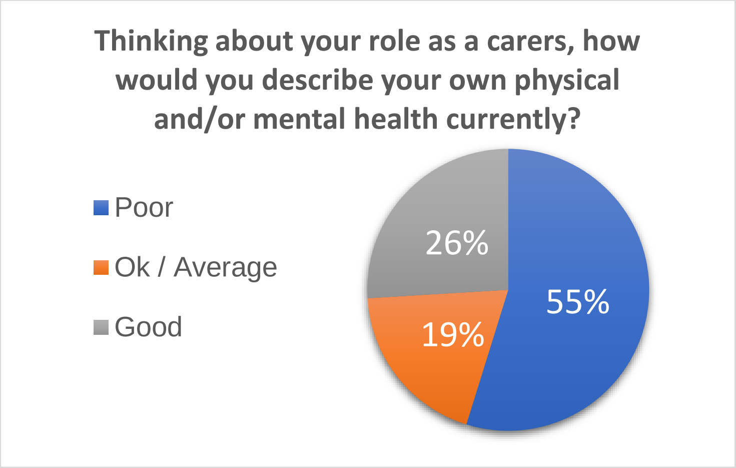
"There are companies that rent out technology, that would help people to find the information they need."

Carers’ Physical and Mental Health

Another important detail to note, was that many Carers who selected ‘other’ in the survey, also reported that they have a responsibility to look after themselves, as displayed in chart 4. Not only is this important to remain well mentally and physically for their own wellbeing, but also to remain fit and able to provide care. This highlights the importance of Carers needing time to maintain their own wellbeing.

Carers were asked to consider their role and describe their own physical and/or mental health at the time of completing the survey (**chart 5**). The findings were based on qualitative data that has been formulated into three categories based on the type of response received.

On average, **55**% of Carers reported poor physical or mental health, **19**% reported average physical or mental health; and **26**% reported good physical or mental health.



***Graph 5:** Carers own physical and mental health*

The survey also asked about challenges Carer’s face in their role (Graph 14). The survey found that many had their own physical and mental health conditions or illnesses, which may be long-term or temporary.

“Needing someone to talk to in the darkest moments, it is a hard journey and affects your whole wellbeing.”

“I am not 100%, I had a heart valve replacement last March and have a breathing problem.”

“Looking after my own physical and mental health is a challenge every day.”

Following this, we wanted to know what Carers thought would best support them to deal with those challenges.

“Better all-round health.”

“Support for my own physical and mental health.”

“More time for me so I can look after my own needs.”

Discussions in focus groups relating to health and wellbeing spanned across all focus areas of the overarching review. This showed that challenges Carers face when caring have a significant impact upon their emotional and physical wellbeing. Carers expressed that understanding Social Care Services and the information provided as one of the main causes for stress, exhaustion, frustration, and anxiety.

“Carers get ‘brain fog’ and feel overwhelmed with too much, or too little information. A lot of it is irrelevant to their needs, it can lead to stress and depression’

“If we can access services that help us, that would prevent problems arising.”

“Knowledge of where to get respite, or help for emotional wellbeing, would help Carers take time out and develop skills to manage the challenges they face.”

“Finding out where to go for support is physically and mentally exhausting.”

CRISP and the Carers Centre

CRISP (Carers resources information and support programme) is the Carers Support Service at BCP Council and offers a range of advice, information, and support for Carers. Carers registered with CRISP can benefit from a range of information provided to them through a free regular newsletter, the Caring Matters magazine, the CRISP website and digital platforms, and a range of events, activities, and training.

We asked Carers for their views on the name CRISP. Many expressed they were unaware of the purpose by hearing the name, and that it did not relate to what they needed, although it was seen as unique and memorable by some:

"To much emphasis is placed on the acronym, not the work they do."

"You often have to explain to people what it is, people should just be able to know from hearing a name."

"Though it is catchy and memorable, I wouldn't know that it is a service that could help me."

Overall, Carers who participated felt that carer support services should be named something that explicitly states the purpose of the service to increase appreciation and promotion of the service. A clear and identifiable name may increase the awareness of Carers locally who need support as well as practitioners who are signposting Carers.

The CRISP Carers Centre

We asked Carers if they had visited the CRISP Carers Centre and if they had, what their opinions were. We found that **86%** of respondents had not visited the Carers centre and **14%** had (**graph 6**).

From the qualitative data collected, comments about the reasons for not visiting heavily weighted towards the COVID-19 pandemic, a lack of awareness of the centre and lack of time:

"Not visited due to Caring requirements at home."

"No - only because of COVID. I would love to say thank you in person sometime."

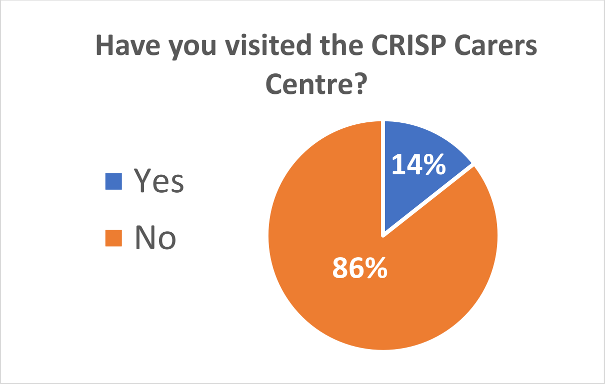
"I did not know there was one. We do not get out much."

Those who visited the centre had varied opinions of it. Most appreciated the centre and staff support, although it was raised that the space and staffing are very limited:

"Nice to talk to people who are either staff or Carers for others. Bit crowded in there but that is part of the nice informality of it."

"More space and more staff are required, but they are kind and helpful, always feel better leaving."

"Good for parking, staff do their best thought very limited space."



Graph 6: *Carers who have visited the CRISP Carers Centre*

During focus groups, Carers were also given the opportunity to share their views on the CRISP Carers Centre. Similar themes came up within conversations and many felt a change of location would be beneficial:

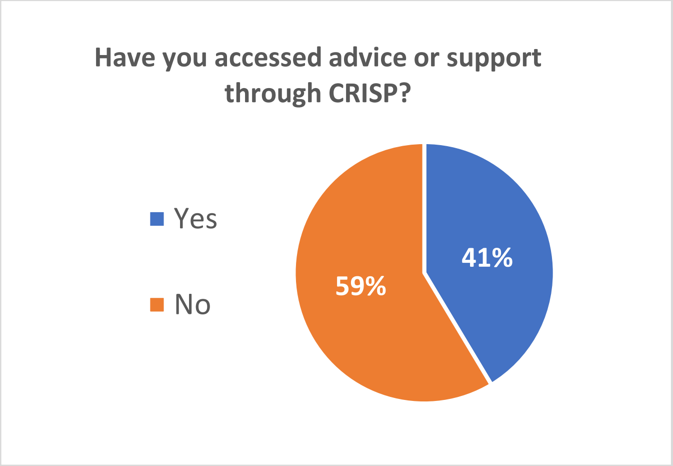
“It is very small and located quite far away. Not everyone can travel or take the time to attend. Though I am reassured it is there for me.”

“I can never find the time to go, it is not just the time spent there, it is the travel too.”

Support from CRISP

Carers who have not visited the CRISP Carers Centre, may have still received advice and support from CRISP through contact with the team, or through regular updates from the information service.

Knowing how many respondents have accessed CRISP (**graph 7**) is also useful so we can better understand how Carers use services. Knowing their experiences will also be beneficial in assessing where improvements may be required. In total, **41%** of Carers had accessed support or advice, and **59%** had not.



Graph 7: *Carers who have accessed advice or support from CRISP*

From the qualitative data collected in both the survey and focus groups, we heard the experiences of Carers who had accessed CRISP.
Some individuals, again, referred to the accessibility of services, such as the timings of events and activities, as well as the relevance of the support available.

There did also appear to be some confusion about staff roles and responsibilities at CRISP. Some comments referred to experiences of Carers assessments or visits from Social Workers which again links to a lack of understanding about what CRISP offers. This was also highlighted by comments that stated they did not understand the purpose of CRISP.

Overall, however, most Carers spoke highly of the team with strong reference towards their kindness and understanding and the services they had used were praised:

“I love the on-line activities as I can do them in my lunch hour at work.”

“Positive, look forward to using my vouchers. Prior to Covid enjoyed the use a beach hut on several occasions.”

“Classes ran during day when I have to work, obviously a stretched resource and not very male focused.”

“CRISP is outstanding. Wonderful people however, it is very under-staffed. I used to enjoy 1-1calls each week.”

“Can't access direct payments - my children are not disabled enough according to their care assessments. You also need to look at impact on families/siblings and partners.”

“I am not entirely sure what they do.”

When asked what support Carers would like from CRISP, many expressed regular contact would benefit them through either phone call, text, or email.

Furthermore, practical support with applications, understanding services, developing plans, and knowing what services to use would help:

"A message or an email every now and then, just to check how I am doing and how everything is going."

"Well-being calls every 4-6 months to check in, see how things are and signpost if there have been changes."

"Practical support, my son replies on me for many different aspects of living and hasn't got anyone else to turn to."

"Help in how to go about planning for my son's future without me."

"Help with sorting out benefits that I'm entitled to."

Carers also voiced that the relevance of support is important to them. Being signposted to the relevant departments, accessing relevant events and actives, and relevant information and resources would all be beneficial to improve wellbeing:

"More for young children and families as all aimed at the elderly, the day trips away activities look great, but I have children at school therefore unable to attend."

"I would like something for parent Carers of young adults with autism. CQC have acknowledged parents are left to cope as there are no appropriate services. I would like an accurate list of support groups."

"There is currently nothing relevant for me."

Information

Carers require a range of information to enable them to access services, understand processes, communicate with others, support the people they care for and look after themselves.
In the survey, we wanted to find out the main sources people refer to when seeking information, advice, and guidance.

Responses showed that an average of **40%** of respondents referred to the internet and google as their main source of information. Contacting the GP surgery was reported by around **35%** of Carers and an average of **19%** of Carers reported CRISP and BCP council as their preferred resource. **Graph 8** displays the range of responses provided with the average percentage of Carers referring to them.

Sources for Information, Advice & Guidance	
Internet/Google	40%
DR's Surgery	35%
CRISP	19%
BCP Council/Social Services	19%
NHS Services/ Hospitals/Nurses	14%
Voluntary/Charity services	13%
Friends & Family	12%
Carers	8%
Telephone	8%
Citizens Advice	3%
Day Services/Centres	2%
GOV.UK	2%
Email	2%

Graph 8: *Sources of information by popularity*

Our findings throughout the review suggest that CRISP's regular newsletters, resources, events, and the Caring Matters magazine are valued by Carers to provide emotional and social support.

Carers voiced they appreciate the various advice and information, including details of other local services they can use:

"Love the newsletter and social events when available as it is something to do for me."

"Caring Matters magazine and newsletter are very helpful Carers supportive and caring, not only for mum but also me."

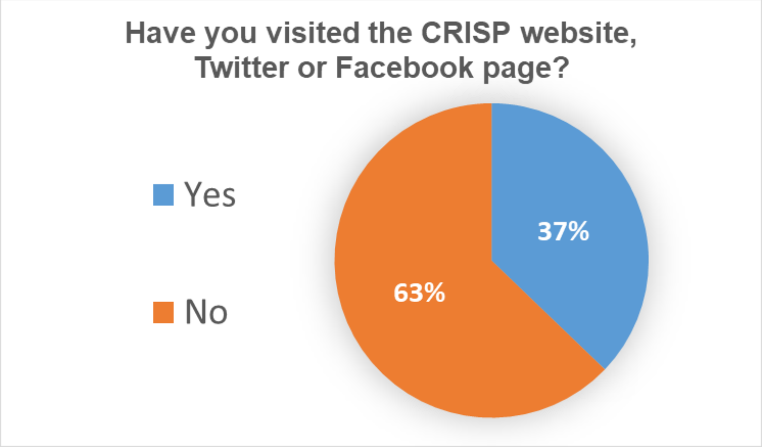
Some Carers felt that resources, however, did not necessarily apply to their situation and raised various barriers that effect the way they can access information. Many referred to the Carers own ability to understand information, the circumstances surrounding the Caring role and the responsibilities outside of caring, such as work, as a barrier in how they can reach support:

"I need easy to read information in a simpler form being able to actually speak with someone helpful dummy's guide to caring (like the computer books)."

"The information I have been offered doesn't apply to me, my son is autistic and that requires specialist support, and the basic offer does not meet my needs unfortunately."

It is well known the internet has developed greatly over the past decade, and with the COVID-19 pandemic leading to restrictions on face-to-face engagement, more and more services have progressed online. This means the internet is now, more than ever, overflowing with information; and Carers services will need to be proactive to ensure their target audience can access their resources.

We wanted to know if respondents had accessed CRISP's digital platforms, such as the website, Facebook, and Twitter page (**graph 9**); to better understand the reach of CRISPs information service.



Graph 9: *Carers who accessed CRISP's digital platforms*

In total, we found that **63%** of Carers had not accessed CRISP's digital resources, although it is important to note the Carers service also provide advice and guidance through a range of different methods.

For the **37%** of Carers who had accessed the digital platforms, we asked to hear their views about how useful the pages were:

"I was able to navigate the website, but it is extremely wordy and complex."

"The pages seem to be aimed at older people; younger Carers are much more likely to be online."

"Very useful platforms, but much of the information should be proactively shared."

"Very useful, it helps to have a dedicated page."

Most responses favoured CRISP's digital resources. However, many felt the information was not always relevant to their situation. Carers come from a variety of backgrounds and circumstances, so an even spread of information, updates, advice, and activities is required. Others found the platforms hard to navigate, complex or overwhelming. Information should be clear, concise, and accessible, considering the time pressures and challenges Carers face.

During focus groups, Carers raised that the pressures placed upon Carers often lead to strain and feeling overwhelmed. A large volume of information and choice can then become difficult to breakdown and understand. This can then lead to Carers refraining from wanting to utilise the digital platforms and not maintaining awareness of what is available.

Digital Access

A lack of awareness of services could also be due to a lack of access to technology, not wanting to use it, or a lack of time to search for information online.

For the **63%** of Carers who had not accessed CRIPS's online resources, we asked if they were aware the pages existed**. 61%** reported they were not, and **39%** were (**graph 10**).

Personal preference, access and ability will all determine the ways in which Carers seek information. We found that many Carers have used the website, but not the social media pages:

"I don't use Twitter or Facebook."

"I have only used the website and found it useful, I don't use social media though."

"The website answered what I wanted to know, but I don't have Twitter or Facebook accounts."

Access to technology is important to ensure Carers are given every opportunity to find and locate support. The cost of technology can be high, some may not have the means to purchase and maintain it, and others may not use or own technology, social media, or the internet.

During focus groups, we asked Carers about ways we can support people to access technology. Many members recognised the benefits of a strengths-based approach to supporting Carers:

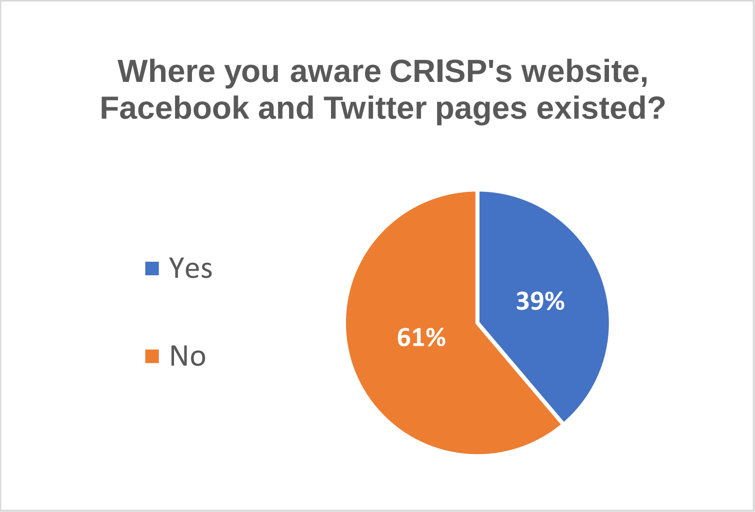
"Utilise school, college, or university facilities during the holidays, they have technology, libraries, and a range of resources. Training could be held there, support groups, and information days. Internet cafés could be nice."

"Many organisations have access to technology, and I am aware some donate resources which could benefit Carers"

"The community and partnerships available could help direct people to discounts and ways to access technology, as well as services such as the Carers Card, we could look to extend the discounts to tech stores."

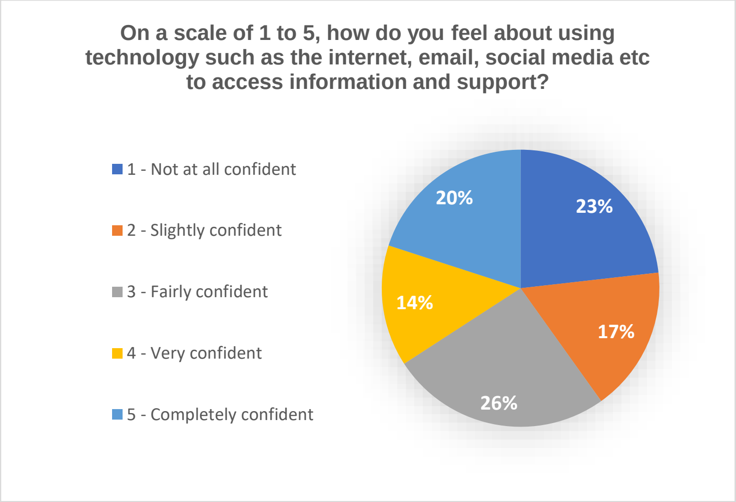
Working with the community and gaining awareness of what is available is an important part of practice to share resources, updates and appropriately advise Carers on where they can seek support.

Using technology requires a certain level of skills and knowledge. Because of this, people are often intimidated by the internet and refrain from using it.



Graph 10: *Carers aware of CRISP's digital platforms*

We sought to understand how confident people were in using technology (**graph 11**) by asking them to rate themselves from 1 – not at all confident, to 5 – completely confident.



Graph 11: *Confidence using technology*

In total **20%** felt they were not at all confident in using technology, **17%** felt slightly confident, **26%** fairly confident, **14%** very confident and **23%** completely confident. This shows an even spread of responses, which highlights the diversity of Carers abilities.

In focus groups, digital access was often referred to as a barrier in accessing support. Carers expressed that emphasis needs to be put on the importance of catering for the range of needs within the Carer population. Innovative means of promoting support and informing Carers of what is available is required to ensure that the right information reaches the right people at the right time:

“We need to make sure everyone can equally access information, regardless of their situation and ability.”

“Not one shoe fits all, so much promotion is required to get to those not using technology, it needs to be maximised.”

We asked Carers if they would be interested in training to help them use technology (**graph 12**).

We found that **64%** of respondents would not be interested, but **36%** would. This may mean many respondents feel capable using technology or do not feel they need or want support. Though it may also include those who, out of personal preference, do not use wish to use technology. Despite this, many Carers would be interested, or feel they need support with technology.

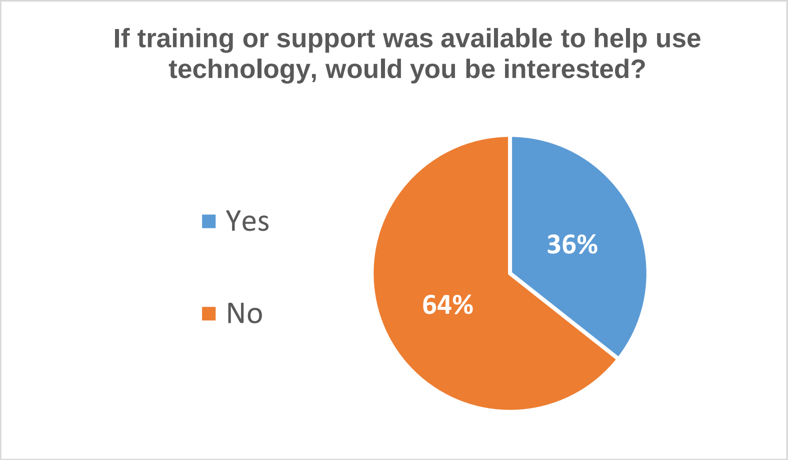
In discussions about how to support Carers to understand and use technology, views again held a strong reference to using a strengths-based approach:

“Students looking for work experience in schools, colleges etc. Bournemouth hosts lots of medical and social care students, they would get front line experience.”

“Volunteers would be great for helping Carers get online.”

“Young Carers could mentor others to help them use technology, and in return, other Carers could mentor them to learn and gain skills.”

“Services could come together to promote and develop workshops for Carers or produce guidance like accessing Zoom.”



Graph 12: *Carers Interested in training to use technology*

Carers Skills and Training

In 2020, The National Institute for Health and Care Excellence (NICE) produced guidance for local authorities in supporting Carers, making recommendations about the provision of training to provide care and support. Qualitative evidence used in the research suggested that Carers often lacked confidence or felt overwhelmed in their caring role. There was also a wide range of evidence suggesting that training containing a variety of components can improve Carers' skills and confidence in caring, and their understanding of the health condition, disability or needs of the person they care for.

Within the survey, Carers were asked if there were any types of training that would help them in their caring role.

In total **34%** of respondents felt that additional training would benefit them in their role.

The evidence was based on qualitative data which, through close analysis, was categorised into three themes (**graph 12**).

Theme 1 covers training for the caring role, such as medication management, understanding conditions and first aid.

Theme 2 relates to training to support the Carer in managing the role such as, completing applications, training about the services and coping skills. Carers also referred to videos on the CRISP website to facilitate this type of training.

Theme 3 refers to training for personal and skills development that the carer would enjoy or benefit from in other areas of their life such as, Art, preparing for employment, English and maths.

Skills and training appeared to be a continuous theme throughout the survey. Many respondents referred to training when asked what support would help them to manage challenges, what they would like to see offered by CRISP and what additional services would benefit them:

"Understanding psychiatric disorders."

"Help or training on how or where can access appropriate help and support."

"Effective communication, especially with the elderly - how to approach or discuss sensitive topics etc."

"Training is not provided for Carers of profoundly disabled young people. So, training for newer parents and anyone providing complex care if vital."

"Training to go back to work e.g., CV writing and interviews Computers and technology for communication and to support my caring role Stress/depression and mental health Benefits and how to complete the various paperwork/forms."

"Managing challenging behaviour."

The caring role	Managing responsibilities	Personal development
First Aid / CPR	Finances	English / Languages
Medication	Applications	Educational Studies – English, Maths, History
Mental health	Accessing support & services	IT / Technology
Understanding conditions, disabilities & illness	Keeping safe – community, caring, online.	Preparing for Employment
Food & Nutrition	Coping strategies	Art
Incontinence & catheter care	Mindfulness	Pottery
Moving & Handling	Time Management	Jewellery Making
Infection Control	Anger Management	Gardening
End of life Care	Assertiveness	Maintenance & Repairs
Communication	Carers Rights	Cooking & Baking
Challenging behaviour	Life Skills	Building Confidence
Risk awareness	Computers / IT	Fitness

Graph 12: *Types of training referenced*

Facilitating Training

CRISP currently organise and facilitate activities and events that are promoted through their networks and digital platforms. Such events include classes that would cover aspects of training for personal and skills development. These are facilitated by a range of providers who have knowledge and expertise in different areas such as: Art for Wellbeing, Self-Acupressure Massage and Relaxation, and themes craft events.

In the focus groups, Carers spoke of ways that training and activities could be facilitated. Many felt that a mixture of methods was required depending on the type of training or activity and the Carers ability and understanding.

This is also important because of the many responsibilities Carers reported within the survey and focus groups. Many Carers juggle various roles as represented by **graphs 3 and 4** (page 9)**.**

Training could include structured programmes or one-to-one guidance. However, a range of formats are required to suit the needs of Carers and ensure they are inclusive. Learning can also be encouraged through promotion, videos and podcasts, Information and guidance and sharing experiences in support groups:

"Carers can mentor others to learn skills and manage the caring role."

"Information about services can be shared through videos on the website, this limits the amount of information we need to read and could involve Carers sharing feedback and experiences to encourage others."

"Any information or training should be provided in a range of ways because everyone has a different level of understanding, lots of formats are needed."

"Training should consider the times, venue, distance etc. But not all training can be online either, there could be packs for training, with CD's or DVD's and workbooks too."

It was also raised that an effective platform for training would be beneficial, with links to webinars and e-learning, much like the platforms used within organisations for employees:

"There should be one place where you can access a range of training, at your own pace. No need to pre-book or fight for spaces, arrange transport or worry about sitting services. Carers can just access it on the platform and complete it in their own time."

Carers highlighted the value of Carers facilitating training, as those with lived experience have a greater understanding of the challenges faced when caring.

This links back to using a strengths-based approach in commissioning services. As previously highlighted, Carers felt young Carers could be suitable mentors for supporting others to understand technology, with other Carers being effective support systems for young Carers navigating the role.

Carers recognised the assets that the local area can offer; Venue's, facilities, expertise, and volunteers could all be maximised through effective working within the community.

Council owned facilities can be used to host training. School and college facilities could be effective during the holidays and leisure centres could be effective venues for training and courses with physical components.

Promoting training is important to ensure Carers have a range of choice in what services they want to receive. There is already a large amount of training available that could benefit Carers. Services can actively promote this within their networks and platforms to raise awareness. Further to this, much of the training mentioned that relates to the caring role, is already available for employed Carers within Adult Social Care.

Risks in the caring role

The caring role can present various risks to both the cared for person and the Carer, such as negatively effecting the mental and physical wellbeing of a Carer, their education, employment, lifestyle, and relationships. The cared for person may be at an increased risk of harm due to mistakes in their care. It was also raised there may also be risk of abuse, due to Carers becoming stressed and suffering from depression.

Poor mental and physical health was reflected in the findings of survey, where on average half of respondents reported poor physical and/or mental health.

During focus groups, Carers were asked to think back to when the caring role began, and what concerns they had about providing care. Carers shared experiences of feeling overwhelmed by the responsibilities such as medication, diet, and finances:

“I was often worried I was doing something wrong.”

“I had to give my husband injections, I did not feel prepared for that, it was terrifying.”

“I was overwhelmed by applications and benefits; it was too much.”

After discussing the possible implications and complexity of the role, Carers discussed how training could benefit them:

“We should be offered the same training as those working in health and social care, we do the same thing, if not more. This will ensure that any care given is safe.”

“Carers should be supported to manage the role and various responsibilities effectively. Doing so, can benefit their ability to cope with demands they face.”

“Any form of training will benefit; Carers will develop more independence and it would mean they will not need support as much in future as they are capable. It is a win-win.”

Carers felt that training for personal development was important to improve independence and wellbeing outside the caring role, thus reducing strain and crisis. For example, preparing for employment would enable Carers to write CV’s, prepare for interviews and build confidence:

“Now my brother is in a care home, I would like to return to work, but I do not feel confident about it. It has been so long; I want something part time so I can feel like I have purpose again.”

Planning

Some strategies to manage external stressors include, diarising, practicing problem-solving and time management skills, as changing habits and lifestyle factors can help boost resilience and reduce stress. Socialising or asking for help from others is also an effective way to learn from the experiences of someone else in a similar situation.

During the review, Carers expressed that training to support them in planning might be beneficial. However, it is important to recognise that not all techniques may be suitable for someone, so a range of options should be provided:

“Support with planning and journaling.”

“It would be nice to plan some activities she could do.”

“When the time comes that mum cannot live independently anymore, I need help planning and preparing so we can look after her here.”

The Learning Disability Carers Partnership Board is working on an action plan to support carers when they are no longer able to provide care (this could be due to age, poor health, increased levels of need etc). This type of work will be beneficial to enable Carers to gain confidence in planning.

Carers discussed developing action plans and supporting guidance of what to consider when planning, after sharing experiences of challenges they had faced:

“Limited time and brain capacity to plan effectively, but I know planning would help that, so it is a never-ending cycle”

“Most plans don’t work out anyway as something always comes up.”

“I don’t even know where to begin, how can I plan if I do not know what is available to support me?”

“The plans I have seen don’t cover the full scope of support. Prompts provided don’t help me to think about everything I should include, meaning I often overthink what to write.”

Some Carers felt that support needs to be carefully promoted to ensure Carers do not feel their ability is being judged. Many voiced they are competent in planning and managing their responsibilities, and suggestions of training to support these skills may offend Carers, so alternative ways to inform them are also vital.

Positive stories of Carers sharing tips for planning and their own experience will help others to think about what to consider.

Template plans should reflect a range of areas, such as scheduling appointments and developing Care Plans for their cared for person, that will be used by domiciliary or support workers. This will enable Carers to use plans and guidance freely and wherever suits the need.

Training does not have to be formal, as learning can take place in a range of environments. It could be through the promotion of services and provision of appropriate information, befriending and mentoring services that enable a platform for sharing, videos to introduce and explain services, and podcasts to raise awareness.

Services should work together to promote opportunities for Carers to enable them to meet others in a similar situation to them. Furthermore, raising awareness of existing services and agencies will enable practitioners to signpost Carers to support.

Emergency Support

Carers in Crisis is the service available to Carers registered with CRISP. It is a back-up scheme which helps the cared for person in an emergency when a Carer is suddenly unable to provide their usual support. A 'crisis' can be anything from transport problems which delay a Carers return home for a few hours, to more serious issues like sudden illness or an accident.

CRISP
Carers Resource | Information | Support | Programme

Do you
- Look after someone who can't manage at home without your help?
- Worry about what would happen to them if you suddenly became ill or had an accident?

Carers in Crisis

We can help...

The scheme has two elements of support. The telephone support service, provided by Careline across Bournemouth and Christchurch and Lifeline across Poole, to liaise with any identified emergency contacts to inform them of the emergency and care arrangement. Adult Social Care are notified of any calls or actions taken.

The second element is in the instance where back up care is required. This will be provided by Tricuro Care Services for 48 hours to support the situation if they have the capacity to do so. After 48 hours, a financial assessment will be completed, and alternative support provided.

At the start of 2022, **89** Carers were registered on the contact only scheme with Careline, and **677** were registered on the full replacement care scheme with Tricuro across Bournemouth and Christchurch. In Poole, **274** Carers were registered on the contact only scheme with Lifeline and **288** were registered on the full replacement care scheme.

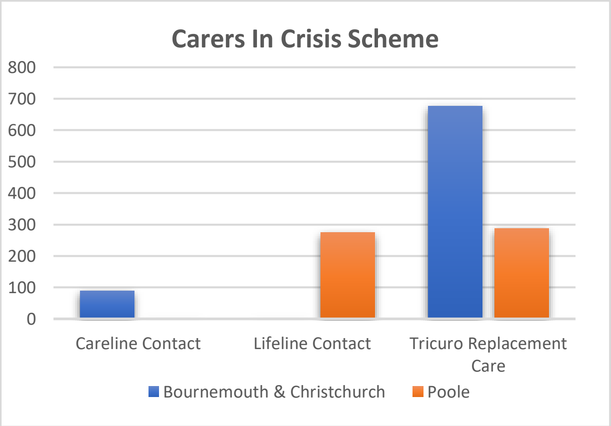


Chart 13: *Numbers of Carers using the Carers in Crisis Scheme at the start of 2022*

The way the service is delivered currently differs across the conurbation. As part of the BCP Carers Services Review, we are looking at ways to harmonise the procedures in place to support Carers, thus ensuring they are given equal opportunity and consistency in planning and delivering care and support.

Due to two different agencies being commissioned across BCP to manage the contact support aspect of Cares in Crisis, two different forms are used to register Carers depending on the area they live.

Mosaic (the current case management system used in Bournemouth and Christchurch) is in the process of being extended to Poole departments, which will streamline Adult Social Care processes. Practitioners can then work together to develop one consistent service to support Carers.

Guidance and training for practitioners should also be reviewed to ensure that staff have sufficient instruction and support when supporting Carers to access the service. Further to this, practitioner awareness of other services and schemes should be raised to maximise the support opportunities offered.

Throughout the survey, we heard carers express their concerns about what would happen if they became unwell or unable to provide care:

“My greatest fear is for how she will live when I die, and I know she fears that too.”

“My main concern is what happens to my husband (who is hemiplegic) if I get taken ill, or even go into hospital.”

With Carers being at a higher risk of poor physical and mental health (page 10), the likelihood that a situation arises, where the carer cannot perform or deliver care, is increased.

When Carers were asked about what would benefit and support them in their caring role, responses suggested that there was a lack of awareness of the Carers in Crisis scheme, although this could highlight individuals who are not registered with CRISP:

“Worried if something happens to us, we have only done a home will, we have nobody else to leave anything to, just my son. Stuck with this as there needs to be a plan but we do not have anything.”

“I need information about how to cope in an emergency. I have no confidence that if I become ill my wife will be cared for.”

“I would benefit from extra care available in emergency situations.”

“I am getting older, and my health is not as good now, what support can I access if something ever happened to me?”

However, many shared feelings of reassurance after joining the scheme. Carers expressed that knowing a plan was in place eased their concerns and worries. It also gave them more confidence when going out or returning to their own home after providing care:

“Carers in crisis card' (in my wallet) Assurance that in the case of accident or illness my wife would be taken care of.”

“It gave me access to Carer's in Crisis. My biggest fear was that something would happen to me and as my husband is not able to care for himself, that he would suffer.”

Positive aspects of the scheme were also discussed and shared amongst the group:

“Carers in crisis provides a sticker for your front door, key ring for when you are out and a card to go in wallet.

“Lifeline links to the scheme so they will alert someone if necessary.”

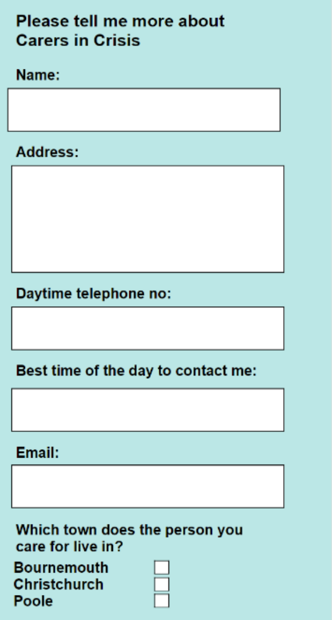
“You can designate a second person to go to in an emergency or if you are unavailable.”

Some Carers raised issues in accessing the service and the effectiveness of the support, much of this related to the Carers situation and their cared for persons’ needs:

“My stress increased as I was constantly receiving calls from the service about my brother. I am the only designated contact.”

“I wasn’t given much assurance or explanation about how it works, will we be a priority, what If I can’t be there?”

The Carers in Crisis leaflet allows Carers to state their contact details should they want more information about the service. The Carers Support Service can then get in touch and clarify information.



Please tell me more about Carers in Crisis

Name:

Address:

Daytime telephone no:

Best time of the day to contact me:

Email:

Which town does the person you care for live in?

Bournemouth ☐
Christchurch ☐
Poole ☐

Information and Promotion

Focus groups reviewed information about the Carers in Crisis scheme. Some Carers struggled to understand the support being offered and felt the information available did not clarify this for them. Promoting the services through networks, information and digital platforms would raise the awareness of Carers and Practitioners about what is available locally.

Many expressed they would benefit from revised information and guidance, practitioner support to understand the service, or a written and virtual explanation promoted through CRISP's information service. This was further indicated throughout feedback from other focus areas (Page 13).

This may include the development of a start-up guide and videos to explain the service, as well as reviewing and updating pre-existing information and platforms available to Carers:

"Someone to sit with me and explain it to me would have helped, the leaflet has been sat on the side for months. it doesn't tell me what I want to know."

"It doesn't explain the service to me, so I don't want to waste my time. Do you need an assessment or is it a general service?"

"If there was a video on the website I could watch, I wouldn't have to call and ask for more information."

Training

After learning about the service, Carers were better able to understand the levels of support that will be provided and felt more confident and motivated to complete the service forms.

There was a strong correlation between Emergency Support and Cares Skills and Training for planning (page 19).

Carers suggested local agencies working with Carers Services to produce workshops that empower and inform Carers about planning processes.

This would not only enable carers to have support in planning, but also promote Carers sharing useful tips with each other, and provides a platform for socialising.

During the sessions, Carers worked together to develop a list of useful organisations and services that provide support in emergencies:

"Message in a bottle scheme for keeping essential information gives me reassurance that information is accessible."

"The Dorset Carers Card has room on the back for emergency contacts and Carers UK and other charities provide ID cards."

"To help emergency service staff know who to contact in an emergency, you can set up an ICE (in case of emergency) contact in your phone."

Hospital passports were referenced as a good way to ensure important details are shared when the cared for person requires hospital treatment or replacement care. If Carer cannot provide care due to an emergency or illness, these passports can be made easily accessible for replacement care to follow.

Carers felt a combination of support and information would help by reducing stress and anxiety about the 'what if' situations. Carers felt that the Message in a bottle scheme would provide a quick reference to important information (such as allergies and medication). Carers in Crisis enables contact and replacement care in emergencies, and Hospital Passports or Care Plans provide more detailed information about how to provide care.

Respite and Short Breaks

BCP Council provides a range of services that support Carers to have time away from the caring role. These services include Carers Holiday Lodges, Carers Beach Huts, Take a Break vouchers, Cinema tickets and Sitting Service vouchers. Respite and short breaks can also be achieved through various events, activities and support groups that enable Carers to socialise and spend time with others.

Findings from the review indicate that Carers appreciate the services available and have used them to take time to themselves, or to benefit others:

“Had a beach hut for the day which was lovely because my husband enjoyed it.”

“Online Art courses and Art well-being course in real time meeting gave me a break from caring to do something I enjoy.”

“Stayed at A Mobile home/caravan in Devon. That was an enjoyable break.”

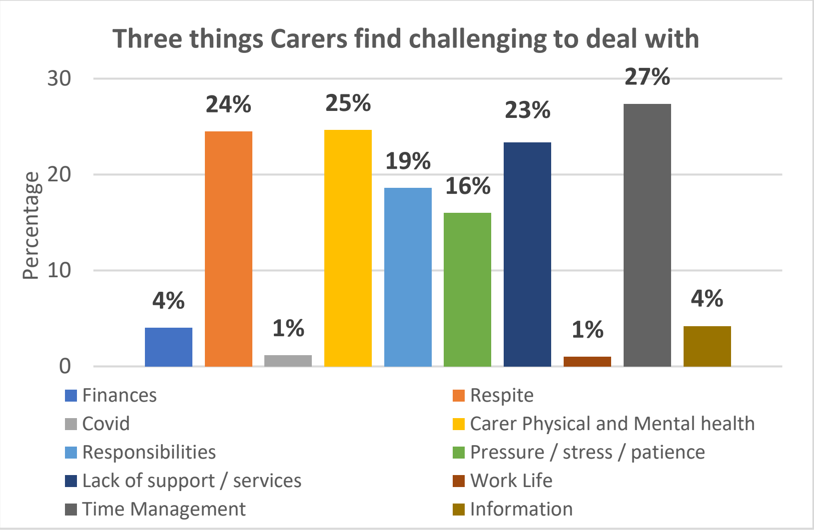
“Going to the cinema with the cinema vouchers was good to relax and unwind.”

“I received vouchers for sitters, really good.”

By analysing the responses of the survey in relation to challenges Carers face, we were able to identify certain themes relating to respite and short breaks (**graph 14**).

Time management was referred to the most by around **27%** of respondents reporting difficulties in finding time to themselves, to engage with services and to have a life alongside caring.

Physical and mental health was mentioned by around **25%** of respondents. Themes included fatigue, managing their own conditions, accessing support, loneliness and feelings of anxiety and depression. This is also indicated when Carers were asked about their current physical and mental health, as depicted in **graph 5** (Page 6).



***Graph 14**: Challenges Carers face*

Accessing respite and short breaks was reported by about **24%** of Carers, which was closely followed by challenges in a lack of support and services available reported by an average of **23%**.

We had previously analysed the other responsibilities Carers manage daily. This was further recognised by Carers as a challenge and was reported by around **19%** of Carers.

On average **16%** referred to pressure, stress, and a lack of patience as a challenge they face, and further responses highlighted finances, a lack of information and difficulty in finding a balance between work and caring.

Carers were asked to identify three challenges, so many of the comments included more than one theme:

“Lack of time and poor physical health Mental health.”

“Balancing needs of child with work, study, other children, and my well-being. There is not enough time and no support anywhere.”

“*Balancing with the needs to keep myself healthy/sleeping and the responsibility of having a younger child, husband and work.”*

“Not enough time away and not enough money to cope, frustration and a lack of patience with the situation.”

“Time management, finding me time amongst everything involved in running a house gardens and my parent’s needs.”

“Lack of access to any of the services during the pandemic, staff working from home and strained, services closing, I didn’t have the chance to take a break.”

This was further evidenced when Carers suggested ideas on what would best support them to deal with these challenges.

Again, the responses were analysed and categorised depending on the themes to estimate the average amount of Carers highlighting similar needs.

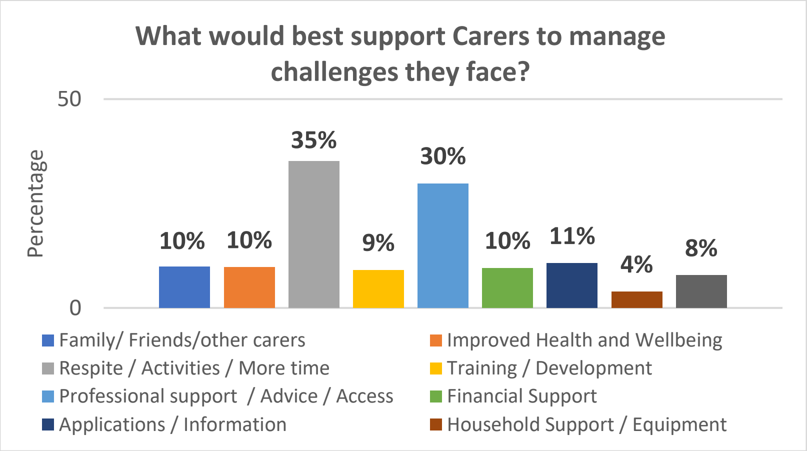
The most common themes included more respite, activities and time, and more professional support, information advice, and access:

“More help and understanding from the local authority... A lack of short breaks in Bournemouth.”

“Easier access to breaks, carer activities in centre of Bournemouth, I cannot get to a lot of things as they are too far away or too hard to get to.”

“A proper help line 24/7 to offer proper support. Being able to get someone to really help in a crisis. Face to face contact.”

Overall, the range of things that Carers feel would best support them in dealing with challenges related closely to the overall focus areas of the BCP Carers Services Review as depicted in **graph 15**.



***Graph 15**: What would best support Carers to deal with challenges they face*

Suitable Services that meet needs

Carers were also asked what services they had faced barriers in trying to access. One of the main themes related to Carers inability to access services due to being unable to leave the person they care for.

Other themes included a lack of awareness and information about the services, a lack of services, accessibility, COVID.19, Transport, time, short staffing, eligibility criteria and other responsibilities:

“No one to sit with husband”

“I was given vouchers, which helped. But I cannot understand paperwork fully.”

“Not sure what else there is. Also, unable to access things due to caring responsibility!”

“No free time to investigate, no support to provide care for my parent whilst attending or investigating services.”

“I cannot attend the events at CRISP if I wanted too. transport issues, and not being able to leave husband.”

Take a Break Therapies

CRISP, among other services, often host events where both the Carer and the person they provide care for are welcome to attend. This benefits those who do not have the ability to leave the individual they care for, but also provides benefits to the cared for person.

However, Carers should be enabled to have time away from the caring role so they can discuss their situation in confidence, relax, and enjoy some time for themselves.

Some expressed that in the past, they had been able to use the vouchers provided with the Sitting Service to attend classes, events and activities hosted at either CRISP or other Carers Support Services as well as attending appointments, going shopping, and managing responsibilities.

In discussions about the Sitting Service, Carers expressed that they had been unable to book agencies due to workforce shortages during the COVID.19 pandemic. This led to vouchers running out of date and becoming invalid, Carers being unable to book respite around their own schedules and being unable to book the agency of their choice.

Services adopted various techniques to enhance recruitment and retention, however unfortunately still faced strains and a reduction in services was seen as a result:

“Sitting service can’t come when needed.”

“Respite care/ breaks. No carers available.”

“Home care, with COVID there was no people available and no respite care, the Dr or District could not help.”

An approved services/agencies list informs Carers of the agencies available that accept vouchers. These services will be charging consistent rates across the Local Authority where other agencies will likely be charging more. In focus groups, Carers expressed they would prefer more flexibility in the choice of service they choose:

“I was eligible and offered a sitting service but was told they could not set it up as the 12 agencies on the council list had run out of carers. I found 3 agencies which would help but they are not on the list. I have phoned 4 people and suggested they open the council list to include more agencies but have heard nothing.”

Expanding the services list or promoting Direct Payments and Self-directed Support, have been suggested by Carers and practitioners as a possible way to improve services. This does not only provide a wider net of support to Carers, but also enhances choice and control in line with The Care Act 2014.

The vouchers were praised for providing an easier way to show evidence of payment. Although, some Carers had experienced losing or damaging vouchers, and some workers did not recognise them:

“Sent care vouchers, would have been brilliant to use, but due to covid I have not, time is running out to use them. But, when I called, I was told I had to use them up.”

Furthermore, the way in which the sitting service is provided across Bournemouth, Christchurch and Poole is currently managed through different processes, due to two case management systems used.

Poole is now transitioning towards utilising the same system as the rest of the conurbation (Bournemouth and Christchurch). This will improve how the process is applied and ensure consistency in reporting and monitoring. It will also ensure that practitioners have a better understanding of where Carers can access respite locally by raising awareness of the strengths in the community.

It will also ensure that consistent information, advice, and guidance is provided to Carers and practitioners across the area, which will help in working towards achieving positive outcomes.

Overall, the service was highly valued by Carers as they can provide access to support free of cost:

“I was offered the Sitting service twice a week which was very helpful, the issuing of vouchers was nice touch and simplified it.”

“CRISP provided vouchers for help as I felt needed, I organised 1 hour a week for mother with an agency to change her bed and hoover around and put washing on, which took pressure off me. Very helpful.”

“I have APEX carers and they are a great help; I am happy with the carers and would have them more if I could.”

Carers highlighted that respite and short breaks need to be relevant and appeal to Carers. It was raised that some Carers may not be encouraged to book beach huts, holiday lodges or events if they do not interest or engage them.

Services that interest Carers should be available to ensure equal opportunities are promoted across the area. For example, Some Carers raised that the services available are not necessarily appealing for male Carers or younger Carers.

Carers of people with specific conditions or illnesses felt that services are not relevant to their situation, meaning they are less likely to utilise what is available.

The Take a Break vouchers provide Carers with access to therapies and treatments that offer them a short break away from the caring role. Cinema tickets are also available to Carers to help them either enjoy time with the person they care for or take time away from caring. Both the services are very popular with Carers:

“CRISP vouchers to help pay for massage when I hurt my back.”

“I have found the vouchers that are issued to me very useful, being able to have a message on occasions help so much with my stress levels.”

However, it was raised that the treatments and therapies available through Take a Break are not always relevant to the needs and preferences of carers.

Furthermore, during the pandemic many businesses were unable to operate due to the restrictions in place leading to a decrease in the number of providers offering services through the scheme affected how Carers use the vouchers:

“There is not anything available for male Carers.”

“The service I want to use is not available anymore.”

Holiday Lodges

“Not all Carers want to spend time getting a massage or holistic therapies, there should be more activities and interesting things people can do. Younger Carers might want more modern treatments.”

“I was given cinema vouchers, but none were open, so they have been wasted.”

It was also felt that some opportunities are not necessarily accessible in relation to the diversity of Carers:

“Barrier in using Cinema tickets. No suitable timings for me or transport was not available at the times that I could go.”

“We have been unable to use cinema vouchers because of the programme timings not being compatible with drop off and pick up times at day centres.”

“There seems to be a lack of availability in Wimborne/Poole for places to use them.”

Emphasis was placed on the value of Carers feedback to identify local needs, preferences, and ways to enhance support. Working with the community to adapt services should consider the generational, cultural, and geographical needs, the differences of ability and the diversity of male, female and LBGTQ Carers.

Further to this, Carers expressed that the beach huts are not often located near toilets, disabled access, or parking. Carers felt they were at times, missing out on the opportunity to have a break and enjoy some of the services because of this:

“I used a breach hut, but the toilets were so far away, and we had a wheelchair.”

“I would like to use a Carers Break but we need a profile bed and hoist, this facility is not available at the moment.”

Some Carers were disappointed when they did not meet the eligibility criteria for the holiday lodges. Eligibility is determined by a questionnaire to identify those in the most need. Upon reviewing the matrix, Carers felt it was not clear in the information provided and could lead to carers making efforts to apply, only to be disappointed. It was also found that the holiday lodges and beach huts were difficult to book due to popularity and the times in which Carers can go:

“Tried for many years to apply for the breaks for my family and finally get offered a stay but cannot take it as all the dates in school holidays are always booked up and children are not allowed time off from school or you get fined... so when do parent carers get any sort of break?”

“You must call CRISP on a certain day to book a beach hut.”

“I don’t bother trying to book, they are all gone by the time I have tried in the past.”

“Some of the courses are impossible to get on as it is first come, first served.”

On top of increasing the support, Carers asked that eligibility and processes for assessing are made clear throughout information to help Carers know what to expect.

Information and Promotion

Throughout the review, accessing respite and short breaks was raised as one of the most important ways to improve wellbeing. The services are valued by Carers, but it was felt that awareness should be raised through innovative promotion and working with the community:

“Virtual tours of holiday lodges and beach huts may direct Carers to CRISP.”

Bournemouth Beach Huts

"Posters and information should be available in the places people go, not everyone is online."

"Revising the information available and increasing promotion on the internet will really help on raising awareness."

Awareness of resources that practitioners and Carers can draw from will help to ease any residual strain from the COVID.19 pandemic, therefore, information about the services should also be relevant to the needs of carers.

This can partially be achieved through innovative promotion and practitioner knowledge, but the use of appropriate communication (such as braille) should also be considered.

Commissioning

In conclusion, the findings of the survey and focus group discussions relating to respite and short breaks highlighted that focus should be placed towards enhancing the opportunities available for Carers.

Working in line with BCP Councils Strengths-Based Approach Framework will increase the services available to support Carers in the local community. Carers feedback will help to understand any gaps in services, raise awareness of the diversity of Carers and local needs.

Carers should be encouraged to share feedback, recommend services, and raise awareness of needs and preferences, to drive planning across the area. This should be enabled through various methods, including digital platforms, focus groups, and forums.

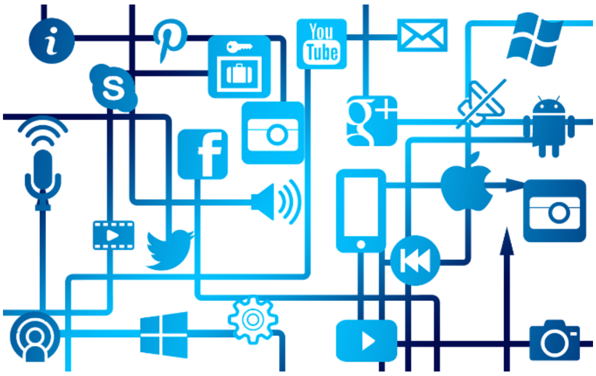
Reviewing the services currently available through the Local Authority is equally as important as identifying new opportunities. Commissioners should work in partnership with practitioners to identify and close gaps in services.

As highlighted, voucher schemes available through BCP Council have been ineffective during the COVID.19 pandemic. Understanding the cause and effect of these issues will enable partners to plan resolution and mitigate future risk.

Differences in the way certain systems are used may complicate the processes for referral and delivery, therefore meaning practitioners knowledge across the conurbation is inconsistent. This also means in the circumstances where a practitioner changes area, their awareness and knowledge about procedures will differ.

Should a Carer, or cared for individual move areas, the same problem will occur. The way in which support is offered may change depending on location. This also means Carers services are not being delivered consistently, depending on which process and system is used.

Harmonising the policies and procedures across areas will also enhance the access Carers have to opportunities currently offered. Currently, practitioners are identifying areas that lack consistency and working to streamline the approaches used as Poole services transfer onto the same case management system to make improvements.



Practitioners

Carers struggled to understand what support was available to access respite and short breaks. Communications, information, and guidance relating to opportunities and services should reflect the diversity of Carers and local needs, changes in the market, services, policy, procedure, and legislation. This will increase the relevance of services offered to Carers and maximise choice and control.

Information provided in person, on paper and digitally should be made available in easy read and resources should be translated into the appropriate language when required. Carers felt that video explanations of services, tours of lodges and beach huts and positive experiences could be shared on the CRISP website.

Platforms such as TikTok, or Instagram could also capture a wider audience and encourage Carers identification. Positive stories of the work taking place, such as Carer feedback from accessing holiday lodges or beach huts will encourage others to utilise the services available.

Carers expressed throughout both the survey and the focus groups that practitioners' knowledge could be improved to enable easier access and awareness to opportunities.

Services should be promoted throughout the workforce to increase practitioner awareness. Practitioners should have an awareness of and utilise other resources available in the local area to meet needs, in line with the Strengths Based Approach Framework. Promoting Information and guidance consistently across networks and departments can help ensure a more streamlined approach to supporting Carers and shared awareness of what is available.

As well as consistent information and promotion, Carers awareness training should be available to practitioners to increase the understanding of the various needs of Carers, and to identify relevant respite and short break opportunities. Practitioners can then use their knowledge to support one another, as well as Carers in identifying what would best meet their needs.

Regarding the case management systems used, effective training and clear, up to date guidance should be available to help practitioners to understand systems and procedures such as referrals.

It was also felt that the eligibility criteria for the support available at BCP Council could be reviewed considering the changes that have occurred during the COVID.19 Pandemic and the findings from the BCP Carers Services Review. This includes: the years spent caring, increases in caring responsibilities, hours spent caring and amount of people requiring care.

Lastly, times and locations of support groups, events and activities should also be considered in planning. The use of feedback will raise awareness of issues relating to access, and services should work together to enhance opportunity, for example, the increasing opportunities for working Carers in the evening, or at weekends.

Commissioned Services

Commissioning refers to assessing the local population's needs for care and support services to determine what should be arranged by the Local Authority. The Council then designs, delivers, monitors, and evaluates those services to ensure appropriate outcomes are achieved, in line with the council's objectives. It involves the process of acquiring goods, works or services to meet these needs and ongoing management through to the end of an agreed contract.

BCP Council offers a range of commissioned services that provide various support to Carers locally. Carers can find out about these services through CRISP, Adult Social Care, information provided to them on digital platforms and through promotion.

Throughout the review, most Carers had a positive experience when using the services available. Carers who accessed such services may have accessed them through registering with CRISP, or having a Carers assessment:

"Carers PPE pack with masks was useful during the pandemic."

"The Caring Matters magazine is always interesting."

"I got the Carers in Crisis back up care through my Carers assessment, it offers me great reassurance."

"I get some Take a Break vouchers for a massage. Totally invaluable treat for me."

"I had six sessions of counselling which were easily accessed and arranged, they were helpful."

"The Carers Card provides lots of discounts locally, which always cheers me up, everyone loves a discount."

"Pramalife's befriending and mentoring service is a great resource, you can build support networks, make friends and learn from others."

"I accessed Advocacy through CRISP, it helped me deal with a challenging situation."

However, when Carers recalled what services they had accessed, a variety of responses indicated there was a lack of understanding as to what is available. This was also indicated by a confusion between what a commissioned service provided by BCP Council is, and what an external service is:

"Carers services?"

"I might have but I can't remember."

"Don't know."

"I do not know of any. Lack of information from the Local Authority."

Information and Promotion

To raise the awareness of Carers about what support is available through BCP Council, promotion should consider where Carers go for information. As indicated in **Graph 8** (page 13), Carers utilise the internet widely to access information and guidance.

Advertising services through social media is beneficial due to the ways that social media uses information about members to promote services of relevance. Therefore, maximising promotion through these streams will reach a wide target audience.

Respondents also indicated they commonly go to CRISP or BCP Adult Social Care to find information. For those who do not use social media, services should be clearly explained and promoted on the CRISP website.

Developing videos that explain and introduce services will support carers who lack the time to access and read information. Furthermore, graphics and media allow for Carers to visualise the services on offer. Adding service updates and daily news will enable carers to maintain an awareness of what is available locally.

We also know that many Carers do not wish to, want to, or are able to use technology. Therefore, traditional ways to promote Carers services are also necessary to ensure we reach those who are not digitally enabled.

The Caring Matters magazine, Newsletters, Leaflets, Posters, and information packs were found to be useful for informing Carers of what is available. Though valued, Carers highlighted that any printable material should consider the diversity of Carers, and relevance of the information.

Many felt they were unable to relate to services or visualise themselves using them, meaning they were less likely to take up support. Further to this, Carers will have a mixture of abilities in reading, understanding, and identifying services that suit them. Therefore, communication lines with services should be opened by expanding the ways Carers can give feedback and seek support.

Carer feedback is important to recognise where we can improve. Carers groups and forums should regularly be invited to support in planning promotions to help generate relevant marketing material that is inviting and encouraging.

GP surgeries are also highly valued for accessing information and guidance. Networking with practices, providing consistent information and enhancing promotion is important to ensure equal opportunity throughout the community.

The Carers Prescription Pad is currently utilised throughout GP practices who are members of Dorset’s ICS (Integrated Care System). These leaflets signpost and inform Carers of CRISP and where and how they can access services.

The promotion of services should be visible for those who do not utilise technology. Building networks and distributing consistent information is important to ensure a streamlined approach. Reaching Carers in schools, colleges, shopping centres, supermarkets, businesses, and community facilities will improve the diversity of Carers accessing services.

Carers also felt that practitioners’ awareness needs to be raised. Promoting service updates, hosting information events, training and working closely with other departments will enhance the commitment and knowledge of managers and practitioners throughout the area.

Developing consistent information and working with departments to make it relevant to the needs of Carers such as SEND and Young Carers teams will enable Carers to understand what is relevant to them.

Considering the BCP Carers Review, teams are now working to develop networks and engage in more collaborative working styles to interact services with each other on a more regular basis. From this, services will be able to share resources and feedback to help others improve areas of work that are highlighted by key partners.

Time to Talk counselling service logo

Lastly, Carers should be enabled to recognise and differentiate between the support available. Logos for services was highlighted as a positive way to help Carers understand information a relate it to the services they use. Logos can be included on any documentation, as well as the BCP logo to highlight the link between the two.

Barriers to services

As highlighted throughout areas relating to Respite and Short Breaks, the COVID.19 pandemic restricted Carers access to services.

Face-to-face support was reduced or stopped and provided through virtual means during lockdowns. For Carers who do not use, have access to or struggle to use technology, there was less opportunity for them to access support. Telephone support was used throughout the pandemic. Carers were often unable to receive the support they required due to strains on the workforce and a lack of understanding of the information provided:

"Prefer face to face support as I already spend too much time in a domestic setting."

"As I am hard of hearing and have only a small screen mobile phone, I have not been able to use zoom or know how to."

"Confidence in using technology and then not being interrupted whilst participating."

Carers also indicated they do not feel confident in returning to face-to-face support. A variety of respondents shielded during the pandemic and fear that they could bring illness into the home of the Cared for person or become unwell and be unable to provide care.

Graph 5 (page 10) shows Carers are at risk of suffering from poor mental and physical health. It is also important to consider this when providing services to ensure it is delivered in an appropriate way:

"My anxiety stops me accessing groups/support, I don't mind messaging or texting but phone calls or face to face stressing me out."

"I suffer anxiety so worry about booking something or turning up alone."

Services should be actively enabling Carers to access support by finding out their preferences in relation to receiving support. A mixture of methods should be available and applied depending on what the Carer feels most confident with.

The accessibility of services in general was highlighted as a barrier to accessing services. Many Carers have been unable to access services due to the travel involved.

The location and venues of services should be appropriate to the needs of Carers with appropriate measures taken to reduce difficulty, such as providing clear transport routes, identifying transport services to support Carers, and working with the community to identify resources that can provide venues across BCP Council:

“Major barrier is lack of own transport to access things. Travel time can be longer than the event I'm going to and makes it too much to be away from my partner.”

“Few of the events are either central or in local areas. If you do not have money or a car, getting to events is very difficult or impossible.”

“Some things have been too far away or too hard to get to, they need to be in the centre of Bournemouth, so it is the same for everyone.”

The survey and focus groups highlighted that the times to access services or events are often not suitable for all Carers. Working Carers and parent Carers have tight schedules around the caring role, and this could also be impacted by the additional timings of travel:

“Working full time. Carers services need to be more flexible to fit in with people.”

“I work full time, so time is a big issue for me.”

“Normally times don't suit as day centre runs from 9.30 to 3.30.”

“Counselling was very helpful but unfortunately time limited.”

Carers also highlighted that they are unable to leave the person they care for and have been unable to access respite services such as the sitting service:

“No one to sit with husband.”

“I can’t leave the person I care for without support, so I can’t go out.”

“I am unable to leave without having support booked or someone to stay with my sister, but no agencies are available.”

Choice and Control

A lack of choice and control about services was raised in relation to respite and short breaks such as services and therapies available through the Take a Break scheme not appealing to all Carers:

“Choice, appropriateness, accessible times. Quality, would rather have set budget you can choose and book than a voucher for a therapist offering poor quality service and only accessible when it suits them.”

This was also an issue raised in discussions about commissioned services, such as the Carers Card. Carers want more opportunities to access services that meet their needs and provide them with a benefit:

“Carers cards are not widely available to use.”

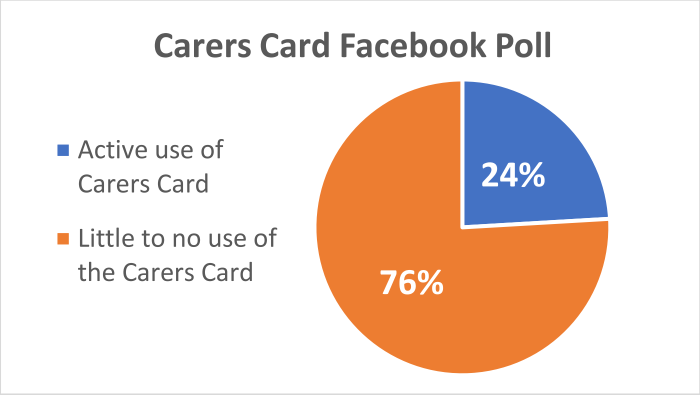
“Have never had any benefits from the carer’s card.”

“There isn’t anything I would use it for, I would want it to help me in everyday life, not just when I am doing something I don’t normally do.”

The Carers card enables Carers to nominate services to introduce and many expressed they would like to see this system applied to more services. The relevance and accessibility of the services and what they provide also impacts Carers ability or willingness to access support as highlighted throughout the review.

Services need to take a person-centred approach in planning and work closely with carers to understand diversity and Carers needs and preferences. This also applies to networking with others and building relationships with others, to reach Carers who are harder to access or not already using services.

We also asked Carers through a poll on the CRISP Facebook page about if they actively use their Carers Card and their thoughts about the service.



***Graph 16**: Carers Card Facebook poll*

Graph 16 shows that 54 Carers responded to the poll, **76%** (**41**) Carers do not use their card often, or at all, and **24%** (**13**) actively use it.

Some Carers were unaware of the Carers Card, others were uncertain about where they can use the card or had not found enough places on the scheme that suit their preferences and lifestyle.

A directory of businesses on the card is available through the Dorset Carers Card website and can be printed for Carers who do not use technology. Ensuring Carers are aware of the information about services it essential to maximise use.

This can be achieved through reviewing the welcome packs when Carers register with CRISP, working with services to produce effective and interesting information that encourages Carers to make use of what is offered and through effective promotion.

Businesses who provide discounts should be provided and encouraged to display promotions informing Carers that the card is accepted. Businesses are given stickers they can place in their windows; however, it was found these are not widely used.

Businesses also need an awareness of the importance of supporting Carers, as well as access to mutual benefits to be encouraged to join the schemes. By reviewing the benefits to businesses, we can aim to negotiate better offers for Carers and increase, influence and encourage more places to offer their services.

Many comments related to the impact of COVID.19 and being unable to make use of the Card in non-essential shops. Carers also found that many places they often go to use the Carers card shut down because of the pandemic.

Carers cards often expired, and Carers found they had struggled to access or had forgotten to ask for a replacement due to juggling a mixture of responsibilities.

Furthermore, Carers wanted to see more useful discounts and services included, particularly given the cost-of-living crisis. Discounts often are only ever included after a spend of a certain amount, or they only offer a small percentage of discount which Carers felt provided little benefit to them.

This circles back to networking with the community and raising awareness about the diversity of Carers. Identifying parties that can benefit and produce effective offers to meet the needs of Carers locally will ensure that there is a wider Carer friendly community that recognises and values Carers. This remains relevant for all commissioned services, respite, and short breaks.

Additional Support

Throughout the review, the need for direction to more services was highlighted as a priority focus for Carers support. With the cost-of-living crisis having extensive impact on the public, Carers are at particular risk of strain. Many have had to use their own funds to pay for private support outside the council's services which adds to the overall cost.

Furthermore, Carers are lacking the time to manage the multiple responsibilities they encounter daily, meaning they are having to find, identify and book services that can meet these needs.

Many services available will also have consistent rates for their work and many Carers expressed they cannot afford basic services, such as for repairs, haircuts, internet, or transport.

Carers expressed they would like to be informed of cost-effective services that can support them to manage the many responsibilities that fall onto them or be supported to pay for such services.

To gain insight to this what areas Carers may require support, we asked them to inform us of any additional services that they pay for privately.

Graph 17 shows the topics covered that indicated privately funded services. When Carers were asked about challenges, it was also common that Carers found identifying and paying for services a particular issue:

"Time for me, both in terms of time and affordability."

"A lack of any financial help and respite care."

"Managing finances, time, and juggling tasks"

"Identifying services that can help me to manage everything"

These comments were also prevalent when Carers were discussing what would best support them to deal with challenges they face and what services Carers would like to see available:

Privately Funded Services		
Cleaner / Laundry / Gardener	Respite / Day Centres / Sitting Services	Holistic Therapies / Counselling / Life coach
Maintenance / Handy man / Window Cleaner	Home Care / Care Home	Training / Classes / therapeutic classes
Transport / Taxis / Parking	Medication / deliveries	Weight loss service / Stop smoking service
Food deliveries / Hot meal service	Podiatry / Chiropodist / Massage	Manicure / Pedicure / Hairdressers
Solicitor / Accountant / Power of Attorney	Physio / Chiropractor	Gym / Swimming
Rent / Bills / Council Tax	Equipment / Helpline	Dog walker / Groomer

***Graph 17**: Privately Funded services Carers use*

"A Housekeeper / Chef / Driver."

"Mum would allow a cleaner into the home, would alleviate my workload."

"Information does not inform you of other services, not knowing or being able to find a chiropodist that do home visits at an affordable price."

"I don't meet the threshold, so I often have to pay a lot of money for help."

"Help with benefits I am entitled to, like advice about paying for heating, activities etc."

"Many services are not able to help because they don't offer the service I qualify for, and it costs too much."

"I want help to know what services are available to help me and that I can afford."

Identifying cost effective and trusted services that can offer support to Carers relating to such areas will enable information to be shared through the Carers Information Service and be a step towards improving choice and control Carers have over the services they use. Furthermore, services that relate to respite and short breaks such as holistic therapies could be expanded within schemes such as Take a Break and the Carers Card.

Self-Directed Support and Direct Payments

Directed Payments can be offered to Carers, including Carers supporting children, who want to source their own care and support. Carers can also be supported through a combination of arranged services and Direct Payments, or if they do not wish to receive Direct Payments, the services can be arranged for them. Subject to an assessment, if Carers are eligible for social care services, Direct Payments can offer greater choice and control over the support they receive.

As previously highlighted, Carers' finances are often limited for various reasons and are further strained by the current cost-of-living crisis and having to dig into pockets to pay for private support.

Across the UK, Carer's allowance remains at £69.70 a week and is only applicable if a Carer meets the eligibility criteria, such as providing care for at least 35 hours a week and if the cared for person receives certain benefits.

If the caring role is shared, only one individual can claim for Carer's allowance. It also might impact any other benefits the Carer receives, such as having to pay tax on it if they receive over the Personal Allowance. These credits can help to fill gaps in National Insurance records, to make sure someone qualifies for certain benefits including the State Pension.

Other financial support Carers could access should they be eligible, includes Universal Credit, Pension Credit, grants and bursaries, Income Support and Income-based Employment and Support Allowance.

Many Carers voiced that Carers Allowance should be raised to fully recognise and value the work they do supporting loved ones, as well as supporting the economy throughout the COVID.19 pandemic:

"Carers allowance seems pointless; it is offensive really."

"Increase Carers Allowance"

"To be honest a higher carers allowance and help with applications for things like blue card renewals or warm home discounts etc."

"We need better financial support by improved carers allowance."

"I am carer to two sisters who have different needs, so I never have a day off - it is relentless work. I also need to do paid work as Carers Allowance on its own is not sufficient to cover all my expenses."

Frustration was also aimed towards the strict eligibility criteria limiting the number of Carers that can access Carers Allowance:

"I have tried to get carers allowance, I am 61, have two private pensions, not state, nor do I claim for any other benefits, my earning is just above the threshold, but I can't afford anything."

"Carers allowance paid after 65" I earn too much to get carers allowance but not enough to get by."

Direct Payments would provide Carers with a means to fund the services they want to receive.

The money would be used to directly pay for the support, with Carers only required to pay a contribution to their personal budget.

Information and Promotion

Within the survey, there were no questions specifically relating to Self-Directed Supported and Direct Payments, however it was often discussed throughout the review. Many responses indicated that Carers were confused by the information provided about Direct Payments. Many others were unaware they were available, and thought they were only used for the cared for person:

“The information is far too complex for Carers to comprehend; they need an allocate person to guide them through it all.”

“With the amount of information Carers are given already hard to understand, many probably can’t even look at the information about Direct Payments”

“The information for Carers payments is almost identical to that for the cared for person, how are they meant to know they are separate things entirely?”

Carers found that the guidance provided by the local authority regarding Carers Direct Payments was the same as the information regarding the cared for individual. Some Carers felt this led to their confusion as to who the support was for. Considering this, the resources are now being reviewed and adapted to ensure the key differences are easily identifiable.

It was raised there is a lot of information about Direct Payments available through various services. One Carer highlighted that even a minor difference in this information, such as the wording, can cause confusion for those who are dealing with multiple pressures.

After discussing the guidance available, Carers worked together to suggest ideas for improvement and noted that departments should work together to produce and promote consistent information.

One pack, containing all relevant resources and forms, adapted to the Carers needs would be beneficial to help Carers relate to the information. This could also be provided in a book or folder, so Carers do not lose pieces of paper or mix it up.

Information should include a clear description of the process such as a flow chart of the ‘pathway’ showing each step and who is available to support them throughout, including contact details. There should also be clarity about how they will be supported by practitioners.

During focus groups, there was a lack of awareness about Direct Payments, and many Carers felt frustrated they did not know this was available. Direct Payments should be clearly explained on the CRISP website to encourage Carers to seeks support in accessing them.

Furthermore, Carers felt that practitioners should be encouraged to offer Direct Payments more widely as opposed to offering arranged services within the council that have not been meeting their needs during the pandemic. However, any information should clearly stipulate any eligibility criteria to help Carers identify what services can be used to support them:

“More help and understanding from the local authority…very hard for families to access Direct payments, a very unfair, out of date, broken system.”

“Can't access direct payments - my children are not disabled enough according to their care assessments.”

Training and Support

Another way to support Carers in understanding Direct Payments and what is involved is through 1-1 support, training, events, and information days.

Many Carers who were offered a Direct Payment felt overwhelmed by the complexity of the process and agreed sufficient and ongoing support is vital to increase the chances of successful management. A portion of the Carers had stopped receiving the support through Direct Payments because of this:

“There was a lack of real support, I was given direct payments and told to sort it all myself, it was the opposite of support, it’s me doing the social workers job for free.”

“Accessing the assessed Direct Payment for expenditure was not straightforward.”

Those who had not accessed Direct Payments shared a mixture of positive and negative views about managing the process. Some felt the support would open more opportunities, others felt it would be too much work for them to manage alongside the caring role.

“Payments or grants could go to accessing suitable health and wellness gyms.”

“I am a bit deterred by the whole thing, but I do think it would benefit me.”

Direct Payments can be managed in three ways. A managed account is when the personal budget is held by the local authority and they arrange the services agreed, on the carer’s behalf.

An account managed by a third party is like a managed account, except a third party manages the personal budget.

Lastly, funds can be given directly to the recipient (Carer) from the personal budget to spend on meeting their needs, in line with the agreed plan.

If the Carer opts for Direct Payments, they will be responsible for how it is spent and must be able to evidence that it has been used for the services and support agreed.

This means Carers will have to keep records of their spending, such as receipts, invoices, and information on how they have spent the budget when requested. Furthermore, records of any employed personal assistants, including wages, tax, and national insurance. Carers will also need to liaise with Adult Social Care when they wish to spend funds on anything not stipulated in the agreement and return any funds not used.

After discussing the ways to manage a personal budget, and what is involved, Carers discussed ways that support can be given before and during the process.

As previously highlighted, increased promotion on Direct Payments through various communications, such as videos and testimonials would help Carers understand the eligibility criteria, and purpose of the funds. Information days are also a suitable environment to raise awareness. The concept of a Direct Payment may encourage Carers to register with CRISP and access an assessment.

Carers who have been assessed and are eligible for direct payments could be offered workshops to help them understand the information provided. This can also be a useful tool to help carers manage Direct Payments, by including exercises that consist of understanding what receipts and information to keep a record of.

For individuals who cannot attend workshops, they could be supported on a 1-1 basis, through workbooks or videos if they consist of the same material. Additionally, members from the Direct Payments Teams can also attend local forums to answer any questions people may have. For example, In April 2022, two members of the team attended the BCP Carers References Group which enabled Carers to ask advice about processes and make suggestions about any improvements.

Once a Direct Payment has been agreed, Carers should receive regular support and information from the practitioner who is responsible for their Care and Support. This should be the same Social Worker that is responsible for the cared for person to ensure consistency.

Carers recognised the strains on the workforce and felt that if the practitioner was not able to meet this target, then a suitable authorised person should be employed to provide the 1-1 support. This should be someone who understands the needs of Carers and the process underpinning Direct Payments and personal budgets.

Another alternative identified was to utilise the befriending and mentoring services to create a mentoring platform for Direct Payments. Carers who have had or have a Direct Payment and understand the process can mentor others through 1-1 guidance or groups depending on what approach is more suitable.

Toolkits could also be developed to help Carers manage their personal budget, such as checklists for preparing the key information and evidence when requested.

Practitioners

When seeking feedback from professionals it was apparent that effort needs to be placed upon simplifying the process for practitioners, raising awareness of Carers, and enhancing training and support for both managers and teams.

The practitioner guidance for allocating a Direct Payment was described as complex and long by professionals and case management systems were also confusing. Much like the views Carers expressed about the appropriateness of guidance, practitioners need to have their needs met in the same way.

As a result of this, more training is required for practitioners to fully comprehend the process. In turn, this could lead to more Direct Payments being offered and successfully managed across the area. The Direct Payments team can also offer support to others who lack confidence in the process and attend team meetings to answer any questions people may have. This will also improve consistency across departments:

> *“The Direct Payments Team will always try to help anyone having issues with the process, in fact I am helping an OT with a Carers DP at the moment.”*

Alongside this, managers need to actively support practitioners in the approach to supporting Carers. Managers should be supported through effective Carer awareness, Direct Payments, and Case Management training. Enhancing the training and support for practitioners and managers can raise their confidence in performing certain Carer related activities within their line of work.

Growing teams and expanding the workforce is also important to ensure that Carers can seek timely support and information. The current strains in the sector have led to teams experiencing waiting lists, and Carers experiencing difficulties in accessing services. Teams should investigate where additional staff may be required which will improve the service Carers receive.

It is recognised that "Direct Payments require a change in culture for staff in local authorities. It requires a shift in power to place more emphasis on applying resources to need, rather than need to existing resources" (SCIE.org.uk). In brief, this means moving away from being the gatekeepers of services to providing the type of support that people actually want and from which they can benefit.

For practitioners, this can lead to an increase in job satisfaction and the knowledge that as practitioners and managers, they have been able to work in collaboration with Carers to make a difference in how they live their lives.

Choice and Control

Carers expressed again that knowing where they can find trusted services would be beneficial. This was also common when discussing Commissioned Services, as explained on pages 35-36.

It was felt that by having resources to inform Carers of cost effective and trusted services that cover various areas of support, this would enable them to compare quotes and costs and identify what is available locally that can meet their needs:

"A list of approved tradesmen such as plumbers, electricians etc, because of health issues myself I am finding it more and more difficult to manage DIY tasks around the house. All the trades people I had contacted were either too busy, could not help or were no longer in business. The fact of the matter is people in my situation on occasions need sound practical advice and genuine support. I did try check a trade etc, but sadly I can't afford £80 for someone to come out and change the washer in the header tank in the loft or an electrical socket or some other minor 20-minute job which I used to be able to do myself."

The sitting service was regularly referenced when discussing Direct Payments, as it provides a set list of the services that can be used on the scheme. However, with the pandemic leading to widespread workforce shortages, those using it have struggled to book support.

Expanding the list of services is important to ensure there is more opportunity for Carers to access support through the sitting service. Alternatively, Carers felt the scheme, though valued and beneficial, should be replaced by Direct Payments to maximise the choice Carers have over what services they receive:

"I cannot get sitting services when I need them."

"Can't book the sitting service at the times I actually need it, so I haven't used it."

"I would have like to have used the sitting service but found it hard to get this, I have the vouchers, but it is hard to get the carers as all the services are short staffed."

However, not all Carers will want to take up Direct Payments, as they may be happy with the services they receive and do not want any changes to be made. One of the main benefits of Direct Payments is that not all existing services are suitable for the variety of needs as expressed by Carers throughout the review.

Flexibility is required to ensure Carers can identify and access support that suits them. For Some of the Carers who benefitted from payments, they were able to access more appropriate support:

"It enabled us to have a long-awaited break together through a Direct Payment."

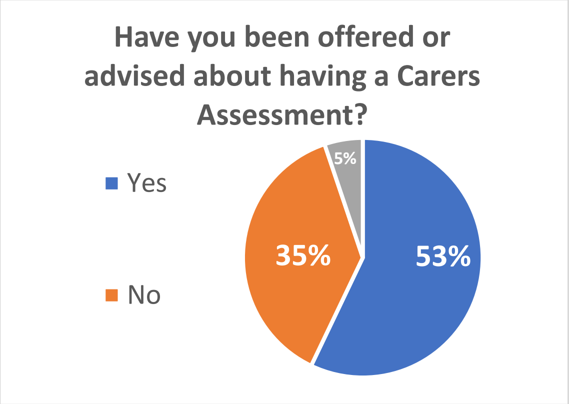
"Being able to choose services I actually have an interest in, rather than being offered generic things that often I don't even use is a huge benefit."

Carers Assessments

Carers are entitled to a Carer's assessment, even if the cared for person refuses social care services. A Carer's assessment is a conversation with a professional social care worker about how being a carer affects someone and impacts how they live their life. It is an opportunity to make sure Carers have all the information they need and a chance to find out about various services and support that could help them in their caring role. It can be done at a time and in a place that suits the Carer and is free, voluntary, recorded, agreed in partnership, confidential and used to work out what services can help.

Carers are entitled to yearly assessments to ensure they are appropriately supported by the Local Authority, and they can also request one if their needs or situation changes. We wanted to find out how many respondents had or had not been offered or advised about a Carers assessment, and who had been offered but preferred not to have one.

Graph 18 shows that **53%** of Carers have been offered or advised about having a Carers Assessment. **35%** of respondents had not been offered of advised, and **5%** had been, but preferred not to have one.



Graph 18*: Percentages of carers being offered or advised about Carers Assessments.*

The survey also allowed us to take the opportunity to hear more about people's experiences of Carers assessments.

Responses suggested that many had forgotten about their assessments and there was a lack of awareness about the yearly entitlement.

This could be partially responsible as to why **35%** of Carers have not been offered or advised about an assessment, as they would not have known they could request one:

"Had one years ago so can't remember."

"It was a long time ago and can't remember."

"Assessment was 9 years ago and when my son saw a council social worker once a week, I assumed I was not permitted another assessment."

"I have only had the initial one. In December someone I met told me that I should have one assessment review each year."

It was often referenced that there was no communication that a review was due. However, Carers can contact Adult Social Care Services when their situation changes. For those who did request a review, it was highlighted that strains on the workforce have also impacted on waiting times:

"Offered several months back but not been given an assessment date yet."

"I understand the department is extremely stretched, upon diagnosis, it took 2 years before acknowledging me as a Carer. Now it has been another 2 years with no follow up."

Further to this, members of the focus groups sometimes became confused about whether they had had a Carers Assessment or had been a part of a Care Needs Assessment for the individual they support. Upon learning about the two, members felt that information should clearly stipulate the differences between them.

A possible change that could lead to improvements in the understanding of Carers, is changing the term 'Carers Assessment':

"Carers conversation would sound more positive."

"I find Carers Assessment like it would be a judgement."

"The term Carers Assessment is intimidating and sounds like an exam. I would prefer 'Carers Review'."

"A Caring Role Review would indicate the difference between the two assessments quite clearly."

Overall, regarding the experiences of Carers Assessments, there was a mixture of positive and negative feedback. Positive experienced referred to the way in which the practitioner approached the situation, their understanding and communication, and the support package they received as a result:

"Very good and helpful - it's nice to know we are in the system."

"Good but would like to know what other support is out there."

"Very positive, access to equipment."

"Initial assessment was done via home visit; it was supportive and helpful, and I felt the person understood my feelings and needs."

Negative feedback referred to assessments taking place over the phone or not in the way the Carer would prefer, a lack of communication and knowledge, lengthy waiting times, the complexity of eligibility criteria and Carers not feeling the assessment resulted in appropriate support:

"I was previously offered one, but it never happened, I can't see how it could help anyway."

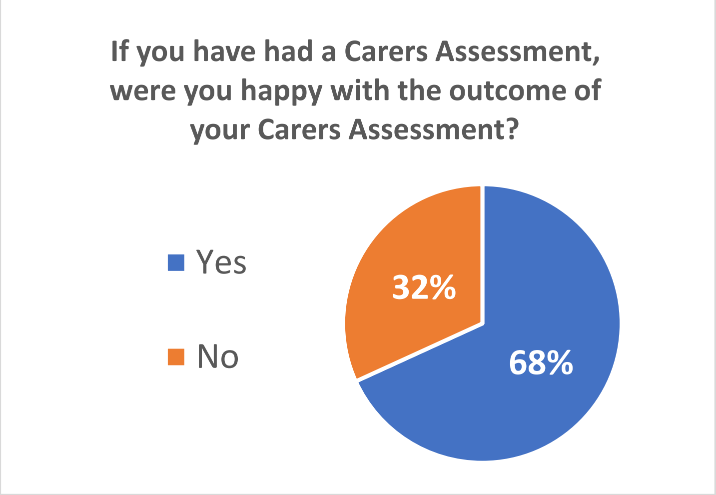
"Lengthy, drawn out and difficult to achieve."

"Took ages to respond to applications and not helpful."

"Second time It was ok, but limited support offered and support I am unable to access due to workforce strains."

For further perspectives, we asked those who had an assessment whether they were happy with the outcome.

Graph 19 shows that **68%** of respondents were either pleased or satisfied with the outcome of their assessment and **32%** were dissatisfied.



***Graph 19**: Percentages of carers happy and unhappy with the outcome of their assessment.*

Many Carers felt recognised, valued, and well supported by the practitioner carrying out their Care Assessment, and a lot of responses praised members of the workforce:

“I was listened to and had my questions answered.”

“Much care and understanding given regarding my situation.”

“I was accepted as a Carer.”

“My needs were recognised.”

“The lady was very helpful; I know if I need any help I only have to call.”

“Very good, and continual follow up. I know I can contact them anytime if I have a problem.”

“My social worker took time to explain everything to me. She did not hurry through, so I was able to take everything in that I needed to know.”

“I was offered help / advice on contacts. I was given vouchers for time out - great! Assessor was understanding and kind and did all she said she would. Very helpful.”

Most comments about the outcomes of assessments were consistent with those about Carers experiences of the process. It was common that feedback related to the workforce, communication, information, and the pandemic:

“Carer's Assessment a few years ago was too early but a wealth of information so I made a folder and came back to it at each step of change.”

“Unable to use vouchers due to Covid.”

“Following an admission in hospital, we were saw a social worker who was very sympathetic and gave us information about CRISP. She phoned about a year later and gave more information.”

Areas discussed were perceived both positively and negatively and though there have been strains on workforces and services, positive advances in the ways of working have developed.

The **5%** of Carers who had been offered but preferred not to have an assessment **(graph 18)** were asked to give their reasons for doing so.

Often, Carers felt they were not at the stage where support was necessary, and they were happy with how they currently manage the situation:

“I'm managing well having looked after my husband for 15 years and still coping but know you're there if needed.”

“At the moment we cope with family help.”

Other Carers indicated that their lack of knowledge and understanding about assessments was the main reason they had declined one:

“Not sure what it is, what is it about? Is it like a test?”

“I did not really understand what it was. I was unsure whether I was entitled to one.”

“Misunderstood the difference between a carers assessment and care assessment.”

This was also a consistent theme for Carers who were not happy with the outcome of their assessment:

“I didn't understand the process, that I'd had a carers assessment or that it made any difference to how life is.”

“Do not know what services are available to the person I care for or what other services to which I am entitled.”

“I had no explanation of the process or purpose.”

“A little unsure as to the purpose of it.”

Information and Promotion

Many Carers had positive feedback about the information Carers received before, during and after their assessment. Often, Carers felt they were supported well, and gained relevant information to help them locate and access support:

"Very happy with the information. Good to know I am not alone and have support if needed. Was given Carers in Crisis for emergency situations, a Carers card, a list of businesses that provide discounts and therapies to Carers, have not used it yet but it is helpful to have."

"I have had a range of people help me and now have a nice young lad who checks on me and helps with the assessment. They explained the situation in a lot of detail, particularly the money side of things."

However, throughout the survey and focus groups, others highlighted that the information provided was overwhelming, confusing, or not explained in a way the Carer can best understand:

"I got nothing but more paperwork."

"A little unsure as to the purpose of it, nor offered a choice of options."

"When paperwork comes, I do not understand it. I do not feel information is given to me in the right way."

"Still awaiting my assessment, but I know it will be just more paperwork."

Carers that declined an assessment were deterred by the expectation that an assessment would include a large volume of forms and applications. It was also indicated that Carers who do not understand what a Carers Assessment is, have misconceptions about the process:

"No time to fill in the forms etc and feeling so drained it was just another form to fill."

"I couldn't face even more admin while I'm snowed under fighting a long running battle with the DWP."

"When I sought support in the past, they wanted to know about my bank accounts. I would not discuss this over the phone as I do not know who they are."

The importance of assessments should be promoted to remind Carers they are available. Information and promotion should also remain consistent across departments and clearly explain Carers rights, the process, the benefits and who to contact. Doing so, would help Carers to know they can request assessments when needs change and are entitled to one yearly.

Services could improve the promotion of Carers Assessments by ensuring that digital platforms are regularly updated, with a mixture of information, promotional videos, feedback, and explanations of processes to enhance understanding.

Sharing information across networks will also ensure that updates and changes are communicated, best practice is shared, and practitioners are encouraged to engage with Carers on a regular basis.

Information should also be provided in a way the Carer understands, with practitioners ensuring to seek an understanding of the Carers ability prior to assessments so they can provide copies of easy read and translated guidance where necessary.

With Carers often lacking the time or feeling intimidated by various correspondence; identifying trained professionals or volunteers that can help with this, would enable people to have more time and support to consider what should be documented and recorded during the assessment.

Training

Carers felt that support should be given to prepare for an assessment as it could particularly benefit Carers who lack an awareness of what is available, do not understand what a Carers Assessment is and struggle to understand eligibility criteria:

"Would be better to have advance notice of questions, maybe videos we could watch."

This was highlighted as a primary barrier towards Carers accessing services and engaging in Carers Assessments altogether:

"I feel an assessment will be a waste of not only my time but practitioners as well. I think the criteria for helping me is so high, I will not meet it."

Empowering Carers to prepare for assessments will help them know their rights and advocate for themselves, ensuring assessments are Carer led and identify services that would benefit them.

Workshops upon registering with CRISP to support Carers to understand assessments and the services available would be beneficial to help those newly identified to gain insight into the system. This would not only raise the awareness and knowledge of Carers but benefit their independence and wellbeing through building their confidence.

Furthermore, utilising the voluntary sector, as suggested in relation to understanding correspondence and completing any applications, would enable Carers to have various support systems within the community. This can also be an opportunity for a Carer to engage and meet new people during the process and develop a positive social network.

Barriers towards Assessments

Carers have various responsibilities regarding their role as a Carer. Some may have extremely busy schedules, whereas others may have family members and friends also supporting them. It appeared that some Carers had chosen to decline their assessment due to this, as they lack the time to fit another appointment into their schedule, or were unable to leave their cared for person alone:

"No time left for much as my schedule of care and other commitments leaves so little."

"I cannot leave my husband to attend an appointment, or even take a call."

Carers felt that services could identify ways to make assessments more accessible through the provision of combined assessments, temporary sitting services or temporary support workers. Similar methods were also raised to enable Carers to access other services such as events and appointments.

The relevance of services was also a factor towards Carers declining an assessment, as some felt the resources available would not meet their needs and did not want to dedicate any time to them:

"I looked at what was on offer, saw there was nothing for me and chose not to waste my scarce free time on something that would not be productive."

"Very little support available that was suitable for my situation."

Confidence in asking for support can also be a barrier to accessing services. Ensuring a carer is comfortable is essential so they feel able to communicate their needs:

"My social anxiety has stopped me."

“It seems to me sometimes no one listens to what I want to say. We are still very independent so do not like to ask for much. I can still do things for myself and my husband in my own way as there are people much worse off. But that listening and support would really help for the things I might not ask for.”

“We are very private people and are not used to seeking help.

Accessibility

The facilitation of assessments should be flexible and decided by the Carer. Some responses indicated the location, length of assessment and how it was conducted did not enable Carers to express themselves:

“One assessment a year only reflects how you feel that day or week, life rapidly changes for a Carer.”

“Would have been nicer face to face instead of over the phone.”

“Very long winded, and the questions repeated themselves in different wording.”

“Not ideal as you can’t do a proper assessment over the phone.”

“First one was positive Annual re-assessment was very short - would have liked more time.”

“Very quick phone call, could not explain the situation fully.”

Other Carers raised that their assessment was not in held in private, away from the cared for person, which limited their confidence to explain how the role impacts them:

“The first assessment was good. The second I had to request and felt uncomfortable as issues were discussed in front of the person I care for and did not want them to know about.”

“Did not make much difference and was in front of my mum so couldn't talk freely.”

Carers should be provided a range of options for how their assessment can be conducted. They should be encouraged and able to speak openly and honestly about their situation, without fear the person they care for would overhear, and be given enough time to cover all bases.

This will help to ensure the right support can be identified and offered and benefit the Carers ability to take in various information and advice that might be of valuable use to them. Overall, this would improve the Carers experience of the process.

Comments from some of the individuals less satisfied with the outcome of their assessment, raised they were unable to access many services offered to them due to certain eligibility criteria:

“Apparently, we don't qualify for help.”

“It was decided I do not meet the criteria for support.”

Practitioners also raised this was a barrier towards achieving positive relationships with Carers and often leads to a lot of dissatisfaction:

“Eligibility often leads to a lot of friction, it’s hard when there is no control over that.”

Carers often feel overwhelmed by eligibility and the need to complete applications. Carers want to see more clarity in eligibility criteria and the information provided to help them understand how services are identified, manage their expectations, and reduce frustration. More support from practitioners in these situations would also strengthen relationships, as well as ensure they have the best opportunity to access services.

As well as being a factor towards people declining assessments, the relevance of services unfortunately left some disappointed by the outcomes of an assessment.

This has been continuously raised in the focus areas of the review. It is widely agreed by Carers that not enough services are available that apply to the diversity of Carers across the locality, particularly in relation to Parent Carers, Learning Disability Carers, Male Carers and Younger Carers:

“You have no relevant help on offer.”

“Very little support available that was suitable for my situation.”

“It was the start of caring and did not know what I was entitled too, I still don’t really know what I can get.”

Raising the awareness of Carers and practitioners about what services are available at BCP Council and in the local area will enhance opportunities to identify relevant services.

Services should be working in partnership to promote and develop more opportunities for Carers, by regularly engaging with both Carers and communities to maintain an awareness of the diversity of the population and their needs and preferences.

Carers also felt it would also be beneficial for practitioners to contact them after the assessment to summarise the agreements. It would be an opportunity for them to ask questions and ease concerns. For many, the time after an assessment allows them to reflect, and often, Carers recognise areas that were missed during the discussion or want to double check they have the right information.

Furthermore, the outcome of the assessment should be documented and communicated to the Carer in their preferred method, such as a written letter of confirmation, or email. Many felt they were not communicated the outcomes or contacted by services they had been referred to because of the assessment:

“Assessment was carried out over the phone, and I am awaiting the final follow up actions to be completed.”

“Was okay but not sure when I am due for the next one as these days contact from social worker is not that often.”

Providing confirmation, with contact details included, would help the Carer to follow up on any areas that they are unsure about or services they have not yet accessed. Many expressed they just want the reassurance that practitioners are following up on promises.

Clarifying an estimated timeline would help Carers to manage their expectations whilst they await results. Alternatively, regular contact with a practitioner who has access to the progress of their case could offer reassurance through a preferred method, so Carers no longer feel they have been forgotten or lost in the system.

Transparency about timeframes and progress would not only reassure Carers, but reduce pressure placed on the workload by backlogs, dissatisfaction, and crisis.

In relation to other areas of the review, transparency and honesty about services, eligibility, timeframes, reporting, waiting lists and ongoing work to develop services should be shared with Carers and practitioners to help in managing expectations and ensure everyone is up to date with any changes to Carers Support.

Workforce

It was felt as though an assessment was more of a ‘tick box exercise’ than a chance to identify opportunities. Focussing on how the caring role effects the Carers physical, mental, economic, and social wellbeing, instead of what or how much support they provide, will aid the identification of ways to resolve and reduce the impact caring has:

“Professionals should value the following: How is this going well for you? How does this impact upon you? Have you had opportunity to talk about this? What does that prevent you from doing? Is there something that you are not being able to do that you would like to?”

“I was new to it 3 years ago, but on reflection it felt like a tick box exercise – I felt like there was no genuine care – I have had no follow up since - what do I do now?”

Some practitioners felt that different approaches are used to carry out assessments across the area. Some also raised that they had developed their own tool to help them, as the guidance available was not produced in a way that they clearly understand:

“Carers assessments should be user and practitioner friendly – one process for everyone”

Much like the findings from Carers experiences, practitioners need to be able to access resources in a way they understand to best enable them to perform. Failing to do so, can negatively impact a practitioner’s confidence in conducting Carers Assessments as well as the delivery of support overall. This will require improvements to be made to the practitioner’s information for supporting Carers, as well as aligning procedures to ensure consistency.

Practitioner guidance relating to the services should clearly outline the purpose, aim and the referral process with up-to-date contact details to prevent delays. All information and guidance should be accessible, available, and separated from other guidance to reduce confusion between similar pieces of information. This can be achieved by adding a Carers Information file onto the Adult Social Care SharePoint page.

For case management systems, practitioners should be effectively trained in its use and have access to guidance to further support them in their role. Practitioners need to be able to also indicate on these systems what steps have been actioned so there is a clear record of progress and any outstanding work.

Practitioner education was regularly touched upon throughout the review by both Carers and Practitioners. Carers require effective support from practitioners to help identify services that will benefit them.

However, at times it was felt the practitioner carrying out the assessment lacked an awareness about the difficulties Carers face, as well as what services could be implemented for the support plan. This was also common among professionals in healthcare services:

“*I felt I had little knowledge of what was available. Unfortunately, I had very little confidence that the young social worker knew anymore.”*

“I found that it was me that knew more than the person doing the assessment.”

“My GP did not know about CRISP, I found out about through a friend.”

“I wasn’t aware of some of those services unfortunately, I have been a Carer for many years, if only I had known.”

Many Practitioners recognised that often, their workloads left little time for them to expand their knowledge and awareness on Carers Services:

"There needs to be better awareness of Carers and services, as well as improved training."

In discussions, further barriers were raised, such as the professional background and expertise of a practitioner. Those carrying out assessments will often be from a range of departments, and this may impact the level of understanding and awareness about what should be considered and what services may benefit:

"Different professionals might be recognising certain things that others might miss, so how do we know that all the support is equal? An Occupational therapist might consider equipment and adaptions, whereas another might consider what emotional support can be provided."

Promoting best practice and the positive outcomes that have been achieved will give practitioners recognition for their commitment to supporting Carers. Celebrating success and recognising good work will motivate and value the contributions practitioners bring.

Furthermore, networking with other professionals is highly valued. Sharing information and providing opportunities to engage with others that work with Carers is important to continuously learn, maintain awareness and identify further support.

Enhancing Carers Awareness training for both leaders and practitioners will help to build the confidence people have in communicating and working with Carers, as well as the confidence they have in their colleagues, teams, and management.

Carer related training should also be introduced on a mandatory basis. This will provide opportunities for managers and teams to share their learning and raise awareness with others, so more efforts are placed on dedicating resources towards Carers.

Carer champions in all Adult Social Care teams and extending this onto other departments, would mean there is access to a central point of support for practitioners, on Carer related issues, processes, and procedures. This will also ensure Carers have access to appropriate levels of support when handling a range of responsibilities, such as property related issues, thus increasing their satisfaction, ability, and wellbeing.

Carer Champions will not only maximise the resources available in supporting Carers, but it will also help to ensure Carers' support is just as important as other areas of support. By introducing a target of one Carer champion per small team, and two per larger team, all departments and practitioners will have access to appropriate support.

Practitioners suggested introducing a dedicated team of professionals to manage Carers' caseloads. This was also a suggested made by many Carers who raised this would enhance the ability to access sufficient support from committed and competent professionals.

Strains in the workforce have meant practitioners caseloads are growing and their ability to meet the needs of all is becoming more and more of a challenge. Unfortunately, this means that Carers have felt the support they receive has declined throughout the pandemic. More so, this is a primary factor in the negative relations between Carers and professionals, as well as some Carers' lack of willingness to seek support.

Recruiting more practitioners from various backgrounds is important to reduce the caseloads of other practitioners and meet the needs of the public. However, many are leaving the workforce and there are not enough people applying for roles.

Whilst recruiting more professionals is a particular challenge, those leading teams should be enrolled onto management and leadership training to ensure the right skills are applied to practice. This will increase the levels of support they are able to offer their teams, as well as increase the understanding of different leadership styles to use depending on the situation.

This can improve relationships between teams, wellbeing, and job satisfaction, and retain skilled members of the workforce. All of these are essential as manager's need to be able to encourage, motivate and influence others to achieve their potential and best results as well as maintain a sufficient and skilled workforce.

Unfortunately, a few of the responses in the survey indicate some Carers did not feel the practitioner was actively listening during an assessment due to time their time constraints:

> *"Sometimes they are just too busy to listen to you and this lead too making assumptions to make decisions. You are not listened to and therefore do not get the result wanted."*

Satisfied and competent staff will be able to better manage their workload and dedicate more support to Carers. A better management of caseloads will improve the time professionals have to communicate and support Carers. Alongside improved Carer awareness education, professionals can develop positive relationships with Carers and identify opportunities that are relevant to their needs and preferences.

Culture refers to the principles, ideologies, personalities, and character of a workforce and creates the overall environment. It plays an important role in the performance and satisfaction of practitioners and is a factor that people consider when applying for roles.

It has been felt that the culture that surrounds Carers assessments is negative, due to the pressures practitioners are under. Some practitioners felt that so much demand is coming from those requiring care needs assessments, that the Carers Assessments have taken a backseat.

By improving the information and guidance about Carers services, enhancing education about Carers, developing Carer champions and teams and upskilling leaders, the culture towards Carers will alter. Professionals will have improved job satisfaction, be able to seek support and be more competent and able to carry out their roles.

In closing, the aim should always be to help people remain healthy, independent and in their own homes for as long as possible. With Unpaid Carers being the primary support for individuals with Adult Social Care needs, they reduce pressures on the sector and need to be enabled, valued, and recognised for all they do.

Message of Thanks

A thank you is necessary for all the organisations and services that assisted the distribution of the BCP Carers Services Survey, and informed Carers of the opportunity to engage in focus groups.

But most importantly, thank you to all the Carers who took the time to engage throughout this stage of the review. We hope this report captures the challenges Carers are facing as we move away from the COVID-19 pandemic, and that the priorities we develop for the BCP Carers Strategy offer Carers the reassurance that efforts are being dedicated towards maximising and strengthening the support they receive in their caring role.

Should anyone recognise that they may be providing a level of care and support to someone they know or love, or is in need to advice and guidance, please contact the Carers Information Service (CRISP).

Eliza Atyeo
Carers Commissioning Officer
Adult Social Care Commissioning

CRISP

Tel: 01202 128787

Email: carersupport@bcpcouncil.gov.uk

Write: Carers Support Service, St. Ambrose Cottage, Alumhurst Road, Westbourne,
Bournemouth, BH4 8ER.

Website: https://www.crispweb.org/home.aspx

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Day Opportunities Strategy**
Meeting date	25 July 2022
Status	Public Report
Executive summary	A review of day opportunities, including buildings-based day services is currently underway, in collaboration with key stakeholders, which will inform a new BCP Council Day Opportunities Strategy. This report provides the committee with an introduction to this piece of work and update on current progress.
Recommendations	**It is RECOMMENDED that:** **(a) Committee consider and scrutinise the contents of this report.** **(b) Committee members consider future invitations to join the Day Opportunities Co-Production Meetings.** **(c) The Committee receive an update once the view seeking exercise has been completed and a case for change report has been drafted.**
Reason for recommendations	The review of day opportunities is now underway and will inform the content of the day opportunities strategy. The bi-monthly co-production sessions will allow committee members to be involved and kept up to date with progress should they wish to attend.

Portfolio Holder(s):	Councillor Karen Rampton – Portfolio Holder for People and Homes
Corporate Director	Phil Hornsby: Director – Commissioning for People
Report Authors	Kevin Gillings : Commissioning Manager – Day Opportunities and Jonathan O'Connell - Director Adult Social Care Commissioning (interim)
Wards	Council-wide
Classification	For Information

Background

1. Day opportunities can mean different things to different people. They can be about learning new skills, taking part in a wide variety of hobbies and interests, accessing the community, supported employment and volunteering opportunities and developing friendships and support networks. The term 'day opportunities' will be used when referring to all potential activities as defined above, as opposed to the terms 'day services', 'day centres' or 'day care' which have an association with the provision of building-based services. Day services/centres/care are included in the term 'day opportunities' but not vice versa for the purposes of clarity.

2. BCP Council recognises that people value day opportunities and therefore we want to develop and co-produce a new Day Opportunities Strategy to meet the needs of local people which enables them to live active, healthy lives as independently as possible.

3. BCP Council recognises that carers, parents, and guardians of those who access day opportunities rely on these services to reduce the likelihood of carer break down. Day opportunities provide much needed short-term respite for carers to continue their role.

4. This strategy will set the direction for future services, underpinned by a clear set of co-produced design principles, to support the further development of the day opportunities across the BCP conurbation.

National and Local Context

5. The Care Act 2014 has resulted in changes to how care and support is arranged. For the Local Authority this means ensuring that it promotes individual's wellbeing and ensuring that people have greater control over their day-to-day life, including their care and support and how this is provided.

6. Think Local Act Personal (TLAP) "Making it Real Framework" is a personalised approach to care and support for people working across Adult Social Care, Housing and for people who access services. This uses a set of personalised principles which

focus on what is important and matters to people, which will be used to underpin the review. (Please refer to background paper for further information)

7. BCP Council has set out its mission in its Corporate Strategy to have "Vibrant Communities with outstanding quality of life where everyone plays an active role" and has priorities to support residents to live fulfilled lives within communities that they are connected to.

8. According to BCP Council Market Position Statement for Adults 2021-24, the total population across BCP is set to increase by 25,300 or 6% to 2028 with the main growth in the population aged 65+. There are 903 children and young people aged 16+ who have an Education, Health and Care Plan in May 2022 who may wish to access future day opportunities. There are approximately 5,500 registered carers across the conurbation in 2022, many of whom will have family members who attend day services.

9. With the projected increase in the demand for social care, thinking differently about how to respond to that demand, and how care and support services will be delivered now, and in the future will be crucial in delivering these priorities.

Local Provision

10. Day care provision across BCP Council is made up of a range of different providers.

11. *Tricuro* is a Local Authority Trading Company that operates 8 day services across the conurbation. These services are based in buildings (although include community outreach projects, welfare visits and digital offers) that are solely used by people who need social care support. The services are organised as either "Plus" services for people with dementia and younger adults of working age who have complex needs related to their disability, or "Connect services", providing support to older people and adults of working age that require social support.

12. 5 of the Tricuro buildings are currently open, with 3 buildings yet to re-open post Coronavirus restrictions. Individuals who would have normally attended these day centre buildings for a service have been offered a continued service where needed. through the other 5 buildings, or via outreach in the community and in people's homes.

13. Keeping these 3 buildings closed has enabled Tricuro to maximise staffing and deliver day services where Coronavirus is still having an impact on staffing. It is also providing the opportunity to explore new ways of working to inform the wider review and inform how many buildings may be needed in the future.

14. Over recent years, and with the introduction of Direct Payments and Personal Budgets, a number of independent day opportunity providers have also emerged, offering a variety of provision such as community-based activities, dance, drama, and horticulture. There are currently 29 independent providers who have a direct relationship with BCP council (commissioned services). These providers and other

independent day opportunity providers also operate access to their services via a direct payment and/or self-referral system.

Summary of financial implications

15. BCP Council spends approximately £6,500,000 on contracted day services. *Tricuro* day services block contract projected budget for 2022/23 amounts to £5,178,342. Additionally, BCP Council contracts day care from the independent day opportunities provider market.

16. Furthermore, there are a cohort of people that purchase day services through a Direct Payment. The total spend for Direct Payments in 19/20 (pre-pandemic figure) was c.£12,300,000. It is not known what proportion of this is spent solely on day care, due to the nature of individual choice and flexibility in regard to Direct Payments.
17. Adult Social Care will need to work within a budget as part of the Medium Term Financial Plan which the project will need to consider in design and delivery of services and any subsequent impact on transport and catering services.

Project Overview

18. The project was originally planned to start in April 2021 but was paused due to the pandemic and a lack of resources. The project re-started in March 2022, following recruitment to the vacant position of Commissioning Manager - Day Opportunities.
19. The key principles of the strategy are as follows:

Fig 1 Key Principles of the Day Opportunities Strategy

Co-production

The most important part of this project is co-production. This is when an individual or groups of people get together to influence the way services are designed, commissioned and delivered.

Strength-Based Approaches
This is about using an individuals' strengths, including personal strengths and social and community networks. The focus is on what people can do, not about what they can't do.

Asset Based Community Development
Uses and builds on what is already in the community for example leisure centres, groups that are already set up, libraries. This helps individuals and organizations to actively come together and work together and develop their strengths.

Innovation
Using a new idea, ways of doing things or learning from good practice to provide day opportunities

Market Development
Develop the existing day opportunities rather than looking for new ones. We have lots of great work going on in our communities and we want to build on this.

Sustainable
Development meets the needs of the present without affecting the ability of future generations to meet their own needs and is achievable within the local authority budget.

20. A timeline for the project has been revised **(Appendix 1)**.

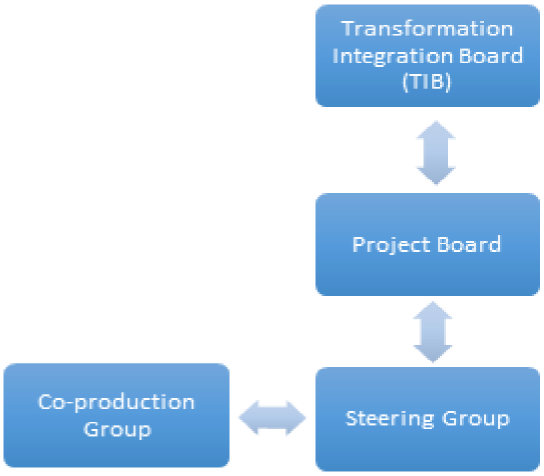
21. As per Appendix 1, key milestones for the project are as follows:

- Stage 1 - The project planning documents have been revised.
- Stage 2a - Significant work has commenced on data and needs analysis gathering. The co-production group has been utilised to provide up to date information about their services and assist with GIS mapping of services. A report on this is due in August 2022.
- Stage 2b – An extensive best practice and innovation paper has been drafted including evidence from 20 other local authorities from across England and many providers. An executive summary is due to be provided shortly.
- Stage 2c - Work has begun with *Tricuro* to review the 3 services that have not re-opened and consult with stakeholders of these services. This will feed into the wider view seeking report due in November 2022.
- Stage 3 – Wider View Seeking - Surveys are currently being devised and agreed with the groups to be rolled out to all stakeholders and the public from mid-August to the end of October 2022. This will provide data for a view seeking report due in November 2022.
- Stage 4 – The above stages will inform a Case For Change report in December 2022 based on market assessment, best practice, and the view-seeking exercise. The approval of boards will need to be sought at this point to authorise co-design of an agreed strategy for the future provision of day opportunities (Stage 5).

- Stages 5-8 do not currently have a timeline attached as it will be dependent on what the agreed outcome is from the Case For Change Report.

22. A governance structure within Adult Social Care has been put in place as follows:

Fig 2 Governance Chart



23. Membership of these groups can be found in **Appendix 2.** The key driver in this structure is the co-production group which consists of a range of stakeholders including, service user and carer led groups, providers of day opportunities, other local authorities, NHS Dorset representatives and BCP councillors.

24. These groups have started meeting from May 2022, with Terms of Reference and workstreams established.

Summary of legal implications

25. None identified at this stage. However, depending on the outcome of the review, certain contracts with existing providers may be initiated, terminated or renewed.

Summary of human resources implications

26. None identified at this stage. Once the review is complete, if any decisions are required that have a human resource implication, these will be available for the Overview and Scrutiny Committee to consider.

Summary of sustainability impact

27. A draft Decision Impact Assessment has been completed (ID 390) and is available on request.

Summary of public health implications

28. None identified at this stage. It is anticipated that there will be benefits for the health and wellbeing of those who access services and their carers in the BCP area at the conclusion of the review. This will feature in the final report.

Summary of equality implications

29. A draft EIA conversation/screening document has been completed and is available on request. Consultation has taken place with EIA personnel. The project lead has been advised to attend an EIA panel when potential case for change options are apparent, following conclusion of the view seeking and consultation element of the project.

Summary of risk assessment

30. None identified at this stage. Pending potential case for change, the key risk will be regarding any objections about potential change of services. Through co-production with a wide range of stakeholders it is planned that this risk will be mitigated.

Background papers

31. Six themes of Making it Real - About - Making it Real - Think Local Act Personal

Appendices

1. Day Opportunities Strategy Timeline
2. Day Opportunities Strategy Governance Boards Membership

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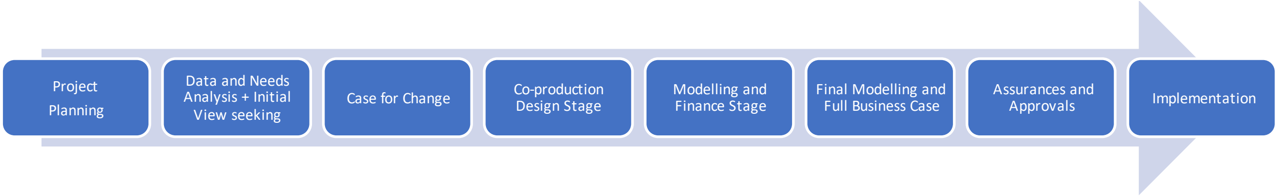
BCP Council Day Opportunities Strategy Project Plan

Proposed Project Approach



Year 1 Deliverables	Timescale and completion date
Stage 1 Revise Project Planning • Project Initiation Documentation • Project Governance and Steering Group • Data Protection Impact Assessment (initial) • Equality Impact Assessment (initial) • Commence Risk and issues log • Draft Engagement and Communication Plan • Decision Impact Assessment • Establish Co-production Group	**March-April 2022**
Stage 2a. Data and Needs analysis • Needs analysis report • Demand mapping of services • Financial analysis • Bench Marking	**April–August 2022**
Stage 2b Innovations and Good Practice • Work with people who use services, carers, Members and partners to research innovations, standards, and examples of good practice both locally and nationally	**April – May 2022**
Stage 2c – Tricuro Service Review Work • Demand mapping of services Highcliffe Plus, Wallisdown Plus and Westbourne Plus. • Staff engagement: Focus groups • Public engagement: View seeking survey and groups • View seeking report • Case for Change report (data and view seeking) • Run concurrently and feed into Stage 5	**March – Nov 2022**
Stage 3. Engagement and View seeking • Staff engagement: Focus groups • Public engagement: View seeking survey and groups • View Seeking Report	**April – Oct 2022 (mid- August – end of Oct - 10 weeks timeframe)** **November 2022**

Stage 4. Case for Change • Case for Change report (data and view seeking) • Including initial financial assessment • Gateway approval (TIB/OSC/Cabinet)	**December 2022** **Jan 2023**
Stage 5. Co-Production, Design and Modelling • Vision and objectives agreed through co-production • Co-design of overarching Day Opportunities Model • Co- design a menu of support which enables the person to access a range of options in the wider, and their own communities • Co-design modelling and costing	**TBC**
Stage 6. Financial Modelling and Business Case • Financial modelling and full Business Case	**TBC**
Stage 7. Assurances and Approvals • Stakeholder Groups • Members • OSC and Cabinet • Council approval	**TBC**
Stage 8. Delivery and Implementation of approved approach	**TBC**

Transformation Integration Board Membership (Monthly meetings and reports as required)

- Director of Adult Social Services
- Director of Commissioning for People
- Interim Director of Adult Social Care Commissioning
- Head of Operations, Adult Social Care Services
- Director of Public Health
- Programme Manager, Programmes and Project Management
- Head of Transformation and Integration, Adult Social Care Commissioning
- Finance Manager, Financial Services

Project Board Membership (Meeting every 6 weeks with project highlight reports)

- Interim Director Adult Social Care Commissioning (Chair)
- Director of Operations, Adult Social Care (Deputy Chair)
- Head of Community Engagement
- Finance Manager, Financial Services
- Performance Manager, Commissioning and Improvement, People Services
- Head of Service, Access & Carers Services, Adult Social Care
- Head of Learning Disability, Mental Health Services and Preparing for Adulthood, Adult Social Care
- Interim Head of Strategic Commissioning for Disabilities
- Project Lead

Project Steering Group Membership (Meeting monthly with workstream reports)

- Quality and Assurance Team Manager - Commissioning
- Older People/Long Term Conditions/Carers – Commissioning
- Insight Manager, Legal, Democratic and Strategy Services
- Tricuro representatives Local Authority Trading Company
- Principal Social Worker
- Transport Manager
- Catering Manager

- Community Initiatives Manager
- Long Term Conditions - Operations
- Hospital Social Services Manager - Operations
- Autism Manager - Operations
- Learning Disabilities Manager- Operations
- Mental Health Manager - Operations
- Operational Team Manager, Preparing for Adulthood, ASC Services
- Preparing for Adulthood Pathways Co-ordinator, SEND
- Special Education Needs Department Commissioning Manager
- Direct Payments Manager
- Project Officer
- Project Lead (Chair)

Co-production Steering Group Membership (Meeting every two months to review updates from the steering group)

- Service user led organisations
    - Access Dorset/DOTS Disability
    - Carers representation
    - Chatterboxes
    - Community Action Network
    - Dorset Mental Health Forum
    - Dorset Race Equality Council
    - Faithworks Wessex
    - Healthwatch
    - Help and Care
    - People First Forum
    - Prama/PramaLife

- Tricuro Local Authority Trading Company

- All independent providers of day opportunities

- Dorset CCG (NHS Dorset as of 1/7/22) representation

- Other local authority representation including Dorset Council, Hampshire Council and Southampton City Council
- BCP Councillors Karen Rampton, Judes Butt, Laurence Fear and Jane Kelly
- Project Officer
- Project Lead

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Forward Plan – BCP Health and Adult Social Care Overview and Scrutiny Committee

Updated 15/07/2022

The following forward plan items are suggested as early priorities to the Health and Adult Social Care O&S Committee by the Chair and Vice-Chair, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
25 July 2022					
1. .	**111 and 111 First**	For the Committee to receive information on the 111 and 111 First service. Highlighted as an area for potential joint scrutiny.	Committee Report and presentation	Emma Wilson Head of Urgent and Emergency Care Dorset CCG	Requested by the Chair and Vice-Chair in consultation with the Corporate Director for Adult Social Care – May 2021.
2.	**Day Opportunities Strategy**	To seek views of the Committee on the engagement process with results coming back Winter 2022/23	Committee report	TBC	TBC
3.	**Carers Strategy**	To provide the Committee with an update following a tba informal briefing in June	Committee report	Jonathan O'Connell Director of ASC Commissioning (Interim).	Chair requested Cllr Fear be invited for this item

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
DATE to be allocated					
4.	**Adult Social Care Contact Centre**	To provide an update to the Committee to include details on the methodology Partners4Change	Committee Report	TBC	
5.	**Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service** That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted	The information provided will ensure that Councillors are aware of the proposals in this respect, and the views of the next stage of the process to be undertaken by the CCG.	Presentation and report.	Mark Harris, Head of Mental Health Dorset CCG Elaine Hurll, Principal Programme Lead for Mental Health at Dorset CCG	
6.	**Structural Review of Safeguarding Adult Board**	To ensure the Committee are informed of any changes to the arrangements.	Committee Report	Independent Chair of Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Autumn/Winter 2022
7.	**Liberty Protection Safeguards.**	For the Committee to be informed on the guidance provided and implementation of Liberty Protection Safeguards.	Committee Report.	David Vitty, Director of Adult Social Care	Awaiting implementation guidance.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
8.	**Dentistry Provision**	For members to receive an informative update on NHS dentistry provision.	TBC	TBC	Requested by Committee members at 8 March meeting.
9.	**Health services for people who are Homeless and Rough Sleeping**	For the Committee to scrutinise the health services available to people who are homeless and for a general update in the first Quarter of 2022.	Report.	Ben Tomlin, Housing Services Manager.	BCP's Draft Homelessness Strategy was considered by the Committee prior to its consideration at Cabinet in April 2021.
10.	**Access to GP practices and appointment waiting times**	TBC	Check with Healthwatch	TBC	TBC
11.	**Dorset Care Record Update**	TBC	Report?	Phil Hornsby, Director of Commissioning for People David Vitty, Director of Adult Social Services	Autumn 2022

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
12.	**Think Big Project update**	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Verbal update	Ashleigh Boreham, Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	Requested by Committee at their meeting on 27 September 2021.
13.	**Safeguarding Adults Board Annual Report (2022/23) and Business Plan (2022/23)** To receive an update on the progress of objectives in 2022-23 and the Board's Business Plan (2022-2023).	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan for 2022/2023. The item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult Safeguarding Board and consider any Committee training needs in this respect.	Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the Committee – November 2022.
14.	**Healthwatch Dorset Young Listener's**	The Committee will be updated on the progress of	Verbal update / report.	Louise Bate – Manager	Requested by Committee at their

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Project– Update on the implementation of recommendations	the recommendations within the Young Listener’s report.		Healthwatch Dorset.	meeting on 27 September 2021.
15.	**Bournemouth Birth Centre** To receive an informative update from the Director of Midwifery (University Hospitals Dorset).	To enable members to be updated on the changes to service during the pandemic and of the next steps.	TBC	Lorraine Tongue, Director of Midwifery, University Hospitals Dorset	
16.	**All-Age Autism Project**				Requested by the Chair at Committee in November 2021.
17.	**BCP Carers Strategy Update** To receive For the Committee to receive an update on the progress of the strategy.	To enable the Committee to monitor and input into the development of the strategy.	Report.	Emma Senior, Commissioning Manager: Prevention and Wellbeing. Tim Branson, Head of Access and Carers.	Requested by Committee at their meeting in November 2021.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
18.	**Joint scrutiny on 'substantial variations to health services'.** To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.		Report.	Karen Tompkins, Deputy-Head of Democratic Services.	Suggested by the Deputy-Head of Democratic Services for Committee's consideration.
19.	**Health and Wellbeing Board update** To receive an update on the role of the Health and Wellbeing Board and their current/recent main pieces of work.	The Committee will be updated on the work undertaken by the Health and Wellbeing Board.	Verbal update	Chair of the Health and Wellbeing Board.	Requested by Committee at their meeting on 27 September 2021. Autumn 2022? TBC

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
20.	**Tricuro update** To receive a report on the position of Tricuro in respect of the management and status of services provided on behalf of BCP Council, including quality improvement, safety and safeguarding.	The requested report will enable members to monitor and scrutinise the management and status of services provided by Tricuro	Report.	Phil Hornsby, Director of Commissioning for People. Commissioning BCP Graham Wilkin, Tricuro.	Requested by Committee at their meeting in March 2022.
21.	**Health Inequality report** For the Committee to receive a report on health inequality concerned with provision of health services.	For Members to be updated on the findings of the health inequalities group; following the progress of the ICS strategy.	Report.	Sam Crowe, Chief Executive of Public Health Dorset.	Requested by Committee at their meeting in March 2022.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
22.	**Home First Review Update** For the Committee to receive a report on the Home First system.	For the Committee to scrutinise the development and progress since implementation of the full Home First approach across the Dorset Integrated Care System.	Report.	Betty Butlin, Director of Operations Adult Social Care Services.	Requested by Committee at their meeting in March 2022.
Information Briefings **i.**					
Commissioned Work Work commissioned by the Committee (for example task and finish groups and working groups) is listed below: Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.					
23.	**The South West Ambulance Service Trust Improvement and Financial Investment Plan**	To enable Committee Members to scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service.	Possible joint scrutiny with Dorset Council.		
24.	**The implementation and performance of NHS Dorset Urgent Integrated Care Services**	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated	Possible Joint Scrutiny with Dorset Council.		

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Committee to agree enquiry session.	Care Services (April 2020, 1 year after implementation).			
25.	**External Scrutiny – Quality Accounts.**	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee membership changes since first arrangements.	Rapporteur model.	Elaine Stratman, Principal Officer Planning and Quality Assurance.	(Item has been postponed due to COVID19).

Update Items

The following items of information have been requested as updates to the Committee.

The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.

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