

Agenda

Adults and wellbeing scrutiny committee

Date: **Monday 29 March 2021**

Time: **2.30 pm**

Place: **Online meeting**

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson **Councillor Elissa Swinglehurst**
Vice-chairperson **Councillor Jenny Bartlett**

Councillor Sebastian Bowen
Councillor Helen I'Anson
Councillor Tim Price
Councillor Alan Seldon
Councillor Kevin Tillett

Agenda

	Pages
1. APOLOGIES FOR ABSENCE	
To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY)	
To receive details of any member nominated to attend the meeting in place of a member of the committee.	
3. DECLARATIONS OF INTEREST	
To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.	
4. MINUTES	9 - 20
To approve the minutes of the meetings held on 13 January 2021 and 26 January 2021.	
How to submit questions	
<i>The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 23 March 2021.</i>	
<i>Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted.</i>	
<i>Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/council/get-involved/3</i>	
5. QUESTIONS FROM MEMBERS OF THE PUBLIC	
To receive any written questions from members of the public.	
6. QUESTIONS FROM COUNCILLORS	
To receive any written questions from councillors.	
7. CARERS STRATEGY	21 - 60
To consider the attached draft carers strategy for 2021 to 2026 from the adults and communities directorate and to determine any recommendations the committee wishes to make.	
8. COMMITTEE WORK PROGRAMME	61 - 74
To consider the committee's work programme.	
9. DATE OF NEXT MEETING	
Subject to confirmation by the committee, the next meeting will be held on Friday 30 April 2021, 9.30 am.	

The public's rights to information and attendance at meetings

Herefordshire Council is currently conducting its public committees, including the adults and wellbeing scrutiny committee, as 'virtual' meetings. These meetings will be video streamed live on the internet and a video recording maintained after the meeting. This is in response to a recent change in legislation as a result of Covid-19. This arrangement will be adopted while public health emergency measures, including social distancing for example, remain in place.

Meetings will be streamed live on the Herefordshire Council YouTube channel at www.youtube.com/HerefordshireCouncil

The recording of the meeting will be available shortly after the meeting has concluded through the relevant adults and wellbeing scrutiny committee meeting page on the council's website at <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=955&Year=0>

You have a right to:

- Observe all 'virtual' council, cabinet, committee and sub-committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting. Agenda and reports (relating to items to be considered in public) are available at www.herefordshire.gov.uk/meetings
- Inspect minutes of the council and all committees and sub-committees and written statements of decisions taken by the cabinet or individual cabinet members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting (a list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public register stating the names, addresses and wards of all councillors with details of the membership of cabinet and of all committees and sub-committees. Information about councillors is available at www.herefordshire.gov.uk/councillors
- Have access to a list specifying those powers on which the council have delegated decision making to their officers identifying the officers concerned by title. The council's constitution is available at www.herefordshire.gov.uk/constitution
- Access to this summary of your rights as members of the public to observe 'virtual' meetings of the council, cabinet, committees and sub-committees and to inspect documents.

The seven principles of public life

(Nolan principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.



Minutes of the meeting of Adults and wellbeing scrutiny committee held online on Wednesday 13 January 2021 at 10.00 am

Present: Councillors Elissa Swinglehurst (Chairperson), Jenny Bartlett (Vice-chairperson), Helen I'Anson, Tim Price, Alan Seldon and Kevin Tillet

In attendance: Councillors Pauline Crockett (Cabinet member - health and adult wellbeing), Liz Harvey (Group Leader for It's Our County (Herefordshire) and Cabinet member - finance and corporate services) and David Hitchiner (Leader of the Council),

Officers: Mandy Appleby (Assistant director for adult social care operations), Ben Baugh (Democratic services officer), Susie Binns (Team manager (welfare and financial assessments)), Kate Coughtrie (Deputy solicitor to the council), Lee Davis (Head of prevention and support), Jas Kakkar (Head of care commissioning), Andrew Lovegrove (Chief finance officer), Josie Rushgrove (Head of corporate finance), Paul Smith (Assistant director all ages commissioning) and Stephen Vickers (Director for adults and communities)

19 APOLOGIES FOR ABSENCE

Apologies for absence had been received from committee member Councillor Sebastian Bowen. Apologies had also been received from Councillor Yolande Watson, cabinet support member - adults and communities, and Ian Stead, Chair of Healthwatch Herefordshire.

20 NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

21 DECLARATIONS OF INTEREST

No declarations of interest were made.

22 MINUTES

Resolved:

That the minutes of the meeting held on 23 November 2020 be approved as a correct record and be signed by the chairperson.

23 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

24 QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

25 2021/22 BUDGET SETTING

The chairperson explained that the three scrutiny committees were reviewing the budget proposals in sequence and this agenda item sought views on the budget proposals for 2021/22 as they related to the remit of this committee.

The cabinet member - health and wellbeing reported that, due to a recent High Court judgement regarding the treatment of benefit income in social care charging policies and its impact for severely disabled people, £330k of the £520k proposed savings for 'Implementing changes to client charging policy and income disregards' was at risk. As a consequence, the proposed policy changes would be put on hold and a further review of charging policy for 2021/22 would be undertaken once the Department of Health and Social Care (DHSC) position on the judgement was known. The committee was advised that the adults and communities directorate was working on alternative savings proposals.

An updated appendix to the report, Appendix A 'savings proposals', had been circulated before the meeting and this was displayed.

The chief finance officer drew attention to: the proposed council tax increase of 4.99%, inclusive of a 3% adult social care precept; the lower council tax base, largely due to pressures that were coming through from the Covid-19 pandemic; and made reference to a supplementary paper on Covid-19 related grants to be received by the general scrutiny committee on 15 January 2021.

The director for adults and communities provided an update on existing capital investment schemes, including Hillside, super hubs, and technology enabled communities. The savings proposals for 2021/22, as shown in Appendix A, were summarised:

- Modernising assessment, commissioning and services delivery for learning disability clients (£1.5m)

The assistant director all ages commissioning added that strengths based and technology driven approaches would be utilised to deliver better outcomes and reduce expenditure.

- Targeted review of complex cases followed by system challenge (£1.25m)

The assistant director for adult social care operations added that a key driver was developing Herefordshire services, thereby minimising out of area placements.

- Implementing changes to client charging policy and income disregards

It was reiterated that £330k of the £520k proposed savings was at risk and alternative savings proposals were being prepared.

The director for adults and communities said that the proposals had been developed in the context of the principles of equity and fairness, the need for culture and practice change, and would build upon the strengths based model.

The chairperson acknowledged the extraordinary times, pressures and unknowns which made forecasting difficult in both financial and service delivery terms. It was noted that the strengths based approach was about working smarter and doing more

with less. In response to questions, the head of corporate finance provided an overview of the 'adult social care precept explanation' slide, as included in the updated appendix, and the chief finance officer commented on the impact of the precept on the overall financial position of the council. The chairperson recommended that a plain English narrative on the precept be prepared in order to aid public understanding. In response to further questions: the chief finance officer commented on the increase in council tax reduction claimants and on the economic outlook, adding that the council was proposing a range of mechanisms to support households in financial difficulty; and the assistant director all ages commissioning provided examples of the modernisation of learning disability services, including the review of care plans for people with complex care and learning disability needs, and recommissioning options for respite and day opportunity services. The chair noted that the committee's work programme included scrutiny activity on the system response to Covid-19 and on learning disability services.

The vice-chairperson supported the preparation of a plain English narrative on the precept and commented on the need for further clarifications in terms of: the council tax base (report paragraph 6), including the overall figure in terms of the council tax base decline for 2021/22 as this was significant, for instance this would have an effect on the precepts of the market towns; the money expected from central government (paragraph 7), including any further movement in supporting local government to manage the pressures in response to Covid-19; how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8); and the level of public health grant (paragraph 10). Noting that 'access to health funding (NHS Continuing Healthcare and joint funding)' was included in the adults and communities risk register, the vice-chairperson emphasised the importance of maximising income from all sources.

Later in the meeting, the chief finance officer explained that the settlement provided by government was still draft, with the precise budget for public health expected to be confirmed during the following week, and there were ongoing conversations with government departments about the financial pressures resulting from Covid-19. It was noted that the reduction in council tax base was unusual and it was acknowledged that the situation needed to be described better.

Questions and comments were invited from committee members, the principal points of the discussion included:

- i. The increasing use of food banks was an indicator of worsening income levels.
- ii. A committee member said that the need for a precept and the need for significant savings to be delivered had to be communicated clearly. It was commented that the adults and communities directorate had a profound role in the lives of vulnerable people, and it was essential to understand how different proposals would affect service users. It was noted that the identified challenge of 'pace and scale of change across the system' also applied to service users, both in terms of adapting to change and in adjusting their personal finances. It was suggested that services users should be provided with as much notice as possible and consideration should be given to increasing charges in a stepped or staged way.

In response, the director for adults and communities said that there was a lead in time for engagement and consultation to allow people to prepare for the changes

but the savings proposals involved binary decisions and the sooner that the changes were made then the sooner the efficiencies for the council could be met. The director also commented that: the directorate was focussed on high quality practices and outcomes for its customers; there were areas for improvement in the county, including employment levels for people with learning disabilities; and there was a need for conversations with customers and with the providers of care to manage the transition and provide a better offer.

- iii. A committee member commented on the challenges posed by the annual local government finance settlement, the vulnerabilities to economic change and the erosion of the council tax base. It was noted that the cessation of the furlough scheme could be significant for many households and it was suggested that additional modelling be undertaken to explore the consequential impacts. It was questioned how the Talk Community programme might be affected. It was also questioned what was being done to address the potential impact of the pandemic on the mental health of young people.

The director for adults and communities commented on the role of existing communities in the success of the strengths based model and it was essential that the right investments were made, such as in integrated community hubs. It was reported that: thirteen Talk Community hubs had been established and it had been the intention to increase this to twenty by the end of the year but this would be a struggle due to Covid-19; there was an arrangement with hvoss (Herefordshire Voluntary Organisations Support Service) to recruit and develop volunteers; profiling had been undertaken to help communities to understand and respond to local needs; and a formal engagement process was to be undertaken with communities to push the Talk Community agenda further.

The assistant director for adult social care operations noted the pressures on mental health services and commented on work being undertaken with Herefordshire and Worcestershire Clinical Commissioning Group and Herefordshire and Worcestershire Health and Care NHS Trust; it was noted that a team had been established recently to support people with personality disorder.

The assistant director all ages commissioning said that the strategic approach to commissioning took the wider economy and workforce into account, and the council was working with care providers to recruit from the potential available workforce, including from the retail and hospitality sectors.

The chief finance officer outlined proposals from government to smooth the impact of reduced income sources over a number of years and specific funding streams to address under collected council tax, adding that further details of the schemes were awaited. He also outlined bad debt provision, the challenges associated with trying to estimate the impact of the pandemic and economic recession, the modelling undertaken to date, and the risks around the cessation of business rates relief.

- iv. The head of prevention and support provided further details of the recent High Court judgement and gave an overview of the alternative savings proposals that were being developed. These included applying the state retirement income increase of 2.5% from April 2021 and an intensive programme of reviews to be undertaken by the financial assessment team in terms of nil charge payers,

disability related expenditure, and occupational pension income. The welfare and financial assessment team manager added that the savings proposals were based on the assumption that the allowances used in financial assessments, as set by the DHSC, would remain frozen in 2021/22.

The chairperson noted that this was an unexpected development and questioned whether any work had been done to assess and mitigate any impacts on service users. The director for adults and communities advised that work on the full equality impact assessments, as with the other savings proposals, had not yet been undertaken. He added that the directorate endeavoured to work at maximum efficiency, utilised officer networks to develop and present initiatives, and looked for the best ways to support its customers. However, social care was not free at the point of delivery and was means tested.

The vice-chairperson noted that the nature of this work was ongoing and that it may need to feature as part of the committee's work programme going forward.

The comments of the attending cabinet members are summarised below:

- The Leader of the Council said that: the questions from the committee were welcomed; the potential economic impact of the furlough scheme being withdrawn was a national issue but the county needed to ensure that it received a fair share of any support measures; the work of officers was appreciated, including the positive developments in terms of Talk Community and in the necessary maximisation of income to help the whole community through these difficult times; and it was encouraging that 45% of people responding to the budget consultation thought that the proposed council tax and social care precept increase of 4.99% was about right.
- The cabinet member - health and adult wellbeing said that: any increase in council tax was difficult many people but the council had to provide services to meet the needs of its residents; the increase of 4.99% represented an increase of £1.51 per week for a band D equivalent property and was necessary, particularly to support elderly and vulnerable people; and the directorate was thanked for its hard work.

Later in the meeting, the vice-chairperson suggested that such points should be made clear in the messaging around the increase.

- The cabinet member – finance and corporate services said that: the comments of committee members had been insightful; officers in the finance and directorate teams had thought deeply about where the pressures were coming from and the transformational change that was necessary to make savings whilst continuing to meet the council's statutory responsibilities and the increasing demand for services; and close cooperation across the council was essential in order to respond to demographic pressures, to the pandemic and to other unexpected challenges, such as flooding incidents.

In response to a question from the chairperson about the identified support for a Herefordshire Community Lottery in the local consultation, the attending cabinet members commented that: interesting feedback had been received from the local consultation and from the online public consultation; best efforts had been made with the consultation given current social distancing measures; a lottery could involve an element of public choice in the elements to be supported; any lottery should not have a

disproportionate impact on individuals with lower incomes; and time would be taken to develop any related scheme.

Further to a comment made by a committee member about the positive contributions being made by local people, the chairperson said that it was fortunate that the county had such a depth of voluntary service and paid tribute to the efforts being made by members of the public to support vulnerable people within their communities.

The committee discussed draft recommendations and agreed the following resolution.

Resolved to recommend to the General scrutiny committee:

The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.

The committee recommends that:

1. **A plain English narrative be prepared to explain the adult social care precept.**
2. **Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10).**
3. **That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting.**
4. **That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally.**
5. **That details of the alternative savings proposals for £330k be circulated to councillors as soon as possible, with a report presented to a future meeting of the committee.**
6. **That consideration be given to additional modelling around potential economic scenarios, including the cessation of the furlough scheme, and the consequential impacts such as the erosion of the council tax base, reduction in other income streams, and on the delivery of services.**

26 COMMITTEE WORK PROGRAMME

The chairperson invited the committee to review the work programme and suggested that, in view of ongoing developments and to explore thematic elements in detail, that an informal briefing for committee members be arranged on the Covid-19 response in due course.

A committee member suggested that there was a need for a task group on mental health given that this was an increasingly significant and urgent issue in local

communities. Committee members and officers discussed the best approach, noting that there were other inter-agency groups with workstreams on mental health and scrutiny activity had to be deliverable within existing resources. A committee member suggested that the agenda item in the work programme on mental health be brought forward from the May 2021 in order to inform the approach to be taken. This was supported by the committee and there was a brief discussion about the rearrangement of the work programme.

The vice-chairperson welcomed the inclusion of an extract of the council's forward plan for decisions relating to the adults and communities directorate and suggested that the Hillside Care Centre could be a future item for the work programme; the director for adults and communities provided a brief overview of the current use of Hillside as a discharge to assess facility and plans for its development in terms of an assessment and demonstration centre, and technology enabled offer.

The chairperson proposed that an informal briefing for committee members be arranged on mental health; a committee member added that post-traumatic stress in relation to people's experiences of Covid-19 was of particular concern.

Resolved:

That the committee work programme be confirmed, subject to following:

- i. informal briefings for committee members on the Covid-19 response and on mental health be arranged to inform scoping documents for potential scrutiny activity;**
- ii. the agenda item on mental health be brought forward and the agenda item on emergency and urgent care be moved to a subsequent meeting;**
- iii. the presentation of the forward plan in relation to adults and communities directorate be maintained in the work programme item; and**
- iv. that potential scrutiny activity in relation to Hillside Care Centre be considered in future work programming.**

27 DATE OF NEXT MEETING

Monday 29 March 2021 at 2.30 pm *

[* note: additional meetings of the committee were arranged subsequently for Tuesday 26 January 2021 at 2.30 pm and Wednesday 24 March 2021 at 9.30 am]

The meeting ended at 12.25 pm

Chairperson

Minutes of the meeting of Adults and wellbeing scrutiny committee held online on Tuesday 26 January 2021 at 2.30 pm

Present: Councillors Elissa Swinglehurst (chairperson), Jenny Bartlett (vice-chairperson), Sebastian Bowen, Helen l'Anson^{*1}, Tim Price, David Summers and Kevin Tillett

In attendance: Councillors Liz Harvey (Cabinet member - finance and corporate services), David Hitchiner (Leader of the Council)^{*2} and Ange Tyler (Cabinet Member - Housing, regulatory services, and community safety)

Officers: Ben Baugh (Democratic services officer), Susie Binns (Team manager (welfare and financial assessments)), Kate Coughtrie (Deputy solicitor to the council), Lee Davis (Head of prevention and support), Samantha Evans (Senior lawyer), Andrew Lovegrove (Acting Deputy Chief Executive (S151)), Jenny Preece (Governance support assistant) and Paul Smith (Assistant director all ages commissioning)

[notes: ^{*1} Councillor l'Anson left the meeting part way through agenda item '21/22 budget saving proposal amendment' and took no part in the voting thereon; ^{*2} Councillor Hitchiner joined the meeting part way through the same item as a non-voting attendee.]

28 APOLOGIES FOR ABSENCE

Apologies for absence had been received from committee member Councillor Seldon. Apologies had been received from Councillors Crockett (cabinet member - health and adult wellbeing) and Councillor Watson (cabinet support member - adults and communities). Apologies had also been received from Stephen Vickers (director for adults and communities).

29 NAMED SUBSTITUTES (IF ANY)

Councillor Summers was present as a substitute for Councillor Seldon.

30 DECLARATIONS OF INTEREST

No declarations of interest were made.

31 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

32 QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

33 21/22 BUDGET SAVING PROPOSAL AMENDMENT

Note: In addition to the report and appendix published in the agenda, a supplement had been circulated before the meeting which contained presentation slides and identified a

correction to references, made at the last meeting held on 13 January 2021 and in the documents for this meeting, to the effect that the savings gap was £320k and not £330k.

The chairperson reminded the committee that, at the last meeting, a budget saving proposal had been suspended as a consequence of a recent High Court judgement (minute 25 of 2020/21 refers). This additional meeting had been convened to consider an amended saving proposal and to determine any recommendation that the committee wished to make to Cabinet.

The head of prevention and support explained the presentation slides which detailed the amended savings proposal for income generation of £0.52m, comprising: £200k by applying a 3.9% increase to pension income received in 2020/21 that had been put on hold; £312k by applying a 2.5% increase to state retirement income and review of occupational / private pension income from April 2021; and £8k through conducting reviews of nil charge payers and disability related expenses to identify changes in circumstances. The team manager (welfare and financial assessments) provided an overview of the graphs included in the presentation slides.

The head of prevention and support and the team manager (welfare and financial assessments) responded to questions from committee members, the principal points included:

1. It was confirmed that the uplifts in retirement income in 2020/21 and 2021/22 would be taken into account when setting the charges for care and support services.
2. The savings proposals were based on the assumption that the Minimum Income Guarantee (MIG) and Personal Expenses Allowance (PEA) rates set by the Department for Health and Social Care (DHSC) would remain frozen in 2021/22; the committee was informed that these allowances had been frozen since 2016.
3. Undertaking a review of nil charge payers and disability related / household expenses was described as 'normal business' but would be subject to increased focus by the financial assessment team for 2021/22.
4. It was noted that the increased charges would affect pension age service users receiving care and support in their own home or in care homes.
5. It was confirmed that the savings gap which the budget saving proposal amendment sought to address was £320k and not £330k.
6. It was acknowledged that the use of a different value axis for the 'people receiving care and support in own home' graphs for 'increased charge state pension 3.9%' and 'combined 3.9% and 2.5%' had been unhelpful and there was a need for statistics and graphs to be presented consistently;
7. The committee was provided with assurance that services users were notified about increased charges and were signposted proactively to the appeal process, and advice and support was available to service users on accessing benefits that they were entitled to.

8. An overview of the appeals process was provided and it was noted that appeals could be lodged using a form or by letter. The assistant director all ages commissioning added that an independent advocacy service was commissioned to provide support to service users; on average, 450 people had an advocate at any one time.

The attending cabinet members were invited to comment, the principal points included: the committee was thanked for holding this additional meeting and for the questions that had been raised; officers were thanked for reviewing the options available in order to deliver on the savings target; it was noted that financial assessments were undertaken carefully by officers; it was recognised that the proposals involved difficult decisions which would have a material effect on service users; and the committee was advised that the savings programmes would be monitored.

In response to a question from the chairperson, the head of prevention and support confirmed that the graphical representation of 'people receiving care and support in own home' who would be impacted by the increased charges would be amended prior to cabinet.

The committee then agreed the following resolution.

Resolved to recommend to cabinet:

That the amended budget saving as proposed be accepted.

34 DATE OF NEXT MEETING

Monday 29 March 2021 at 2.30 pm

[* note: an additional meeting of the committee was arranged subsequently for Wednesday 24 March 2021 at 9.30 am]

The meeting ended at 3.24 pm

Chairperson



Title of report: Carers strategy

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Monday 29 March 2021

Report by: Senior commissioning officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the attached draft carers strategy for 2021 to 2026 from the adults and communities directorate and to determine any recommendations the committee wishes to make.

Recommendation(s)

That the committee:

- (a) considers the draft carers strategy for 2021 to 2026 (appendix A) by the adults and communities directorate; and**
- (b) determines any recommendations it wishes to make to the executive.**

Alternative options

1. It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also has the function to make recommendations on any matter it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive. As such, there are no alternative options.

Key considerations

2. The adults and wellbeing scrutiny committee has powers including the review and scrutiny of any matter relating to the planning provision and operation of council, public health or health services (not reserved to the children and young people scrutiny committee), affecting the area and to make reports and recommendations on these matters.
3. Family and other unpaid carers play an important role in supporting vulnerable older and disabled people in communities and have been the focus of wide ranging legislation and national policy over the past twenty years. Herefordshire's current carers strategy was adopted in 2017 and is due to be replaced by a new strategy in 2021. The 2011 census identified approximately 21,000 unpaid or family carers in Herefordshire, based upon a broad definition. 7,500 carers are flagged among the patient population of GPs in the county. Carers are people of all ages, as are those they support. Young carers form a particularly vulnerable group which has been a focus of particular development during the period of the current strategy.
4. The current carers strategy expiring in 2021 adopted six priorities:

Identifying carers

Information and signposting

Carers knowledge and employment

Networking and mutual support

Access to universal services

Assessment and support

Review of the strategy has indicated that the majority of actions and priorities have been addressed successfully, but that there is still work to be done. Some of the established priorities from that strategy are taken forward in some form by the new draft strategy albeit with different emphasis. There are multiple stakeholders in strategies of this kind and it is for each of those stakeholders to ensure implementation and continued engagement, in this case with carers. The council has limited resources with which to drive and co-ordinate whole system strategies. In the future, all strategic documents including the carers strategy will be subject to a formal mid-term review report. This review of the strategy will take place in 2023, culminating in a report to health and wellbeing board.

5. The current and new draft strategy both promote the council's strengths based approach, focusing on what people can do for themselves and with the support of their peers, their families and communities. There is a focus on trusted information and signposting and participation in communities, along with access to services and support when needed. This is also the context for the service for carers, which was recommissioned by the council in 2018/19 and makes the most of limited resources to address key needs among carers. Over the same period a new service was established for young carers, delivered by children and families directorate as part of wider family support and early help provision. This complements some continuing support groups and activities for young carers provided by voluntary and community organisations.
6. The new strategy is informed by Talk Community, exploring both how carers can be supported by their communities and what they themselves can contribute to their local community.

7. The draft carers strategy is the product of extensive engagement with carers and stakeholders which began in September 2020 and has included a carers forum, a stakeholder group, a public survey and surveys of young carers and young adult carers. Feedback and ideas from the different interest groups has shaped the priorities and proposed actions in the strategy. Engagement will continue over the next few months until the strategy is considered formally by cabinet in September 2021. The timetable for completing the strategy includes:

April-May 2021	Further engagement with carers focus group and stakeholders Second draft of the carers strategy
June 2021	Health and wellbeing board review of the draft strategy
July-August 2021	Engagement with carers and stakeholder agencies Preparation of final draft of carers strategy
September 2021	Carers strategy considered by cabinet
Oct-Nov 2021	Strategy published in various forms and websites

8. The draft strategy identifies five priorities to be taken forward over the next five years:

- Carers voice
- Carers in the community
- Services offered to carers
- Carers wellbeing
- Financial stability for carers

In addition, the strategy encompasses two over-arching themes;

“Think carer”

“Carers and technology”

These are felt to be important across a number of priorities and have potential to develop over time. Considerations relating to young carers are identified at various points throughout the strategy.

9. A number of actions are set out for each priority, these are summarised in an action plan towards the end of the document. Each individual agency will be responsible for delivering the actions within their services. To offer challenge and support in delivering these actions a carers partnership board will be established and be maintained for the life of the strategy. In addition a formal mid-point review will be reported to the health and wellbeing board to challenge and hold each agency to account in the delivery of the action plan.
10. The carers strategy engagement and preparation has been taking place during the Covid-19 emergency. There has been considerable national and regional attention given to carers issues, recognising the additional pressures and risks which may

attend carers lives, including social isolation, reduction in support and illness. During periods of lockdown, demand for and contact to the commissioned service provided by Crossroads 2gether was reduced. The provider developed new approaches and a more versatile model to maintain services and find ways of reaching and supporting carers at this time. Talk Community operations handled enquiries from carers, most notably during the first lockdown.

11. Unpaid family carers are being offered vaccination in February and March as part of Priority Cohort Six, with up to 10,000 individually identified carers being offered appointments for first doses. The government direction on this priority identifies that some carers of children will not be eligible and restricts vaccination for young carers to those aged 16 and 17 only.

Community impact

12. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.
13. This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition “strengthen communities to ensure everyone lives well and safely together”. The carers strategy in particular promotes involvement by and support of vulnerable carers in communities, whilst also promoting the plan’s theme of connectivity.
14. There are no particular implications of this report for the council’s role as corporate parent, although for some family carers of disabled children, the family will be experiencing the care system. Information, signposting and support for carers of disabled children should reflect and fulfil the council’s responsibilities as corporate parent, where appropriate. There may be health and safety implications for partner and provider agencies delivering direct support for carers and these would be identified by those agencies and where applicable in any contract held by the council.

Environmental impact

15. There are no general implications for the environment arising from this report. The significant focus in the draft carers strategy on carers engaging with their local communities, including through Talk Community will tend to encourage carers to participate and seek support in their local area, so reducing need for travel or the transporting in of services to provide support. Therefore indirectly, the strategy may help to reduce carbon emissions in the county over time.

Equality duty

16. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The carers strategy addresses the experience and opportunities of a significant population group who include large numbers of people sharing protected characteristics. Many carers are people over 65 and therefore share the protected characteristic of age, as do young carers under 18, who are a much smaller but very vulnerable group of carers. A majority of carers are women and otherwise carers are drawn from all walks of life and so include representation of other groups sharing protected characteristics.
18. Carers are supporting people, often family members, who belong to groups sharing protected characteristics, including older people, but most notably, disabled people of all ages, including people with mental health needs. The draft carers strategy is intended generally to improve the experience of and services or opportunities for carers, including those sharing protected characteristics. The carers strategy is not expected to have any negative or adverse impact on anyone belonging to a group sharing protected characteristics.

Resource implications

19. As a report informing the scrutiny process, it has no direct implications for resources.
20. The draft carers strategy has no direct resources implications for the council as it sets out a general strategic direction for the whole local system, which will be dependent on the existing resources of multiple partner agencies. There is no specific impact on council resources currently directed to carers.

Legal implications

21. Both the Care Act 2014 and The Children and Families Act 2014 introduced responsibilities on local authorities to assess a carer's need for support, and where appropriate, consider the impact of being what a carer has on their wellbeing.

Risk management

22. No risks are identified specifically in relation to this covering report; scrutiny is a key element of accountable decision making and may make recommendations to certain

NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

Consultees

23. There has been extensive consultation with carers and with a wide variety of stakeholders since September 2020 in preparing for the draft carers strategy. Those consulted include;

Carers

NHS partner agencies, including Wye Valley NHS Trust, Herefordshire and Worcestershire Clinical Commissioning Group, Taurus and Herefordshire and Worcestershire Health and Care NHS Trust.

Voluntary and community organisations including commissioned providers

Commissioned providers of domiciliary care and nursing and residential care

Members of the council

Parish Councils

Herefordshire Making it Real Board, advising on adult social care provision

24. The method of engagement with these stakeholders has included;
- Formation of and multiple virtual meetings with a carers focus group, reflecting a wide range of different carers, by age and demography, geography and cared for user groups. A variety of support has been offered to carers to enable them to participate and contribute.
 - Multiple meetings with stakeholders from voluntary and community organisations, NHS and other partners
 - An online survey of carers via the council website promoted through various routes including parish councils, with around 70 responses
 - A survey of young carers, supported by the council's young carers service, eliciting 21 responses
 - Attendances at provider forums for domiciliary care, care homes and community providers and two attendances at Making it Real Board
 - A members' workshop
25. The content of the draft strategy has been shaped and directed entirely by the engagement conducted, so it is not practicable to pick-out particular contributions or influences. The carers focus group and other carers engaged with have directed the priorities and cross cutting themes. The wider stakeholder and member engagement has contributed to elements of the priorities and to the form and scope of the actions in

the strategy. The Making it Real Board raised questions and suggestions about the wider engagement and the form and accessibility of the eventual publishing of the finished strategy.

26. The engagement on the draft strategy will continue beyond the meeting of the scrutiny committee and on a further draft document. This will include consideration by the health and wellbeing board and further meetings of the carers focus group and stakeholder group before the final draft of the strategy is considered by cabinet.

Appendices

Appendix 1 Draft carers strategy

Appendix 2 Review of previous strategy

Background papers

None identified.

**Herefordshire Carers
Strategy
2021 – 2026**

First draft

March 2021

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Introduction

A commitment is made by key stakeholders in Herefordshire to recognise the role played by carers and improve the experience of unpaid and family carers in the county. This strategy outlines what has been identified as important to carers and what action will be taken to help enable improvement to their lives and experiences.

This carer's strategy has been developed during the COVID 19 pandemic. Therefore the engagement and direction of the strategy has been shaped by the climate in which it has been prepared.

Herefordshire's vision for carers

This strategy seeks to *“improve the life and experience of Herefordshire's carers by recognising, valuing and equipping them to carry out their caring role, whilst enabling them to keep well and live their own life.”*

Who is the strategy for?

There are estimated to be over 21,000 carers supporting people with care or support needs in Herefordshire.

Carers are anyone, young or old, who provide unpaid care or support for someone they know who cannot cope without their support because of their illness, frailty, disability, a mental health problem or an addiction. Many of us will have caring responsibilities at some point in our lifetime, often whilst juggling other roles such as work, study and other family commitments.

Carers and those they care for may have many different relationships with one another; they may be a couple, part of a larger family living together or friends. Carers often don't recognise themselves as a carer, because it can be difficult to define the type of support they provide and separate it from the relationship they would have with the cared for person in any other way. It often takes up to two years for a carer to recognise themselves as such.

Terms frequently used for describing carers include;

- Unpaid carers (to distinguish from the paid care workforce)
- Parent carers (where a parent has additional caring responsibilities because of a child or Young person's illness or disability).
- Young Adult Carers (Young adult aged 16 to 18 with caring responsibilities)
- Young Carers (Anyone aged 15 or younger with caring responsibilities).

The sort of care and support provided by a carer will vary from person to person in each scenario. Below are some examples of the type of support a carer may provide.

I am 12 years old and I support my mum when she is finding things hard. I help to cook meals, care for my younger brother, make sure my mum has taken her meds and get things she needs when she is feeling low.

I am retired and live in the countryside. My elderly neighbour does not have any family nearby, they are quite frail and have had some falls. They also get lonely. I get their shopping for them and pop in to say hello when I deliver, although COVID has made this difficult. They have an emergency alarm and I am the first point of contact if they have an emergency like a fall.

I am self-employed working part time and I care for my sister who lives with me. My sister is often awake at night and I have to get up several times, which makes me very tired in the day when working.

What is the strategy about?

The carer's strategy is a document which sets out what carers, and others have told us is needed to improve the lives of carers in Herefordshire and what action needs to be taken to achieve this.

In developing this strategy council officers have engaged with many different people including;

- A focus group of carers from different backgrounds with different caring responsibilities.
- Young carers and young adult carers.
- Other key stakeholders such as health organisations, the police and specialist carer focused organisations.
- Making it Real Board; a group of people from Herefordshire with different experiences of health and social care services.
- Councillor's
- The wider public through a public survey.

This strategy will bring together the information gathered from engaging with these groups and carrying out desktop research in the form priority areas to improve lives for carers. Each priority area will have a set of actions that will need to be taken to achieve the improvements for carers.

Who is responsible for making the actions happen?

Anyone who interacts with carers, including carers themselves, can make a difference to the experiences carers have in Herefordshire. Carers can be of any age, from any background and with any of the challenges of day to day life that all residents of Herefordshire may face in addition to their caring role.

Overarching responsibility for driving and delivering the actions set out in this strategy lies with a number of different organisations, including the council. A Carers Partnership Board, made up of carers with lived experiences, key stakeholders and other relevant organisations or voluntary groups, will be established to challenge and support the key stakeholders in the delivery of actions. Progress in implementing the strategy and further challenge will be reviewed by the council scrutiny committees. Herefordshire's Health and Wellbeing Board will hold the key stakeholders to account, with a formal midpoint review of the strategy implementation and delivery of actions.

Identifying themselves as a carer can enable people to take the first steps to make a difference for themselves and for other carers. Former carers can also be an invaluable source of support

for other carers and in raising awareness. The council's whole system initiative, Talk Community provides important context for the carers strategy The Talk Community approach considers;

- What can I do for myself?
- What can I do for my community?
- What can my community do for me?

As a member of the community, be that local, shared interest or another form of community, each person can make a difference for carers as part of that community.

When someone is receiving care and support they are often able to offer something in return, albeit in a slightly different way than they may have previously. For example, a grandchild may call in to help their grandparents with some cleaning and whilst they are there their grandparent may share a skill such as art, or their experience and knowledge of a subject the grandchild is studying at school or college.

Feedback from the public engagement survey told us that 57% of those who responded were working and a further 14.3% were engaged in volunteering. Employer, education providers and places that offer volunteering opportunities have a key role to play in supporting carers to be able to continue to live their own lives, whilst also being a carer.

Policy and Strategic Context

A Strengths based approach

Herefordshire's adult social care and wider community services follow a strengths based approach to identifying people's needs and supporting them. This is focused on personalised planning and promoting independence. The approach starts from understanding the person; who they are, their aspirations, their role in their community and what they can do for themselves. It then seeks to understand what they can do with the support of their family, their carer and their wider community.

The strengths based approach also informs Talk Community and other strategic initiatives including Project Brave. In social care services for children and families, the national Signs of Safety programme encompasses the principles of strengths based working.

COVID 19

This strategy has been developed during the COVID 19 pandemic. As such some carer experiences will reflect the additional pressures of these times.

Nationally Carers UK have reported that;

- 70% of carers are providing more care due to the coronavirus outbreak.
- Over a third (35%) of carers are providing more care as a result of local services reducing or closing.
- Carers are, on average, providing 10 additional hours of care a week.
- 69% of all carers are providing more help with emotional support, motivation, or keeping an eye/ checking in on the person they care for.

Funding from the Herefordshire public carers engagement survey in 2021 are 79.3% have found that COVID has made their caring role more difficult.

The main issues faced by carers during Covid-19 were listed as:

- 42.3% carers stated I am spending more time caring.
- 40.4% stated I am concerned about increased risk to the person I care for.

Unpaid family carers are included in Priority Cohort 6 as part of the national vaccination programme. Herefordshire is one of the leading areas in England for the rapid delivery of vaccination to its communities. Up to 10,000 family carers have been contacted by GPs and the council to offer them a first dose of vaccine

Herefordshire's County Plan

The County Plan 2020 – 2025 encompasses a renewed focus on People and Communities. The plan sets out the ambitions for Herefordshire under three areas;

- **Environment.** Protect and enhance our environment and keep Herefordshire a great place to live.
- **Community.** Strengthen communities to ensure everyone lives well and safely together.
- **Economy.** Support an economy which builds on the county's strengths and resources.

The plan commits to continuing to develop approaches that build on people's strengths and the many resources they have in their local communities, such as our exceptionally strong voluntary sector and family carers. With the aim to recognise and support the role that these important people play in enriching the lives of many vulnerable people in our community.

Talk Community

Talk Community is an all-encompassing approach to communities and their partnership with the council. It is about all communities and people of all ages. Talk Community recognises that the council cannot and should not commission or deliver everything required to promote wellbeing and manage demand for formal care or support for all vulnerable people in the future. A successful strengths-based, prevention focussed system depends upon the council finding the right ways to support, promote, inspire and enable local communities to develop their own assets.

The Talk Community vision is that the council will be "innovating to make independence and wellbeing inevitable".

The plan is set out under three main areas, indicating how Talk Community will focus on:

- People; creating sustainable vibrant communities;
- Place and space; where people live, work, study and get together;
- Economy; how promoting wellbeing and supporting vulnerable people benefits from the local economy and contributes to it.

The current strategy

"A Joint Carers Strategy for Herefordshire 2017 – 2021" is now to be replaced by the new strategy. It has been reviewed throughout the strategy lifespan and the impact measured against an action plan. Learning from what has worked and what has not worked within the current strategy has informed the content of this new strategy.

The current strategy now expiring set out six priorities and each priority had numerous actions under the title of “what needs to happen”.

In autumn 2019 a review of the Joint Carers Strategy for Herefordshire 2017 – 2021 identified that of the 47 actions planned, the majority had progressed well and had either been delivered or were in the process of being delivered. This has also been reflected on during engagement in planning for the development of this strategy. Whilst consequently there have been some improvements for carers there is still much to be done, this strategy will seek to build on the former strategy, as well as addressing newly identified priorities.

Nationally and locally there is still a challenge in carers recognising themselves as carers, as well as others **recognising and valuing carers** input. Whilst there have been some improvements in local online information available to carers, it is mainly people supporting carers who use this rather than carers themselves.

Support available to **young carers** and **young adult carers** has increased through a whole family service provided by the council. The service has met with generally positive feedback and responses from those using it, along with some suggestions about how the service can be developed further encourage young carers to come forward for support.

The family support worker has changed my family for the better. I have a better relationship with my parents, I can control my emotions better and understand them. I have a lot of support in school now from my teachers and this is because my family support worker has told them everything and they now understand, they answered all the questions I couldn't. Thank you.

A new **commissioned carer's service** was mobilised in 2019 and is working within communities to build local support networks for carers. Engagement with communities as a key way of enabling carers continues as a priority in this strategy, within the context set by Talk Community

Your advice was most helpful and enabled us to contact and stir into action relevant social care services when I began caring for my wife after hospitalisation and we have now engaged professional carer's. It gives us confidence to know you can and will point us in the right direction to tackle any problems arising from social care needs.

Employer and school awareness of carers to enable carers to continue or re-enter the workplace requires attention and is addressed further within this strategy. Access to support networks and somebody to talk with is a high priority for carers. This has been raised by the carer's focus group and consolidated by the public survey. Many carers went on to express the need to have someone to talk to, including at night.

Whilst carers have had some positive experiences that evidence **health and social care services are more carer aware**, there are equally still some negative experiences indicating an inconsistency in service responses to carers.

Overarching themes

There are two defined overarching themes that are key to all aspects of this strategy and are linked the five priorities.

Think carer

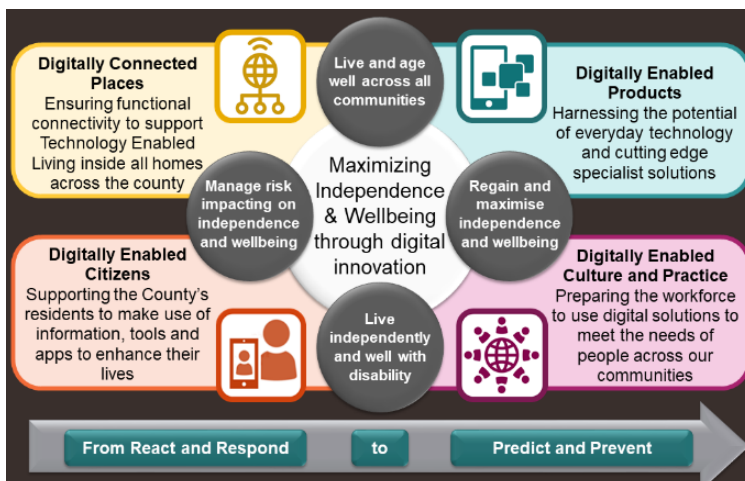
“Think carer” is a simple concept of asking services and professionals to consider that customers may be carers and how that should affect the service provided. Raising awareness of carers across the wider community will provide a better understanding of carer needs, better responses and customer experiences.. Also carers say that health, social care and other public services always considering carers when interacting with them and the cared for person is vital key in improving their experiences. Opportunities to explore and promote “think carer” include;

- Principle 1 of the NHS Commissioning for Carers Principles is “Think carer, think family; make every contact count”
- Carers Week is held in June each year. This is a national awareness week that helps to raise awareness of the vital contribution carers make and highlights the challenges carer face.
- Carer Awareness programmes and training seek to raise awareness of carers in the health and social care workforce.

Technology

Technology is continually evolving and will continue to do so at pace during the lifespan of this strategy. There are several projects underway in Herefordshire exploring and implementing ways to use technology to increase independence for those with care and support needs. The potential benefits for carers of these developments are also significant, if fully realised. Carers first considerations are for the cared for and a shortage of time is a recurring challenge and strain for carers. Through the use of technology there is the opportunity to improve independence for the cared for and carers, by increasing time and flexibility available to them.

Herefordshire council’s technology approach seeks to progress beyond using equipment and applications simply for monitoring purposes, It is investing in proactive and predictive technologies to support the wider health and wellbeing of local people and communities. The image below summarises the local approach.



Priorities

There are five priorities adopted in the strategy and these describe what is important to carers and what can action is proposed to make a difference and improve outcomes;

- Carers voice
- Services offered to Carers
- Carers in the community
- Carer wellbeing
- Financial independence for carers

Making a difference to carer's lives will not come from one person or one organisation. It is important that many different people and organisations recognise their role in making a difference, embrace these priorities and take action to make this a reality. Each intention will identify 'what can I do' as well as formal actions for key stakeholders to undertake.

Priority 1 – Carers voice

Actions;

1. Key stakeholders will proactively seek to **identify carers** in the process of delivering their normal services. Where a carer is identified they will ensure that they record this and provide relevant information and advice, including signposting WISH.
 - Key stakeholders will hold a record of carers.
 - Carer's feedback will report that following engagement with key stakeholders they are able to locate relevant information and advice sources.
2. Where appropriate carers should be included in any **cared for planning, assessment or delivery of care provision**. Where this is not appropriate this should be clearly explained to the carer, with opportunity for the carer to clearly articulate their thoughts.
 - Cared for records will identify and link to carer records.
 - Carer feedback will report inclusion and / or opportunity to articulate thoughts in cared for planning, assessment or delivery of care.
 - Carers will report offer of carers assessment at time of cared for assessment.
3. As employers, key stakeholders will set out to model good practice to other employers in Herefordshire by proactively seeking **to identify carers in their organisation, raise awareness of carers** amongst their workforce and seek ways to support carers as a responsible employer.
 - Key stakeholders employment records will identify carers.
 - They will have relevant policies in place to support carers.
 - They will have an evidence based programme to raise awareness of carers in their organisation and will be able to demonstrate impact of this on the workforce.
 - Feedback from key stakeholder employees who are carers will need to illustrate an improved understanding of caring roles and reasonable measures to enable workers to continue and progress in their employment.

4. A Carers Partnership Board will be established to ensure that the voice of carers are heard by key stakeholders in developing services and to support the implementation of this strategy.
 - Carers with lived experience (current or former) will feel that their voices are heard and see them reflected in service delivery changes by key stakeholders.
 - In delivering the actions required within the action plan key stakeholders will be able to access challenge and support of carers with experience of caring in Herefordshire.

5. Key stakeholders will model **engagement** with carers and how their **participation** can shape individual and wider service experiences.
 - Key stakeholders will be able to demonstrate engagement with carers and the impact this has had in any new services, operational procedures, strategies or other developments that directly or indirectly impact on carers.
 - Herefordshire Council will actively involve carers in procurement of services and development of projects relating to the use of technology in promoting independence for people with care and support needs.
 - Impact will be indicated by carers reporting that they have been engaged with and listened to in service developments.

What can I do?

1. As a carer I will actively seek opportunity to make my voice heard, offer reasonable challenge and feedback to services where I have had a positive or negative experience as a carer.
2. As a resident of Herefordshire I will support friends, family, neighbours, colleagues or anyone else I know who identify as a carer in making their voice heard and increasing understanding of what carers do.
3. As someone who requires care or support, I will make professionals or other services that I interact with aware that I have a carer and what they do to support me.

The issues;

Hearing Carers' perspective

To enable carers to have a voice, awareness of and respect for carers must be raised. This will only be achievable if more people are aware of carers and consciously think about the carer when engaging with them or the person they care for. This may be in education or employment, where the educator or employer can enhance support for carers and productivity by being aware of the role of carers and the potential impact this may have on the carer whilst undertaking their studies or work.

I find it hard with working and making sure I have enough money to live on whilst taking the needs of the person I care for into consideration. If the person I care for has appointments it's sometimes difficult asking an employer for time off, not all employers are understanding.

The GP is not very understanding. Not being allowed to have flu vaccinations at the same time as the person I care for means we have to make two journeys, which are difficult.

When I struggle to get homework done my teachers will just tell me off and sometimes I just need a time to myself. I don't think school know what I do at home. They don't take in to consideration caring responsibilities and no flexibility with work. Nobody checks in with me.

Carers' Contribution

Carers make a substantial contribution to supporting vulnerable people in Herefordshire. The census in 2011 indicated that around 11% of the total population in Herefordshire were providing at least an hour of unpaid care a week, this is slightly higher than the nationally reported proportion of at 10%. During the COVID pandemic the support provided by carers has been even greater, stepping in or increasing input as paid support services have been stopped or reduced contact. In the public survey in early 2021 79.3% reported that the COVID pandemic has had an impact on their caring role, with 42.3% providing more hours of care.

Carers often have valuable knowledge and experience that should be listened to and respected. Carers have played a key role in the development of this strategy, informing and shaping the content through a range of engagement, including a focus group of carers, attendance at young carer virtual groups and online surveys.

Improving the experience of carers

Whilst many key stakeholders recognise the value of carer contribution in their strategic vision, this is not consistently the experience of carers in Herefordshire. Feedback from carers indicates that there are excellent examples of carers being recognised, consulted and offered valuable information or support. However, there are also examples, even in the same setting, of poor experiences that have left carers feeling undervalued, uninformed and therefore unable to carry out their caring role effectively.

To date carers have not been engaged with in the development of technology enabled living projects. Technology presents a number of opportunities to support carers in their role and to provide the cared for person with greater independence. This may include monitoring systems that can provide reassurance for a person to be left alone for a period of time, or environmental controls that can assist with activities such as turning lights on or opening curtains.

Valuing and championing carers

In engaging with carers a common theme raised is that carers want to be heard, both collectively and individually. Generally, carers in Herefordshire do not feel empowered to make their voice heard and they do not feel that there is a collective voice to champion the role of carers and pose challenge to ensure carers views are listened to. Through the carers focus group it has been highlighted that many carers do not know what their rights are or how to find information about what these may be.

Collectively carers identify that there is a lack of awareness of who carers are, the type of role they undertake, the pressures these bring and what carers contribute, in both their caring role and in the wider community.

In addition to being heard carers want their role to be respected and their contribution recognised and valued by professionals working in the health and social care sector, as well as more broadly in the community. By recognising and valuing the strength and offer that carers have, carers will be empowered to carry out their caring role, contribute to care for assessment and planning and enable carers to maintain their own wellbeing and live their own life.

Priority 2 – Support offered to carers

Actions;

1. Provide a carer specific service to act as a **single point of access** for information, advice, signposting, contingency planning and outcomes focused support.
 - Herefordshire Council will continue commission a carer specific service and promote continuing service improvement.
2. **Clear and easy to find web based content** to be available through a single point of access, providing links to further **reliable sources of information** and advice.
 - All stakeholders will ensure the Talk Community Directory has up to date carer specific information about their services.
 - All stakeholders will ensure their workforce is aware of the Talk Community Directory, will use this to direct carers to sources of information or signposting and will ensure carers know how to utilise the directory themselves in the future.
 - Carers will report being able to find clear and relevant web based information through a single source.
3. Key stakeholder workforce to be aware **'carer aware'** and to signpost carers to relevant services or information at all opportunities.
 - Key stakeholders will have a clear workforce development record that their workforce is 'carer aware'.
 - Carers will feedback that in all interactions with key stakeholders the workforce have been aware of the role of a carer.
 - Carers report being signposted to services or information relevant to their individual circumstances.
4. Support **voluntary and community organisations** to develop services for or inclusive of carers by providing information and guidance, including identifying and accessing relevant funding opportunities.
 - Talk Community encourages awareness and inclusion of carers in voluntary services.
 - Carers report being able to access services or areas of interest within their communities.
5. Ensure that **information about key stakeholder services** is available in a timely and accessible format to carers as well as cared for.
 - Carer's feedback that they understand what services are available and how to access these.
 - Carers are able to access information in an accessible format, such as large print.
 - Carers of young people transitioning to adulthood understand the changes this has for the carer, as well as the cared for.
6. **Carer's needs for social care support are appropriately assessed and reviewed.**
 - Adult social care ensures that all carers seeking support are aware of the right under the Care Act 2014 to a carer's assessment.
 - Where appropriate and the carer agrees, a strengths based or holistic assessment will be completed.
 - Social care performance data records the number assessments completed for carers, including statutory carer's assessments.
 - All packages of support agreed with carers are reviewed appropriately. .

What can I do?

1. As a carer I will seek information about what is available to me by the means I have available. This may be through searching the web or speaking to someone such as a health professional or specialist carer support.
2. As a resident of Herefordshire I will seek to support others who may find it difficult to search for information in finding relevant resources to help them in their caring role.
3. As someone who requires care or support I will seek information to help support my carer when interacting with services that support me.

The issues:

Information

An important part of empowering carers is to ensure that they have access to reliable sources of information and advice. Having a single point of access for carers and a reliable source of online information has been identified by carers as an important tool in being able to carry out their role as carer, as well as maintaining their own physical and mental wellbeing.

Services provided by key stakeholders vary in their accessibility to carers. The workforce of key stakeholders should be aware of carer specific needs and how to interact with carers to identify the relevant offer. The national “Carers Action Plan 2018 – 2020, Supporting carers today“ identifies the need to raise awareness of carers amongst health and social care workers. NICE guideline [NG150] “Supporting adult carers” also provides guidance in best practice for health and social care workers working with carers. The recommendations within the NICE guidance include the need to identify people who are caring for someone and giving them the right information and support.

Feedback from carers has been that they do not always have confidence in the workforce providing the service and they then do not communicate openly. Not all carers are aware of what a carer’s assessment is or how to access one. Further to this safeguarding reviews have identified that there are improvements to be made in practice relating to carers.

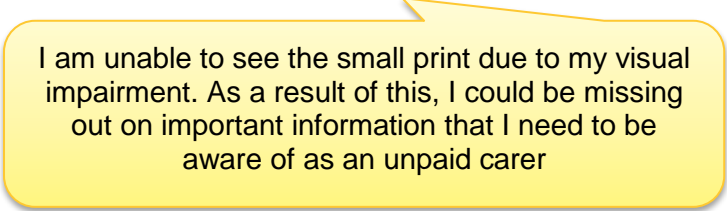
Trusted Sources

Whilst there is a growing understanding and use of web based information and social media, there are still a number of carers who do not have, do not use, or do not wish to have access to web based information. 48% of young carers used the web to find information, but most commonly asked parents, friends, school staff or family support workers for information when needed. Half of carers who responded to the public survey felt they had the information they need to carry on caring, half did not. Some of the comments in the public survey and the carer’s focus group reflected that more condition specific information is required from trusted sources and where to get support from.

WISH (Wellbeing Information and Signposting for Herefordshire) is a website provided by Herefordshire Council. It provides information including local services and events to support the health and wellbeing of all adults, children, young people and families across Herefordshire, including carer specific content. Feedback has demonstrated that awareness of WISH amongst carers and professionals is increasing. Those who have used it have found it useful, if they know what they are looking for. Some carers have reported of not having heard of WISH or of not

having access to IT equipment or knowledge. In this scenario it is important that those who do have access to WISH or other web based information have support to find the relevant information, this may be a friend, neighbour, family member, school, employer, carer services or public services, including health and social care workers.

It is also important to consider how accessible information is in online or printed information. Feedback from the Making It Real Board highlighted that the current strategy is not accessible to those requiring assistive technology to read due to the layout and format. Through the public survey further comments were made about information provided by the council being in small print.



I am unable to see the small print due to my visual impairment. As a result of this, I could be missing out on important information that I need to be aware of as an unpaid carer

Carers support service

Herefordshire has a carer's service, 'Carer Links' that is purchased by Herefordshire Council and delivered by Crossroads Together. This service connects carers to information, advice and signposting. It also offers up to 12 weeks of support to help carers improve their health and wellbeing.

Further to this there are numerous community and voluntary organisations that offer carer specific support, such as local carer support groups, carer specific activities or adapting service offer to make it more accessible to carers, for example by making provision to support the cared for person at the same time.

At times, carers need access to training, this may be to assist them with physical requirements of their caring role, or it may be to enable them to understand relevant processes such as power of attorney, the importance of will writing, medication management or positive behaviour support.

Support for the cared for

Carers primary concern is often for the person that they care for, with the needs and wellbeing of the person they support coming before their own. Whilst replacement care for the person with care or support needs benefits the carer, eligibility for these services is assessed on the needs of the person requiring care or support. It is therefore not addressed directly in the Carers Strategy. There is a wide variety of replacement or respite care available, for example through health and social care, private care providers and charitable organisations.

Priority 3 - Carers in the community

Actions;

1. To provide community groups and voluntary organisations with opportunities to raise carer **awareness and inclusion of carers within their community.**
 - Carers are able to access support within their local geographical community.
 - Activities and social opportunities are organised to be accessible to carers.
2. Support the creation of **diverse and flexible tools to connect carers** to one another and support within their physical or virtual communities.
 - Carers are able to connect to other carers and local communities in a way that works for them as individuals, utilising technology and media as required.
 - Carers feel supported within their communities of interest.
3. Ensure suitable awareness of **safe online communication and gaming** for young people, including young carers.
 - Carers are safely able to engage with virtual communities and use online support service.

What can I do?

1. As a carer I will seek to connect with or maintain connection with my local and shared interest communities and actively participate.
2. As a resident of Herefordshire I will seek to be aware of carers within my community and make any community offer I am aware of inclusive for carers.
3. As someone who requires care or support I will seek to connect to my community independently of and if we both agree, with my carer.

The issues;

If Carers are visible and understood in their community, both the carer and the community itself will benefit .Participating in community life is good for you and other people. Communities may be defined geographically or formed from a shared interest, such as a hobby or faith.

With carers first concern being predominantly for the cared for person, it is not uncommon for interaction with their community to reduce or change as their responsibilities increase and time becomes restricted. This can lead to social isolation and has been identified as a key risk among carers. Many carers in engagement have commented on not having time for themselves. Over 50% of respondents to the public carer's survey indicated that they sometimes or often / always feel lonely.

When help is needed I find that in reality no-one is there and everyone is getting on with their own lives.

I need information about work experience and long term support for my son. His independence effects mine

The National Carers Action Plan 2018 - 2020 recognises that “many carers will have little contact with services for carers, and will not be receiving formal support in their caring role. It is therefore vital that partners beyond government work together to raise awareness of caring among the wider population to build carer friendly communities.” Herefordshire’s County plan 2020-2024 seeks to shape the future of Herefordshire and aims to encourage and strengthen the vibrant communities within the county. The plan is underpinned by the themes of;

- Connectivity
- Wellbeing
- Sustainability

Herefordshire’s Talk Community initiative embraces and supports the community in its response to supporting vulnerable residents in the county. This is particularly noteworthy in respect of the COVID pandemic, when communities have worked to ensure that vulnerable residents have what they need to stay safe and well during these difficult times.

Carers feel that their communities do not understand or are not able to adapt to support those in a caring role. With the geography of Herefordshire travel can be difficult and expensive, adding to challenges in participating in communities beyond resident’s immediate geographical location.

I would like to be able to access some of the activities, but they all happen in the week, when it is impossible for me to attend.

When you're caring 24/7 you have not got the energy or inclination to go looking for help, it needs to be offered.

What unpaid Carers need is company with likeminded people over a coffee and cake - or a walk - or some form of company whereby they can escape the person they care for and chat about the problem with someone who is in the same boat.

It would be nice to talk to someone about the person I care for

Over 60% of the respondents to the public survey were working or self-employed carers. A further 14% were engaged in volunteering. Where carers are employees, volunteers or students they need their employer or education providers and colleagues or fellow students or volunteers to understand their caring role and what impact this has on them. Carers have reported feeling worried about telling their employer they are a carer for fear this may lead to dismissal. Also being a working carer can make engaging in community activities that take place during their working or caring hours more restrictive.

Young carers and young adult carers have reported an interest in online communities, particularly through online gaming. As well as shared interest such as football and socialising with friends. Many of the young carers also expressed their school or college work as a priority interest to them.

I do my homework or I will play Xbox with my mates.

Playing games online, Netflix and chatting to friends online. I'm not allowed on it all the time, at weekends I do other stuff.

Priority 4 - Carer wellbeing

Actions;

1. Where health or social care services are aware of a cared for person they should carry out **annual 'check-ins'** for both the person with care needs and also enquire of the wellbeing of anyone who provides them with care or support.
 - Carers will feel that health and social care services are aware of them and are accessible should they require any information or support.
2. Carers will have access to professional information and support that they have confidence in to assist with **contingency planning and crisis support**.
 - Carers are confident that they have plans in place should there be a crisis or they are unable to continue caring.
3. Confidential support will be accessible for carers to express any concerns that they have and access the relevant information or support to **keep them and the person they care for safe**.
 - Access to a single point of information and advice with specialist knowledge and experience of carer needs.
4. Carers will have information on how to access **training** to ensure that they are able to carry out their caring role safely and with dignity for themselves and the person they care for.
 - Carers are able to access an accessible training programme to carry out their caring role safely.
5. Newly transformed **community mental health services** will be able to provide a carer aware and appropriate response to the needs of carers.
 - GPs, social prescribers and mental first aiders in the community will be able identify the carers needs and refer or signpost appropriately.
 - Carers will have access to early support to help prevent escalation of mental health needs
 - Carers with mental health needs will confirm they have been able to access some appropriate support.

What can I do?

1. As a carer I will seek support with my own health and wellbeing needs, approaching my GP or local sources of support or advice in my community.
2. As a resident of Herefordshire I will offer emotional and / or practical support to those who are carers, for example assisting with meals or an open ear.
3. As someone who requires care or support where I need additional care or support I will seek to access appropriate assessment of my needs.

The issues;

The impact of caring

Carers, young carers and young adult carers report experiencing a negative impact on both their physical and mental wellbeing arising from their caring roles. Physically this is due to exhaustion or from having to move the person they care for. Mentally this is a challenge because of coping with the changes in someone they care for, a change in life style and coping with carrying out their caring role, in addition to day to day requirements such as looking after a home, working or going to school. Where young adult carers and young carers reported poor health, this was mainly associated with mental health such as anxiety, stress, feeling lonely and anger.

Carers are often predominantly interested in the wellbeing of the person or people that they care for, sometimes at the detriment of their own wellbeing. 64% of the respondents to the national "State of Caring 2019" report by Carers UK say that they focus on the care needs of the person they care for, and not on their own needs. It is also common for those providing care and support to not identify themselves as a carer. With the caring role and relationship with the cared for person is of upmost importance to carers, the wellbeing of the person who is cared for is intrinsically linked to the wellbeing of carers.

I still don't consider myself to be carer, but do find my own mental and physical health is deteriorating due to caring responsibilities.

I wish I was healthier and that I was allowed back on my computer. I was banned because it made me angry and if I'm on it for ages I get moody when dad tells me to get off it. I need to control my mood before I'm allowed on it again.

The occasional contact from professionals would be helpful, to check if we are OK. If we are not well or coping then the person we support will be bound to suffer in some way.

My time revolves in caring for my husband to the best of my ability.

You cannot separate the cared for from the unpaid Carer - if the cared for is actually cared for by society e.g. have care needs that are met, say by the council with a direct payment, this in itself helps the unpaid Carer to have a break - even if they have to be involved in the care package e.g. taking the cared for person to a community farm as there is no transport available.

The COVID 19 pandemic has brought about further challenges and pressures for carers, affecting their own wellbeing due to increase in caring requirements or with additional pressures in other areas of their life, for example due to home schooling, working from home or new working practices.

Young carer feedback has identified an increase in stress for the young carers and others in the home during the COVID 19 pandemic. Schools being shut to in person attendance has meant more support has had to be provided to siblings and usual support from teachers has not been available. Worsening health of the cared for person due to the restrictions in place, including contracting COVID 19, has added pressures and concerns to caring roles and at the same time they have felt they have lost support from some agencies, including GP's and wider family. They have had to increase duties, many carrying out shopping where they have encountered a lack of understanding from other members of the public.

Someone to talk to about my harmful thoughts who would help me through them

There is no escape from the caring role - they are with you much more often - you also have to be organised to arrange things because of Covid.

Safeguarding concerns have been identified through both carer and stakeholder engagement. This is a concern for the cared for, but also for the carer. For example, managing challenging behaviour of a child as they grow and develop.

Where carers do not have confidence in health and social care provision, difficulties that they may face in carrying out their caring role may escalate to crisis point without asking for support or intervention. For example, carers have expressed anxiety about difficulties in caring for a child as they may be placed into care.

Priority 5 - Financial independence for carers

Actions;

1. Provide or enable tailored advice for carers in respect of **employment, training and volunteering opportunities**.
 - Carers are able to access information and advice on employment and training opportunities relevant to their individual needs and circumstances
2. Access to free **Personal Protection Equipment** for carers.
 - Carers have consistent access to required Personal Protection Equipment to carry out their caring role safely.
3. Ensure carers have access to **advice on benefits, taxation, debt and other financial issues**.
 - Local public, voluntary and community sector providers of financial and welfare advice are well signposted and have good knowledge of the position of carers and can advise them affectively.
 - National telephone, online and social media sources of financial advice are well signposted and carers know which service to contact and how.
 - Carers report improved access to financial advice and greater confidence in understanding their financial situation and seeking help when needed.

What can I do?

1. As a carer I will seek education and training or employment opportunities, or I will engage with my education provider or employer about my needs as a carer. I will recognise when I have a financial problem and seek advice on benefits, debt or other financial issues when I need it.
2. As an employer or education provider in Herefordshire I will seek further information to enable me to support carers within my workforce.
3. As a community volunteer, I will be aware that carers may face particular financial issues or pressures and will make sure I can signpost them to the right advice.

The issues;

Employment

All aspects of the engagement and national policy and guidance relating to carers identify a link between financial stability and wellbeing of carers and the person they care for. Carers have identified concern with being able to pay for basic needs such as heating due to their financial circumstances arising from their caring role.

I find it hard with working and making sure I have enough money to live on whilst taking the needs of the person I care for into consideration, if the person I care for has appointments it's sometimes difficult asking an employer for time off too not all employers are understanding.

Information is one thing that is easily accessible today, but resources and money are the things that are really needed.

In the Carers UK “State of Caring 2019” report almost 2 in 5 carers (39%) of carers responding nationally to the survey said they are ‘struggling to make ends meet’.

Helping carers stay in, enter or return to work, education and training is identified in the NICE Guidance and the Care Act 2014 mandate to provide information for carers on work, education and training. By enabling carers to engage in employment or self-employment this will aid their financial independence and add to the local economy which, as identified in the County Plan, “improves quality of life for everyone and also generates the income through Council Tax and business rates that we need as a council to support local services.”

Benefits

For those who are unable to work or whose caring role means that they require a top up to their income access to benefits is important. Whilst locally influence cannot be made on government set benefits, the experience of carers accessing benefits could be improved through raising of awareness of Department for Work and Pensions (DWP) staff of carer specific needs. For example, carer’s feedback has expressed that they are required to attend DWP appointments without the person that they care for, but due to their caring role it is difficult to attend due to difficulty in finding replacement care.

Carers describe how an understanding of their role by employers and others is crucial in enabling them to remain in employment and young carers having positive experiences in school.

Additional costs

In addition to the financial strain of utility bills, some carers have reported the cost of travel as being prohibitive in attending appointments or engaging in social activities. Whilst most carers who responded to the public survey lived with or within 5 minutes of the person they care for, nearly 10% live over 20 minutes away by their normal means of transport.

During the COVID pandemic an additional expense that some carers report as incurring themselves has been for Personal Protection Equipment such as gloves, aprons or masks to enable them to care as safely as possible.

Carers and their Needs; Facts and Figures

National facts and figures highlights

- The 2011 census recorded 6.3 million carers nationally. However, Carers UK estimated that in 2019 this figure is closer to 8.8 million. This estimate relates to a broad definition of caring based on those providing at least one hour of care a week.
- The 2019 GP Patient survey found that 17% of the population in England over the age of 16 are carers.
- Every year over 2.1 million adults become carers and almost as many people find that their caring responsibilities come to an end. Therefore the overall numbers of carers remain reasonably consistent nationally, albeit demographic and geographical patterns will change over time.
- 3 in 5 people will be carers at some point in their lives.
- Nationally the number of people aged 65 years or over who are caring has grown by 43% from 1.4 million in 2011 to potentially over 2 million.
- In 2015 carers' support is valued at £132 billion a year.
- Estimates from Age UK showed a cost of £5.3 billion a year to the economy in lost earnings and tax revenue and additional benefit payments.
- Women make up the majority of carers at 58%, to the 42% who are men..

Local facts and figures highlights

- In the 2011 census nearly 21,000 people in Herefordshire were providing at least an hour of unpaid care a week. This represented around 11% of the population. 7,500 carers are coded on GPs patient lists in Herefordshire. At least 2,000 carers have been known to Herefordshire's adult social care services since 2018.
- 64 carers responded to the Herefordshire public carers survey in 2021;
 - 9 respondents identified as male and 53 as female.
 - The largest number of respondents (46) were aged 25-65. 15 were over the age of 65 and 3 preferred not to answer the question.
- 21 young carers and young adult carers responded to the young carer survey in 2020.
 - 8 identified as male and 13 as female
 - 2 young carers surveyed stated they are under 11 years of age and 19 stated they are between 11 and 17 years old.
 - 17 of the young carers who completed this survey stated they have free school meals.

Action plan

There are a number of actions that key stakeholders can take to improve the lives of carers in Herefordshire. These actions are set out within the priority area and are summarised in the table below.

Each action will have a lead statutory agency, although the action may fall to more than one key stakeholder. Delivery of these actions will be held to account by the Health and Wellbeing Board who will formally review at the end of year two (2023) and end of year four (2025).

The status of each action will be marked as;

- Green – on target to be achieved.
- Amber – some delay or barriers to achieving the action, mitigation in process.
- Red – delivery of action is at risk.

Priority	Headline	Detail	Lead	To be reviewed by	To be completed by	Status
1	Identify carers.	Key stakeholders will proactively seek to identify carers in the process of delivering their normal services. Where a carer is identified they will ensure that they record this and provide relevant information and advice, including signposting WISH.	Herefordshire and Worcestershire Clinical Commissioning Group.			
	Inclusion of carers in cared for planning, assessment or delivery of care provision.	Where appropriate carers should be included in any cared for planning, assessment or delivery of care provision. Where this is not appropriate this should be clearly explained to the carer, with	Herefordshire Council – Social Care Operations.			

		opportunity for the carer to clearly articulate their thoughts.				
	Employer identification and awareness of carers in the workforce.	As employers, key stakeholders will set out to model good practice to other employers in Herefordshire by proactively seeking to identify carers in their organisation, raise awareness of carers amongst their workforce and seek ways to support carers as a responsible employer.	Wye Valley NHS Trust.			
	Carer engagement and participation.	Key stakeholders will model engagement with carers and how their participation can shape individual and wider service experiences.	Herefordshire and Worcestershire Health and Care Trust.			
2	Carer specific single point of contact.	Provide a carer specific service to act as a single point of access for information, advice, signposting, contingency planning and outcomes focused support.	Herefordshire Council - Commissioning			
	Clear and easy to find web based content and access to reliable sources.	Clear and easy to find web based content to be available through a single point of access, providing links to further reliable sources of information and advice.	Herefordshire Council – Talk Community			
	Carer aware workforce.	Key stakeholder workforce to be aware ‘carer aware’ and to signpost carers to relevant services or information at all opportunities.	Herefordshire Council – Commissioning			

	Voluntary and community organisations.	Support voluntary and community organisations to develop services for or inclusive of carers by providing information and guidance, including identifying and accessing relevant funding opportunities.	Herefordshire Council – Talk Community			
	Information about key stakeholder services.	Ensure that information about key stakeholder services is available in a timely and accessible format to carers as well as cared for.	Herefordshire Council – Talk Community			
	Assessment and review.	Carer’s needs for social care support are appropriately assessed and reviewed.	Herefordshire Council – Operations.			
3	Carer awareness and inclusion in the community.	To provide community groups and voluntary organisations with opportunities to raise carer awareness and inclusion of carers within their community.	Herefordshire Council – Talk Community			
	Tools to connect carers to one another and support.	Support the creation of diverse and flexible tools to connect carers to one another and support within their physical or virtual communities.	Herefordshire Council – Commissioning			
	Safe online communication and gaming	Ensure suitable awareness of safe online communication and gaming for young people, including young carers.	Herefordshire Council – Early Help Team			

4	Annual 'check-ins' by health and social care.	Where health or social care services are aware of a cared for person they should carry out annual 'check-ins' for both the person with care needs and also enquire of the wellbeing of anyone who provides them with care or support.	Herefordshire and Worcestershire Clinical Commissioning Group.			
	Contingency planning and crisis support.	Carers will have access to professional information and support that they have confidence in to assist with contingency planning and crisis support.	Herefordshire Council – Commissioning			
	Keeping safe.	Confidential support will be accessible for carers to express any concerns that they have and access the relevant information or support to keep them and the person they care for safe.	Herefordshire Council – Commissioning			
	Training.	Carers will have information on how to access training to ensure that they are able to carry out their caring role safely and with dignity for themselves and the person they care for.	Herefordshire Council – Practice Improvement.			
	Community Mental Health Services.	Newly transformed community mental health services will be able to provide a carer aware and appropriate response to the needs of carers.	Herefordshire and Worcestershire Health and Care Trust.			

5	Employment, training and volunteering opportunities.	Provide or enable tailored advice for carers in respect of employment, training and volunteering opportunities.	Herefordshire Council – Talk Community			
	PPE	Access to free Personal Protection Equipment for carers.	Herefordshire Council – Commissioning			
	Benefit and financial advice.	Ensure carers have access to advice on benefits, taxation, debt and other financial issues.				

Reference sources

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

<https://www.nice.org.uk/guidance/ng150>

<https://understanding.herefordshire.gov.uk/community/topics-relating-to-vulnerable-people/carers/>

http://www.carersuk.org/images/News_campaigns/CUK_State_of_Caring_2019_Report.pdf

https://councillors.herefordshire.gov.uk/documents/s50084582/07a_Appendix_Herefordshire%20Market%20Position%20Statement%202020-2025.pdf

<https://www.herefordshire.gov.uk/downloads/file/1500/county-plan-2020-24>

Review of Joint Carers Strategy for Herefordshire (2017-2021)

In 2017 a Joint Carers Strategy was developed by Herefordshire Council and Herefordshire Clinical Commissioning Group to develop transformational change and ensure services were delivered to keep residents and carers healthy and well. The strategy was co-produced with carers to encapsulate their aspirations and recognise the challenges which come with being a carer.

The strategy has a shared vision:

“That carers are recognised and valued, able to keep well and live their own life”

Six priorities were developed from co-production and engagement with carers:

- Priority 1 – Information, advice and signposting
- Priority 2 – Identifying carers
- Priority 3 – Carers’ knowledge, skills and employment
- Priority 4 – Access to universal services
- Priority 5 – Networking and mutual support
- Priority 6 – Assessment and support

Two years into the delivery of the strategy, a review of ‘what needs to happen’ was undertaken. Conversations were held with carers through the summer and autumn of 2019. This review illustrated that of the 47 actions identified, the majority had progressed well, been delivered or were in the process of being delivered.

During engagement on the new carers strategy for Herefordshire further review of the Joint Carers Strategy for Herefordshire (2017-2021) was undertaken. Overall feedback on the former strategy is:

- Does it have to be called a strategy? That word doesn’t mean much to most people.
- It is too long and complicated. If it has to be that long can a shorter, easy read version be available?
- In the current format it cannot be ‘read’ by assistive technology.
- Reference to the ‘Blueprint’ doesn’t have any meaning for the public, does it add anything?
- A strategy is useless as words alone, how can the change it seeks be connected to and understood by the wider community?
- Carers want to know what services they can access, what is going to be done and how this will benefit them.
- To keep the strategy meaningful and current it should be a working document that can be amended to reflect emerging circumstances such as the COVID pandemic.
- Needs to offer a way for public to engage with and make comment on the strategy during its lifetime.
- A big concern for long term carers is what will happen to the cared for person when they are no longer able to care, the strategy does not cover this.

Progress against the six priority areas set out in the Joint Carers Strategy for Herefordshire (2017-2021) is summarised below.

Priority 1 – Information, advice and signposting

Many people in the early stages of caring for someone **don't see themselves as carers**, so don't search for information and advice for themselves. Carers tend to focus on getting support for the cared-for and find it difficult and frustrating to **navigate their way around the health and social care system**. The complexities of two distinctly different public services (health which is free and social care which is means-tested) plus the fact that health and social care do not automatically interact and share information can cause confusion and frustration. **This remains a major stress factor for carers and has a detrimental impact on their wellbeing.**

Once they recognise they are a carer and establish contact with a support group, carers find it easy to access information and advice. The group may be carer or condition-related support group (such as dementia or Parkinson's).

WISH is not well known to carers, although the groups and people who support carers are familiar with and utilise WISH reasonably well.

Priority 2 – Identifying carers

How quickly carers recognise themselves as carers depends on their experiences: there is inconsistency across the health sector, particularly in relation to people's experiences in hospital. Generally those treated for a particular ailment requiring an operation feel they get a good service. However where after care is required, they feel the hospital wants to discharge patients too quickly with no or sporadic support. This puts considerable pressure on the carer.

A carer recognition system has been established by Wye Valley NHS Trust and is being rolled out across the organisation. The COVID pandemic has meant that some visual prompts for carers and professionals around the hospital have had to be removed.

Most GPs seem to recognise the carer's caring role and offer support and/or reasonable adjustments. They also offer signposting support through social prescribers. However, there is not always a consistent approach towards recognising and making provision for carers between GPs and the practices they are based in.

Priority 3 – Carers' knowledge, skills and employment

Carers engaged with at the midpoint review and in the development of the new strategy are at different stages in their lives and aspirations.

- Several of those who are retired now volunteer in other organisations to support other carers.
- Those who are of working age have either given up work to undertake caring responsibilities or are struggling with employment.
- Those who engage with the DWP feel that there is a lack of understanding of the role of carers and there is an attempt to coerce them into work when they had full time caring duties. Parent carers experienced being asked not to bring children they care for to DWP appointments.

- There's a fear amongst working carers that employment prospects become more vulnerable if employers know you are a carer. There's also a strong sense of pride about being able to deal with things and manage.
- Adults who are undertaking education courses were doing so to provide support to other carers.
- Young carers and young adult carers had mixed experiences in school or college, with some having positive experience of being supported, others experiencing a lack of understanding by staff and no allowances for their individual needs as carers.

All valued sharing their experiences with other carers, largely through support groups, but also through being able to talk to someone on the phone. The majority meet other carers through informal networks, hospital appointments, support groups and the internet.

Priority 4 – Access to universal services

Carers don't really understand what is meant by universal services. They don't expect to be treated any differently because of their caring role, apart from when they are dealing with health and social care.

Visibility of the Carer Links service is important and still has some work to increase awareness of the offer, particularly in respect of contingency planning.

Priority 5 – Networking and mutual support

Some carers attend the carer support groups formerly ran by Herefordshire Carers Support (HCS), although membership was reported as dwindling. The COVID pandemic has meant that these have had to be provided in different ways. Legacy funding from continues to support social activities and day trips, when restrictions allow.

Most carers engaged with participate in other social activities, although not as much as they would like.

Priority 6 – Assessment and support

The majority of carers feel involved in planning health-related support for the person they care for. However this varies according to the confidence of the individual and ability to ask questions and be assertive.

Only some carers had received a carers assessment and this was some time ago. There is a lack of understanding about whether carers should receive a review of their assessment. About three quarters of carers spoken to at the midpoint review did not know what a carer's assessment was, where they should go for one, and that it wasn't means tested. They assumed that if the cared for person wasn't eligible for council funded care, then neither were they.

Some carers reported having gone through the assessment process with their loved ones, but had not been offered a carers assessment themselves.



Title of report: Committee work programme

Meeting: Adults and wellbeing scrutiny committee

Meeting date: Monday 29 March 2021

Report by: Democratic services

Classification

Open

Decision type

This is not an executive decision

Wards affected

Wards

Purpose

To consider the committee's work programme.

Recommendation(s)

That the committee:

- (a) reviews the work programme and identifies any additional items of business or topics for inclusion;**
- (b) an additional meeting be held on Friday 30 April 2021, 9.30 am to consider a report on mental health; and**
- (c) the schedule of recommendations and responses in appendix 1 be noted.**

Alternative options

1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

Work programme

2. The work programme needs to focus on the key issues of concern and be manageable. It must also be ready to accommodate urgent items or matters that have been called-in.
3. Committee members considered potential items of business and priorities at a scrutiny work programming session (held on 20 November 2020). Scheduled meetings during the municipal year 2020/21 have been held on 21 September 2020 (suicide prevention strategy implementation), 23 November 2020 (Herefordshire market position statement 2020-25), and 13 January 2021 (2021/22 budget setting).
4. An additional meeting was held on 26 January 2021 (21/22 budget saving proposal amendment) and another additional meeting has been arranged for 24 March 2021 (NHS White Paper: integration and innovation).
5. As part of the work programme item considered at the 13 January 2021 meeting, the committee requested an informal briefing on mental health and this was held on 16 March 2021. It is now proposed that a further additional meeting be arranged for Friday 30 April 2021 to consider an agenda item on mental health.
6. The adults and communities directorate has asked the committee to consider 'new arrangements for commissioned home care project', in order to present the proposals for recommissioning homecare which is delivered to around 800 people in their own homes by care agencies, at its scheduled meeting on 10 May 2021.
7. The revised work programme is as follows:
 - 30 April 2021, 9.30 am**
 - Mental health
 - 10 May 2021, 2.30 pm**
 - Learning disability services
 - New arrangements for commissioned home care project
 - 21 June 2021, 2.30 pm**
 - Domestic abuse strategy
8. Committee business remaining to be scheduled during the municipal year 2021/22 includes: emergency and urgent care; out of hospital care; and the Hillside Care Centre.
9. Committee members have identified an intention to undertake a task and finish group on the Covid-19 response, with the scope and timing to be determined. In addition, the

chairperson and vice-chairperson have suggested undertaking scrutiny activity on the health impact of the intensive poultry industry, with the scope and timing also to be determined.

10. Written briefing notes have been received and will be circulated to committee members shortly on: substance use service; sexual health service; and the Herefordshire Safeguarding Adults Board annual report 2019/20. Briefing notes have also been requested on: the falls service; NHS Continuing Healthcare; and recruitment and retention.
11. The work programme will remain under regular review to allow the committee to respond to particular circumstances.
12. Should committee members become aware of issues for scrutiny during the year they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Schedule of recommendations and responses

13. Appended to this report (appendix 1) is a schedule of the recommendations made by the committee during 2020/21 and the responses received.

Constitutional matters

Task and finish groups

14. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.
15. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least two members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. The committee will appoint the chairperson of a task and finish group.

Co-option

16. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and / or task and finish group membership.

Forward plan

17. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

[Forthcoming decisions](#)

18. An extract of the forward plan of forthcoming decisions, as at 19 March 2021, for the adults and communities directorate is attached (appendix 2).

Suggestions for scrutiny from members of the public

19. Suggestions for scrutiny are invited from members of the public through the council's website, accessible through the link below:

[Get involved](#)

Community impact

20. In accordance with the adopted code of corporate governance, Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review. Topics selected for scrutiny should have regard to what matters to residents.

Environmental Impact

21. There are no general implications for the environment arising from this report.

Equality duty

22. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

23. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and equality considerations are taken into account when serving on committees

Resource implications

24. The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

25. The remit of the scrutiny committee is set out in part 3, section 4.5 of the constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

Risk management

- 26.
- | Risk / opportunity | Mitigation |
|--|--|
| There is a reputational risk to the council if the scrutiny function does not operate effectively. | The arrangements for the development of the work programme should help mitigate this risk. |

Consultees

27. A work programming session involving scrutiny committee members was held in November 2020. The work programme is reviewed at every scheduled committee meeting and during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

Appendices

- Appendix 1 Schedule of recommendations and responses
- Appendix 2 Forward plan of forthcoming decisions, extract as at 19 March 2021 for the adults and communities directorate

Background papers

None identified.

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

21 September 2020

Item	Recommendations	Responses
<p>Suicide prevention strategy implementation</p>	<p>That the committee recommends to the executive:</p> <p>(a) That the updated suicide prevention action plan is circulated to the committee with clear organisational leads identified against specific actions within the plan, including the role and responsibilities of the Mental Health Partnership Board; where it is possible and appropriate to do so, to include the relevant Key Performance Indicators (KPIs) of where progress is expected to be made.</p> <p>Noting the resource implications for monitoring the suicide prevention action plan, focus should be given to allocating resource from the Wave 3 funding to ensure that data and trends can be presented and reported on.</p> <p>(b) Consideration is given to a re-prioritisation of our more vulnerable at risk groups as we enter into a more financially and emotionally challenging period.</p> <p>(c) The committee is provided with the updated suicide data for 2019 once the new figures are available.</p> <p>(d) That parish councils, faith groups and other local community points of contact are given information to share and are placed as central stakeholders in assisting the communication/signposting of information and advice about suicide prevention, sources of support and assistance.</p> <p>(e) Consideration is given to comparing Herefordshire’s suicide data with other comparable local authority area data to ascertain whether any patterns or trends can be identified that might strengthen our knowledge and targeted interventions in preventing suicides.</p>	<p>The updated action plan will be provided and circulated, as requested.</p> <p>The wave three funding is held by Worcestershire and Herefordshire CCG and has been committed to a project team, which will be largely focused upon direct prevention and awareness work in the community. The team will contribute to implementation of the strategy and performance reporting on those elements. It will not be possible to direct the funding towards wider data collection or reporting.</p> <p>This will be considered in discussion with partner organisations, taking account of the potential to actually identify or reach people at risk and the resources available to support this.</p> <p>The latest suicide data for Herefordshire will be provided as soon as it is received. This will include the year 2019.</p> <p>This can be considered for incorporation in the action plan and some key weblinks and signposting around mental wellbeing and suicide prevention can be provided to parishes and networks through HVOSS and the Diocese and other faith organisations. Opportunities will also be explored through the Parish Summits and other events.</p> <p>This comparative analysis will be undertaken and shared but it is likely that only headline data will be available for other areas. Caution is advised around the statistical significance of headline data on suicides, owing to the very small numbers involved.</p>

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	<p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p>	<p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p>
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23 November 2020

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Item	Recommendations	Responses
<p>Briefing on the Herefordshire Market Position Statement 2020-2025 for adults and communities</p>	<p>That the committee welcomes the development of the Market Position Statement and recommends:</p> <p>a. That a written briefing note be provided to the committee on progress in twelve months' time, including how service users have been engaged in the development and design of specific care and support services.</p> <p>b. That the importance of the social value elements be made more prominent in the document.</p> <p>c. The document be refreshed to reflect the current positions in terms of the new arrangements for mental health services and the adopted dementia strategy.</p> <p>d. Learning disability services be included under commissioning intention 3.</p>	<p>Executive responses agreed by Cabinet on 25 February 2021:</p> <p>Agreed, an annual review summary will be written for the executive</p> <p>Agreed and will include</p> <p>Agreed to update</p> <p>Agreed to include</p>

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

<p>e. Explicit reference be made to the Council’s intentions for care home and extra care development, and any associated workforce implications.</p>	<p>Agreed to include</p>
<p>f. That consideration be given to clarifying the situation for Herefordshire residents that are not served by the footprints of Primary Care Networks.</p>	<p>The market position statement covers all residents living within the county to ensure access to services regardless of PCN and which GP surgery they may fall under</p>
<p>g. That consideration be given to synergies and diversified offers (such as home share) to meet the needs of people needing care (both those funded by the council and those funding themselves) and people prepared to provide support in exchange for accommodation and / or to gain experience in the care industry.</p>	<p>Agreed and has been include in the MPS</p>
<p>h. That the statistics included on page 15 (agenda page 41) on predicted increases in dementia be clarified.</p>	<p>Agreed to consider</p>
<p>i. That identified trends in page 14 of the statement (agenda page 40) be reviewed and be supported by additional narrative, as appropriate.</p>	<p>Agreed to include further information</p>
<p>j. That a written briefing note be provided on NHS Continuing Healthcare, including the development of a related algorithm and the progress made on retrospective cases.</p>	<p>Agreed as detailed in the actions below:</p> <p>Part A) Agree to provide a briefing note on the plan for people with complex health and social needs. This work includes consideration of a new approach with CCG in identifying individuals with health and care needs requiring single or joint agency commissioning and funding. This work is not yet ready to be taken forward as a proposal to CCG.</p> <p>Part B) With regard to the CHC position and the previous requests from scrutiny to be kept informed on CHC outcomes for Herefordshire citizens, the LA will request an analysis of the CHC and joint funded position in Herefordshire from the CCG. Herefordshire Council will also contribute a report to support the understanding of the committee.</p>
<p>k. That a written briefing note be provided on recruitment and retention issues, and the executive consider the usefulness of an all-member workshop, so that all members can be apprised of the challenges.</p>	<p>Agreed</p>
<p>l. That a written briefing note be provided on the falls prevention service.</p>	<p>Agreed</p>

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

13 January 2021

Item	Recommendations	Responses
2021/22 budget setting	<p>The adults and wellbeing scrutiny committee recognises the extraordinary pressures for the council, and for the adults and communities directorate in particular, and acknowledges the significant work that has been undertaken and is ongoing in preparing the budget for 2021/22.</p> <p>The committee recommends that:</p> <ol style="list-style-type: none"> 1. A plain English narrative be prepared to explain the adult social care precept. 2. Clarifications be provided in subsequent budget meetings in terms of the reductions in the council tax base (paragraph 6), the money expected from central government (paragraph 7), how the measures identified in the Market Position Statement might help to address budget pressures (paragraph 8), and the level of public health grant (paragraph 10). 3. That the operational changes and proposals in terms of Learning Disability services, including the impacts on service users, be presented to the committee at the May 2021 meeting. 4. That opportunities be considered to inform service users about charging changes in advance and to stage increases incrementally. 	<p>Executive responses agreed by Cabinet on 28 January 2021:</p> <p>This has now been commissioned</p> <p>Noted, additional data provided in this paper and at the additional adults and wellbeing scrutiny meeting on 26th January 2021</p> <p>Noted</p> <p>Residents who will be impacted at the time the decision is made will be contacted and notified of the changes to next year's charging practices in line with statutory and local policy requirements.</p> <p>Application of the changes could not be staged incrementally for three principle reasons. These are:</p> <ul style="list-style-type: none"> • due to the binary nature of the decision (either the practice changes or it does not) • for the purposes of meeting equality standards, changes must apply to all residents at the same time (wider equality standards are picked up through the means tested process) • the savings target would be missed due to not applying on a full year basis

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

	<p>5. That details of the alternative savings proposals for £330k be circulated to councillors as soon as possible, with a report presented to a future meeting of the committee.</p> <p>6. That consideration be given to additional modelling around potential economic scenarios, including the cessation of the furlough scheme, and the consequential impacts such as the erosion of the council tax base, reduction in other income streams, and on the delivery of services.</p>	<p>Meeting of Adults and Wellbeing Scrutiny committee scheduled for 26th January 2021</p> <p>This is captured in the MTFS</p>
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26 January 2021		
Item	Recommendation	
21/22 budget saving proposal amendment	That the amended budget saving as proposed be accepted.	

Forward plan of forthcoming decisions, extract as at 19 March 2021 for the adults and communities directorate

Report title and purpose	Decision Maker and due date	Lead officer and lead cabinet member	Directorate	Notice of decision first published / ID	Issue type and exemptions
<p>Complex needs framework To approve the joining of the Worcestershire complex needs framework.</p>	<p>Cabinet member health and adult wellbeing 30 April 2021</p>	<p>Laura Ferguson, Senior commissioning officer Laura.Ferguson@herefordshire.gov.uk Tel: 01432 383873</p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>15 February 2021 I50036859</p>	<p>KEY Open</p>
<p>New Arrangements for commissioned home care To approve a new approach and model for commissioned home care services.</p>	<p>Cabinet 24 June 2021</p>	<p>Lucy Beckett, Project manager Ian Gardner, Senior commissioning officer lucy.beckett2@herefordshire.gov.uk Tel: 01432 383079 ian.gardner@herefordshire.gov.uk Tel: 01432 383734</p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>3 March 2021 I50037076</p>	<p>KEY Open</p>
<p>Carers strategy Herefordshire's approach to improving carers lives and experiences.</p>	<p>Cabinet 23 September 2021</p>	<p>Amy Whiles, Senior commissioning officer Amy.Whiles2@herefordshire.gov.uk Tel: 01432 261920</p> <p>Cabinet member health and adult wellbeing</p>	<p>Adults and communities</p>	<p>2 March 2021 I50036926</p>	<p>KEY Open</p>

