

Meeting:	Cabinet
Meeting date:	20 July 2017
Title of report:	Carers strategy for Herefordshire
Report by:	Cabinet member, health and wellbeing

Classification

Open

Key decision

This is a key decision because it is likely to result in the council incurring expenditure which is or the making of savings which are significant, having regard to the council's budget for the service or function to which the decision relates.

and

This is a key decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising one or more wards in the county.

Notice has been served in accordance with Part 3, Section 10 (General Exception) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) Regulations 2012.

Wards affected

Countywide

Purpose

To approve a new joint carers strategy for Herefordshire and agree consequent commissioning intentions for carers and procurement arrangements for commissioned services.

Recommendation(s)

THAT:

- (a) the draft joint carers strategy for Herefordshire be approved;**
- (b) the commissioning intentions at appendix 2 and the timetable for procurement of services for carers set out in paragraph 13 be approved; and**
- (c) the director for adults and wellbeing be authorised to award contracts for carers services for a period of up to five years and a maximum combined value not exceeding £1.23m.**

Alternative options

- 1 The option to not have a carers strategy. This option is not recommended since Herefordshire has published such a strategy until now and this is accepted as good practice nationally. Carers are a significant population group who are themselves vulnerable and support the most vulnerable people in society. Carers have contact with a very wide range of services and are vulnerable to economic, social and health risk factors. The issues facing carers are complex and require a whole system approach.
- 2 The option to extend and continue the most recent carers strategy. This option is not recommended because there have been many changes in the wider context for carers in recent years. These include a new legislative framework provided by the Care Act 2014, the Children and Families Act 2014 and other legislation and guidance. In addition there have been changes in local social care provision and significant reductions in available resources. These changes have led to greatly increased focus on information and signposting, mutual support and self help, along with access to universal services.
- 3 Delay finalisation of the strategy until after the forthcoming national carers strategy has been published. This option is not recommended because the timetable for publication of the national strategy has been repeatedly delayed. The original intention was that the Herefordshire strategy would be developed in the light of the national strategy, but its repeated delays have already caused issues for the local strategy. There is no firm timetable for publication of the national strategy.

Reasons for recommendations

- 4 Carers have long been identified as a priority population group by the council and its partners. They represent approximately 16.5% of Herefordshire's population according to the 2011 Health and Wellbeing Survey and they play a pivotal role in the local health and care economy. Some carers may require support to enable them to achieve their aspirations and continue in their caring role. The most recent carers strategy expired in 2015. Current contracted support services for carers will end in March 2018, so that newly configured services must be commissioned to begin in April 2018; a process which will start very shortly. The council has committed to involving carers directly in the design of new services. These new services should reflect the priorities in the strategy, which therefore should be published prior to the start of the procurement process.

Key considerations

- 5 Unpaid carers provide invaluable support to vulnerable children and adults, often their family members. In the 2011 census, 20,500 people in Herefordshire identified themselves as carers. Also in 2011 the Health and Wellbeing Survey estimated the total number of carers in the county to be around 34,000. Anyone can be a carer, regardless of age, background, or relationship with the cared for person. Many carers are disabled or have long term health needs themselves. Young carers, looking after a disabled family member are particularly vulnerable and the council has specific statutory duties to young carers. Other defined groups of carers include older carers, carers of people with specific conditions, former carers and dementia carers.
- 6 Nobody is only a carer. Caring is just one aspect of their lives and people will expect to live rounded, diverse lives. Many carers prefer to see themselves as partners,

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parents or friends when fulfilling their caring role: this explains part of the gap between the number of people estimated as being carers and the number who identify themselves as such. Most carers are focused primarily on ensuring the right support and care is provided to the person they care for. However, in pursuing their aspirations, carers face many additional challenges and barriers which may affect;

- Carers' own physical or mental health, which may be affected by the pressures of providing care
- Their capacity to remain in employment and sustain their careers while also providing care.
- Their income and capacity to maintain their home
- The education and future life prospects of young carers

7 The council has committed to having a strategy for carers. The strategy adopted in 2011 expired in 2015, but as the government was proposing to launch a national carers strategy in the summer of 2016, the new strategy for Herefordshire was deferred until after that. The council undertook in-depth consultation with carers between 2015 and 2016 which provided a clear indication of their concerns and priorities. The government postponed the publication of the national strategy to November and then December 2016 and it is now expected in late 2017.

8 In 2017, the consultation material was reviewed, along with key national research and in March, April and May 2017 the council engaged extensively with carers to co-produce a new carers strategy. Around 160 carers have been involved, meeting in groups and engaging through email, home visits and other means. The co-production will continue throughout the implementation of the strategy and will inform the design and procurement of new services for carers. There has also been engagement with stakeholder organisations, including service providers and in particular, Herefordshire Clinical Commissioning Group (HCCG). The draft document is presented as a joint strategy between the council and HCCG.

9 The new strategy represents a significant development from the strategy which ended in 2015. There will be much less reliance on specific support to individual carers since this could only ever reach a very small minority. There is therefore new focus on access to universal services, information and advice and mutual support and networking. In the past, implementation was addressed through an action plan, relying greatly on the role of contracted providers. Implementation of the new strategy will be co-ordinated by a cross agency group led by the council, HCCG and carers themselves, all working together.

10 The carers strategy will form part of a wider strategic approach to prevention and wellbeing which is led by the council but dependent upon local people, communities and organisations for its realisation. The carers strategy will complement the evolving plans for information and advice, wellbeing networks and use of community development. One emphasis of this strategic approach is the recognition and engagement of the strengths of individuals and local assets and resources in communities. Carers often reflect and add to the strengths of the person they care for and themselves offer formidable skills and knowledge which promote resilience and mutual support. Effective prevention and wellbeing also depend upon ensuring people can make optimum use of universal services.

- 11 The new strategy sets out a clear vision and some key principles and summarises the main aspirations, concerns and needs of carers, whose demographic make-up is also analysed. The strategy then identifies six priorities, to be taken forward through system wide change and re-commissioning of specialist and targeted support for carers. Within each priority, there will be specific focus on the needs of young carers.
- **Identifying carers.** Universal services need to be able to recognise carers and provide responses which are carer aware and ensure accessible and appropriate support. Identification also allows carers to receive their financial and other entitlements and gain access to information, advice and support. Registration is an effective way of promoting access to these services. Among other groups, it is particularly important to ensure that young carers are identified, so that they can be supported.
 - **Information, advice and signposting** are essential in enabling carers to get access to both universal and specialist support, both for themselves and the cared for person. They are themselves universal services for everyone and therefore the council will seek to route information and signposting for carers through WISH, whilst augmenting it with carer specific information and advice. Information and advice should align closely with identification and registration.
 - **Carers' knowledge, skills and employment.** Carers have significant expertise in relation to the person they care for and have wider knowledge and experience to offer. These can be utilised more effectively by the health and care system and by employers across Herefordshire's economy. Young carers will be supported to take confidence from the skills they have acquired as they progress in their education.
 - **Access to universal services.** Carers and the people they care for are entitled to the same lifestyles and access to the same public services as the rest of the population. Timely and successful take-up of universal services helps prevent escalation of health and care need and maintain people's independence. There are particular barriers to universal services for young carers.
 - **Networking and mutual support.** Carers themselves are often the best source of expertise and advice for other carers. The primary focus for most carers is getting the right support for those they care for. There is enormous potential for social networking and mutual support among carers. Interactive technology offers great potential to facilitate networking.
 - **Assessment and support.** Carers have a right to an assessment of need. In addition, young carers have specific entitlement to assessment and support. Carers contribute to many assessments for the cared for person. Where support is provided to carers, it will be based on a recognition of individual strengths and local assets available in the community.
- 12 The carers strategy does not cover the issue of respite or short breaks services. Such services continue to be provided and funded by the council and HCCG. However, respite and short breaks services are seen as support for the cared for person and depend upon an assessment of their needs. Whilst they may benefit the carer indirectly, and strengths based assessments will recognise the contribution of the carer, respite and short breaks are not designed to support carers directly.

- 13 The implementation of the new strategy will depend upon changes across the health and care system, along with targeted services for carers which will be commissioned. The council and HCCG will work to drive the system changes and will continue to involve carers directly in this work. Newly configured services for carers will be commissioned and procured to start in April 2018 after current services end in March 2018. In order to achieve the council's medium term financial strategy (MTFS) targets, resources available for services to carers have reduced significantly. A panel or focus group of carers, including young carers, will contribute to the final design of new services to be commissioned and participate in the procurement process. Outline commissioning intentions for carers are included at appendix 2.
- 14 The council has been obliged to make significant reductions in the spending made on services for carers in order to achieve MTFS targets. Consequently it is essential that resources are directed to those activities which will have most strategic impact for the largest possible number of carers. This will involve a focus on services which change the system and make universal services more responsive, so helping to sustain the impact as the carers' population continues to grow. The priorities in the carers strategy noted above have guided the commissioning of services. In addition, the council must ensure that it fulfils its statutory duties, which apply in particular to young carers. It will also ensure that commissioned services reflect the wider strategic approach to prevention. Considering all these factors, the services commissioned from April 2018 are expected to reflect;
- Assessment and support planning for young carers
 - Promotion of early identification of carers and a register linked to public sector systems.
 - Effective information, advice and signposting for carers, appropriately aligned to WISH
 - Facilitation to enable carers to navigate the health and care system establish effective networks and mutual support.

The detailed scope of new services to be commissioned and the target outcomes to be achieved will be agreed through co-production with carers during July 2017. The services will be procured by way of up to three separate lots.

- 15 The timetable for the recommissioning and procurement of services for carers is:

July 2017	Finalise service designs with the carers' focus group.
August 2017	Contract, specification and other documentation completed
September 2017	Procurement process launched
November 2017	Tender and clarification processes conclude
December 2017	Tender evaluation and intention to award communications
January 2018	Non key decision to award contract/s
January 2018	Finalisation of contract and commencement of mobilisations
March 2018	Existing contracts close. New services commence

- 16 Contracted services will be complimented by wider changes in the way systems and people operate and respond to carers. These will be reviewed and implemented by way of a carers strategy implementation group in collaboration with HCCG and with participation of carers. This process will begin with establishing an implementation plan with clear outcomes, timetable and lines of accountability. This will be monitored on a regular basis, with reporting to joint commissioning board and health and wellbeing board.

Community impact

- 17 The council's corporate plan includes a commitment to enabling people to live safe, healthy and independent lives. Many vulnerable people are dependent upon carers in order so to do and the carers strategy seeks to support that contribution and help to ensure that carers themselves are safe, healthy and independent. The plan also acknowledges that the council will have greatly reduced resources and must find new ways of meeting the needs of local people. The carers strategy addresses this challenge directly as with less funding for contracted services, it will promote access to universal services, networking and mutual support and information, advice and signposting. There will be a particular focus on supporting the health, safety and independence of young carers.
- 18 Herefordshire's health and wellbeing strategy identified mental health and children as key priorities and carers are instrumental in supporting vulnerable adults and children. The carers strategy will bring forward change which is consistent with the objectives of the health and wellbeing strategy.

Equality duty

- 19 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Some carers are older people and there are several hundred young carers under 18 in Herefordshire. Young carers clearly share a protected characteristic and also, some carers are also specifically associated with those who do, principally disabled people. Furthermore, carers may be disabled themselves or share other protected characteristics.
- 20 The carers strategy is intended to advance the position of carers in Herefordshire and so may be expected directly and indirectly to benefit people belonging to groups with protected characteristics. The strategy will bring about changes in commissioned services which are made in the context of reducing resources. Whilst some people with protected characteristics will benefit from new services, some may find that the particular service they have been using is reduced or ends. This impact will be mitigated by the promotion of universal services, improved information and signposting, linked to the wider development of community based preventative support.

Financial implications

- 21 Many changes and improvements to be brought about by the new carers strategy will have no specific financial implications, involving as they do wider system change to be incorporated into the work of the council and other commissioning and providing agencies. The commissioning intentions and proposals for 2018, arising from the strategy will be achieved within the commissioning budgets available, following significant reductions in spending during 2017/18, which are necessary to meet

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MTFS targets. A core commissioning budget of £205k is allocated to carers services in 2018/19. In addition, it is intended to draw upon resources currently directed to wider wellbeing and prevention services including information and advice. This would provide a commissioning resource potentially extending to £245k.

- 22 Proposals have been prepared for funding of pilot developments of new services to support carers from the additional funds allocated to councils for adult social care from 2017 to 2019. These proposals focus on managing crisis, effective anticipatory care and hospital discharge and are subject to approval by the council and HCCG. Any such funding directed to carers services is not included in the contract value cited in the recommendations in this report.

Legal implications

- 23 Councils have additional duties for carers under the Care Act 2014 which provides that carers have the same legal rights as those for whom they care. Councils have a duty to assess carers who appear to have eligible needs and must consider a carer's overall wellbeing. Carers who meet eligibility criteria will have a right to support to meet their eligible needs, should be supported to retain and gain employment and have rights to be consulted on the cared for persons.
- 24 In conjunction with the Care Act duties, sections 96 and 97 of the Children and Families Act 2014 seeks to make sure young people get the support they need and there is an expectation that councils identify young carers to offer them support.
- 25 The proposals for the implementation of the joint carers strategy takes account of carers and their families European Convention of Human Rights Article 8 rights to family life and the consultation process ensures fairness in accordance with Article 6.

Risk management

- 26 The recommendations in this report and the adoption of the draft strategy give rise to the following risks;
- The new strategy may be challenged as not representative of the views or interests of all carers. This risk is mitigated by the very extensive co-production work with carers that the council has undertaken in developing the strategy and the plans for this to continue through its implementation and the commissioning of services.
 - The potential for sufficient bids of sufficient quality to be received to ensure award of contract/s. The council's wider market engagement and engagement over the strategy suggest potential interest from a range of providers in Herefordshire and beyond.
 - The wider system changes envisaged in the strategy may prove difficult to implement in full. This risk will be mitigated by the formation of a carers strategy implementation group, reporting through the joint commissioning board and health and wellbeing board. Regular reports will also be provided to overview and scrutiny committees.
- 27 If the recommendations in this report were not to be approved, significant risks would arise for carers and the council;

- The commissioning of new carers services would be delayed beyond April 2018, so leading to a temporary loss of all service and disrupting the improvement of opportunities for carers and raising additional costs.
- Carers would lose confidence in the commitment of the council and its partners to prioritise the interests of carers and achieve change. As a result, the reputation of the council would be damaged further..
- The council may face legal challenge in relation to the carers strategy and services.

Consultees

- 28 The council has undertaken in depth co-production work with around 160 carers during the period March to May 2017. including around 17 young carers. Co-production has taken many different forms including visiting existing groups of carers, convening specific meetings, visiting carers at home and engaging with them by telephone and email. The views and priorities of carers expressed through this activity form the core content and detail of the carers strategy, including the six priorities. Many ideas and views gathered during this process are consistent with and built upon consultation carried out with carers during 2015/16.
- 29 The council has consulted over the same period with various organisations including current providers of contracted services for carers. They have contributed many thoughts, information and ideas, many of which have been incorporated into the analysis contained within the strategy. Herefordshire Carers Support (HCS) has raised several concerns with the council in different ways about the approach to the strategy and its emerging priorities. These concerns include;
- The timing of the strategy development and potential confusion arising from consultation coinciding with consultation on the reduction of funding to HCS and other providers. It was clarified that the potential confusion had been planned for and managed by the council. The coincidence of the two processes was unavoidable, given the delay in the national carers strategy and the need to ensure new services are operational from April 2018.
 - The fact that a full public consultation was not undertaken for the new strategy. It has been clarified that the council does not usually consult the public on new strategies. The in-depth co-production process undertaken was the appropriate and constructive approach to informing the strategy.
 - The intention to align future information and advice services for carers to WISH, the universal information and signposting service for Herefordshire. It has been clarified that this intention applies to the services being delivered in a joined up way and using the existing WISH online presence. It is not a reference to which organisation should provide carers' information and advice.
- 30 The council has responded to the concerns raised by HCS directly in meetings and in correspondence. Its representations were discussed by Health and Social Care Overview and Scrutiny Committee, which subsequently asked for no changes in the council's approach to the strategy. The specific concerns raised by HCS have not been incorporated or responded to directly within the draft joint strategy.
- 31 A briefing on the proposed carers strategy was presented to Health and Social Care Overview and Scrutiny Committee on 28 March 2017. The committee welcomed the proposals and endorsed the co-production approach adopted and the six priorities

identified.

- 32 Council members have been consulted on the proposed carers strategy and commissioning approach through group leaders. Comments and suggestions were received from the Its Our County group, citing concern that a focus on carers' aspirations may set up unrealistic expectations of what the strategy can achieve. The group also suggested the promotion of voucher or discount schemes of various kinds for carers and addressing the support of carers in relation to changing housing needs and planning processes.
- 33 Reassurance has been offered to members around the realism of expectations with reference to the specific mapping of actions against key aspirations of carers under each priority in the strategy. No specific proposals for voucher or discount schemes appear within the strategy as these would require further evaluation as to their financial and other implications. However, with reference to universal services, providers will be encouraged to be carer aware in planning services and responding to individuals.. No specific reference to planning policy and processes is made within the draft strategy, but these issues can potentially be reviewed as part of the strategy implementation.
- 34 HCCG has been consulted and engaged in the draft joint strategy over the period of its development. A number of members and officers have been invited to provide comments and suggestions. Consequent contributions have led to a strengthening of the use of carers' stories, and of references to minority ethnic carers, the health needs of carers and their experiences of NHS services, among other areas. HCCG will be directly involved in the implementation of the strategy and the recommissioning of services.

Appendices

Appendix 1 Draft joint carers strategy for Herefordshire

Appendix 2 Proposed commissioning intentions for carers services

Background papers

- None identified.