Developing the Herefordshire Carers Strategy
Co-production timetable

• Phase 1 - Developing the strategy
  » 2015 - April 2017

• Phase 2 – Co-production, evaluation and governance of the draft strategy
  » April/May 2017

• Phase 3 – Co-produced commissioning and procurement process
  » May/June 2017

• Phase 4 - Implementing the strategy
  » June/July 2017 onwards
Advice and comment of the Scrutiny Committee are sought on -

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

• The Care Act 2014 –
  ➢ Carers are offered an assessment. Necessary resources are put in place to support them.
  ➢ Carers who meet the eligibility criteria are entitled to have their support and care needs met.
  ➢ For those who are not eligible, information and signposting will be given.

• The Children and Families Act 2014 and Care Act 2014 –
  ➢ Highlight the need for local authorities to take a whole family approach to identifying and assessing young carers.
  ➢ Also the need for a joint adult and childrens services approach to carrying out assessments.
• Carers UK estimates that there will be 40% rise in the number of carers needed by 2037 – **the carer population in the UK will reach 9 million.**
• The Herefordshire Health and Wellbeing survey 2011 estimated that there were 34,200 carers in Herefordshire – rising.
• The rural nature and age profile of Herefordshire presents unique challenges in service design and delivery.
• Financial pressures – shift into the prevention approach and strength based assessment.
• The strategy is being drafted at a time where reductions in funding are being considered.
Developing the draft strategy

- Co-produced with carers, accompanied by engagement with partner and stakeholder organisations
- Attended a number of events to obtain input from a range of carers (for example, dementia, autism, young carers, parent carers)
- Sought to engage carers pragmatically through events, online surveys, home visits and by telephone
- Research - local/national statistics, emerging trends to establish the picture and complexities
- Built upon previous learning
Common themes from co-production 1

- Identification of carers – hidden from view/coping but built on fragile foundations. Missed opportunities for identification from services
- Identified at the point of not coping – often at the point of crisis
- Disjointed, complex, inconsistent advice and information
- Failure by Universal Services to share information – exhausting repetition
- Fear of what would happen to the cared for if the carer became sick – emergencies and care planning
Common themes from co-production 2

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

Themes varied greatly depending on the type of carer. Examples:

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

Therefore there is no ‘one size fits all’ approach
Carers in Herefordshire

Carers can fit into several categories

- Young/Young Adult Carers
- Specific Condition Carers
- Parent Carers
- Former Carers
- Working Carers
- Older Carers (65+)

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The emerging carers strategy

• Some priorities from co-production remain the same as the current strategy –
  ➢ prevention
  ➢ early identification
  ➢ recognising the carer as an expert.

• Times have changed – the way services are delivered and expectations. The new co-produced priorities retain the relevant priorities from the previous strategy and build upon them.

• The new strategy will include clear pathways (no wrong door), a central place for information (WISH), digital services/engagement and assessments.
<table>
<thead>
<tr>
<th>Previous strategy – five priorities</th>
<th>New strategy – six priorities</th>
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<tbody>
<tr>
<td>Raise awareness and provide early intervention support for carers</td>
<td>Identifying carers, including registration</td>
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<tr>
<td>Recognise and respect the carers as an expert partner</td>
<td>Valuing carers knowledge and experience</td>
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<td>Enable carers to fulfil their education and employment potential</td>
<td>Information, advice and signposting</td>
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<td>Provide flexible services to support carers in their caring role</td>
<td>Access to universal services</td>
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<tr>
<td>Support carers to be mentally and physically well</td>
<td>Social networking and support mutual - social networks - technical</td>
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<td>Assessing with and for carers</td>
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Our vision is that Herefordshire is a county where people who carry out the role of unpaid carer are known and valued within our health and care community. We will make this vision a reality by:

| Making it easy for carers to find the right information on opportunities and support for the person they care for and themselves. | Recognising when someone is a carer and being proactive in offering information, support and care as appropriate. | Using the wealth of knowledge carers have gained to continuously improve the design, delivery and access to all services. | Providing support to enable carers to keep well and access social, educational and employment opportunities. |
A different way of working?

• A single care and health community strategy for carers

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

- A continued process of co-production with carers and partner organisations, supporting commissioning and strategy review.

- WISH for information, guidance and digital engagement.

- ‘No wrong door’ approach – identification of carers and signposting via universal services. Clear pathways.

- Valuing and promoting the knowledge and skills of carers across the health and care system.
Universal Services

- Public Health
- Primary Care
- Community Services
- Education
- Social Care
- Economic Development
- Housing
- 999 and 111 Services
- Third Sector
- Benefits Agencies
- Mental Health
- High Street Health

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Next stages

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

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