



# Developing the Herefordshire Carers Strategy



# Co-production timetable

- Phase 1 - Developing the strategy
  - » 2015 - April 2017
- Phase 2 – Co-production, evaluation and governance of the draft strategy
  - » April/May 2017
- Phase 3 – Co-produced commissioning and procurement process
  - » May/June 2017
- Phase 4 - Implementing the strategy
  - » June/July 2017 onwards

# Advice and comment of the Scrutiny Committee are sought on -

- The approach adopted to-date and intended for engagement with carers and partners
- Lessons learned from the previous strategy
- The principles and priorities set out in the slides
- Expectations of the main strategy – what should be included?
- The timetable for producing the final strategy – does it allow enough scope and time for the necessary engagement?
- If/when/how the draft strategy should be circulated. If so, at which point within the timetable?

# Context - Legislation

- **The Care Act 2014 –**
  - Carers are offered an assessment. Necessary resources are put in place to support them.
  - Carers who meet the eligibility criteria are entitled to have their support and care needs met.
  - For those who are not eligible, information and signposting will be given.
- **The Children and Families Act 2014 and Care Act 2014 –**
  - Highlight the need for local authorities to take a whole family approach to identifying and assessing young carers.
  - Also the need for a joint adult and childrens services approach to carrying out assessments.

# Context

- Carers UK estimates that there will be 40% rise in the number of carers needed by 2037 – **the carer population in the UK will reach 9 million.**
- The Herefordshire Health and Wellbeing survey 2011 estimated that there were **34,200** carers in Herefordshire – rising.
- The rural nature and age profile of Herefordshire presents unique challenges in service design and delivery.
- Financial pressures – shift into the prevention approach and strength based assessment.
- The strategy is being drafted at a time where reductions in funding are being considered.

# Developing the draft strategy

- Co-produced with carers, accompanied by engagement with partner and stakeholder organisations
- Attended a number of events to obtain input from a range of carers (for example, dementia, autism, young carers, parent carers)
- Sought to engage carers pragmatically through events, online surveys, home visits and by telephone
- Research - local/national statistics, emerging trends to establish the picture and complexities
- Built upon previous learning

# Common themes from co-production 1

- Identification of carers – hidden from view/coping but built on fragile foundations. Missed opportunities for identification from services
- Identified at the point of not coping – often at the point of crisis
- Disjointed, complex, inconsistent advice and information
- Failure by Universal Services to share information – exhausting repetition
- Fear of what would happen to the cared for if the carer became sick – emergencies and care planning

# Common themes from co-production 2

- Social isolation and impact upon health
- Cared for person comes first – carer's health often neglected
- Financial impact, loss of opportunity
- Not being heard/respected by professionals
- Poor understanding of carer's assessment and eligibility
- Subjective views dependant on the carer's experiences and perceptions of how future resources should be designed



# Themes for specific carers

**Themes varied greatly depending on the type of carer.**

**Examples:**

- Young carers are less likely to attain the same grades as their peers due to their caring responsibilities
- Some young carers are socially isolated and have limited opportunities
- Parent carers are often reliant upon diagnosis for their child before they can access support (e.g. statement of special education needs, counselling, mental health support)
- Older carers may also have increasingly complex health needs

***Therefore there is no 'one size fits all' approach***

# Carers in Herefordshire



***Carers can fit into several categories***

# The emerging carers strategy

- Some priorities from co-production remain the same as the current strategy –
  - prevention
  - early identification
  - recognising the carer as an expert.
- Times have changed – the way services are delivered and expectations. The new co-produced priorities retain the relevant priorities from the previous strategy and build upon them.
- The new strategy will include clear pathways (no wrong door), a central place for information (WISH), digital services/engagement and assessments.

<b>Previous strategy – five priorities</b>	<b>New strategy – six priorities</b>
<b>Raise awareness and provide early intervention support for carers</b>	<b>Identifying carers, including registration</b>
<b>Recognise and respect the carers as an expert partner</b>	<b>Valuing carers knowledge and experience</b>
<b>Enable carers to fulfil their education and employment potential</b>	<b>Information, advice and signposting</b>
<b>Provide flexible services to support carers in their caring role</b>	<b>Access to universal services</b>
<b>Support carers to be mentally and physically well</b>	<b>Social networking and support mutual - social networks - technical</b>
	<b>Assessing with and for carers</b>

# DRAFT

Our vision is that Herefordshire is a county where people who carry out the role of unpaid carer are known and valued within our health and care community. We will make this vision a reality by:

**Making it easy for carers to find the right information on opportunities and support for the person they care for and themselves.**

**Recognising when someone is a carer and being proactive in offering information, support and care as appropriate.**

**Using the wealth of knowledge carers have gained to continuously improve the design, delivery and access to all services.**

**Providing support to enable carers to keep well and access social, educational and employment opportunities.**

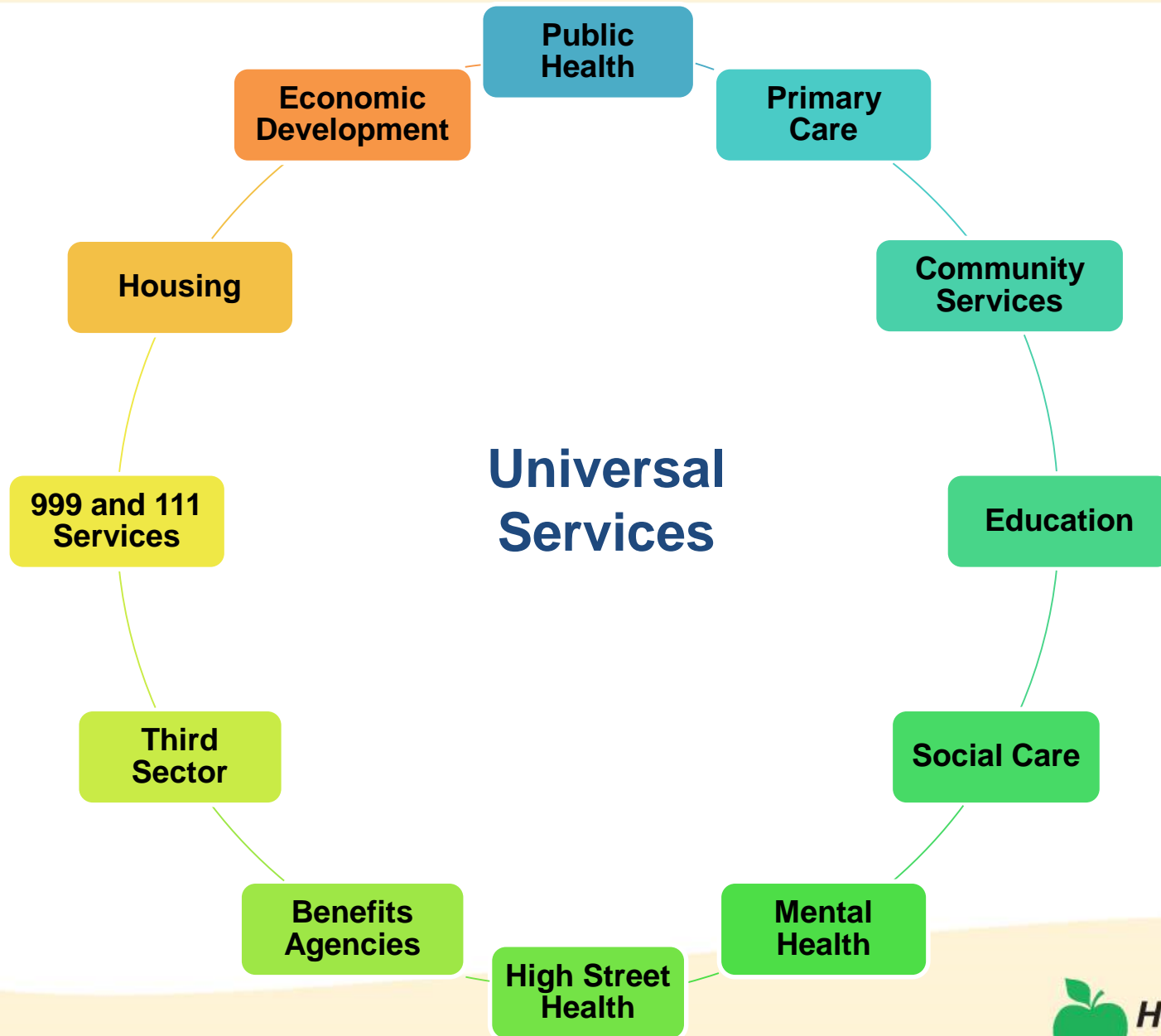
# A different way of working?

- A single care and health community strategy for carers
- Assessments understood by carers and carried out in a consistent way
  - building on the strengths of the carer and their family
  - interlinking assessments for the carer and cared for person
  - utilising assets within their community
  - enabling the carer to look after their own health and wellbeing

# A different way of working?

- A continued process of co-production with carers and partner organisations, supporting commissioning and strategy review
- WISH for information, guidance and digital engagement
- ‘No wrong door’ approach – identification of carers and signposting via universal services. Clear pathways.
- Valuing and promoting the knowledge and skills of carers across the health and care system.

# Universal Services





# Next stages

- Consultation on draft strategy with HCCG, other partners. April-May 2017
- Obtain input from local carers on the strategy, carer's journeys and pathways. May 2017
- Strategy to Cabinet - July 2017
- Commissioning plan - July 2017
- Procurement of services begins September 2017
- Co-production with carers; ongoing

# Next stages - evaluation of the draft strategy/ongoing co-production

- Asset mapping
- Commissioning intentions
- Review with carers, CCG, universal services, stakeholders. Co-production of pathway/s.
- Produce final draft