

# HEALTH AND WELLBEING BOARD

28 October 2014

<b>Title: Joint Carers' Strategy and Commissioning Priorities For Future Contract(s)</b>	
<b>Report of the Corporate Director of Adult &amp; Community Services</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: All</b>	<b>Key Decision: No</b>
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<b>Sponsor:</b> Anne Bristow, Corporate Director of Adult & Community Services	
<b>Summary:</b> <p>Carers in Barking and Dagenham play a critical part in supporting people to remain health and independent for as long as possible. There is evidence to show that investment in carers and carers' services can reduce demand for more expensive health and social care services. The Care Act 2014 greatly enhances the rights of carers in relation to assessment of need, provision of support and an improved offer for information and advice.</p> <p>Carers are the largest provider of care and support throughout the UK. The economic value of the contribution they make was estimated at £119bn per year in 2011. CarersUK estimate that the equivalent value of the care provided by carers in Barking and Dagenham is £352m.</p> <p>The current carers' strategy for Barking and Dagenham runs until 2015, and there is a need to revise our strategy to ensure that it delivers the vision outlined in the Care Act, as well as the Better Care Fund plan, and that it captures improved opportunities for joint commissioning between the Council and the Clinical Commissioning Group.</p> <p>The development of the strategy has been undertaken on our behalf by CarersUK, meaning that the borough has been able to benefit from their national experience and draw upon best practice from elsewhere. Additionally, this approach means that there has been a sound level of engagement with stakeholders, including local carers, carers' groups, clinicians, frontline teams and commissioners. Primarily, this stakeholder engagement has helped to identify the local experience of caring and areas in need of improvement.</p> <p>A strategy has been finalised, and we are in the process of exploring the recommendations with commissioners, providers and service users. For a development of this significance, the Board is invited initially to shape the recommendations that have emerged, with final sign-off of the Strategy to be brought to the 9 December 2014 meeting. In particular, the strategy headlines will inform the approach to commissioning, which is set out in broad terms in this report and which will be further developed in order to request the necessary approvals on 9 December.</p>	

<p><b>Appendix 1</b> sets out the proposed outcomes, the sources of evidence, links to other strategies and frameworks, and the proposed actions which would deliver the required support for carers.</p>
<p><b>Recommendation(s)</b></p> <p>The Health and Wellbeing Board is recommended to:</p> <ul style="list-style-type: none"> <li>(i) Consider the outcomes and proposed actions at <b>Appendix 1</b>, and approve the content for the final strategy, with any questions or concerns raised needing further consideration ahead of presentation of the strategy at the Boards December meeting;</li> <li>(ii) Note the proposed approach to extending the current carers' support contract and drawing up a more detailed approach to commissioning future services based on the general commissioning intentions set out below;</li> </ul>
<p><b>Reason(s)</b></p> <p>Carers' support is a major plank of social care reform as set out in the Care Act 2014. It is also one of the 11 schemes in the Better Care Fund plan agreed by the Board through recent meetings. The Council has, in addition, just agreed a new vision and priorities to shape and guide its work, including a priority around <b>enabling social responsibility</b>, which frames the Council's intentions around supporting residents to take responsibility for themselves; protecting the most vulnerable and ensuring that everyone can access good quality healthcare when they need it. The proposed Carers' Strategy will be core to the delivery of these aims within a challenging financial climate.</p>

**1. Background and Introduction**

- 1.1 At the 2011 Census, 16,200 people in Barking and Dagenham indicated that they provide some form of informal care, with 28% reporting that they provide weekly care totalling 50 hours or more. Carers of Barking & Dagenham, by contrast, have around 4,000 carers on their database (though a known number are 'ex-carers'), and they worked actively with 890 throughout 2013/14. 745 assessments or reviews of carers are formally recorded in the Council's social care systems. This suggests that a potentially large number of carers are not known to the Local Authority or any carers' support services.
- 1.2 This is significant because of the pressure on carers and the need for support to maintain good health and ability to cope with the difficulty of providing care. Nationally 61% of older carers report some form of long term health condition, against 41% of non-carers, rising to 73% of carers providing 50 or more hours. Caring in poor health is a critical risk factor to the sustainability of the caring role. In Barking and Dagenham it is estimated that almost 1,400 carers are missing out on over £4m of Carers Allowance and almost two-thirds of carers say they miss out on social contact or feel isolated.
- 1.3 Our Better Care fund provides £925,000 a year for carers services for both 2014/15 and 2015/16.

- 1.4 The current commissioned service with Carers of Barking and Dagenham provides support to all carers and has specialist support services for young carers, parent carers and carers of adults with dementia. Its offer for adult carers includes:
- Peer support and social groups;
  - Day trips and activities;
  - Home visits;
  - Emotional support;
  - Welfare benefits advice including benefits checks;
  - A comprehensive training programme.
- 1.5 Although there was much praise for the quality of services provided by Carers of Barking and Dagenham within our consultative activity, questions were raised about the effectiveness of a 'one size fits all' approach to carer support. Some groups were felt to under represented in the organisation, including male carers and carers of people with learning disabilities.
- 1.6 There were also felt to operational concerns such as support groups being held during the day and therefore exclude working carers, and traditional 'talking groups', which do not meet everyone's needs or preference in terms of engaging with support. It was also suggested that there was an over-reliance on groups and programmes led by workers, as opposed to an independently carer- or peer-led group.
- 1.7 Overall the work undertaken by Carers UK has suggested that there is an opportunity to improve the levels of innovation in support for carers, and to diversify the market, encouraging a wider range of smaller organisations alongside the core provision, to broaden the 'offer' within the local market. Some carers within the consultation, questioned the ability of a generic model to have the subject matter expertise of such a diverse range of caring experiences, cultural and religious and ethnic diversity and to be effective in offering support to all.
- 1.8 From our mapping activity with Carers UK we have identified areas of particular need based upon factors such as age, variations in health outcomes by ward and ethnicity and age alongside exacerbating conditions such as those of dementia and supporting people with end of life care needs.
- 1.9 We are proposing a shift away from a focus upon reactive support to one of prevention and early intervention with a renewed focus upon supporting carers health and wellbeing, addressing social isolation, improving awareness and access to benefits checks, screening for physical and mental health conditions facilitating access to peer networks and improving access to skills and training. Critically we are seeking to embed an understanding and awareness of carers and their needs into everything we do. This will involve innovation such as exploring the use of preventative payments to carers., flexible breaks and targeted engagement with hard to reach carers- individuals and groups within the Borough.
- 1.12 By building the capacity and resilience of carers to care through identification and support earlier in the caring journey, the aim is to prevent and or delay the onset both of the carers needs and potentially the needs of the cared for.
- 1.13 Amongst good practice brought to our attention through the development of the strategy is an example from Cambridgeshire. Crossroads Care,

NHS Cambridgeshire and 22 GP practices issue free prescriptions to contact Crossroads Care, who will then visit the carer. Breaks can be booked directly through Crossroads Care. Carer identification increased by 80% across the practices in a six month period and GPs advised that 32% of prescriptions prevented hospital admission.<sup>1</sup> This has a clear resonance with the Borough's target reduction in hospital admissions of 2.5% as part of our Better Care Fund.

## **2. The Strategy**

2.1 **Appendix 1** sets out the outcomes that are proposed for the strategy, with the supporting analysis and a set of actions which are suggested to ensure that the outcomes are achieved.

2.2 In discussion with officers from Children's Services, it has been agreed to maintain the separation of strategy and commissioning intentions with regard to young carers. Nonetheless, there will need to be 'read across' between the respective approaches, and careful planning around transition as young carers move into adulthood.

2.3 In summary, the seven proposed outcomes for the strategy are:

1. Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for;
2. Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break;
3. Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised;
4. Carers are supported to improve and maintain good physical and mental health and wellbeing;
5. Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life;
6. Carers are supported to cope with changes and emergencies and to plan for the future;
7. Carers are supported when their caring role is coming to an end and to have a life after caring.

2.4 Under these seven outcomes, the areas for action are set out as:

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<sup>1</sup> GP Carers Prescription Service 6 Monthly Report (Crossroads Care Cambridgeshire and NHS Cambridgeshire, 2010)

## **1. Identification**

- *Mainstreaming of carer identification*
- *Appointing carers' leads*
- *Implementing a carers' referral protocol*
- *Carer identification and support at GP practices*
- *Identifying carers in hospital*
- *Accessible communications for underrepresented groups*
- *Preventative approaches*

## **2. Choice & Control**

- *Self-directed support offer*
- *Direct payments*
- *Preventative payments*
- *Flexible breaks scheme*
- *Accessible support*
- *Stimulating the market*

## **3. Involvement and Consultation**

- *Ensuring carers are involved in their cared for's assessment*
- *Ensuring carers are involved and supported to provide care at home*
- *Supporting carers of people with mental health conditions*
- *Involving carers during the hospital journey*
- *Carers as part of a wider workforce*
- *Involve carers in service design*

## **4. Carers' Mental and Physical Health**

- *Support for carers at GP practices*
- *Preventative health programmes*
- *Providing carers with preventative advice and support in the community*
- *Emotional support for carers*
- *Safeguarding training*

## **5. Carers' Economic Wellbeing and Isolation**

- *Carers' assessments*
- *Referral to work and training opportunities*
- *Carers' employment champions*
- *Support for carers in employment*
- *Peer support*
- *Targeted financial support*

## **6. Emergencies and Changes**

- *Identifying and supporting carers at times of change or crisis*
- *Reviews*
- *Emergency planning scheme*
- *Training for future planning*
- *Supporting young carers and parent carers during transition*

## **7. Life After Caring**

- *Supporting carers providing end of life care*
- *Research into cultural needs*
- *Supporting carers when their caring role comes to an end and beyond*

2.5 Board members are invited to comment on the detail in **Appendix 1**, and identify any omissions or points of concern from their organisation's perspective.

## **3. Commissioning intentions**

- 3.1 In order to support carers in the future, and consistent with the Care Act 2014, work is underway to develop commissioning intentions for 2015/16. The Council's Care Act programme is currently working on the assessment and eligibility requirements for the social care support system, based on draft guidance (with final statutory guidance expected imminently). The final shape of future carers' services are not therefore clear.
- 3.2 In the interim, commissioners are working on an extension of the contract with Carers of Barking & Dagenham (allowed for in the existing contract) for six months whilst the final specifications are developed and the tender process can be initiated. The proposal for extension will include provision for the disaggregation of the carers' assessment requirement and the provision of support services, so that current thinking that carers' assessments will be brought 'in-house' to the Council under the new Care Act regime, can be implemented from 1 April 2014.
- 3.3 In particular, this is complicated by the need to respond to the right of all carers, under the Care Act, to request a personal budget. Like care and support in the home, this will change the market in support services for carers, and a greater level of personalisation and 'micro-commissioning' by carers themselves, with the budget provided by the Council, can be expected.
- 3.4 In addition, the Care Act emphasises the parity of treatment between carers and service users, and therefore consideration will need to be given to how the revised charging policy for social care applies to carers and the services that they receive.
- 3.3 Thereafter, the proposals for the commissioning of new carers' services will look to adopt some key principles:
- An emphasis on models of support for carers which build resilience, including peer-led support groups involving 'experts through experience', with professional inception where required and phased withdrawal. This will be a delivery model that is less about doing for and much more about building local capacity and skills.
  - Through our market-shaping programmes, to promote and develop services which are responsive to the provision of personal budgets and individual purchasing decisions as exercised by individual carers.
  - Within this context, to establish an umbrella offer for the commissioned carers service which becomes one of providing a local infrastructure with a core offer of provision of information and advice and promotion of access to universal services and training and skill development. This will be aligned with the further development of the Care and Support Hub providing information, advice and signposting for universal services and services which might be purchased using an individual carer's budget.
  - Undertake a separation between advocacy and support from assessment and provision- work will be undertaken to model steps required to bring carers assessments 'back in house'. From our consultation highest on carers' wish lists was the desire to be involved and consulted about the support provided to their loved one, and assessment and review is an important element of this. There was a consensus amongst professionals that the benefit of 'whole family' approaches to assessment far

outweighed the fragmentation that can occur when different organisations conduct separate assessments of individuals within one family. One single assessment had universal appeal, if service user and carer agreed.

- Improved targeting of support to include those carers identified as hard to reach. Through mapping work now completed a clear picture is available of carers at risk of breakdown and ill health within the Borough. This approach will include developing flexible breaks scheme for carers with direct access via GPs without the service user necessarily being FACs eligible. Specifically we will seek to support outreach into BME organisations to develop and raise awareness of caring, encourage peer support to help reduce some of the stigma associated with disability and reduce the fear of approaching statutory services for help. This will build upon groups within the borough who already provide support and advice to differing ethnic and cultural groups.

3.4 The services will be commissioned so as to draw clear links with other areas of business, including:

- Continued joint commissioning of carers' services between the Council and the Clinical Commissioning Group utilising the agreed Joint Commissioner to lead future development and implementation.
- Links with the separate commissioning arrangements for young carers services, to reflect the decision by Children's services to establish these contracts separately.
- Support compliance with Care Act requirements and the delivery of Better Care Fund outcomes.

3.5 The commitment currently used to support Carers assessments be retained by the current provider to support stability and to enable us to jointly test implementation of the new model of support proposed above subject to the determination of the Board at its meeting on the 9 December 2014.

3.6 In general terms, the commissioning timeline is planned as:

<b>Task</b>	<b>Timescales</b>
Review of market impact and opportunities	to 9 December 2014
Extension of current contract with Carers of B & D and variation	November 2014
HWBB approves strategy and gives formal approval to tender	9 December 2014
Completion of tender documents	January 2015
Issuing of tender docs	February 2015
Completion of ITTs returned	April 2015
Panel evaluation completed	May 2015
Notice of award of contracts	May 2015
Contracts go live	July 2015

## **4. Consultation**

- 4.1 Recommendations and next steps are based upon a series of stakeholder interviews and carer focus groups, supported by Carers UK in June and July 2014. This paper also reflects discussions and engagement with the Carers Strategy Group for Barking and Dagenham who have considered and informed section 2.1 'key outcomes required' above.

## **5. Mandatory Implications**

### **Joint Strategic Needs Assessment**

- 5.1 The JSNA identifies a number of factors which will need consideration within our approach to carers and carers support, not least the impact of migration into the borough and their particular needs. A report prepared by the Migration Observatory in 2011 suggests that migrants experience poorer mental and physical health outcomes overall. The report also found that socio-economic circumstances of migrants and immigration regulations affecting some migrants can have a negative impact on access to and use of health care. We also know that Barking and Dagenham has high levels of deprivation – the top 7% most deprived boroughs in England. Within the Borough there are variations in levels of deprivation and it is important that our strategy is better able to respond to such variations, adopting targeted interventions where carers maybe at higher relative risk.
- 5.2 The UCL institute of Health Equity Report identified that particular groups will be more at risk following the economic and welfare changes. The numbers of at risk will be increasing. Welfare reforms are predicted to cause migration between London Boroughs and out of London altogether. Poorer areas and outer London may experience a disproportionate rise in their populations because of the inward migration of benefit recipient households.
- 5.3 There are also significant health inequalities based on ethnicity and people of black ethnicity were more likely to have an emergency hospital admission than any other ethnic group in 2010/11 even after adjusting for differences in age.
- 5.4 Carers in the Borough have consistently highlighted that they can derive considerable benefit from short breaks. Against a backdrop of welfare reform, economic pressures we need to utilise community based services to provide more information, advice and choice to carers. Carers want appropriate support, access to universal services and short breaks to support them in their caring role.<sup>66</sup>

### **Health and Wellbeing Strategy**

- 5.5 Our Health and Wellbeing strategy identifies a number of key principles which include to enable increased choice and control by residents who use services with independence, prevention and integration at the heart of how choices can be made and to seek to reduce health inequalities with themes early recognition and intervention and upon the promotion of positive health and wellbeing.
- 5.6 It is therefore imperative that both the development of a new Joint Carers Strategy and Commissioning steps fully reflect these principles.

### **Integration**



- 5.7 Integration is supported through our steps to improve support to family carers which is a key scheme within our Better Care Fund supported by both our pooled funds and through the joint commissioning of services, review of their effectiveness in delivering required outcomes and oversight by the HWBB.

### **Financial Implications**

- 5.8 The better care fund plan for Barking and Dagenham provides a spend of £925,000 for carers support within our Better Care Fund there are governance arrangements in place to support recommendations to move resources between the 11 schemes where evidence of positive outcomes are demonstrated.
- 5.9 Care Act places clear additional duties upon Councils in relation to Carers and we have identified £513,000 within our Better Care Fund for Care Act implementation alongside resources available through the Burdens' grant.

Implications completed by: Roger Hampson, Group Manager, Finance

### **Legal Implications**

- 5.10 The Local Authority has a more extensive duty towards Carers under the Care Act 2014. They are covered by the well-being provisions, the provisions as to P.R.D. They are entitled to a needs assessment pursuant to s.10. They have to be provided with information and advice, they can be charged for receiving services. They have to be involved in the assessment of any adult. They can be provided with care and support.
- 5.11 There is throughout the Care Act 2014 a raft of provisions relating to carers, all of which appear to have been encompassed within LBBD's carer's strategy. The fact that Child Carers are entitled to an assessment during any transition phase.
- 5.12 There is recognition that there are hidden carers and steps are being taken to address this. Work is also being undertaken with the voluntary sector to ensure that these carers are identified.
- 5.13 The Strategy aims to accord with the Care Act 2014 in recognition of the additional duties towards carers' by the Local Authority.

Implications completed by: Dawn Pelle, Adult Social Care Lawyer

## **6. Non-mandatory Implications**

### **Customer Impact**

- 6.1 Our aim is to put carers at the centre of our approach to both the development of the new joint carers strategy and to the provision of support services, reflecting both stakeholder engagement and legislative requirements. Experience of support will be improved through proactive engagement, earlier identification and greater choice and control through provision being responsive to individual budgets and purchasing decisions.

### **Contractual Issues**

- 6.2 In order to fully mainstream and embed carers support into everything we do we propose to build carers awareness and support to identify carers into our commissioning contracts across health and social care in order that these support required outcomes – including those for Care Act Implementation and Better care Fund deliverables.

### **Staffing issues**

- 6.3 In parallel with steps to embed carers awareness and support in everything we do the Carers strategy will, alongside staff training and development requirements as part of Care Act implementation seek to support staff in supporting earlier identification of carers, sign posting to appropriate support, information and advice and in understanding the key responsibilities for assessment and support of carers in their own right. This will be undertaken across health and social care and critically target staff in primary care who will also play a key part in supporting early recognition and identification of people with caring roles.

## **7. List of Appendices:**

**Appendix 1:** Strategy Headlines and evaluation framework (Carers UK)