OXFORDSHIRE COUNTY COUNCIL

NHS Oxfordshire Clinical Commissioning Group

Joint Consultation

Oxfordshire Carers' Strategy and Carers' Personal Budgets

Consultation Report

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1.1 Introduction

This Consultation report is for carers, cared for people, other stakeholders, Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group. It will be available on the consultation portal (need link web address for hard copy versions) and also as a hard copy on request.

The purpose of this engagement report is to give an overview of the activities and various means by which Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group reached out to carers and other interested people, to tell them about the joint consultation called the Oxfordshire Carers' Strategy and Carers' Personal Budgets Consultation.

The consultation ran from 22 August to 28 November 2016 and was initiated by Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group.

We used as many opportunities and ways as possible to give people the chance to have their say and give us feedback. The numbers of people at the workshops were few but the quality of the discussions and the feedback gave us a real insight as to what is important to carers. We also really appreciated the efforts of those people who took the time to email us, send us a letter, wrote a narrative, or gave us a statement or feedback, on behalf of a group of people.

All of these viewpoints have been included and considered by officers, along with the feedback gathered from carers, professionals and other interested parties at the various events, activities and survey or questionnaire opportunities. All feedback will inform the decision making by Oxfordshire Clinical Commissioning Group and by Oxfordshire County Council at the cabinet meeting on 24th January 2017 and then finally at the Full Council meeting on 14th February 2017.

Thank you

We would like to thank everyone who took the time to participate in the consultation and give us feedback. The quality and depth of the responses received shows how passionate people feel about carers' services.

1.2 Why was this consultation needed?

The Oxfordshire Carers' Strategy is a document about our priorities for carers' support and the outcomes we want to achieve for carers of all ages. It also gives an overview of how we are supporting carers in Oxfordshire.

The Oxfordshire Carers' Strategy has been updated for the period 2017-2020, and so Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group have consulted carers, families and other interested stakeholders on the strategy.

Oxfordshire County Council continues to face significant financial pressures and in February 2016, the council agreed the overall budget for the year 2015/16, which included savings related to carers' support and carers' personal budgets.

Therefore, in addition, to the strategy, the consultation includes different options for carers' personal budgets because we want to know from carers and their families what type of support would help them to sustain their caring role. This will help us to find the best way of spending the funding available to meet the needs of as many carers as possible.

The information received will help us to know how best to support carers in the future and ensure that we can prioritise resources where they have the biggest impact.

1.3 How did we tell people about the consultation?

- ✓ By putting an item in the Care Matters magazine which goes out to 15,000 carers
- ✓ Carers' Oxfordshire website and emails via the Carers' Voice network
- ✓ Fortnightly inclusion notice in Talking Health newsletter, and GP Bulletin
- ✓ Notification to OCC staff via Adult Social Care Weekly Round-Up newsletter
- ✓ Oxfordshire County Council website and consultation portal
- ✓ Links from Oxfordshire Clinical Commissioning Group consultation portal to other networks
- ✓ Flyers and mail out to 100+ Carer Support Groups
- ✓ Advertising flyer and information in the 43 Oxfordshire libraries
- ✓ Age UK Oxfordshire's autumn newsletter

1.4 How did we get people's feedback?

- A questionnaire together with supporting information was made available on the Oxfordshire County Council website with links to the questionnaire also being made available from the Oxfordshire Clinical Commissioning Group online portal.
- Hard copies of the questionnaire and supporting information was provided to Carers Oxfordshire and Age UK Oxfordshire for distribution as appropriate
- The hard copy information was also held in the 43 libraries across Oxfordshire
- Emails and letters telling people about the consultation were sent to over 100 Carer Support Groups across the county. Carer Support Groups were offered focus group packs if they wished to use one of their regular Carer Support Group meetings to have a discussion about the consultation
- We held a provider workshop and three carer workshops in Didcot, Banbury and Oxford
- We had a stall at both the Talking Care Conference and the Caring Matters Conference so that people could pick up hard copies of the questionnaire and ask questions to get clarification
- Kate Terroni, Director of Adult Services at Oxfordshire County Council, Benedict Leigh, Lead Commissioner for Adults, and Deborah Parkhouse, Unit Manager, Young Carers Team gave presentations at the Caring Matters Conference and Benedict also held a workshop at that event.

1.5 What responses have we had?

- 26 hard copy questionnaires received
- 25 online questionnaires completed
- 2 narratives received
- 1 statement from the Trustees of Action for Carers (Oxfordshire)
- 1 letter from South and Vale Carers Centre
- 1 feedback form from Goring Carer Support Group
- An 8 page submission from Carers' Voice

Please see appendix 1 and 2 for feedback from the workshops, carer support groups and responses to the questionnaire

Please see appendix 3 for a summary of the public engagement undertaken

… and from whom?

In the About you… section at the end of the questionnaire, we asked people to tell us a bit about themselves so that we knew who we were hearing from. Out of the 51 questionnaires which were completed, 48 people were prepared to answer some or all of the demographic questions which was a 94% return.

- This comprised 31 carers, 8 interested people, 6 service providers or professionals and 3 people chose not to answer
- 21 carers had received a personal budget and 12 people hadn't received a personal budget. (7 respondents registered as not applicable, 7 respondents gave no answer and 1 person preferred not to say).
- 31 females and 13 males responded to the questionnaire, 1 person preferred not to say and 3 people gave no response.
- The people who indicated their age range were as follows: no-one under the age of 35, 1 person aged between 35 and 44, in the age ranges 45-54 and 55-64 there were 8 people in each group 16 people in the 65-74 age range, 11 people in the 75-84 age range,. There was 1 person who was aged 85+
- 36 people said they were married, 1 person was single, 1 person was cohabiting, 1 person was divorced and 1 person had been widowed. 6 people left the question blank.
- People's ethnic group or background resulted in 38 people saying White British, 1 person saying Irish, 1 person saying humanitarian and 8 people declined to give an answer.

Please see appendix 4 for full demographic data

1.6 Key Messages

1. A key message was 'one size doesn't fit all' which applied to how people access information and guidance and how they want to be supported. Many carers use a variety of means e.g. Carers' Oxfordshire, Age UK Oxfordshire, Carers UK and government websites to get information and guidance. It would be beneficial if there was parity and joined up thinking between the range of information and guidance available, our local strategy and the national strategy.

2. There is wide recognition of how well Oxfordshire County Council and the Oxfordshire Clinical Commissioning Group have supported carers over the years but carers do not feel as valued as they used to be. Carers see themselves as experts by experience and wish to be respected for the knowledge they have and skill they evidence on a daily basis for their cared for person.

3. Carers told us that the identification of carers was very important with many people suggesting that there should be a register of carers although some people don't like being the label of carer. Carers also told us that the range of terminologies used by different agencies, including use of the name 'personal budgets' causes confusion.

4. Mental health for all carers including young carers is a big concern. Loneliness, being overwhelmed by one's individual situation and depression, all add to the weight of responsibility in caring for someone. Carers are feeling the strain of caring in this modern world and are concerned that a lack of respite will send more families to breaking point. Carers also feel vulnerable, partly because they are worried about the ability of agencies to deliver the priorities.

5. Respondents said the three priorities in the Oxfordshire Carers' Strategy are broadly right although there is concern at the ability of services to deliver against them. Outcomes are difficult to identify for carers, and even harder for services to measure them.

6. Carers agreed that it was right not to charge for carers' services although 2 respondents said charging for services would be acceptable to them. Carers also told us that the award of a personal budget helps carers to feel valued.

7. Carers personal budgets – options 1 and 2 were the preferred options for carers

    i. 14 people preferred option 1 with 11 people preferring it as their least preferred option
    ii. 24 people preferred option 2 with 7 people marking it their least preferred option
    iii. 10 people said that Option 3 was their preferred option but 26 people said that option 3 was their least preferred option. (This was the contingency fund with support for dementia services and the preferred choice of Oxfordshire County Council)

Appendices

Appendix 1

What did people tell us at the workshops and from the carer support groups?

a) The strategy and the priorities

- Broad support for the 3 priorities and the reduction from the previous 7
- Changes to the wording in the priorities would be helpful e.g. a number of people didn't understand what was meant by 'transition and change'
- Delivery of priorities was seen as a key aspect
- Some people feel that certain groups of carers (like elderly carers) have been missed off and should be referenced
- Alignment with national carers' strategy required
- The refreshed strategy seems more a statement of intent

b) Carers' health and wellbeing

- Getting respite is almost impossible and is a big concern for carers and cared for people
- Loneliness and a feeling that you are on your own as a carer
- Carers not coping and buckling under the strain of caring (not eating properly)
- If a cared for person has worries about the service they are receiving this impacts on the carers' wellbeing
- There is a general perception that you have to get to crisis point to get help
- Elderly carers caring for each other are under increasing strain to manage and need much more targeted help
- There is a big gap when a cared for person has mental health issues as this has a big impact on carers' health and wellbeing
- All carers are at risk of mental health problems
- Young carers can become depressed and overwhelmed by their situation
- Wellbeing breaks were seen as important for carers

c) Identification

- Identification of carers was seen as key especially within existing non-carer specific services across health (including GPs) and social care, voluntary and community sector etc. This needs to be reinforced within the strategy
- Supporting/enabling carers to self-identify is a gap within the strategy
- Services need to be carer aware (especially young carers)
- The identification of carers is difficult as carers don't like the label of carer, they prefer to say that they give support and care to someone
- A number of people thought that a register of carers is required (this could include the siblings of a cared for person if wished)
- GPs find it hard to know what support to offer if carers haven't told them they are a carer
- There is a difficulty in identifying and supporting vulnerable/hard to reach carers

d) Information

- Making information easier and quicker to get when in crisis
- Carers worry a lot about their own financial situation and would like more advice specific to their own circumstances
- There is a lack of confidence in the Dementia Information Service and the 111 service and a feeling of "getting pushed from pillar to post"

e) Working together

- Good practice within Oxfordshire – Young Carers' Champions within services (work being led and developed by the Young Carers Service) is working well and a good model to use
- Carers' training already within Oxford Health is mandatory for staff starting in October 2016 and there is work to develop a Carers Charter across Health and OCC which could support the process
- More training for carers is required especially for informal carers of people living with dementia
- A more tolerant society is needed to help people access inclusive leisure opportunities – there are some good initiatives going on in some communities
- Carers Oxfordshire are spending a lot of time helping carers because Oxfordshire County Council is less able to do so
- There needs to be more awareness of what employers can do to help working carers

f) Support for carers and valuing carers

- More support needed for young carers, elderly carers and others who may get overlooked. Valuing carers – how do you measure the value of a carer?
- Carers should be helped to produce care plans

g) Personal Budgets

- Frustration over being awarded a personal budget and not being able to use it
- Carers not that keen on the contingency fund option
- Rename personal budgets to carers budget

h) Processes and procedures

- Carers assessments difficult to navigate
- Much confusion around personal budgets
- Concern that support plans will disappear
- Lack of detail around eligibility criteria and difficult to understand
- It is difficult for carers to describe the outcomes they are supposed to identify
- There are differences of opinion on the measuring of outcomes for young carers as the focus seems to be mainly on GCSE results

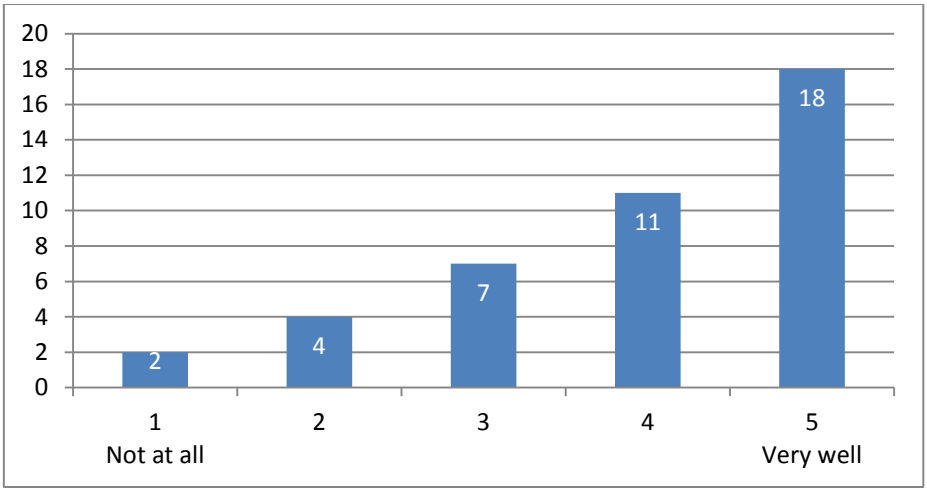
Appendix 2

What does everyone's responses to the questions tell us?

Part 1 – Oxfordshire Carers' Strategy

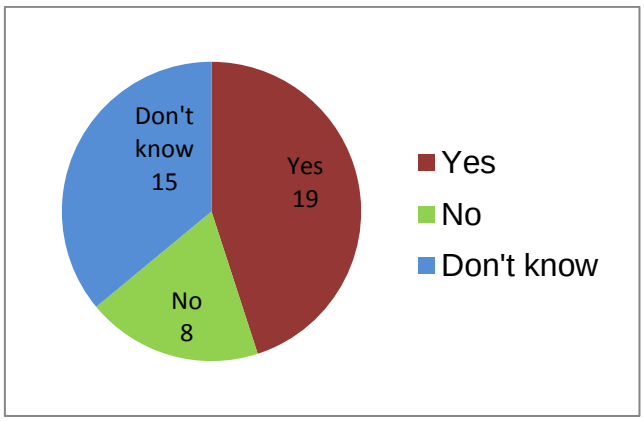
Q1: How well do you think that Priority 1 reflects the needs and concerns of carers?

Priority 1: To identify carers and effectively support them, improving their health and wellbeing and providing opportunities for a break from their caring role



The results show that 36 people scored this midway to high with 6 people scoring at the lower end of the scale.

Q2: Have we missed anything?

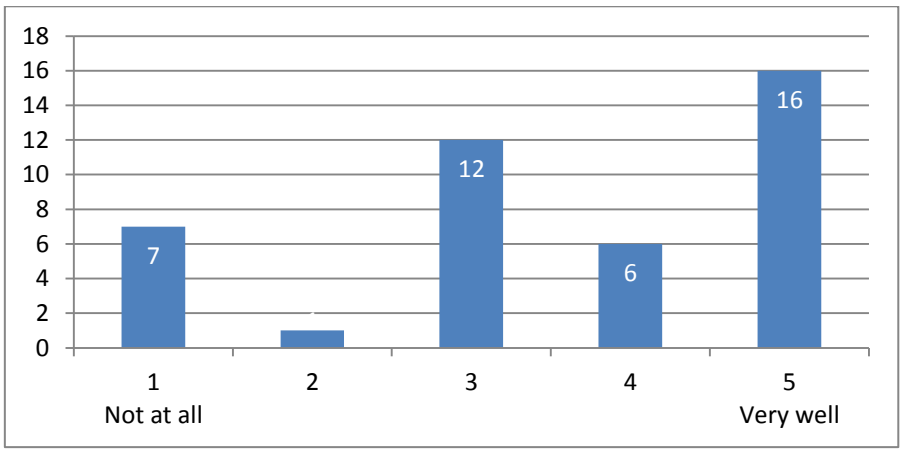


Only 8 people thought that there was nothing missing in priority one. 19 people thought that there was more that should be done and 15 people replied don't know which taken in context with the free text replies seems to indicate that they are unsure about their evolving situation.

- Comments range from "the overall priorities are fine, and it is right that the priority number one is to identify carers and effectively support them".
- Another person agreed that they were the "right ones but said that their concern was around the outcomes and measurement".
- However, others thought that the priorities are "aspirational" and that they "promise much" but are they deliverable?
- There was also recognition that "true partnership working with all stakeholders is needed to deliver" [the various elements] and that "the statement that carers will be recognised as partners by health and social care, should also include a statement that carers bring expert knowledge of their relatives to the partnership and that this expertise should be valued and recognised".
- There were a number of comments around older people and carers not being able to access information via the internet although it is obvious from other comments that this does not apply to everyone.
- The identification of carers, and support for carers, are big areas of concern.
- Comments were also made around carers' wellbeing if they were worried about their cared for person and the strain of caring without a break.
- There were also worries about finances and needing advice for their own situations.

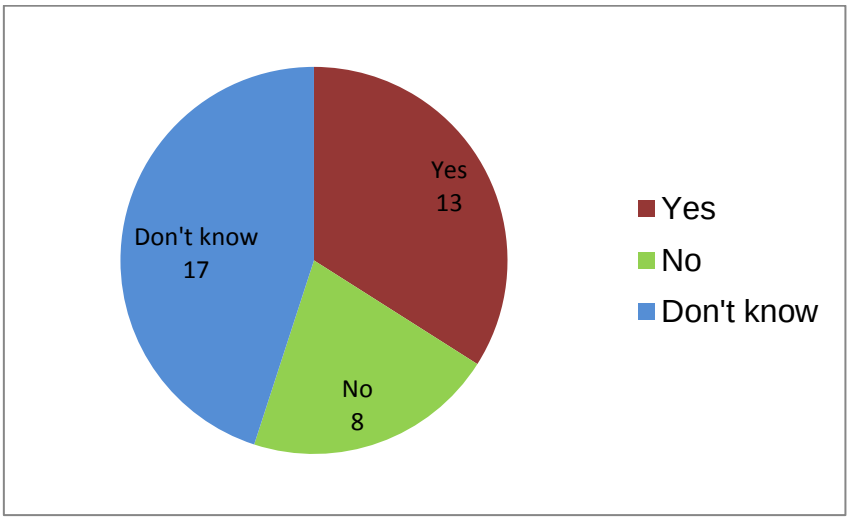
Q3: How well do you think that Priority 2 reflects the needs and concerns of carers?

Priority 2: To safeguard the most vulnerable carers who need more support to look after themselves, particularly during times of change and transition



Whilst 34 people were in the 3 to 5 scoring category meaning the priority does reflect the needs and concerns of carers well, 7 people thought that the priority didn't do this at all.

Q4: Have we missed anything?

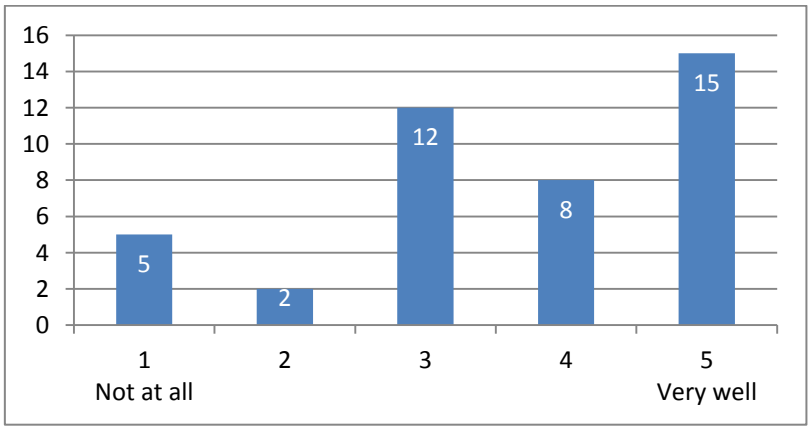


With regards whether anything has been missed from priority two, 13 people said yes, 17 people said they didn't know and only 8 people thought that there wasn't anything missing. Some of the comments around what was missing were:

- How to identify vulnerable carers and who does this identification?
- Different processes are needed to identify carers and there was a suggestion to introduce a Carers' Register?
- A one-stop shop is needed via internet and phone, not just web-based
- Longer term support needed
- Too many agencies involved

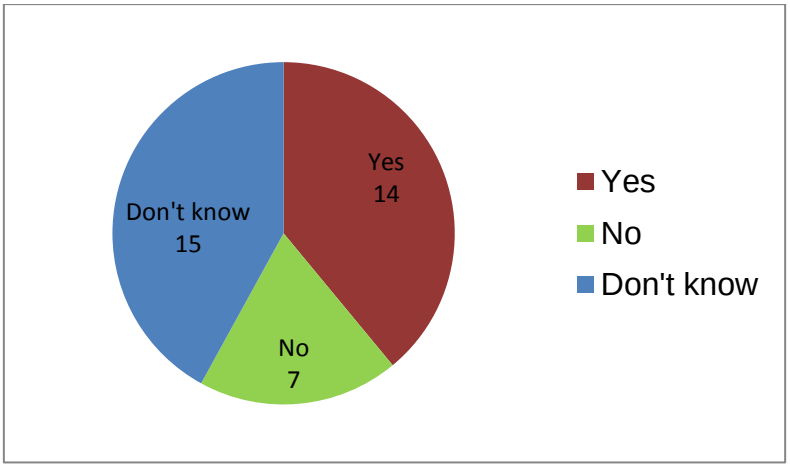
Q5: How well do you think that Priority 3 reflects the needs and concerns of carers?

> **Priority 3:** To encourage and enable carers to have an active life outside their caring role, including fulfilling their education, employment and training potential



35 respondents scored this in the 3 to 5 range whilst 5 respondents thought not at all.

Q6: Have we missed anything?

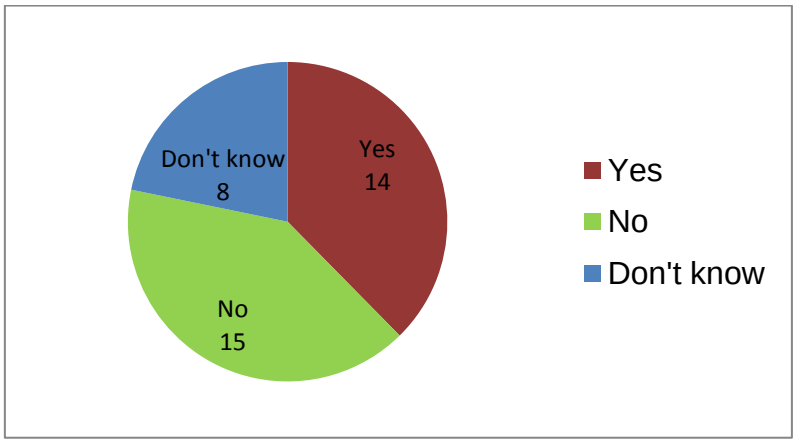


In a similar manner to earlier patterns of scoring 14 people said yes things had been missed from priority three, whilst 15 people said they didn't know and only 7 people were sure nothing had been missed.

- Priority is admirable but unattainable; much more support needed for the cared for
- Strategy needs to enable carers to have an active role outside of caring responsibilities

- This is a 'get-out' clause offering no real support to the vulnerable
- Employers should recognise carers need support through their careers

Q7: We hope that these are the right outcomes for carers – have we missed anything?



The outcomes for carers had a slightly higher number of people saying that the outcomes were the right outcomes for carers and that nothing was missing. However, 14 people still thought there were some things missing and 8 people didn't know.

There were a range of comments saying what people believe had been missed and these comments focussed on specific groups such as young carers, or valuing carers, or the practical support that carers need such as in an emergency.

- Carers' mental health to be given the same priority as physical health
- Carers need appropriate support as individuals
- Carers being respected as experts (expert partners)
- Lessons learned – monitoring what works well
- No detail around how young carers will be supported to achieve full attendance and engagement in education
- No detail of what is proposed to help young adult carers into further education / employment
- Measuring attainment (GCSEs) won't indicate if young carers are being well supported
- A target is needed to show how many schools have adopted and achieved the gold standard
- Case worker or key person needed for carers to feel supported – someone to go to in an emergency
- Continuity of care for the cared for person – this does not happen within current services including the Carers Emergency Support Service

Q8: What support do you feel is most important for you in your caring role? People were asked to rank their answers on a scale of 1 – 11

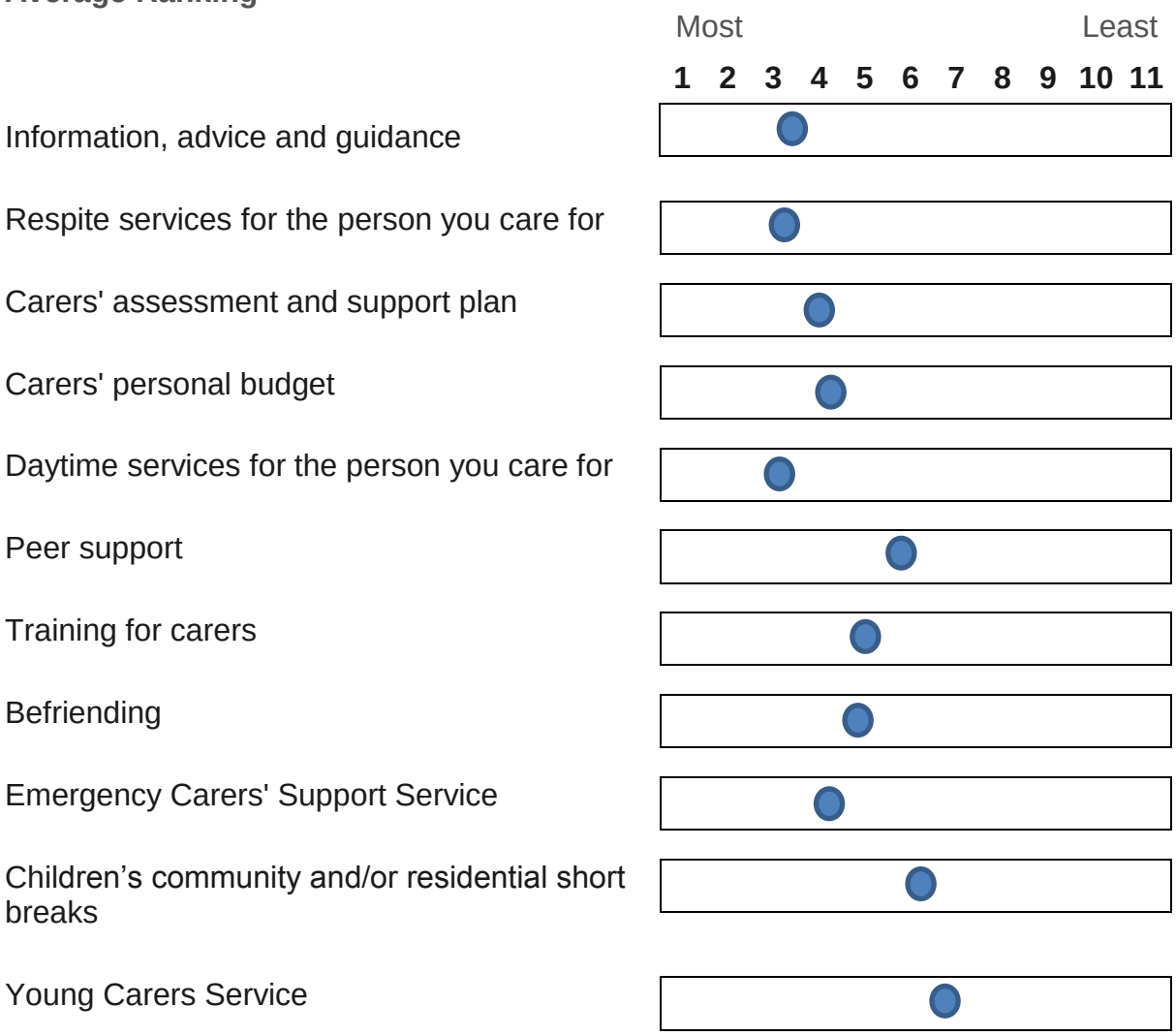
Ranking:

1 = most important 11 = least important	1	2	3	4	5	6	7	8	9	10	11	No answer	Total
Information, advice and guidance	16	5	4	1	4	6	1	1	1	0	1	8	48
Respite services for the person you care for	21	5	2	3	2	2	1	2	0	0	3	7	48
Carers' assessment & support plan	13	7	4	1	4	1	1	1	1	2	3	10	48
Carers' personal budget	10	4	4	6	2	1	3	0	4	1	2	11	48
Daytime services for the person you care for	17	6	2	5	3	2	1	2	0	1	1	8	48
Peer support	4	3	2	4	4	5	4	4	2	1	3	12	48
Training for carers	5	7	1	2	5	2	2	9	2	0	3	10	48
Befriending	5	7	4	4	1	4	1	5	4	2	1	10	48
Emergency Carers' Support Service	12	5	4	3	5	1	4	2	2	1	1	8	48
Children's community and/or residential short breaks	7	1	2	2	4	1	0	0	2	5	5	19	48
Young Carers Service	7	0	1	3	2	1	1	1	1	4	8	19	48

The table above indicates the ranking positions for the various elements of support e.g. 16 people ranked information, guidance and support with a 1, meaning that this aspect was the most important to them.

The following page contains a table showing the average ranking taken from all of the responses to each of the 11 topics about support, which carers feel is most important to them in their caring role.

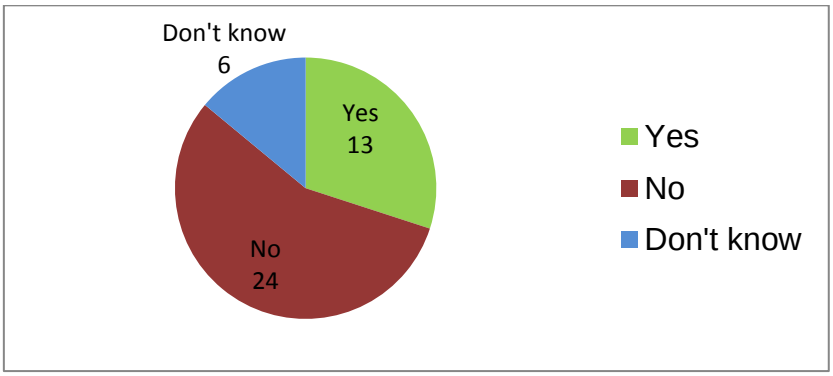
Average Ranking



Top Three

Daytime support services for the cared for person, respite services and information and guidance are the top three choices given by carers as being the most important to them in their caring role. The lower average scores for children's community and/or residential short breaks and the Young Carers Service are likely to be because there were no respondents to the question from anyone under the age of 35 years old.

Q9: Do you think the services and support provided for carers in Oxfordshire meets carers' needs?



The responses to this question showed that 24 people don't think that the services and support provided to carers meets their needs. 6 people weren't sure which taken in context with the free text replies they submitted sometimes seems to indicate that a situation feels worrying to them but 13 people thought the services and support did meet carers' needs.

When people were given the chance to say what they thought was needed, there was a wide range of answers including:

- Massive gap in the provision of respite care
- Many voluntary short term support services are available but not true respite
- Too reactive - carers have little free time to look for help
- Volunteers to be trained in dementia support
- Support and information is still very difficult to access
- High quality active support is needed
- Long waiting lists due to severe staffing shortages
- Services are stretched far too thinly to take on unexpected needs
- Respite breaks are not long enough, respite needs to be timely
- Emergency Carers Service needs to be able to meet all caring needs
- Core short breaks are too prescriptive
- Providing high quality, timely care for the cared for person, with day care and respite available when needed
- Achieve outcomes across all services with evidence of joined up services and partnership working
- Access to information and good communication
- Help at hand – know to ask and where to obtain the help
- Good support for person being cared for
- Continuity of carers coming to the house. Need to get to know the person.
- Good palliative care with timely referrals
- Continuity of services without "cases" closing – e.g. Occupational Therapy always closing cases, so have to re-refer
- Time off enables many carers to maintain their caring role. Daytime services are vital in providing this

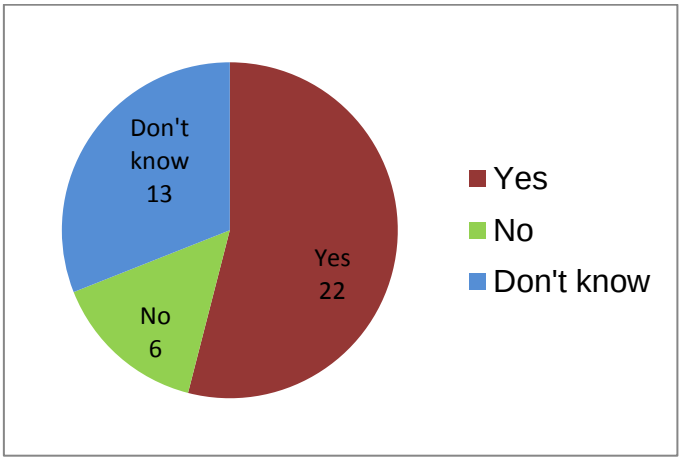
- Home is best and many carers want to care at home but the carer needs support to be able to keep caring

Q10: What does good support for carers look like and how would you suggest we measure this?

There was a good response to this question with carers, professionals, providers and other interested people offering a wide range of suggestions.

- Identifying young carers in school to offer them academic and emotional support
- Good support would be practical hands-on for individual need
- Good support looks different for every carer
- Good support needs are well expressed on 'Talking Point' (Alzheimer's Society)
- Annual GP check-ups, assessments & support plans (adequately recorded)
- Proper funding of carers services and respite and long term guarantees that services will remain
- Carers groups and peer support
- Carers' individual circumstances are important, not all given same support e.g. there are many different forms of dementia
- Good communication and sharing information across services
- Easier access to respite breaks and sitting services

Q11: Is there anything missing from the services and support currently provided for carers?



22 people said there were things missing from the services and support currently provided for carers. 13 people weren't sure about this aspect and 6 people said no, there wasn't anything missing. The following gaps were identified:

- Biggest gap is appropriate respite care
- A number of people wished there could be a case worker allocated for each person [carer]

- Muddled services - not clear where to go. This was a common theme about the difficulties of getting advice, information, support or emergency care
- "Care provided needs to be JOINED UP"
- If the cared for person has access to the day-care support and respite care needed, the carer is more likely to be able to carry on
- If support is taken away the carer may well be forced to give up their caring role

Part 2 – Carers' Personal Budgets

Q1: What do you think about the recommendation <u>not</u> to introduce charges for carers' services?

This was a free text box inviting comment and the respondents said:

- The only option to take
- Charges would be unacceptable
- Never charge for carers' services
- The extra expense is likely to put off carers asking for help
- Fewer people would use the service if charged
- Carers save OCC huge amounts of money
- Carers already save the state millions
- Initial contact free but charge for more complex support
- Adding financial stress to caring role would seem like a 'penalty'
- OCC decision is admirable and enhances their high regard for carers
- Charging would push many carers 'over the edge'
- Administration could wipe out any savings made
- Would be acceptable

The following three options are the proposed options for carers' personal budgets

<u>Option 1</u>

- Introduce a **single personal budget payment of £300** for eligible carers, jointly and equally funded by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group (i.e. £150 from each organisation) and set at the eligibility level for the current £200 payment)

Q2: Please tell us what you think of this option?

- Don't like personal budgets name – grants would be better
- Identification of carers crucial
- Carers encouraged more to apply for grants

- Personal budgets can be a life-saver and should not be abolished. Carers may use them to gain a break from their role at home: this is not easily achievable if they cannot afford replacement care
- Availability of appropriate care is the main issue
- This is a better option to include more carers
- Agree that funding should be shared
- 50% cut for those who need the grant the most
- £300 is not enough
- Don't agree but would support it if option 2 not agreed
- Don't agree with Personal Budgets for carers – any money offered should be directly related to respite care
- £300 is not enough to make respite holiday possible
- Many carers will have never heard of carers' grants, hence last year's underspend
- Does not specify if one-off payment or annual
- Not the best option
- £400 would be a more useful amount for this option
- Completely unfair to cut back so much from carers who give so much
- Devaluing what carers do
- Very straightforward recommendation
- I don't feel I need a budget – the cared for person's budget should include sufficient to allow carer support
- Too little money to use for a break or to join a group
- Not this option
- Pretty fair
- A very useful amount
- Best of a poor bunch of options
- Grants need to be more equal for everyone
- Miserly
- Some people really need this money to help their wellbeing, others not
- This option could benefit more people

Option 2

Introduce 2 (instead of the current 3) levels of personal budget payment:

i. **£200**, funded by Oxfordshire County Council and set at the same eligibility level as the current £200 payment;
ii. **£500**, jointly and equally funded by Oxfordshire Clinical Commissioning Group and Oxfordshire County Council (i.e. £250 from each organisation) and set at the eligibility level for the current £400 payment

Q3: Please tell us what you think of this option?

- This is my preferred option
- This won't save OCC money as many more carers will be eligible for the £200 grant which is not shared with OCCG
- More cuts

- Stop dual payment levels as carers feel 'hard done by' if they receive less than the current £600
- £600 is a lifeline to some, so this will be a shock
- [This] option will answer my needs more
- Is this one off or paid annually?
- Best option but not enough
- Best of the three options
- Good option
- At least £400 per year for carers
- £500 option
- Preferred choice as the money will go to where it should
- Conflict between OCCG and OCC agreeing grant criteria?
- Slightly less miserly
- Seems complicated
- Not sure how this would work

Option 3

Stop providing personal budgets to carers who have eligible needs following a carers' assessment. Instead, use the available budget to:

i. Establish a 'contingency fund' of £100,000 to meet eligible carers' specific needs which cannot be met by the 'core' carers' services

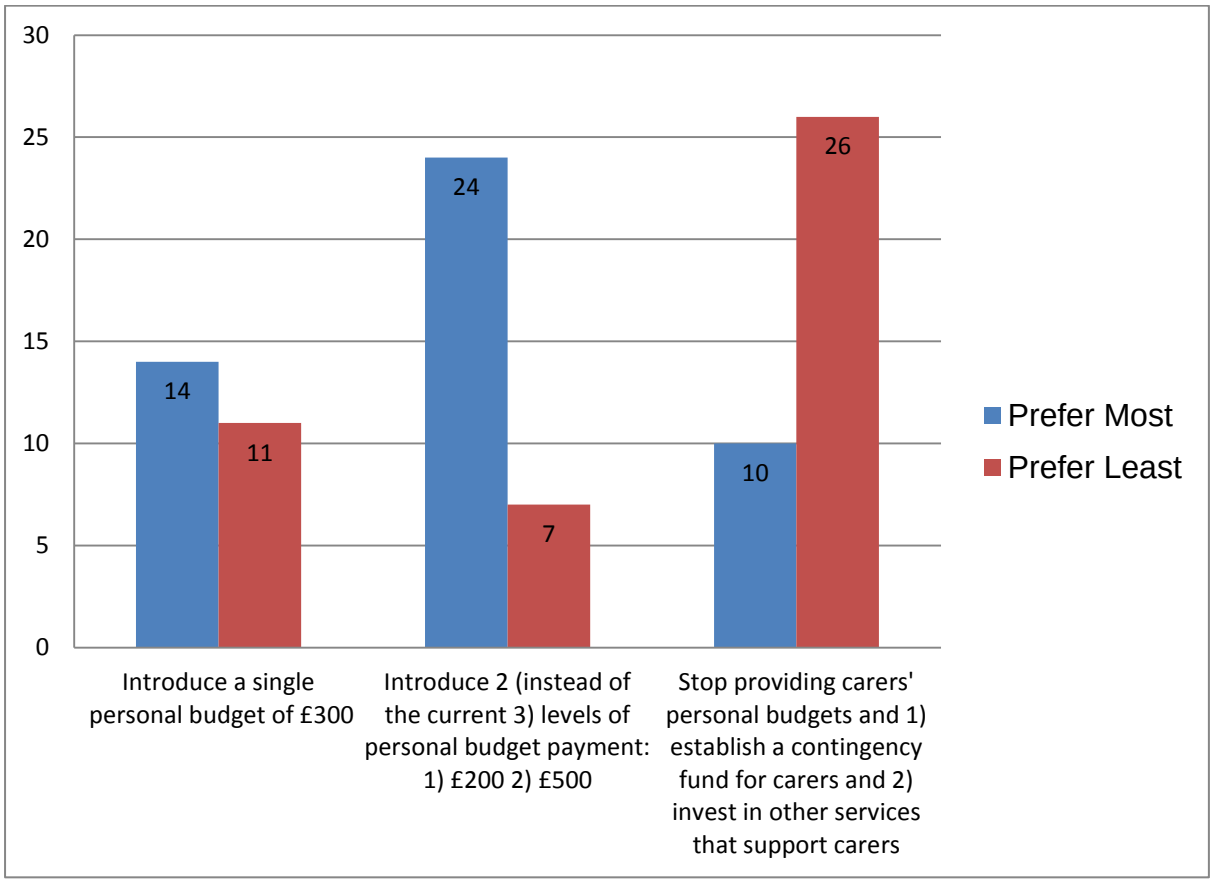
ii. Reinvest additional savings into services that are particularly valued by carers, such as the Dementia Support Service

Q4: Please tell us what you think of this option?

- I recognise that dementia services are indeed valued by family carers. I speak as someone who is supporting two family members with dementia in another authority and I know how much this support is welcomed by hard-pressed carers. However, I also receive contacts from families who have relatives with Asperger's and High Functioning Autism, who have very little support at all, and similarly, families who have relatives with physical disabilities feel that support is very limited.
- This would not be as supporting – money gets lost in bureaucracy
- Preferred choice but only if carefully administered
- Disagree – carers should be allocated Personal Budgets
- Awful proposal – would only work for those in crisis
- Disagree with proposal – it would be a very discriminating practice
- Good proposals but without the contingency fund due to administration costs
- Better to give carer the money directly
- By far the best option
- Would depersonalise personal budgets – not good, not personal enough
- Bad idea, bad move, seems unfair
- Very small fund to cater for eligible carers

- Could become an emergency fund rather than a way of supporting carers' well-being
- High on administrative time and cost
- Another way of avoiding payments to carers
- There are more carer needs for illnesses other than dementia
- No guarantees about the money – could disappear
- Looks like an accountant's option preferred by OCC
- Adds a further level of assessment and delay
- Why the Dementia Support Service – what about all the other conditions that cared for people have?
- Meeting the needs of all carers is important not a specific few

Q5: Please tell us which option you prefer the most, and which option you like the least:



Option 1 – the graph shows that 14 people preferred Option 1, whilst 11 people scored it as their least preferred.

Option 2 – 24 people preferred Option 2 with 7 people marking it as their least preferred.

Option 3 – shows that 10 people preferred this option but 26 people preferred it least.

The following bullet points contain people's comments as to why they have answered in the way that they did:

- Whatever option is chosen, it will cause increased stress and pressure on carers, leading people to breaking point
- Any cut in carers support is dangerous and will cost OCC more in the future
- Personal budgets for carers should be kept
- Carers should be valued – grants are a 'life-saver'
- Carers save the government so much money
- Option 3 could be drained long before the end of the year if expensive intervention is required
- Sliding scale seems to be a fairer way to allocate
- Freedom of choice to spend on what you want, not just what is on offer
- Offering a personal budget shows their role as a carer is valued by OCC
- Not providing support will cost more in dealing with problems related to carer breakdowns
- Any option must ensure that the money is allocated to those who need it and not used elsewhere
- Option 1 preferred, option 3 is a 'cop-out'
- Carers need decent accessible services for their cared-for person, then we wouldn't have to bother with all this
- More quickly available cash is more helpful
- People may not be capable of claiming
- Don't have the time to chase up grants
- There is a very real risk that carers may decide that they can no longer continue with their caring role as a result of cuts to services. The cost of care is very high and even a few more families going into crisis could wipe out the savings

Appendix 3

A summary of the public engagement undertaken as part of the consultation

Dates in 2016	Event or activity	Audience / respondents
24 May (a workshop to review the priorities in the draft strategy and discuss the personal budget options)	Review of the Oxfordshire carers' strategy and support for carers. The purpose was to gather feedback on the 'priorities' and options for personal budgets prior to going out to consultation	15 Carers, including one young carer and a young carer representative, also 3 representatives from the voluntary sector, and officers from OCCG and OCC
14 July	East Oxford Health Centre – an opportunity to raise awareness of the impending consultation with the African Caribbean Community	12 BAME attendees and a representative from Healthwatch Oxfordshire
22 August	Launch of the consultation – questionnaire and supporting documentation available	Online consultation portal open – unlimited participants
22 August	Emails sent out to 100+ Carer Support Groups across Oxfordshire inviting all carers to participate in the consultation by holding their own focus group meeting (packs provided)	100 + carer support groups, including young carers known to Carers' Oxfordshire, Carers' Voice and Oxfordshire Community and Voluntary Action (OCVA)
30 August	100 hard copy questionnaires and supporting information delivered to Carers' Oxfordshire to enable carers who are not online to have access to the consultation	Carers, young carers, cared for people, carer support groups, voluntary sector
5 September	Provider workshop	30 people invited, 10 people attended plus 6 officers
6 September	Hard copies of consultation documentation held at all libraries	43 libraries across Oxfordshire
13, 15, 29 September • Didcot • Banbury • Oxford	One carers' workshop in the north of the county, one in the south of the county and one in the city centre, to discuss the revised strategy and proposals for the carers' personal budgets	3 carers, 4 stakeholders, 5 officers at the Didcot event 2 carers, 3 stakeholders, 5 officers at the Banbury event 5 carers, 3 stakeholders, 5 officers at the Oxford event
14 November	Talking Care Conference – had a stall to promote the consultation and offer people hard copies of the questionnaire	Handed out 5 questionnaires and talked to carers and providers
25 November	Caring Matters Conference – OCC had a stall to promote the consultation, offer hard copies of	Carers, stakeholders, professionals, voluntary sector, colleagues in care

	the questionnaire and answer questions if required. Kate Terroni, Director of Social and Community Services at Oxfordshire County Council addressed the conference and told people about the links between the respite review and the two consultations (Carers' and Daytime Support). Benedict Leigh, Lead Commissioner for Adult Social Care gave further details of the consultations and held a question and answer workshop so that carers could check their understanding of the proposals and identify issues and concerns.	settings, national representatives, Carers' UK representation
28 November	5 pm – close of consultation • 25 hard copy questionnaires received • 26 online questionnaires completed • 2 narratives received • 1 statement from the trustees of Action for Carers (Oxfordshire) • 1 letter from South and Vale Carers • 2 feedback forms from Carer Support Groups • An 8 page submission from Carers' Voice	

Appendix 4

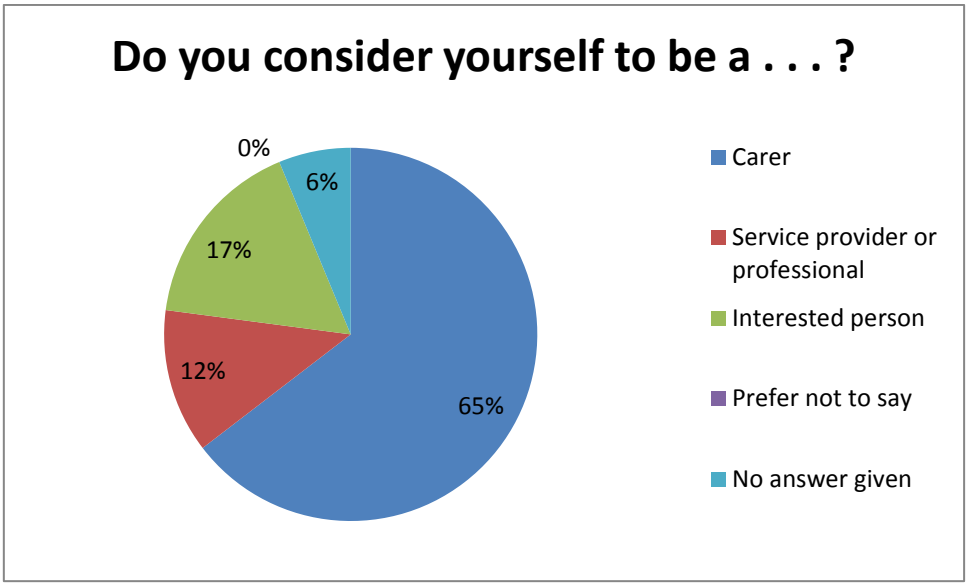
Who were we hearing from?

In the About you… section at the end of the questionnaire, we asked people to tell us a bit about themselves so that we knew who we were hearing from. Out of the 51 questionnaires which were completed, 48 people were prepared to answer some or all of the demographic questions which was a 94% return.

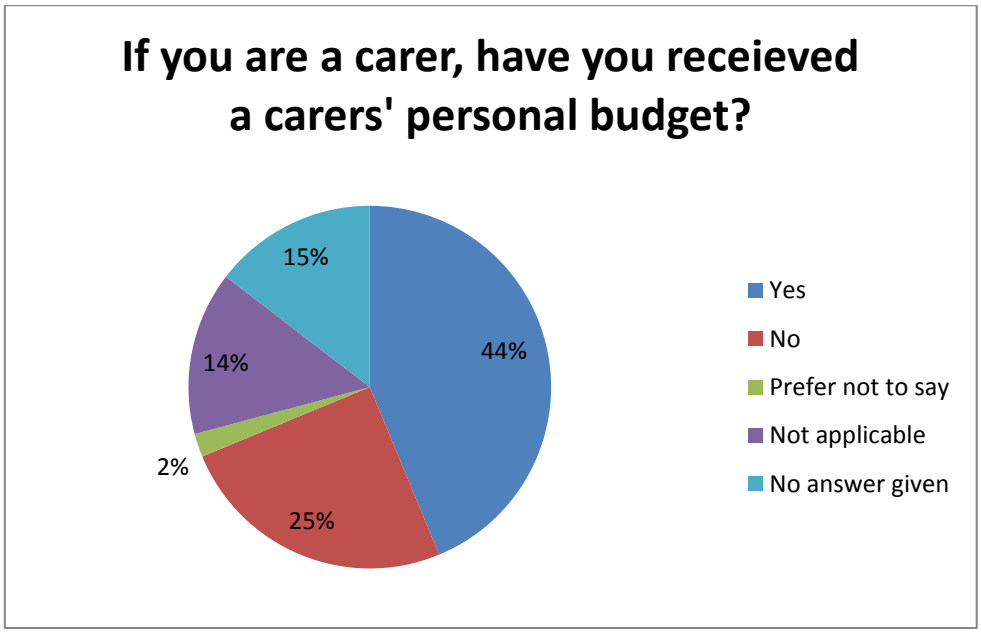
- Of the 48 people who responded to these questions, 31 people said they were carers, 8 people ticked the category of interested person, 6 people were service providers or professionals and 3 people left the question blank.
- Of those carers, 21 had received a personal budget, 12 people hadn't received a personal budget, 7 respondents registered as not applicable, and 7 respondents gave no answer. 1 person preferred not to say.
- 31 females and 13 males responded to the questionnaire, 1 person preferred not to say and 3 people gave no response.
- The people who replied to question 4 about age were as follows: 16 people in the 65-74 age range, 11 people in the 75-84 age range, and in the age ranges 45-54 and 55-64 there were 8 people in each group. There was 1 person who was aged 85+ and 1 person aged between 35 and 44.
- With regards question 5 saying, please describe your marital status, 36 people said they were married, 1 person was single, 1 person was cohabiting, 1 person was divorced and 1 person had been widowed. 6 people left the question blank.
- Question 6 about ethnic group or background resulted in 38 people saying White British, 1 person saying Irish, 1 person saying humanitarian and 8 people declined to give an answer.
- Question 7 asked people to describe their religion and the results were 12 people declined to answer, 4 people said Church of England, 3 people said Roman Catholic, 3 people said Atheist, 1 person said Baptist, 1 person said Protestant and 1 person said Agnostic.
- The question asking about disability resulted in 15 people declining to answer, 5 replies said age related disability, 3 people said arthritis, 2 people said limited mobility and 6 people respectively said bad back, chronic obstructive pulmonary disease (COPD), diabetes, hearing loss, cancer and convalescing. Just 3 people said no disability.
- The answers to question 9 were 41 people not pregnant currently, 6 people declined to say and 1 person preferred not to say
- 41 people considered themselves to be heterosexual or straight, 6 people declined to answer and 1 person preferred not to say
- Question 11 was about gender identity with 42 people saying yes, the gender identity they identify with now is the same as the gender they were assigned at birth with 5 people declining to answer and 1 person preferring not to say.

About you…

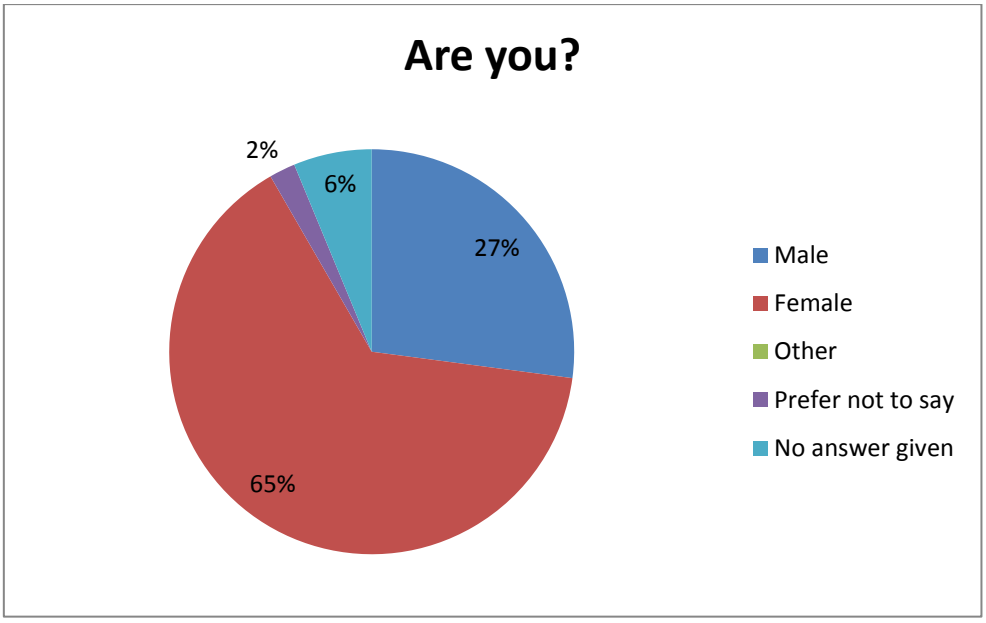
Question 1



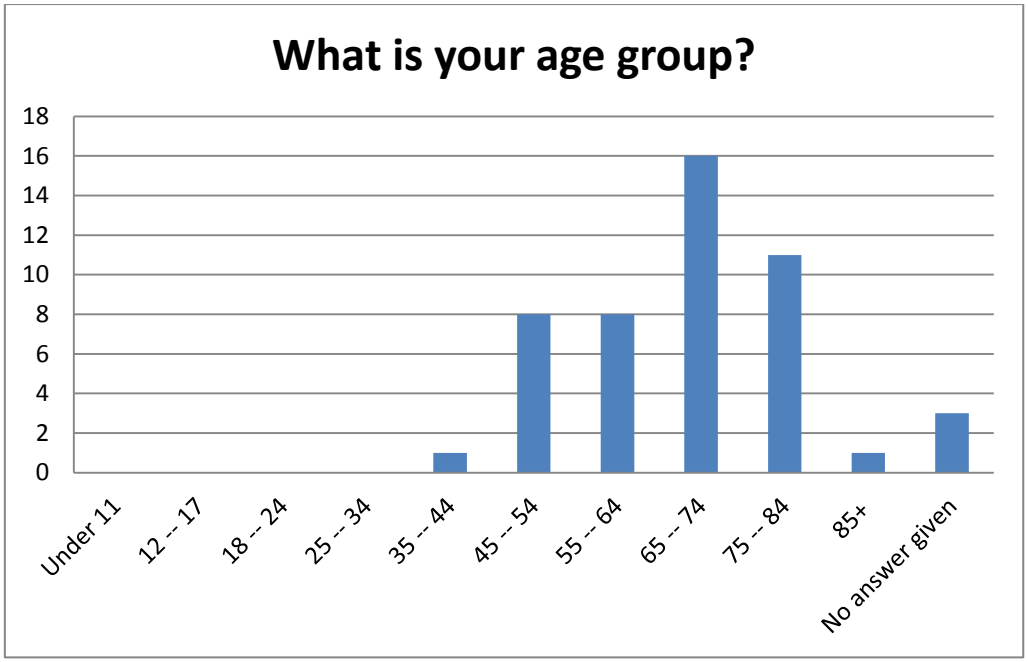
Question 2



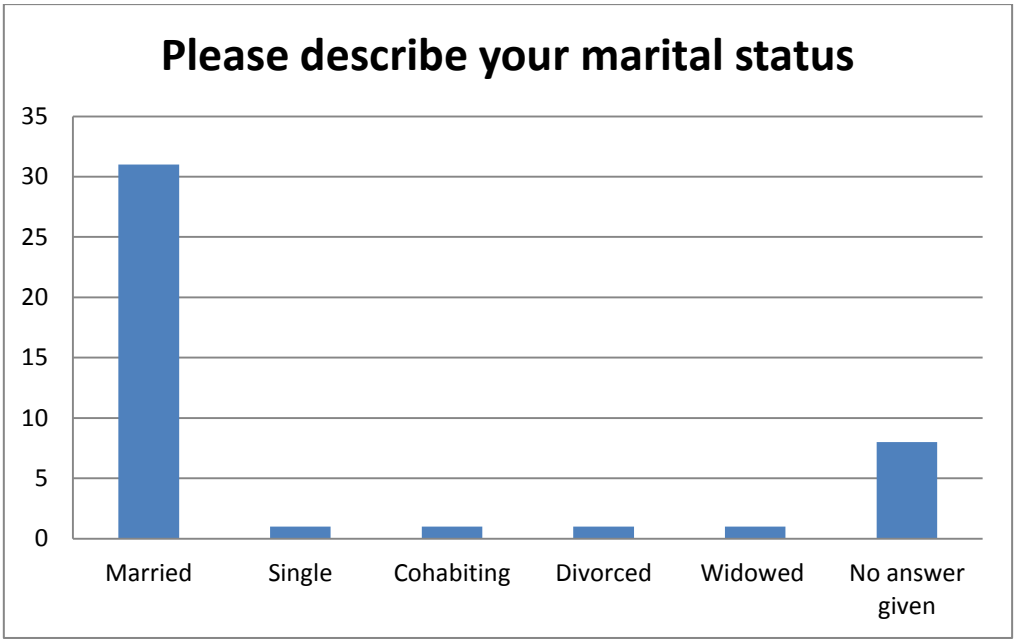
Question 3



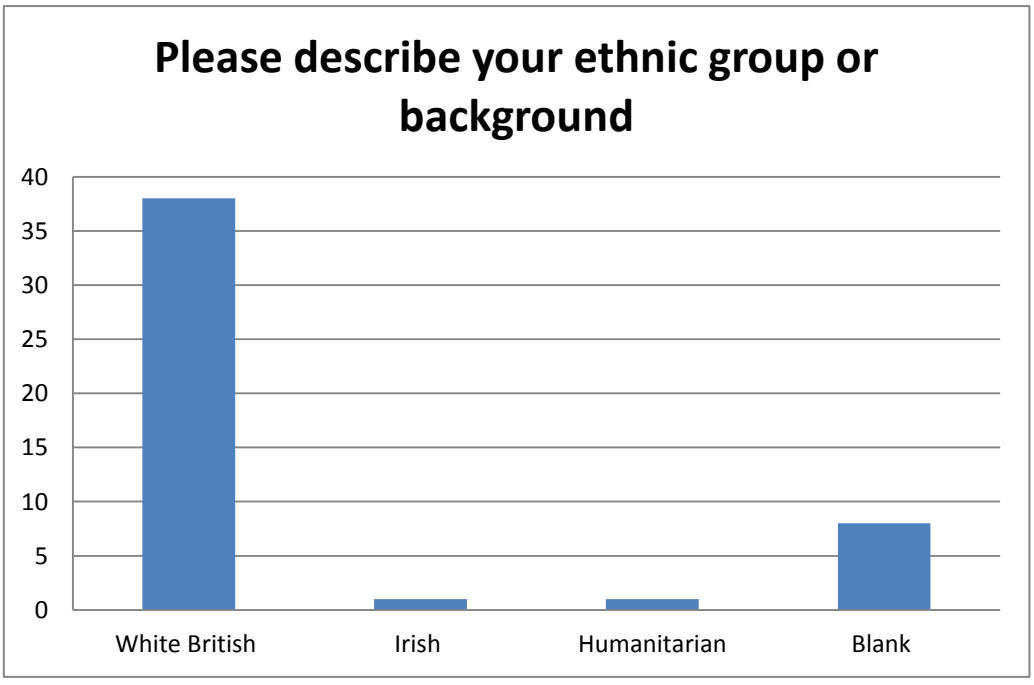
Question 4



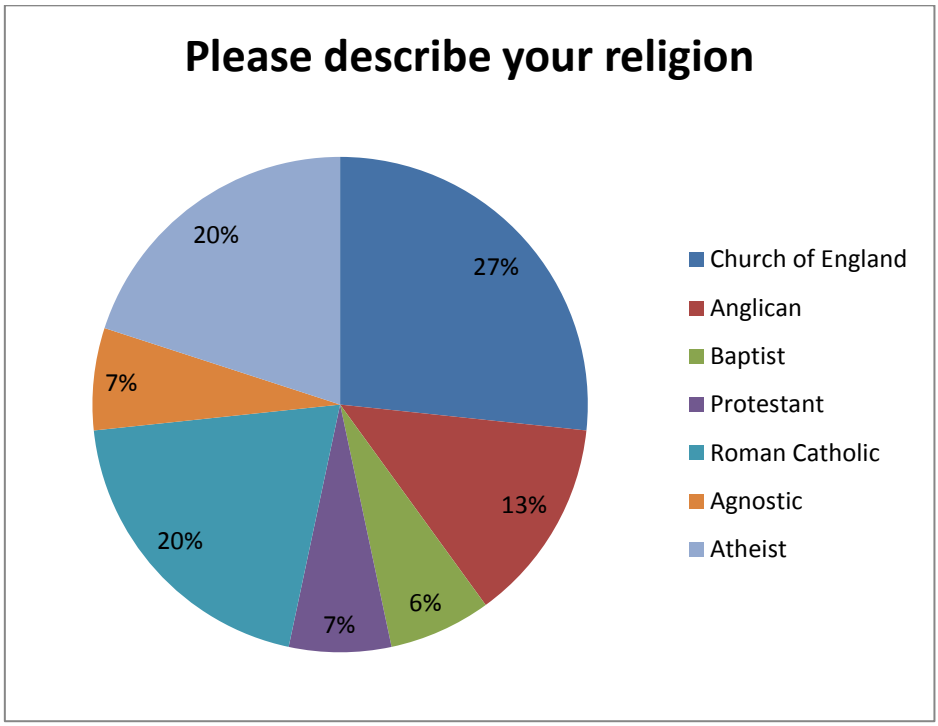
Question 5



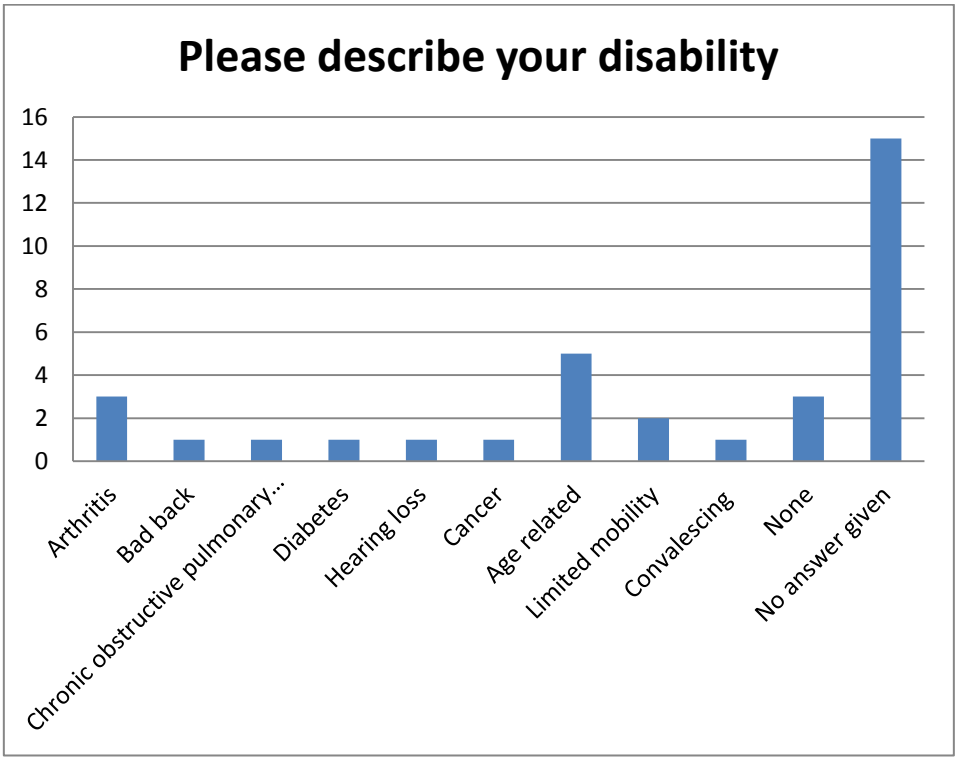
Question 6



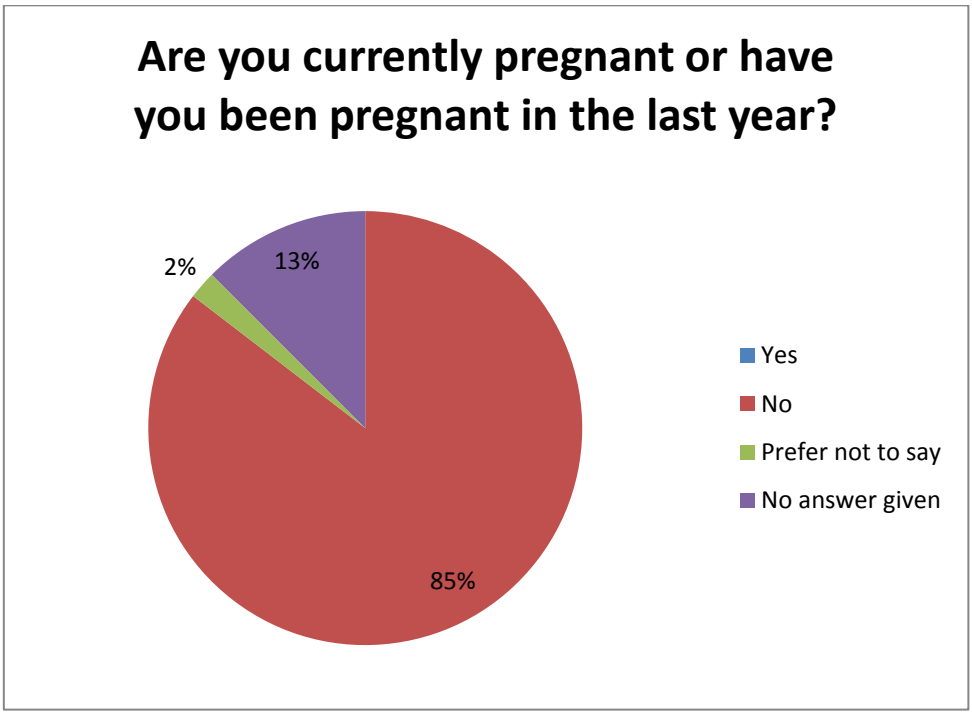
Question 7



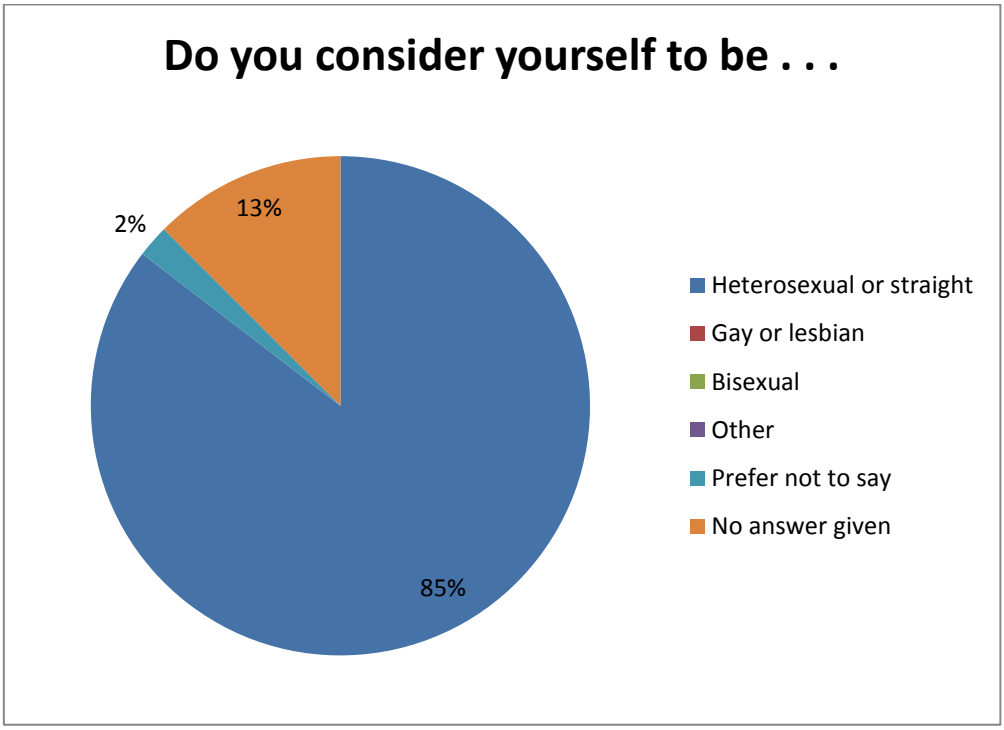
Question 8



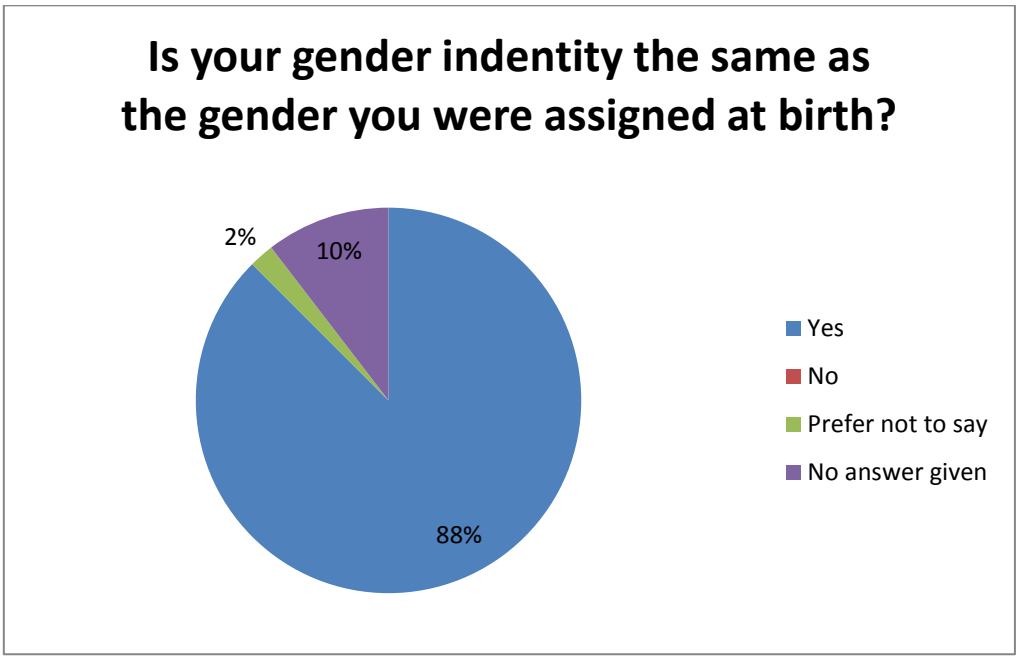
Question 9



Question 10



Question 11



End of report