# Health and Wellbeing Board Hertfordshire



## HERTFORDSHIRE COUNTY COUNCIL

### HEALTH AND WELLBEING BOARD 9 OCTOBER 2015 AT 10.00 a.m.

## HERTFORDSHIRE CARERS STRATEGY

### Report of the Director of Health and Community Services

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### 1.0 Purpose of report

1.1 To present the multi-agency Hertfordshire Carers Strategy for endorsement by the Health and Wellbeing Board.

### 2.0 Summary

- 2.1 The objective of the Carers Strategy is to outline how the whole health and social care system in Hertfordshire will work together to support carers. The commitment within the Carers Strategy is made by Hertfordshire County Council (including both Health and Community Services (HCS) and Public Health), East and North Hertfordshire Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group (CCGs), as joint funders of carers preventative services.
- 2.2 Carers are vital partners in the health and social care system. The NHS Five Year Forward View makes clear that the future sustainability of the NHS relies of supporting carers.<sup>1</sup> However, carers are also often at greater risk of poorer health and wellbeing outcomes. It is therefore vital that all agencies make carers part of their core business, identify them and refer them to sources of support. This strategy sets out how we will work to achieve this in Hertfordshire.
- 2.3 The content of this strategy is based on extensive consultation with a wide range of stakeholders, including carers themselves, both CCGs, Public Health, the multi-agency Carers Planning and Partnerships

<sup>&</sup>lt;sup>1</sup> <u>http://www.england.nhs.uk/ourwork/futurenhs/</u>

Group (PPG), providers of carers' services in both the NHS and voluntary and community sector (VCS).

#### 3.0 Recommendation

3.1 To endorse the multi-agency Hertfordshire Carers Strategy for adoption.

#### 4.0 Background

- 4.1 Hertfordshire has long recognised the importance of supporting carers. Carers are the largest source of care and support in each area of the UK and it is in everyone's interests that they are supported to help manage their individual and changing needs. There is strong evidence to suggest that carers can be at greater risk of negative outcomes, such as limiting or giving up paid work, poorer physical and mental health, and social isolation. However, early interventions have been proved to have a positive impact on these outcomes.
- 4.2 Hertfordshire has a very successful history of multi-agency work to support carers, including via the previous multi-agency Carers Strategy that was put in place in 2011, current joint funding arrangements for carers services between HCC and both CCGs, and current joint governance structures such as the Carers Planning and Partnerships Group (previously the Carers Strategic Commissioning Group). It is vital that all agencies and providers work to identify and support carers earlier, ranging from providers of carers services such as Carers in Hertfordshire and HPFT, through to wider services such as dementia.
- 4.3 Furthermore, the importance of the role that Carers provide has been formally recognised within the Care Act 2014.
- 4.4 This Strategy is intended to be a continuation of this work, updating the previous Strategy in light of the Care Act 2014 and recent developments and successes in this area. The Care Act 2014 in particular has a significant impact on carers' rights, which needs to be reflected in the refreshed strategy. Some of the most significant changes include:
  - A right to an assessment of carers' needs, in their own right and irrespective of the amount of caring they do.
  - A focus on carers' own wellbeing, including areas such as ability to work, have a life outside of caring, and maintaining their own physical and mental wellbeing.
  - A right to information, advice and advocacy.
  - A right to a personal budget and direct payments.
  - A right to expect integrated and joined-up services.

4.5 This Strategy also builds on the recently published Carers Market Position Statement (MPS)<sup>2</sup> which sets out our future commissioning intentions for carers' services. Hertfordshire already benefits from a strong and diverse market of providers, many of whom are keen to innovate and improve. The MPS was also developed in consultation and partnership with both CCGs, carers and providers, receiving significant feedback.

## 5. Consultation Process

- 5.1 The draft Strategy has been put out to consultation with a range of stakeholders, including:
  - The membership of the multi-agency Carers Planning and Partnerships Group (including voluntary sector partners such as Carers in Hertfordshire).
  - Both Clinical Commissioning Groups, via their carers leads and papers to the relevant boards.
  - Public Health
  - Children's Services
  - Providers of carers services via the Hertfordshire Carers Organisations Network (HCON)
  - Carers themselves via two focus groups organised by Carers in Hertfordshire and two HPFT carers groups
  - The Hertfordshire Equalities Council (HEC).
- 5.2 Comments received so far include the following themes:
  - The need to develop a clear implementation plan.
  - The need to establish measures of success and performance.
  - The importance of supporting young carers and parent carers needing to be emphasised more.
  - The importance of and difficult in carers accessing and staying in work.
  - The need to develop the health and social care workforce to be carer-aware.
  - Exploring technology to better support carers in innovative ways.
  - Access to emergency support.
  - The need for timely and consistent responses when carers contact services.
  - The need for clear and accessible information and advice about services that are available.
  - The need to inclusively consult and involve carers ongoing in the development of these services.
  - The need for stronger data to be gathered on BME carers and to ensure that providers deliver culturally-nuanced services.

<sup>&</sup>lt;sup>2</sup> <u>http://www.hertsdirect.org/your-council/hcc/healthcomservices/hscic/suporcarehe1/carersmps/</u>

### 6. Financial Implications

6.1 No direct implications. HCC has already committed an additional £1 million of monies to support carers for 2015/16, in light of the changes being brought in under the Care Act. This has been allocated for additional commissioned services and to support carers Direct Payments.

#### 7. Equality Impact and Implications

- 7.1 When considering a proposal placed before Members it is important that they are fully aware of, and have themselves rigorously considered the Equality implications of the decision that they are making.
- 7.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EQiA) produced by officers.
- 7.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who share a relevant protected characteristic and persons who share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 7.4 There are wide equality impact implications for supporting Carers. The Strategy sets out some of the characteristics of carers in Hertfordshire (such as age, gender, ethnicity, and whether they have a long-term disability). An Equalities Impact Assessment (EqIA) is attached (Appendix 2). This is kept under review and will be finalised prior to the Carers Strategy being signed off.

#### 8. Key Risks and Mitigations

- 8.1 The following risks have been identified. The manner in which they have been addressed is noted in bold type:
  - The Strategy fails to secure the buy-in of key partners who provide services to and/or support carers - *Managed by early* consultation on the proposed contents and consultation on the draft, including both CCGs, other health partners including HPFT and HCT, Children's Services, Public Health, providers and carers themselves.

- The Strategy fails to address the key concerns of carers themselves - Managed by early consultation on the proposed contents and consultation on the draft Strategy, including with carers via focus groups.
- The scope of the consultation is too narrow/wide. Should it be too narrow, this could lead to reputational harm and loss of relevant evidence. Should it be too wide, this could lead to reputational harm through poor management of expectations, delays to the completion of the Strategy, increased project costs and negative effects on other carer-related work streams *Managed by effective stakeholder engagement through a planned consultation process.*

| Report signed off by   | Director of Health and Community Services, HCC  |
|--|---|
|  | HVCCG Commissioning Executive   |
|  | East and North Herts CCG Governing<br>Body and Joint Commissioning<br>Partnership Board |
| Sponsoring HWB Member/s  | lain MacBeath, Director of Health and Community Services                                |
| Hertfordshire HWB Strategy priorities<br>supported by this report  | Supporting carers to care.  |
| Needs assessment (activity taken)  |   |
| The Strategy is based on data from the 2011 Census, monitoring of providers and carer engagement. The Hertfordshire JSNA contains a chapter on carers <sup>3</sup> which is currently being updated in partnership with Public Health (leading), both CCGs, HCC and Carers in Hertfordshire. |   |
| Consultation/public involvement (activity taken or planned)  |   |
| As outlined above.   |   |
| Equality and diversity implications  |   |
| As outlined above.   |   |
| Acronyms or terms used   |   |
| CCG Clinical Commissionin  |   |
| EqIA Equalities Impact Asse  | essment   |
|  | -   |
| HCS Health and Communit  | y Services<br>Drganisations Network   |

<sup>&</sup>lt;sup>3</sup> <u>http://jsna.hertslis.org/top/lifstaggroup/carers/</u>

| HCT  | Hertfordshire Community Trust                             |
|------|---|
| HEC  | The Hertfordshire Equalities Council                      |
| HPFT | Hertfordshire Partnership University NHS Foundation Trust |
| MPS  | Market Position Statement                                 |
| NHS  | National Health Service                                   |
| PPG  | Planning and Partnerships Group                           |
| VCS  | Voluntary and Community Sector                            |