

## HOUSING & SOCIAL CARE SCRUTINY PANEL

Minutes of the meeting of the Housing & Social Care Scrutiny Panel held remotely on Friday 23 September 2022 at 1 pm

### Present

Councillor Kirsty Mellor (in the Chair)  
Stuart Brown  
Leo Madden  
Lynda Symes

Residents' Consortium representatives:  
Maria Cole  
Felicity Goodyear  
Sue Gordon

Andy Biddle - Director of Adult Social Care  
Clare Rachwal - Deputy Head of Service for Market Development and Community Engagement

#### 9. Apologies (AI 1)

Apologies for absence were received from Councillors Graham Heaney and Scott Payter-Harris.

#### 10. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

#### 11. Minutes of the previous meeting held on 24 March 2022 (AI 3)

**RESOLVED that the minutes of the meeting held on 24 March 2022 be agreed as a correct record.**

Councillor Mellor thanked Councillor Cal Corkery, the previous chair of the panel, panel members and officers for the review into "Procedures and performance of the council and housing associations in relation to response repairs and maintenance repairs and maintenance."

#### 12. Review into "The provision of breaks/respice for informal carers, particularly those who care for someone with dementia" (AI 4)

Andy Biddle explained that the data set from Skills for Care on recruitment and retention in the social care workforce was updated biannually. The overall national picture is available at the end of August or beginning of September with a more localised one around mid-October.

There are about 165,000 vacant posts in the UK care workforce (which at 1.79 million people is bigger than the NHS), an increase of about 55,000 from when figures were last measured in 2021. As well difficulties with recruitment and retention there is competition for staff from supermarkets and other employers. There are about 1.5 million people actually working in social care

and 17,900 organisations providing care. They are often smaller organisations such as care homes and domiciliary care providers. The wider range includes provision such as supported living, Extra Care, respite and day services. Most unfilled posts are in residential and nursing homes. It is particularly hard to fill qualified nursing posts; nurses are mostly employed in care and nursing homes.

In discussion and in response to questions from members and the Residents' Consortium representatives Ms Rachwal explained

Adult Social Care (ASC) works with carers who are children (young carers). Data only reflects paid carers and it is hard to establish data on young carers though it will improve as relevant questions are added to the school census. ASC has good links and working relationships with the Carers' Centre and young carers. Whole family approaches are used where appropriate. Councillor Mellor noted there were about 6 million unpaid carers who work more than 37 hours per week and welcomed the report. Caring can have a toll on carers' wellbeing.

Ms Rachwal said the NHS would "absolutely collapse" without unpaid carers. Care can be personal care, practical or emotional support. The Covid pandemic has had a huge impact and carers are doing more caring than before. Breaks for carers range from time out for themselves to providing replacement care while they are not providing care, for example, while a carer goes to their own medical appointments, or so they can have uninterrupted sleep to protect their long-term health. Often paid care such as domiciliary care or overnight nursing care would provide respite. They might need a longer break for an operation or to care for someone else. ASC would like carers to have a holiday as well as a break.

The challenges of the care market mean it is harder to secure replacement care. ASC can usually provide standard domiciliary care but this is not good enough for people with more complex conditions such as dementia. The local care market could not provide what ASC was looking for when they tried to block book beds.

Carers have legal parity of esteem under the 2014 Care Act and are entitled to a carer's assessment. Case law has shown that carers are entitled to breaks to meet their needs. The main national carers' charity says the lack of breaks for carers is a national issue with most unable to access breaks when needed.

Staffing and the range of provision is a problem not just with dementia. For example, a carer with a spouse with a complex mental health condition and children will need respite care that can look after both. There are Personal Assistants but it depends on the right one being available.

ASC supports carers in a joined-up way. When the breaks offer was first established it was quite generous. There is a one-off annual payment of £150 that can be put towards anything that constitutes a break, for example, equipment for a hobby, gym membership or going out for a coffee. The sitting

service provides up to six hours' respite per week (when carers go to someone's home) with no charge but this depends on having the right people. ASC has block purchased two respite beds in a local nursing home for planned overnight breaks (most homes will not take future bookings). However, this is not always the best setting for people with dementia. The Carers' Centre offers a range of activities such as peer support and time out.

In response to questions from Councillor Madden, Ms Rachwal explained that

There is a lot of variation across the country with regard to paying for and financial help for respite care. Some local authorities give a bigger one-off payment but less non-chargeable help. It is at least ten years since Portsmouth's one-off payment was reviewed and it has not kept up with inflation. Some carers just want some of the payment, not all of it.

Any financial provision for carers is agreed through a carer's assessment. In Portsmouth it is straightforward and there is no form to complete, just a conversation. ASC just need to understand what works well for the carer and what help is needed. However, ASC has to ask statutory questions, for example, if there are children in the home and what a carer can and cannot do.

The £150 one-off payment and sitting service are not financially assessed (they are not means tested). The one-off payment is provided via a pre-paid card. The cost of the sitting service is not capped. Six hours is how ASC work out what is reasonable in terms of replacement care. Most clients have a package of care as well to meet their needs. The six hours is often part of a patchwork of other support. Lots of people who self-fund their care can still access the six hours' sitting service support. The idea is that it is preventative to avoid carers being unable to cope.

The two respite beds are charged at the local authority rate in line with the financial assessment used for the provision of a package of care and other ASC services. It is still cheaper than if paying as a private client so there is a charge but not the full charge. The financial assessment takes into account someone's capital and income but a certain amount of income can be disregarded so it very much depends on individual circumstances. Some may pay directly but not many in Portsmouth do as there is a high level of deprivation. Officers can give a detailed explanation of what people may be charged and the bandings. Carer's Allowance is a continual issue and there have been public campaigns about it. Councillor Madden asked why carers were not always accessing benefits.

With regard to the significance of parity of esteem, prior to the Care Act carers could request a carer's assessment but it had no legal status. Carers had to request it and it was often tagged on to a client's assessment. Since the Care Act carers are entitled to the same level of assessment and support as clients. Previously a social worker could have said that a carer was providing care and advised them to continue even if they were struggling. Now ASC has to ask if the carer is willing and able so, for example, if a carer is not willing to provide personal care ASC has to provide help. Mr Biddle added that over

time there has gradually been greater recognition of informal carers. The 2022 Health & Care Act has a clause stipulating when discharging patients hospitals should work with informal carers. There are now more "musts" than "shoulds."

Councillor Madden suggested other local authorities' funding arrangements could be brought to a future meeting.

With regard to a register of unpaid carers and knowing how to contact them, Ms Rachwal said the Carers' Centre was quite well-established and is working with about 1,000 to 1,500 active informal carers. There are a lot of consultations though that can lead to "consultation fatigue." The Carers' Centre can target carers but the downside is targeting those who are not known to services. They could be reached by social media or word of mouth. ASC is trying to improve data. The vaccination programme used a flag to identify informal carers on the record system that is shared by ASC and primary care so visibility and data are improving. Ms Rachwal agreed that carers who need help the most are probably the hardest to contact. According to a recent survey about 93% informal carers have seen a GP but only 7% have been identified as carers. Health services have a greater part to play but awareness has improved, especially with greater integration of health and care.

Councillor Brown pointed out that carers do not exist in a vacuum so may be known through family, friends, neighbours and informal networks. Ms Rachwal said carers are also known via employers as many are working age. About a third of public sector staff are estimated to be carers. The Carers' Centre has used Zoom and Teams to hold virtual sessions with carers who may not be able to leave their homes. Carers can be reached via the Carers' Centre's newsletters, voluntary leader network, the Hive, Healthwatch and health services.

In response to a question from Maria Cole, Mr Biddle said that ASC considers fairly regularly the issue of training people so they can be a carer in the short-term to prevent delayed hospital discharges. However, there may be concerns with insurance and the capacity of the proposed carer. In the past some occupational therapists have helped provide safe care, for example, moving and handling. The point about delayed discharges is relevant as social care is often blamed for them. In Portsmouth there was a period in this calendar year when there was great difficulty in identifying domiciliary care and some people had to stay in care homes. At the moment ASC is managing to source enough care so delays are short but the point can be explored.

Felicity Goodyear said that sometimes there is a stigma on being and needing a carer. The perception needs to be worked on to make it less taboo to discuss. She asked where carers can get support where there is denial. Ms Rachwal said ASC tried to take the approach of asking "Do you look after someone? Do you help someone in your daily life?" and tried not to label people but it was very difficult. The Carers' Centre has just developed a quiz "Are you a carer?" National media has done much for carers but there has not been much coverage on carers who are family and friends. Many felt unseen,

even before the Covid pandemic, and that they are "the ghost in the room." If a broader range of professions is encouraged to ask if people look after someone and if they need help that will have a bigger impact. Maria Cole said some carers do not realise they are carers but if they do things like get someone out of bed and dressed that makes them a carer.

Mr Biddle said some carers might not want to be identified but there is a societal shift to more acknowledgement of carers. Employers need to understand their workforce's needs. There could be about 7,000 carers in Portsmouth and as employers make it easier to work more flexibly it will enable carers to be more easily identified when they combine caring with work. A Private Members' Bill on unpaid leave for carers is currently going through Parliament and a report recommending its adoption is going to the council's Cabinet on 27 September. About 50% council staff live and work in Portsmouth and as the council becomes more enlightened as an employer it makes it easier to support carers.

Councillor Madden hoped carers did not feel stigma and noted informal carers save billions of pounds. He also noted carers would have been having fewer breaks in the last couple of years. At the end of the day, it comes down to a question of money. He asked about extra demand and how carers can be supported in the future.

Ms Rachwal said it was tricky keeping up with the volume of carer's assessments. There are fewer carers but they are supported more intensively. In March 2021 the Carers' Centre opened up again but some services did not resume. While it was closed needs might have increased and there is a waiting list of about three weeks at the moment for an assessment which has not always been the case. Carers often approach the Carers' Centre at a low point. Replacement care is not too much of a problem but it depends on the care markets. It is not as bad as it could be but it is not ideal.

Mr Biddle said that as an authority Portsmouth could make services more accessible such as an evening out or a couple of days rather than a week away. The Portsmouth picture reflects the national picture. 500,000 million people have care and support needs and are waiting for support. An ADASS survey showed that 9% of local authorities felt they could meet their statutory duties. The care service is under strain. ASC can do tweaks rather than wholesale reform.

Prior to Covid the two respite beds were pretty fully booked. They did not admit people during Covid and now there is almost nil demand. Bookings have been slow to grow and are then cancelled because of illness or outbreaks of Covid or other viruses. They are sometimes used now for Continuing Healthcare admissions but they need reviewing. Figures on their usage could be provided.

The panel approved the scoping document, while noting that it was a flexible document.

The meeting concluded at 2.02 pm.

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Councillor Kirsty Mellor  
Chair