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## 1 Introduction from the Chairman, Cllr Mark Crosby

The Adult Services Housing Policy & Scrutiny Panel's (ASH) decision to hold an Enquiry into the impact that Covid-19 has had on the carer community in North Somerset - particularly amongst the many 'informal' and unpaid providers - was prompted by a number of issues.

Key among them was that the Council was already in the process of refreshing and refining its Carer's Strategy when the pandemic began to take hold. We already knew that the service was facing significant funding and market challenges even before Covid struck.

So when it happened - it applied an almighty stress-test to an already vulnerable structure.

But as time progressed, it also became increasingly apparent that the scale of its impact demanded a level of innovation, adaptability and sheer social-effort that that many of us had never experienced before. There was no book available called '*The Beginners Guide to Managing a Pandemic*' ... though I'm certain that we could write a pretty advanced version now!

Clearly, we all struggled - particularly at the beginning. But what we were also able to recognise was that the Covid -19 spotlight had begun to highlight some significant, emerging positives - often evolving from within our own communities - and that these had a key role to play in planning for the future.

It is fair to say that prior to Covid we could claim to have a pretty fair understanding of what we thought a 'carer' was - as defined by long experience of managing and supporting local needs. But the Pandemic presented us with a huge increase in the number of 'hidden' or unsupported, informal carers.

Many of them wouldn't even begin to describe themselves as carers - and were generally not known to the Council. They could be elderly or vulnerable people who suddenly found themselves tasked with looking after *other* frail family members. Or young people (even children) looking after parents or siblings. A great many residents also took on the role of caring for neighbours, friends and other individuals within the wider community.

What the pandemic showed us was that almost anybody could find themselves in a caring role and their need to know about available resources and advice - *and where to get it is critically important* - especially where situations arise that have the potential to take people beyond their abilities to cope.

On Tuesday 19th of November 2021, the ASH Panel held an Enquiry Day in order to better understand the impact that Covid-19 has had on the delivery of care-support throughout the pandemic.

The Enquiry was a live, face-to-face, day-long event held in the New Council Chamber in the Town Hall, Weston-super-Mare.

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The day began with an introductory speech by **Emily Holfhauzen OBE, the Director of Policy and Public Affairs for Carers UK**. The UK's largest charity for unpaid carers

Emily opened her speech by stating that:

*“Virtually overnight” Carers UK saw 4.5 million new carers. 2.8m of where ‘working’ carers.*

*70% took on more care at the beginning of the pandemic. By October it was 81%.*

*8 out of 10 reported that conditions for cared-for people had got worse.*

The Scrutiny Panel then heard four carers describe the extraordinary challenges and issues they faced in seeking information and guidance. It's important to note these were people who did not have long-cultivated experience in navigating the world of care-support services. Even less so during a pandemic.

Following that we heard testimony from a number of key service-providers including: **North Somerset Council's Single Point of Access Service, the Carers Support Alliance, the Alzheimer's Society, Curo Group, Healthwatch. Avon & Wiltshire Mental Health Partnership NHS Trust and University Hospitals Bristol and Weston NHS Foundation Trust.**

Each of them had 15 minutes in which to present a summary of their experiences throughout the pandemic - and their conclusions and aspirations for the future.

After a short break, the Panel hosted a round-table discussion with councillors representing a number of local town and parish council's **including Clevedon, Nailsea, Long Ashton, Winscombe and Sandford, Tickenham and Wraxall and Failand**. We asked them to identify their principal challenges and the steps they took to engage with their community. We also asked: on looking back, what were the actions taken by your council that made the greatest contribution towards delivering and sustaining the local support network.

Finally, we asked, looking forward, if needed - could you do it all again? We heard that the experience had placed a significant toll on individuals, particularly those at the centre, leading and coordinating the response, but reassuringly everyone said communities could and would rise to the challenge - albeit because they had no choice: it is what communities do in a crisis.

We received a huge amount of testimony from the participants as set out in this report and, having carefully considered the evidence, the Panel has set out a number of key conclusions and recommendations.

In concluding my introduction to this report, I would like to express my considerable thanks to the ASH Panel Members who participated in the Enquiry Day - and to the Council Officers whose efforts helped to compose the content of this report and its recommendations.

**Councillor Mark Crosby**  
**Chairman, Adult Services and Housing Policy & Scrutiny Panel**

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## 2 The case for scrutiny

### 2.1 Background

In early 2020 North Somerset Council's Adult Services and Housing Policy and Scrutiny Panel (ASH) were starting to consider how Councillors might contribute to the planned review and refresh of the Council's Carers' Strategy. The overwhelming onset of the Covid-19 epidemic in early spring that year initially stalled this work but it was nevertheless immediately clear that challenges already facing carers would intensify and come into much sharper focus as the pandemic gathered pace.

The initial planning for this piece of work commenced pre-lockdown and followed early discussions with senior Adult Social Care officers about where the Panel might focus its work in order to better inform the Council's Carers' Strategy. A key challenge identified at the outset was around the need to identify and support informal (unpaid) carers more effectively.

People can find themselves transitioning into a caring role (looking after family members, friends or neighbours) but may not perceive of themselves as carers or may choose not to be identified as such for a range of reasons. This "informal care" in the community is an important element of the Council's preventative Adult Care Vision (see section below) but for this care to be sustainable, those carers need to be adequately supported. A challenge for the Council is that, for reasons set out above, informal carers tend to be difficult to identify.

As a first step towards developing a scrutiny project that could inform and influence the development of the Carers' strategy, particularly in respect of the above, the Panel reviewed the relevant current contextual health and social care policies.

### 2.2 Policy context

**2.2.1 The Council's Adult Social Care Vision is "to promote wellbeing by helping people in North Somerset be as independent as possible for as long as possible"** In moving away from more traditional/institutional approaches to care and towards more flexible models that support people to live independent lives for as long as possible, the Council's vision aims to reduce numbers of people residing permanently in residential and nursing homes; numbers admitted to hospital; and reliance on homecare services. As part of delivering this vision, creative solutions in the community will be needed, building on, for instance, the Council's existing "Community Connect" approach.

**2.2.2 The wider health & social care policy context:** There are significant changes happening in the delivery of Health and Social Care nationally and locally. The development of new Integrated Care Partnerships are enabling collaboration across the healthcare, public health and social care system alongside the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and communities to deliver better outcomes for residents at place or locality level.

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The Council's new Health and Wellbeing strategy 2021- 2024 has also taken a strength and place-based place approach to tackling the impact of the wider determinants of health of our population, such as housing, education and employment. This recognises the impact that individuals, settings and places can have on positive health outcomes for residents by building on the strengths within communities.

The Empowering Communities Strategy adopted by the Council in 2021 helps these aspirations to be realised by building upon the skills and capacity within our communities that became much more visible during the pandemic. The strategy serves to support and enable community-led early help and seek to reduce the demand on or improve access to local services. It also provides us with a framework to enable the alignment of North Somerset Council and NHS commissioned services to support local activity.

## 2.3 Scoping the ASH Panel project

The arrival of the pandemic caused the Panel to re-focus the project, adjusting the scope to concentrate on the challenges facing carers as a result of Covid-19. Large numbers of people were suddenly finding themselves in informal caring roles, whether helping out an elderly relative, friends or neighbours with shopping and prescriptions, or stepping up to care for family members or friends where mainstream support systems weren't functioning as normal. Lockdown stress-tested existing adult care support structures to near breaking point but it also highlighted the positive ways that communities mobilised to support people when existing support systems broke down.

There was also a growing realisation that the pandemic had fundamentally changed the health and adult social care landscape into the foreseeable future and the Panel felt there were critical lessons for future policy development that needed to be learnt from this experience.

It was agreed therefore that the overarching aim of the Panel's project should be to seek to ensure that ***the forthcoming Carers Strategy recognises the impact of the pandemic on carers and considers how to meet their needs in a world where the Covid situation is changing but the virus and some degree of risk remains present in our lives.***

Specifically, the project would focus on:-

- understanding carers' needs as they emerge from lockdown,
- understanding how our public services, voluntary sector services, and communities are adapting to meet these needs as restrictions ease but some risks remain, and
- learning how these can better support carers as we enter a future with Covid still present in our lives.

Although Members recognised the many challenges faced by parents looking after disabled children and by young carers during the pandemic, it was agreed that, as

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the Panel's remit extended only to Adult Social Care Services, these were not within scope for this project.

In considering further scoping parameters, the Panel was mindful of-

- **the need to avoid thinking about carers in isolation** – carers and the cared-for sit within wider complex and multi-faceted systems, some elements of which, (eg most mental and physical health services, employment circumstances, and transport availability) have significant impacts on carers but over which the Council may have at best limited direct influence; and
- **the need for realism about current funding constraints** – having reviewed recent local and national research into the challenges facing carers it was recognised that some structural issues impacting the level of support for carers had emerged as a direct consequence of the decades of underfunding and national policy inertia in the Adult Social Care sector. It was hoped that in the longer-term, recent Government recognition of the need to better fund Adult Social care would lead to opportunities to address these. However, in the meantime, funding constraints remain a harsh reality for Councils, significantly constraining options for direct interventions much beyond the basic statutory service provision.

Although it is important to recognise and document the full range of concerns raised by carers and stakeholders, it was concluded that the recommendations from the report would need to concentrate on where the Council can realistically make a difference together with the recognition that solutions were likely to be found by working creatively in partnership with stakeholders and communities, maximising existing human and financial resource potential.

In considering how best to gather the evidence needed for this project and thereby better understand the core issues, the Panel took the view that the approach should be to arrange a formal hearing, inviting first-hand testimony from carers themselves, the voluntary sector and other key stakeholders in the district, including Parish and Town council representatives. To achieve this, the Panel decided to use the "Inquiry Day" model pioneered by a neighbouring Local Authority scrutiny committee and endorsed by the Centre for Governance and Scrutiny (CfGS).

The CfGS evaluated the Inquiry Day model in its report "Solving the Puzzle: How Scrutiny can add value to complex health and care challenges" (2016), as follows: :

*"Bringing together those with strategic oversight of services, frontline practitioners, providers, public voices and councillors helped everyone to understand the varied roles and responsibilities in the system and to identify potential to help address challenges that would not otherwise have been achieved... Involving councillors early in the development of proposals can help build the evidence base for decisions... Demonstrating this can help commissioners and providers avoid escalation of local concerns".*

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## 3 The Inquiry Day on 19<sup>th</sup> October 2021

Practical preparations for the Inquiry Day began in early summer 2021. The second national (Covid-19) lockdown had ended, and infection levels were at sufficiently low levels for the Panel to seriously consider holding the event as a physical in-person event in the Town Hall. Although meeting virtually was always an option should circumstance change, the Panel felt that the dynamics of a physical meeting lent themselves far more effectively to the Inquiry Day model.

As a first step the Panel identified and wrote to key stakeholders (appendix 1), setting out the aims of the event and inviting initial feedback on the proposed themes and arrangements. However, as the summer progressed, Covid-19 infection levels in the district began to increase alarmingly, causing a pause in preparations. Nevertheless, it was evident that by early September 2021 infection levels were stabilising and, following detailed advice from the Council's Health and Safety and Public Health teams about how to manage the event safely, the decision was taken to proceed with a physical meeting at the Town Hall in which all participants could attend in-person.

Taking into account stakeholder feedback and the welcome offer from some of those stakeholders to identify carers that would be willing to provide testimony on the day, arrangements were finalised and formal invitations issued, together with guidance on discussion themes and the meeting arrangements, in early October 2021 (appendix 2). All participants were fully briefed on the Council's Covid-19 protocols for meetings in Town Hall venues and compliance was monitored by officers on the day.

The Inquiry Day held was organised as follow: the morning section of the event comprised: -

- 3.1 **Keynote address** by Emily Holzhausen, Director of Policy and Public Affairs, Carers UK. She outlined the key impacts and challenges of Covid for carers together with some of the positives that had emerged. She also referred to ongoing Care UK campaigns around raising the profile; funding and investment in carers; and the needs of carers in employment.
- 3.2 **Session 2: Carers' Testimony** – the Panel heard accounts of their experiences from four carers, two of whom were identified by Carers Support Alliance (a service commissioned by the Council to provide a range of community-based support for unpaid carers Carers) and two of whom were identified by the Alzheimer's Society). It was recognised that the Town Hall setting could have been daunting for the participants and care was taken by all present to make the occasion as informal and welcoming as possible.
- 3.3 **Session 3: Stakeholder Testimony** - Members heard accounts from representatives from Healthwatch; the Alzheimer's Society; Carers Support Alliance; Community Connect (service commissioned from Curo by the Council providing information and advice to older residents); the Single Point

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of Access (SPA) service (provided by Sirona Care & Health to provide a central telephone service for those in need of Adult Social Services and healthcare services in their homes); Avon & Wiltshire Mental Health Partnership and University Hospitals Bristol & Weston. All stakeholders were briefed before the event, requesting that their representations focus on the following points: -

- What have been the main needs you've seen carers presenting with during the pandemic?
- What difference do you think your services have made for carers in the pandemic and what evidence do you have for this?
- What do you think are the gaps and challenges going forward and what leads you to think this?
- What are your aspirations/ plans for supporting carers going forward?
- What do you think the council and yourselves as partners should focus on to support carers in the refreshed and enhanced Carers Strategy?

The afternoon part of the meeting comprised: -

**3.4 Session 4: a roundtable discussion with representatives from the following Parish and Town Council representatives:** Clevedon, Nailsea, Long Ashton, Winscombe and Sandford, Tickenham and Wraxall and Failand.

A summary of the testimony is set out in section 4 below (a more detailed account of the testimony and discussion points together with the programme for the day can be found in the Inquiry Day notes in Appendix 2)

## 4 Testimony from the Inquiry Day

### 4.1 EVIDENCE FROM CARERS AND STAKEHOLDERS

- **Huge growth in Carers over Covid-19:** 4.5m new carers nationally (2.8m of whom were working carers. This spotlighted underlying issues with hidden or informal caring arrangements.
- **There needs to be more systematic identification of carers; coordinated across all different systems and services.**
- **Support for Carers in employment:** there were some positive developments mainly around much better awareness but lots of challenges remain: better carer provision in workplaces was needed.
- **Assessment delays:** these were significantly affected, particularly in the early lockdown phase of the pandemic. But more generally, carers felt they often needed to take the initiative in pressing for assessments.
- **Care package delays:** carers spoke about the delays getting cared-for out of hospital/care homes adding to uncertainty and distress due to visitor/access restrictions
- **Digital initiatives but also the digital divide;** Covid generated rapid innovation around the digital provision of services but some carers either had no access to, or struggled with, the technology.

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- **Feelings of Carer Loneliness & Isolation** – feelings of abandonment, particularly at start of Covid. Services and communications with carers were patchy going forward. Carers spoke of the loss of support groups, lack of counselling services or just a person to talk to.
- **Feeling undervalued** – even before covid, informal carers often referred to the need more recognition (they saw themselves as separate from/different to professional carers)
- **Emphasis on supporting Carer general physical and mental wellbeing and safeguarding** – stakeholders spoke of the need for better access to physical and emotional/mental health support. There was reference to concerns about safeguarding with reported increases in domestic violence during Covid-19.
- **Respite and day-care provision– lack of access/availability, and if it was available, there could be financial and transport challenges** – carers reported they had to pay for cover (couldn't leave cared-for unattended) and public transport often not available. References to how in the past the Crossroads service had provided a chargeable sitting service and day care (before Crossroads ceased to trade)
- **Advocacy, advice and Information** – health and social care needs tend to be very complex and multi-faceted. These services need to join up better and be more pro-active: better signposting and easier access to advice was needed. There were references to the Council website needing to be more user-friendly/ informative.
- **The need to avoid thinking about Carers in isolation** – so many external factors impact (eg Employment, Transport, GP/Healthcare access, Housing conditions etc). There was reference to the need to think more “holistically” with huge potential role for communities to support some of the wider needs of carers at grass roots level. Also reference to:
- **Opportunities at local/community level around social prescribing; and**
- **The role of the Council in enabling and coordinating local support** there was discussion around the need for a coordinating officer and a Councillor “Carers Champion” in seeking to ensure carer needs are taken into account across all Council and partner services

### 4.2 EVIDENCE FROM PARISH & TOWN COUNCILS (P&TCS)

- All reported initial widespread disruption to existing frameworks: They spoke of their immediate concerns about the most vulnerable in communities and recognition of the rapid need to support the establishment of a community response - but there was a spectrum of views about the Council's support for this as the situation developed with some feeling that the Council should have provided more logistical support and funding to P&TCs whilst others praised the Council's focus on enabling and supporting the development of community networks (see below).
- Some community groups sprang up independently but mostly were enabled or established by P&TCs. The level of P&TC support and wider



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engagement and understandable varied significantly (due to varying sizes, resources, and demographics).

- At the outset, some P&TCs felt relatively comfortable establishing/supporting these groups though some felt the NSC should have done more both logistically and financially. Others, however, pointedly praised the Council for its early role in encouraging and supporting the establishment of a community response network.
- What some felt the Council needed to focus was on the development on a more effective “infrastructure organisation” to better support community organisations.
- There was considerable evidence of innovative initiatives at local level eg “community buddies”, food bank/club initiatives, funding arrangements etc
- The representative from Nailsea, though emphasising this was not an official Town Council view, was particularly critical of North Somerset Council’s role during lockdown, saying that its planning for, and response to emergency situations needed to evolve urgently “as resident’s lives depend on it”, citing an incident involving a local resident. His conclusion was that *“Covid proved that the most effective crisis support services are those provided at local level due to their ability to grow and evolve quickly in fast changing situations”*

### Discussion points: -

- *“at the outset it was clear that the infrastructure to support community groups was struggling... Understanding the significance of those infrastructure organisations – with expertise and support: and networks with other infrastructure organisations - is critical. This is more developed in Bristol”*
- *“The Council should set up working groups with community groups to develop basic systems/infrastructure resources using mind mapping – formulated by Council and distributed locally: at least a basic framework and contacts.”*
- *“One of the things that worked well for us was the community buddy scheme. Aware of the rising cost to the Council of adult social care. The scheme allowed some that were struggling to stay in their own homes longer with potentially significant health and social care savings”*
- *“Moving forward, each P&TC needs to understand local needs in terms of delivery. People reach out through a number of routes (sometimes referred by North Somerset Together or from local sources). There was one common strand – the role of social prescriber. P&TCs need to work with social subscribers to help identify unique local needs.”*
- *It was clear that there was no single one-size-fits-all model: What is it we want from NS Council is more of an enabling role – working on the ground with diverse local groups to help ensure the right infrastructure for the community concerned.”*

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## 4.3 INITIAL CONCLUSIONS

At the completion of the testimony sessions, the Chairman invited the Director of Adult Social Services, the Weston Placemaking Manager and Parish and Town Council representatives to reflect on the evidence provided throughout the day, drawing any initial conclusions.

**4.3.1 The Director of Adult Social Services** - emphasised that the priority for Adult Services at the outset of the pandemic had been on supporting care providers, especially residential homes. There were significant shortages of PPE and the priority was sourcing this. She recognised of the ongoing lack of funding for the voluntary and community sector and whilst, whilst there were Covid grants for Adult Social Care, it was required that this funding be focussed on the key priorities at the time: around infection control and supporting a care sector facing significant risks around financial viability and staffing pressures.

On reflection, she said the Council could have done more to identify people not known to adult social care. Work was undertaken using Council tax records to identify older people living by themselves but there probably were gaps. One of the first things the Council was forced to cut during “austerity” was the funding for non-statutory community and voluntary services. When Covid-19 emerged, the Council was therefore starting from a low base, so the work undertaken by the Place Team on the establishment of NS Together and other services (eg wellbeing service), was a significant achievement in what were difficult circumstances for everyone.

She concluded that the purpose of this Inquiry Day was to listen and review. We need to learn lessons now in order to put in place a robust plan for going forward into a future likely to present us with similar challenges – it is not a case of “if” but “when”.

**4.3.2 The Weston Placemaking Manager (North Somerset Council)** - reflecting on the way that the local response evolved, he said it was quickly evident just how much knowledge and expertise was in the community (and not available in the Council at the time). There was much we can learn from that. The Council continues to work with Voluntary Acton North Somerset – as our infrastructure organisation. It is appropriate that they should lead on these issues. It was a challenge then as it is now and what is needed is to deliver appropriately and in a way that is scalable for different groups.

He also referred also to what was being developed in Summer last year and has become the Council’s “Empowering Communities Programme”. Taking this forward, The Council has now defined a broad strategic framework which begins with recognising that its primary role in this context was and remains an “enabler” – not least of which because of its limited capacity.

This also opens up interesting conversations about role of T&P Councils as enablers and as civic leaders (at next level down) and is a major element of how we are moving forward. What goes with that is a devolution of responsibilities, such that community organisations can respond appropriately.

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He also commented on a number of very specific issues around. For example, social prescribing, a key feature in current developments in the health system, and how we can support those in healthcare to deliver these: eg how buddy systems can be brought into the adult social care space. This is a dynamic programme of work and the testimony today is invaluable in working that programme up and ensuring we are well connected going forward.

### 4.3.3 P&TC representatives

- They referenced examples where top-down policies had led to failure including the government's food boxes and the GP prescription service – both would have better been managed by local communities.
- They welcomed the Council's recognition of the lack of support to the voluntary/community sector and that changes in approach to delivery and planning were happening.
- Information Technology was a huge challenge, evidenced by the differences in websites, funding, and availability across the P&T councils. Grants were available but only to support parish and town council infrastructure and the community organisations themselves also need to be included.
- Everything boiled down to lack of clarity about what available in the community. A mind map would work for everyone regarding services that were available.
- What needs to be different in future is that, in continuing to work together, the right service can be stepped-up when needed. The bit that is missing is access to an expert advisor – being ready to ensure those with expertise ready to provide support to those with less expertise at times of need.
- What had emerged was the overriding importance of informal networks. North Somerset Together was great but the underlying networks were critical – we need to encourage the building of informal networks.

## 5 Recommendations

Having considered all the evidence, and with the aim of supporting the development of the Council's Carers strategy and the delivery of the Council's vision for Adult Social Care, the Scrutiny Panel recommends the following: -

### 5.1 A "think carer" golden thread should be interwoven through all relevant Council and health and community partnership policies and activities.

Towards achieving this aim, the Council will need to dedicate sufficient and sustained officer time/resource in order to ensure that opportunities to enhance carers' support are promoted and realised as the Council and its partners move towards more place-based (community) models of delivering health and social care.

**5.2 There needs to be a Councillor "Carers Champion" – whose functions will include promoting, and oversight over, the "think carer" approach, both across all Council activities and with our partner organisations and communities.**

**5.3 That a review of the Council's website in regards to adult social care and specifically carers support be undertaken** - in order to enhance accessibility for carers seeking ongoing information and support. A number of participants during

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the Enquiry saw this as a key issue and concern. In many cases there was a view that the current 'information path' was difficult to navigate. Carer's gave testimony to suggest that in their experience finding the information they needed was "challenging" - and that this easily prompted additional frustration and concern, particularly among 1st-time users resulting in an increase in contacts to the Single Point of Access from carers at 'breaking point'.

### 5.4 Addressing gaps in carer wellbeing

Carers spoke about the emotional and physical impacts around feeling isolated, unrecognised, and inadequately supported. Other stakeholders spoke about safeguarding challenges around informal carers. Although these issues were exacerbated during the pandemic, national and local research shows that they predate Covid-19.

- **better provision of respite** – one of the consistent carer welfare-related themes raised during the Inquiry Day was around respite and day care facilities: the need for more of it; help with ancillary costs (including care cover and transport); and better signposting of the services where these were available. More thought needs to be given by the Council to addressing these.
- **community models of care** – in seeking to address these broader gaps in the wellbeing and safeguarding provision for informal carers in particular, the Panel recognises the importance of developing and promoting a community-based model of care.

The Council has invested in COMF (Covid-19) funding to support VANs to build VCSE capacity and work is also underway with Town and Parish Councils to develop place-based wellbeing partnerships under the Empowering Communities strategy and there are significant opportunities here to address many of these gaps going forward, particularly around identifying and supporting informal carers and the cared-for in the community. However, in informing that work from an adult social care perspective, focus and attention is needed now in identifying what additional services and means of communication are needed to attract the attention of informal and unpaid carers, particularly amongst more difficult-to-reach groups and individuals.

To that end, the Panel proposes the composition of a community model "blueprint", to inform ongoing and future engagement with community partners and other stakeholders This would explore specific and practical ways in which communities might actively engage with Adult Social Care and other health and social care providers in the provision of support for carers and the cared-for.

**Appendices** To be added here