

A Carers Strategy for Hertfordshire: 2015-18

2015 Refresh

Executive Summary

Hertfordshire County Council's Health and Community Services and Public Health, East and North Hertfordshire Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group want to reaffirm our commitment to working in partnership with carers, health and social care providers and other agencies to support carers wellbeing and help carers to carry on caring.

The principles embedded in this Strategy build on those of the previous Strategy. These are that carers should be able to:

- Carry on caring if they want to.
- Get good quality information and advice when they need it.
- Be recognised, feel respected and heard as carers and partners in care.
- Have a life outside of and after caring.
- Work if they want to.
- Be able to fully access their local community and local services.
- Stay fit and healthy and be safe.
- Access full benefit entitlements.

and that

- Young carers should be able to achieve their full potential in education and have a positive childhood.
- Young carers should enjoy the same opportunities as other young people and not be disadvantaged as a result of their caring role.

Carers need to be seen as core business, as a group that makes an invaluable contribution to health and social care and to wider society by providing care for their loved ones. Without carers, the health and social care system would not be able to function. However, they are also at greater risk of poorer health, wellbeing and other outcomes.

We want all carers to be recognised and supported by all sections of the health and social care system, including public, private, voluntary and community organisations. We want to ensure that carers are identified and offered information, advice and support at every opportunity. We want to make it easy for carers to get the support they need, to be aware of and be able to access the services available to them, and to receive joined-up services. We want carers to have choice and control over services they receive, with flexible, reliable and local sources of support that meet their individual needs.

This means simple interventions such as:

- Asking if someone is a carer and whether there is any support they need.
- Referring carers to sources of support, especially universal voluntary sector services such as HertsHelp and Carers in Hertfordshire.
- Thinking about what kinds of adaptations can be made to services to make them more flexible and responsive to carers.

We are fortunate to have a strong voluntary and community sector in Hertfordshire which works effectively in partnership with statutory organisations. By identifying more carers earlier and ensuring they are referred to voluntary sector sources of support, we can better ensure that statutory sector resources focus on supporting those carers most in need or in crisis.

By working together in a joined-up way to identify carers early and get them support, there is a real opportunity to help carers to stay well, to carry on caring if they want to, and to benefit by wider health and social care system through the vital work that they do.

Background and Progress to Date

Hertfordshire has a history of successful multi-agency working, such as through the Hertfordshire Commitment to Carers and the previous Carers Strategy. We see this document as a continuation of that commitment, building on and updating the work of the last Strategy.

The previous Strategy was put in place in 2011. Since then, we have continued to work jointly to enhance support for carers. Particular highlights include:

- Continued investment in carers services – total spend with the voluntary sector of £2.4 million in 2014/15 and an additional £1 million committed for carers support in 2015/16.
- Earlier identification of carers – data from Carers in Hertfordshire shows that the average length of time carers have been caring before they come into contact with them has reduced from approximately 9 years in 2012/13 to 7 in April-September 2014.

- As a result of the Care Act, Hertfordshire is making important changes to improve the support we provide to carers, including implementing a new carers assessment and further developing Carers Direct Payments.
- The County Council's elected Members have also made a commitment not to charge carers for services provided to support them.¹
- Delivery of Carer Friendly pilots in Stevenage – including making the Lister Hospital more carer-friendly, which is now no longer the pilot and has changed the way hospitals work. This approach is being extended to other areas of the county.
- Introduction of Carers in Hertfordshire's Carers Passport Discount Card across Hertfordshire, offering carers discounts at local businesses and helping to identify more carers earlier.
- Both CCGs have also set their own specific Carers Strategies and have commissioned Carers Champions at GP surgeries across the county.

In addition to the 10 outcomes listed above, this Strategy is also based on the five principles of the Hertfordshire Commitment to Carers²:

- We recognise and value the huge contribution made by Hertfordshire's 110,000 carers.
- We will work together to deliver the outcomes for carers in the Carers Strategy.
- We will help carers get support as early as possible in their caring journey.
- We will work with other organisations towards a seamless carer experience of our services, so it is easy for carers to get the best possible support from the resources available.
- We will be accountable to carers in meeting our commitment by welcoming feedback and taking action when things go wrong.

The amount of care that carers provide in Hertfordshire would cost approximately £2 billion, if there were to be provided as paid care. All agencies must therefore ensure that carers needs are considered and they are supported to be involved in the delivery of services and when developments and changes to all services are considered.

There is a wide range of services offering support to carers in the county. By working together we can ensure that carers receive a joined-up experience and more

¹ http://www.hertsdirect.org/mediareleases/healthandcommunityservices/PR_17318/ - this applies to services provided to support the carer, following a carers assessment of their needs. It does apply to services provided to the person they care for, based on an assessment of of the cared for person's needs.

² <http://www.hertsdirect.org/services/healthsoc/carersupport/hertscommitcare/>

complete care and support to help them in their caring role and improve their health and wellbeing, as well as ensuring best use of resources.

This strategy focuses upon the needs of adult carers (over the age of 18). However, it recognises the importance of supporting young carers. This strategy therefore sits alongside and complements the Young Carers Strategy being developed jointly by the County Council and both CCGs. Once the Young Carers Strategy is produced, this strategy will be reviewed to incorporate relevant common/cross-cutting themes.

We see this strategy as part of an ongoing conversation with carers, providers of services for carers and others. We welcome everyone's views on how to develop this vital area of work.

What do we mean by 'carer'?

A carer is someone who provides help and support, unpaid, to a family member, friend or neighbour.

It is important to distinguish carers from paid care workers. A carer can be anyone who provides unpaid help or support to another person, without which they would not be able to cope. The Care Act has broadened the definition of an unpaid carer, removing the need for carers to be providing regular and substantial care to someone before they qualify for a carers' assessment.

Carers may care for someone with a variety of conditions, including physical disabilities, dementia, a learning disability, mental health issues, and drugs and alcohol issues. We want to achieve the outcomes in this strategy for all carers.

It is also important to note that caring relationships can be complex. Services need to recognise and support the complexity of these caring relationships. Examples of caring situations can include:

- Someone providing care to another person whilst also receiving support from another carer themselves. For example, a husband and wife could both provide unpaid care to one another.
- Multiple people caring one person, for example two parents and also a sibling caring for a child with care needs.
- Carers may be caring for people across local authority and/or hospital boundaries, for example living in a neighbouring county but travelling into Hertfordshire to care for their loved one.
- Young people under the age of 18 may also be involved in or impacted upon by caring.

Issues for this Strategy to address

It is vital that all services work together to support carers and to involve them in services provided for them and for the people they care for. Below are outlined the outcomes that this strategy aims to deliver, with key issues to address set out under each. These outcomes are that carers should be able to:

Carry on Caring if they want to

- Work with providers of services for carers to set and deliver clear standards for how services should be flexible and adapt to changing carer needs.
- Build on existing work to offer carers personalised services and more control over the support they receive, such as Direct Payments³ and Personal Health Budgets, which are available to carers as well as the people they care for. This also includes brokerage services to help carers to find services on which they can spend Direct Payments.
- Continue to work with frontline health and social care staff to raise their awareness of carers and ensure they are identifying carers and referring them to services that can support them as early as possible.
- Continue to work with voluntary and community sector organisations that we fund to deliver support services for carers and the people they care for, to ensure that they identify and actively cross-refer carers (with the carer's consent).
- Continue to work closely between Children's and Adults Services to ensure that services are joined-up when carers move between them.

Get good quality information and advice when they need it

- Build on the strong range of services providing information and advice to carers, especially through HertsHelp and Carers in Hertfordshire, to ensure that carers can get the right information when they need it.
- Deliver a co-ordinated public awareness raising campaign about carers' issues, to coincide with new carers' rights introduced under the Care Act.
- Publicise the range of services already available to support carers, building on existing communications channels and communicating this in accessible ways to carers and to frontline health and social care staff.
- Explore using technology, such as mobile apps to help carers plan their caring role and get the information they need.

3

<http://www.hertsdirect.org/services/healthsoc/supportforadults/manageathome/washdresstoileting/homecare/sdsupp/dirpayacs1/>

Be recognised, feel respected and heard as carers, as partners in care

- Develop a common set of areas of support that carers value, based on consultation with carers. We know from past consultation that this is likely to include:
 - Information and advice
 - Having a break
 - Reliable and flexible services that respect and involve carers (both for carers themselves and the people they care for)
 - Learning and training opportunities, both related to the caring role and more broadly
 - Financial and employment advice and support
 - Availability of carer-friendly and accessible transport (for example, wheelchair accessible taxis)
 - Peer support and support groups with other carers
 - Support at end of life and during bereavement
- Further explore sharing information held by different organisations about carers (with their permission) to ensure that carers do not have to tell their story repeatedly to different organisations.
- Continue to work with Carers in Hertfordshire and other organisations that support carers to involve carers in the development, monitoring and review of services, policies and strategies.
- Continue to work with frontline health and social care staff to raise their awareness of carers and ensure they are identifying carers and referring them to services that can support them.
- Ensure that carers are included in the assessment and development of care plans and care packages for their loved ones, recognising issues around information sharing, consent, co-dependency etc.
- Continue to work with voluntary and community sector organisations that we fund to deliver support services for carers and the people they care for, to ensure that they identify and refer carers.
- Further develop common service standards for contracts and providers of services that support carers.
- Work with our key voluntary and community sector providers who support carers to reach more male and non-White British carers.

Have a life outside of and after caring

- Continue to provide carers breaks through commissioned providers
- Review these services, incorporating carer feedback in order to enhance the countywide carers breaks offer.

- Review support for parent carers, including support as young people move from Children's to Adult Services.
- Review bereavement support for carers.

Work if they want to

- Further develop good practice as public sector employers and work with other employers to promote supportive employment practices for carers, including exploring how public sector procurement can be used to encourage suppliers to be more carer friendly and carer aware.
- Review the information and advice offer for carers in relation to employment, in order to support them to find solution that best matches their personal circumstances.

Be able to fully access their local community and local services

- Further develop the Carers in Hertfordshire Carers Passport Discount Card, which has shown success in reaching carers earlier.⁴
- Build on the strong range of services providing information and advice to carers, especially through HertsHelp⁵ and Carers in Hertfordshire⁶, to ensure that carers are aware of local services that can support them.
- Ensure information and access to our services are culturally appropriate, being adaptive to language, religious or other needs of service users as the Hertfordshire population continues to become more diverse.

Stay fit and healthy and be safe

- Pilot new preventative services in areas where gaps in support are identified, such as through the Hertfordshire Carers Market Position Statement⁷ and based on the support areas that carers value mentioned above.
- Review access across all care groups (including carers) to voluntary sector preventative wellbeing services such as counselling and peer support.
- Develop more integrated ways of measuring improvements in carer-reported wellbeing and levels of stress, in the first instance across voluntary sector provision.
- Review services across the county that support physical activity, including to ensure that carers needs are taken into account in providing these services.
- Work with Public Health to further understand the health and wellbeing needs of carers in the county.
- Explore ways to improve contact with social care for carers during a crisis.

⁴ Average length of caring role for passport recipients was 5.33 years – Carers in Hertfordshire contract monitoring April-September 2014.

⁵ <http://www.hertsdirect.org/your-community/ihertshelp/>

⁶ <http://www.carersinherts.org.uk/>

⁷ <http://www.hertsdirect.org/your-council/hcc/healthcomservices/hscic/suporcarehe/>

Access full benefit entitlements

- Continue to offer carers information and advice through services including the Citizens Advice Bureaux, HertsHelp, and the County Council's Money Advice Unit.
- Develop further links with Job Centre Plus, to explore further work to support carers through their service.

Supporting Parent Carers

Parent carers are defined under the Children and Families Act 2014 as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.⁸ We want to support parent carers to achieve the outcomes outlined in this strategy. The Children and Families Act requires the local authority to support parent carers' wellbeing, in the same way as other carers covered by the Care Act. This could be through an assessment of their needs and the provision of services, such as some form of break or a Direct Payment. It could also be through support from the voluntary and community sector. We will work closely across Adult and Children's services and with the voluntary and community sector to support parent carers in a joined-up way.

Workforce Issues

A key to successful delivery of this strategy will be supporting the health and social care workforce to identify and support carers. This will mean:

- Exploring opportunities to provide carer awareness training to staff across the health and social care system.
- Making staff aware of HertsHelp, Carers in Hertfordshire and other voluntary and community sector support as a set of simple interventions to be offered to all carers.

Governance and accountability

In order to successfully deliver on this agenda, strong governance structures must be in place to manage this work and to involve carers.

Joined-up services (what we term 'integration') are important to carers. Carers also come into contact with many different services and no single service can offer all of the help carers may need. It is therefore vital that different services and agencies come together to join up and better identify and support carers.

In order to achieve this, we will:

- Build on the newly formed Carers Planning and Partnerships Group to ensure there is an effective, multi-partner forum with a clear work programme to support improvements in carers services.

⁸ <http://www.legislation.gov.uk/ukpga/2014/6/section/97/enacted>

- Ensure that the Carers Planning and Partnerships Group links up with the Hertfordshire Health and Wellbeing Board and with governance structures across all partner organisations.
- We will also work with Cambridgeshire and Peterborough CCG to ensure that the needs of carers in Royston are effectively met.
- Develop common standards that carers can expect from services and clear pathways between different services that can support carers.
- Develop a clear approach that carers can expect for involving them in the development of services, policies and strategies, such as receiving feedback on what difference their input made.

Measuring Our Progress

We recognise the need to track and measure our progress in delivering on this strategy. The key measures we will use to do this will be as follows:

- Number of carers supported by the voluntary sector⁹ - from a baseline of 17,568 in 2014/15, increasing to 20,500 in 2015/16 and growing by 10% year on year thereafter.¹⁰
- Number of carers identified through HertsHelp¹¹ – from a baseline of 149 in 2014/15.
- Number of carers referred to Carers in Hertfordshire from
 - The voluntary and community sector
 - Social care
 - GPs/Primary care
 - Hospitals/acute care
- Number of carers assessments completed - from a baseline of 2,473 separate carers assessments and 10,706 joint assessments in 2014/15
- Quality monitoring data of carers assessments to track what difference they made.
- Number of carers contingency plans completed annually by HCS - from a baseline of 803 completed in 2014/15.
- Number of carers registered with their GP
- Numbers of carers identified in a hospital setting¹²
- Reductions in acute/hospital readmissions owing to carer breakdown¹³
- Number of carers identified by community NHS services¹⁴
- Carers satisfaction levels¹⁵ - increasing from a baseline of 39.2% in 2014/15 to 50% at the next survey in 2016/17.

⁹ In the first instance, this will be the number of carers identified by Carers in Hertfordshire and Crossroads as the main voluntary sector carers providers. This will be reviewed annually.

¹⁰ Measured as carers in contact with Carers in Hertfordshire and Crossroads. To be expanded to include all commissioned voluntary sector providers for future years.

¹¹ <http://www.hertsdirect.org/your-community/ihertshelp/>

¹² Focusing on the Lister in the first instance, with Watford General to be added in once the Carer Friendly pilot there is up and running.

¹³ Using data from the Carer Friendly Hospital Pilots

¹⁴ Hertfordshire Community Trust

- Comparisons of SF12 wellbeing measures for those commissioned services using it.

We recognise that many of these measures as they stand require improvement. We want to be ambitious and set ourselves stretching targets for reaching more carers and ensuring they get the support that they need.

In addition to the above measures, we will:

- Further develop tools to measure the outcomes and areas of support that carers value (see above).
- Compare our services with other areas of the country to identify areas of good practice, areas for improvement and lessons we can learn from elsewhere.
- Update the Carers Joint Strategic Needs Assessment (JSNA) and support commissioners to access and interpret it.
- Further explore more joined-up data collection and reporting, such as across contracts for services that support carers.
- Continue to work with all current providers of carers services to ensure quality information is gathered regarding demographic information about carers accessing services.
- Ensure effective key performance indicators are in place and prioritised through tenders for carers services regarding demographic information about carers accessing services.

Next Steps

This Strategy will be a living document that will be regularly reviewed and updated. We will develop a plan setting out how the issues to be addressed in this Strategy and accompanying actions will be delivered. This strategy covers the needs of the carers population as a whole, whilst actions related to carers of specific care groups (such as carers of people with dementia) will be covered by the relevant strategy (such as the Dementia Strategy).

This Strategy will be signed off by the Health and Wellbeing Board, which will receive periodic reports on progress. The Carers Planning and Performance Group will have oversight of the Strategy and will monitor delivery. We will also consult regularly with carers to check whether what we are doing is making a difference to them. We will seek the view of individual carers and will also work with carer representatives to get as broad a range of views as possible. An annual report will be produced in a year's time setting out progress made and any recommendations for updates to the Strategy.

¹⁵ As measured by the bi-annual Department of Health Carers Survey

Appendix 1 – Implementation Plan: Year 1

Strategy Outcome	Action	Timescale	Responsible
Carry on caring if they want to	Develop template contract clauses and supporting materials to help commissioners ensure that carers are considered in all commissioned services.	March 2016	Community Wellbeing Team, HCC East and North Hertfordshire CCG Herts Valleys CCG
	Promote Direct Payments as a part of the carers offer.	March 2016 (and ongoing)	Health and Community Services, HCC
	Review the HCS induction process to explore opportunities to build in carer awareness.	October 2016	Community Wellbeing Team, HCC Workforce Development, HCC
	Explore a bid to the NHS Local Education and Training Board (LETB) for funding to deliver a programme of carer awareness training across the health and social care system.	March 2016	Community Wellbeing Team, HCC East and North Herts CCG Herts Valleys CCG
	Review all voluntary and community sector commissioned contracts – incorporating requirements to identify carers and provide information, advice and referrals across all services.	March 2017	Community Wellbeing Team, HCC
	Produce a new young carers strategy which	March 2016	Childrens Services, HCC

	links in with this strategy as part of the development of the Early Help programme of work.		
Get good quality information and advice when they need it	Deliver a co-ordinated public awareness raising campaign about carers' issues and available services, directed towards the general public and all health and social care staff.	December 2016	Hertfordshire County Council East and North Hertfordshire CCG Herts Valleys CCG
	Review all voluntary and community sector commissioned contracts – incorporating requirements to identify carers and provide information, advice and referrals across all services.	March 2017	Community Wellbeing Team, HCC
	Pilot the use of tablets and mobile applications to provide additional information and advice to carers.	March 2016	Carers in Hertfordshire
	Launch and develop a new set of information and advice materials, including Carers TV.	March 2016	Carers in Hertfordshire
Be recognised, feel respected and heard as carers and as partners in care	Develop a common set of areas of support that carers value, based on consultation with carers – to form part of a package of support tools for commissioners.	October 2016	Community Wellbeing Team, HCC East and North Hertfordshire CCG Herts Valleys CCG

	Continue the roll-out of the Carers Passport.	March 2016	Carers in Hertfordshire
	Continue the roll-out and support of GP Carer Champions.	March 2016	East and North Hertfordshire CCG Herts Valleys CCG Carers in Hertfordshire
	Continue to mainstream the carer friendly hospital approach at the Lister and roll out the approach to Watford General Hospital.	March 2017	East and North Herts Hospital Trust West Herts Hospital Trust
	Launch the 'Recognising Carers' form	November 2015	Health and Community Services East and North Hertfordshire CCG Herts Valleys CCG Carers in Hertfordshire
	Produce a carers involvement plan, identifying opportunities for carer involvement in the development of policies, strategies and services.	December 2015	Community Wellbeing Team, HCC Carers in Hertfordshire
	Continue to roll out the new carers assessment format.	March 2016 (and ongoing)	Health and Community Services
	Furthering the partnership approach with carers and	March 2016	Health and Community Services

	voluntary and community sector organisations to make the carers assessment process more accessible and meaningful.		
	Recruit to new carer practitioner posts	December 2015	Health and Community Services
	Effectively monitor voluntary and community carers services providers for the number of carers supported and to ensure they are reaching carers from all backgrounds	March 2016 (and ongoing)	Community Wellbeing, HCC
	Develop the Hertfordshire Equipment Service offer to include better provision of information and advice for carers.	New SLA goes live 1 April 2016. Carers already engaged and further engagement over next two months. Continued carer engagement in monitoring SLA ongoing.	Integrated Community Support Commissioning Team, HCC
	Continued mobilisation of Support at Home homecare contracts to include carers on the new Advisory Boards	To confirm with all Lead Providers that that have carer representation at their Advisory Boards. 31 October 2015.	Integrated Community Support Commissioning Team, HCC
	Development of the Specialist Support at Home programme to include greater identification and support for carers.	Tender goes live 28th September – Contract commences April 2016.	Integrated Community Support Commissioning Team, HCC
Have a life outside of and after caring	Fully mobilise the re-commissioned countywide	March 2016	Community Wellbeing Team, HCC

	preventative carers breaks contract		
	Review specialist carers breaks provision	September 2016	Community Wellbeing Team, HCC
	Explore ways to incorporate greater carer awareness and support in nursing homes through the Hertfordshire Vanguard pilot.	TBC	East and North Herts CCG
	Commission a one-year pilot of enhanced support for parent carers – providing both additional support and a review of available services	September 2016	Community Wellbeing Team, HCC
	Pilot and review enhanced respite care for individuals with nursing and nursing dementia needs.	March 2016	Integrated Accommodation Commissioning Team, HCC
Work if they want to	Develop a carer awareness training offer to be piloted with employers around the county.	March 2016	Carers in Hertfordshire
Be able to fully access their local community and local services	Further develop the HertsHelp information and advice service, including ensuring that it is carer-aware and maintains strong partnerships with Carers in Hertfordshire.	March 2016	Community Wellbeing, HCC HertsHelp Carers in Hertfordshire
	Contract manage commissioned services to ensure that carers are identified, offered information and referrals to other	April 2016 and ongoing	Community Wellbeing Team, HCC

	services that may support them.		
Stay fit and healthy and be safe	Review access across all care groups (including carers) to voluntary sector preventative wellbeing services such as counselling and peer support.	March 2016	Community Wellbeing Team, HCC
	Review services across the county that support physical activity, including to ensure that carers needs are taken into account in providing these services.	March 2017	Community Wellbeing Team, HCC
	Pilot a periodic call back service to be made to carers on Carers in Hertfordshire's register identified as being at highest risk of isolation and/or carer breakdown	March 2016	Carers in Hertfordshire
	Double the number of carer peer mentors supporting carers.	March 2016	Carers in Hertfordshire
	Develop common reporting methods to track improvements in wellbeing – beginning with rolling out the SF12 outcomes measure to the countywide preventative carers breaks contract and incorporating this into the review of specialist voluntary sector carers services.	October 2016	Community Wellbeing Team, HCC

	Develop 'Every Contact Counts' training for voluntary sector providers.	March 2016	Community Wellbeing Team / Public Health, HCC
Access full benefit entitlements	Continue deliver of the Money Advice Unit's Carers Project to provide financial and benefits advice.	March 2016 and ongoing	Money Advice Unit, HCC
	Make links with Job Centre Plus – in the first instance by inviting them to join the Carers Planning and Partnerships Group.	March 2016	Community Wellbeing Team, HCC

DRAFT

Appendix 2 - The Case for Supporting Carers

The Care Act now requires local authorities to support carers to care and to provide early help and support to promote carers' own health and wellbeing. However, beyond that, there is a significant case for supporting carers. This Strategy seeks to set out this case and the actions we will take in response.

Carers are the largest source of care and support in the UK. It is in everyone's interests that they are supported to help manage their individual and changing needs. The right support can help carers to:

- Reduce the chance of suffering ill-health
- Be less likely to struggle on their own
- Maintain their physical wellbeing, mental health and emotional wellbeing
- Better juggle caring responsibilities with their jobs and family life
- Get financial help and financial advice
- Help them to recognise their individual and changing needs
- Post-caring, to rebuild a life of their own and get back in to education, work or social activities

Supporting carers reduces the economic impact on services

- The value of the 'work' family carers do in the UK is equivalent to £119bn, if it were to be provided as paid care.¹⁶
- This equates to about £2bn in Hertfordshire. Whilst this is not a saving, it makes it in everyone's interest to support carers.
- Failure to identify and support carers can undermine the value of their caring role:
 - Carers finding it difficult to cope was the sole reason for readmission of older people in 14% of cases (and a contributory factor in 62%).¹⁷
 - The Carer Friendly Hospital project at Lister in 2011-12 showed a reduction in readmission of older people due to 'carer breakdown' from ten per month (prior to the project) to zero per month afterwards.

Supporting carers reduces the economic impact on carers

- Caring often limits the hours carers can work or prevents them working at all. Carers often make decisions about giving up work without key information about the impact it will have on their financial futures.
- Caring has serious implications for short and long-term financial health:¹⁸
 - Carers are vulnerable to energy costs – for example, the costs of keeping the vulnerable and ill warm.

¹⁶ Valuing Carers, Carers UK and Dr Lisa Buckner, University of Leeds

¹⁷ Williams and Fitton, Brit J Gen Pract. 1991 March 41(344):105-109

¹⁸ Caring & Family Finances Inquiry: UK report, by Steve McIntosh 04 February 2014

- Costs of travel to medical appointments and the need for some carers to rely heavily on taxis.
- The price of buying in care to allow work or respite, compounding the isolation caring can bring.
- 54% of carers are struggling to make ends meet.¹⁹

Supporting carers reduces the health and wellbeing impacts of caring

- Carers are vulnerable to all the health challenges other people face but in addition:
 - High levels of care are associated with 23% higher risk of stroke.
 - 58% of carers have reduced the amount of exercise they do, 69% report that they cannot get a good night's sleep, 73% feel more anxious, 82% feel more stressed, 45% say they eat less healthily as a result of caring, while 50% describe themselves as depressed.²⁰
 - Carers frequently report that they miss their own health appointments and postpone treatments because they can't leave the person for whom they care.

More support is needed earlier on to meet demographic changes

- It is predicted that, by 2017, the demand from older people needing care will outstrip the number of family members able to meet that need. This “care gap” will increase rapidly over the next two decades. By 2032, 1.1 million older people in England will need care from their families, but the number of people able to care for older parents will only increase to under one million.²¹
- 70% of carers in Hertfordshire are in the group caring for less than 20 hours per week²² – this means that they are still likely to benefit from preventive interventions (information, advice, emotional support) and research indicates 60% of the value of informal carers' support can be attributed to the first year. In addition research shows that this support is more helpful when services work together to meet the range of needs a carer may have.²³
- Levels of poor health steadily increase as levels of care provided increase.²⁴
- Low level one off interventions (to the value of £300-400) accessed via Carers in Hertfordshire can reduce risk of depression among carers by 20%.²⁵

¹⁹ Williams and Fitton, Brit J Gen Pract. 1991 March 41(344):105-109

²⁰ Carers UK, State of Caring Survey 2014 (n= 4,924 current carers)

²¹ A growing care gap? The supply of unpaid care for older people by their adult children in England to 2032
Linda Pickard, London School of Economics & Political Science . <http://www.pssru.ac.uk/pdf/dp2515.pdf>

²² Census 2011

²³ Social Impact Evaluation of five Carers' Centres (including Carers in Hertfordshire) using Social Return on Investment, Baker Tilly, 2011.

²⁴ Census 2011

²⁵ Carers in Hertfordshire - Making a Difference for Carers Project, using Quality Metric SF12

- In Hertfordshire 17% of residential care admissions are due to carer crisis/breakdown and it is likely that a substantial proportion of these could be prevented or delayed with the right support.²⁶
- There is a significant opportunity to offer support early on someone's caring role to help them stay healthy and avoid crisis. The majority of carers in the county are caring for between 0-19 hours²⁷, presenting an opportunity to provide this early support.

The need to support Young Carers

- There is an increasing need to provide support to young carers so they can access help and support that will protect them from taking on inappropriate caring roles or continuing to struggle on their own with age inappropriate caring responsibilities. There is growing evidence²⁸ of the impact providing unpaid care can have on the health, employment opportunities and social wellbeing of young carers. The 2011 Census suggests that there are approximately 3,900 young carers in Hertfordshire.²⁹
- Many young carers are 'hidden' and may hide the fact that they are providing substantial levels of unpaid care and support: 39% of young carers had not informed their teacher or any member of staff that they were a young carer (according to a 2010 DfE report).
- According to a Young Carers UK 2004 report³⁰, young carers are most likely to be looking after a parent (52% looking a mother/stepmother and 14% looking after a father/stepfather). A significant number of young carers look after a sibling (31%).
- 50% of young carers in Hertfordshire care for someone whose care needs are physical (Hertfordshire County Council Carers Survey 2012-13).
- 68% of young carers are bullied in schools, compared to 46% of all young people.³¹
- 27% of young carers aged 11-15 miss school or experience educational difficulties; this rises to 40% if the child/young person is caring for a relative with drug or alcohol problems.

²⁶ Oxford Brookes University and Hertfordshire County Council 2010

²⁷ Census 2011.

²⁸ <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/sty-unpaid-care.html>

²⁹ <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/census/health/ct0304---age-by-provision-of-unpaid-care.xls>

³⁰ <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/627/3/YCReport2004%255B1%255D.pdf>

³¹ <http://www.nhs.uk/Livewell/Bullying/Pages/Bullyingfacts.aspx>

Investment in carers support services has also been proven to create significant added value – we get more for our money if we invest in these services. For example, an investment of £5m in five carers' centres (including Carers in Hertfordshire) generated £73m in social return³² and if the carers' centre helped co-ordinate services, they delivered even more for carers. A local Social Return on Investment (SROI) exercise showed that every £1 spent on carers breaks through Crossroads Care in Hertfordshire generated support valued at £1.31. Whilst these are clearly not cashable savings, they do indicate the potential value added by investing in carer support.

DRAFT

³² Clifford J, Theobald C, Mason S. The Princess Royal Trust for Carers: Social Impact Evaluation of five carers' centres using Social Return on Investment. London; The Princess Royal Trust for Carers; 2011

Appendix 3 - National Policy Direction

The Government recognises the need to support and value carers.

The Department of Health - Recognised, valued and supported: next steps for the Carers Strategy (2010)³³ sets out how local authorities should support carers to:

DH Carers Strategy Priority	Hertfordshire Carers Strategy Priority
Identify themselves earlier	Carry on caring if they want to. Get good quality information and advice when they need it. Be recognised, feel respected and heard as carers and as partners in care.
Realise their potential in education and employment.	Work if they want to. Access full benefit entitlements.
Have a life outside of caring.	Have a life outside of and after caring. Be able to fully access their local community and local services.
Remain mentally and physically well.	Stay fit and healthy and be safe.
Develop the evidence base on supporting	Governance and accountability
Establish local delivery that is transparent and accountable	Measuring our progress

These themes match those in this strategy, including through the ten outcomes listed at the start of this document and the commitments to developing evidence and governance. These are mapped across in the above table.

³³ <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy> and <https://www.gov.uk/government/publications/carers-strategy-actions-for-2014-to-2016>

The Care Act now means that local authorities must:

- Support any carer caring for someone who is resident in that local authority's area.
- Assess a carer's own need for support, regardless of how much care they provide.
- Consider the impact of the caring on the carer.
- Decide whether the carer's needs are 'eligible' for local authority support.
- Provide carers with a personal budget - a statement showing the cost of meeting their needs.

The Care Act also emphasises the importance of focusing on an individual's wellbeing, including the following areas across which carers (and adults with care and support needs) must be supported:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society.

We want to ensure that services are in place to support carers across all of these area.

The **Children and Families Act 2014** states that from April 2015 all young carers will be entitled to an assessment of their needs from the local authority, working alongside the Care Act to enable a whole family approach to provide assessment and support.

The NHS has shown its commitment to carers through the **NHS Commitment to Carers, the NHS Five Year Forward View**³⁴ (which includes recognition of the vital contribution that carers make) and **NHS England Commissioning Principles for Carers**.³⁵

Nationally, the Dementia Action Alliance has produced a document titled '**The Carers Call to Action**'³⁶. This document is supported by the government, the NHS, national charities, public bodies and private providers and aims to improve support to carers of people with dementia.

³⁴ <http://www.england.nhs.uk/ourwork/futurenhs/>

³⁵ <http://www.england.nhs.uk/ourwork/pe/commitment-to-carers/>

³⁶ <http://www.dementiaaction.org.uk/carers>

Appendix 4 - Local Policy Direction

Hertfordshire has already given a clear local commitment to support carers across the Health and Social Care system. **Hertfordshire's Health and Wellbeing Strategy 2013-16 'Healthier People, Healthier Communities'**³⁷ sets out the role of citizens, the community and services in supporting carers to care:

Citizens

- Caring for someone and/or supporting those that do.
- Take an active role in peer support networks.
- Know your rights and use your role to influence decisions about those you care for and the services they receive.

Community

- Support carers to deliver their role in the community.
- Co-ordination between services to support carers.
- Employers help identify and support carer employees to balance their caring role and their job.

Services

- Provide a 'no wrong door' approach - all services proactively identify and signpost carers appropriately, including identifying young carers.
- Treat carers with respect and as partners in care.
- Support carers in their role with appropriate interventions.

Locally, both CCGs in Hertfordshire have put in place their own **CCG Carers Strategies** to outline their commitment to supporting carers, with a particular focus on their role as commissioners of services, employers, partners and leaders in primary care.³⁸

The **Joint Strategic Needs Assessment (JSNA)** also includes a section on carers' needs.³⁹

The nationally-led **Better Care Fund (BCF)** is driving integration of budgets and services across health and social care. The BCF in Hertfordshire includes strong sections on supporting carers and is already being used to commission jointly-funded voluntary and community sector carers services.

There are a number of related strategies that also support carers, in particular:

- **The Hertfordshire Dementia Strategy**⁴⁰
- **The Ageing Well Strategy**⁴¹

³⁷ <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/HWBS/>

³⁸ <http://hertsvalleysccg.nhs.uk/your-health/carers?highlight=WyjYXJciJd> and <http://www.enhertscg.nhs.uk/supporting-carers>

³⁹ <http://jsna.hertslis.org/top/lifstaggroupp/carers/>

⁴⁰ <https://consult.hertsdirect.org/dementiastrategy/>

⁴¹ <http://www.hertsdirect.org/docs/pdf/a/aws.pdf>

Appendix 5 - What do carers tell us about the support they receive?

We carry out a bi-annual Carers Survey set by the Department of Health. This enables us to obtain feedback from carers who have received a carers assessment and to improve our services. The last survey was carried out in 2014-15. Of responses received from carers in 2014-15:

- On average, carers in the county reported that they had a better quality of life than they reported in 2012/13.
- 46.8% of carers felt they had as much social contact as they would like.
- 39.2% of carers were satisfied with social services, down from 41.9% in 2012/13.
- 75.2% of carers felt that they had been included or consulted in decisions about the person they care for, up from 69.6% in 2013/14.
- 68.5% of carers felt it was easy to find information about services.

Carers have also told us they want:

- Timely responses when carers ask for help.
- An easy way to speak to social care.
- Information readily available about both condition specific services and support and generic support for carers.
- A phone call back from referrers when they have been signposted to another organisation, to check that this has worked out.
- Robust contingency planning.
- Rapid response services readily available to assist quickly with non-predicted or emergency situations (including through the provision of equipment and extra care).
- Emotional and mental wellbeing to be considered as part of the assessment process.
- Support for carers to undertake social activities.
- Easier access to support for children with disabilities.
- Consistent responses and support from GPs.
- Equity of access to services and support.
- A responsive wheelchair service.
- Watford Hospital to be carer aware and carer friendly.
- Meetings to be family friendly and to be made accessible for working carers.
- Caring to be recognised and respected.
- To feel that there is support/advice/help for them .
- Services such as Respite Care, Carer Breaks, Telecare were important.

Informal consultation with carers of people with dementia and mental health problems, conducted by a carers representative, found that carers value the following:

- Clear, concise, consistent and relevant information and advice.

- Joined up services that talk to each other and are easy to access.
- A two/three way process that values and respects and hears their voice.
- Space and time to be someone other than a carer.
- To be able to join in with the local community and activities (if they wish).
- Care workers they can trust, are appropriately trained and they can get to know.
- Good access to a range of local support services.
- To know that help is available if (when) things go wrong for them and loved one.
- They can access the support, information and advice to enable them to “get on with their work” in a timely manner with little or no worry and anxiety.
- To be able to use the money available for support in ways that work for them and their families.
- To decide on how the money is to be used.
- Good, safe and high quality support to be available in their locality and community.

Young carers have told us through consultation via Carers in Hertfordshire that they would value:

- Better support available to young carers in their caring role from schools and others.
- Increased awareness amongst other young people and the wider community on what it means to be a carer.
- Greater awareness of how being a young person that provides care to a family member, means they can't always do what friends and other young people can do.
- Support groups in all areas, which will provide young carers with a combination of a place to talk and share, and a place to try new activities.

Research published in 2014 by the Carers Trust⁴², based on the first large-scale survey of carers aged 14-25, found that young adult carers:

- Miss or cut short an average of 48 school days a year because of their caring role.
- Were four times more likely to drop out of college or university than students who were not young adult carers.
- Miss work an average of 17 days per year, with a further 79 days affected because of their caring responsibilities.
- Have higher rates of poor mental and physical health than the average young person.
- Rarely receive the assessments they are entitled to, with only 22% of those surveyed receiving a formal assessment of their needs by the local authority.
- Experience high rates of bullying – one quarter reported bullying and abuse in school because they were a carer.

⁴² https://www.carers.org/sites/default/files/time_to_be_heard_report_final.pdf

Appendix 6 - The Carer Population of Hertfordshire

Gathering definitive data on the carer population is not easy, especially due to the difficulties in identifying people who are carers. We recognise that this data does not provide a complete and definitive picture. However, it provides useful themes and trends to guide our work. We have used a range of sources, including Census 2011, and information from providers. Developing a stronger evidence base is a key action for this strategy.

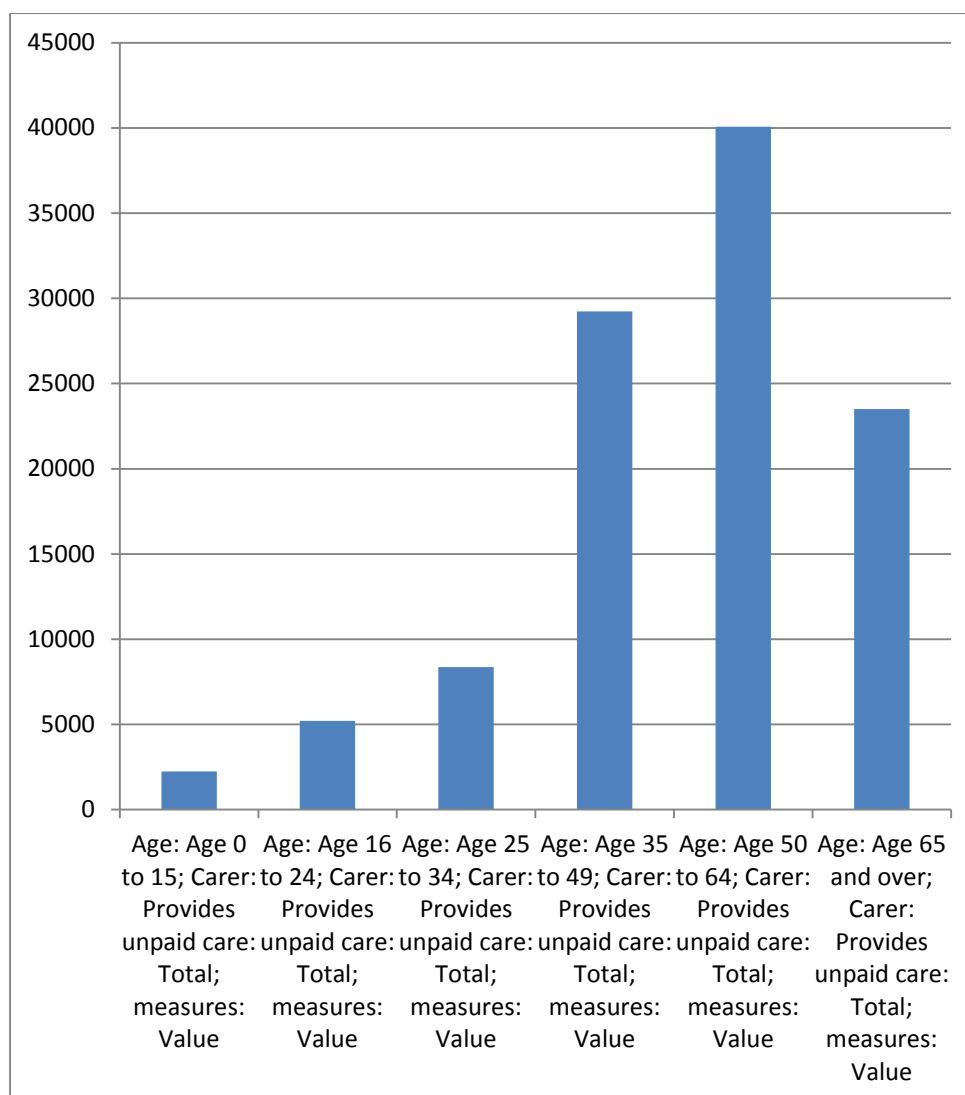
Where possible, these figures are compared with monitoring data on carers accessing the main commissioned preventative services for carers⁴³ to assess to what extent services are reaching carers and where any gaps may be.

The Census 2011 reported that:

- There were 108,615 carers living in Hertfordshire, equivalent to 9.7% of the population (total population: 1,116,062).
- 2238 carers are aged between 0-15 and 5216 are aged between 16-24.
- The majority of carers in Hertfordshire are aged between 50 and 64, with 37% of carers in this age bracket.
- The second largest group is the 35-49 age group (27%) and the third largest is 65 and over (22%).

Monitoring data for preventative services is broadly in line with this, with services reaching more 45-70 year olds and in some cases more over 70s.

⁴³ Carers in Hertfordshire and Crossroads North and South.



The 2011 Census also showed that:

- **Levels of caring increase with age:** according to the 2011 Census, 34% of over 65s provide over 50 hours of care a week, in comparison to 8% of 0-24 year olds.
- **More women than men are unpaid carers:** 58% of carers are women and 42% are men. National research by Carers Trust and the Men's Health Forum also showed that more than four in ten (42%) carers in the UK are male.⁴⁴ Monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers.
- **91% of carers identify as white.** Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British.
- **Carers are more likely to have health problems than those who do not have a caring responsibility.** 22% of carers have a disability or long-term

⁴⁴ <http://www.carers.org/news/new-research-dispels-myth-caring-solely-female-issue>

illness that limits their day-to-day activities a lot or a little.

Carers in Hertfordshire are most likely to be looking after someone with a physical disability (27%), problems connected with ageing (22%) or sight or hearing loss (14%) (Carers Survey 2012-13).

In summary, comparisons between the Census data and monitoring data suggest that more work is needed to:

- Reach and support male carers
- Reach and support carers who do not identify as White British
- Identify whether we are reaching carers with a disability themselves
- Gather data on carers caring for people with different types of care need (e.g. learning disabilities, physical disabilities, dementia etc) to ensure we are reaching and supporting them.

DRAFT