

DERBYSHIRE COUNTY COUNCIL

CABINET

26 JULY 2016

Report of the Strategic Director for Adult Care

CARERS STRATEGY 2016-19

ADULT CARE

1. Purpose of the Report

To seek Cabinet approval for the Carers Strategy 2016-2019

2. Information and Analysis

This report is linked to another report that seeks Cabinet approval to procure information, advice, support and assessment services for carers, which is also tabled for the Cabinet meeting on 26 July 2016.

The Carers Strategy 2016-19 sets out the strategic framework for the support of carers over the next three years. It is a strategy for adult carers who care for another adult. Although this is an adult strategy it is relevant to young people who are carers and parent carers, because of the importance of effective planning with people who may need support as an adult.

Carers are defined in the Care Act 2014 as: “Somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer”.

2.2 Key messages in the Carers Strategy

Four key proposals are at the heart of the new strategy and these are:

- To have a lead agency to provide information, advice, guidance and support for self-help and peer groups.

- To have improved arrangements between carers services and Adult Care so decision making about when an assessment of the cared for person is needed is improved and the process is smoother.
- To make Carer Personal Budgets more widely available to carers. These will be available to carers with eligible needs with tiered indicative awards linked to the level of carer needs.
- To end funding for sitting services in lump sums paid to the sitting service and make the funding dependent on whether the carer chooses to use the sitting service. The money will be allocated to the carer in a personal budget and the carer can use the money to pay for a service or this can be arranged for them.

In many respects these proposals are a refinement of the existing offer to carers. What will change is the way that services are delivered and organised. In recent years many services have been funded through grant arrangements and in future this will be through a contract.

2.3 Impact of the new strategy

Overall the proposals should result in more carers being identified and supported and those carers with the highest needs getting more support. It could also see some carers getting less support than they have done in the past. Specific consultation has taken place with carers who may be adversely affected changes and steps taken to mitigate the impact on people.

2.4 Key factors shaping the strategy

Legal, demographic and financial factors have been key drivers in shaping the latest carers strategy.

New laws give increased rights for carers – The Care Act 2014 and Children and Families Act 2014 require local authorities to be more proactive in identifying carers, to assess the needs of carers in their own right and to provide support which matches a carers needs.

There are 93,000 carers in Derbyshire and demographic changes mean that carers are caring for more hours. Since the last census carers who care for people between 20 and 49 hours a week has increased by 27% and carers who care for 49 hours a week or more have increased by 21%

Reductions in government grants mean that local authorities have to review a wide range of services, which could see a reduction or loss of some services and increased reliance on informal carers.

The provision of carers services is a statutory duty and investing in carers services benefits carers and the public purse. Carers benefit by being able to have a life outside caring, such as pursuing learning, staying in employment, maintaining social networks and pursuing interests. NHS England have produced research which shows that for every £1.00 invested in carers services, £4.00 is saved. At a local level 21,073 carers were identified by Adult Care in 2015/16. If carers stopped caring, it is likely that there would be an increased demand for domiciliary care and that admissions to residential care would increase.

2.5 Co-production

The strategy has been co-produced with carers using a range of mechanisms which include a Carers Reference Group, themed meetings, attending carer forums, written communication and online feedback. The main events are listed in Appendix three of the strategy document.

2.6 Social Return on Investment

The strategy promotes social value in a number of respects. A commitment has been made to develop a plan that promotes a range of peer support groups that can be sustained without the need for large subsidies from the council. A commitment has also been made to consider the scope to develop Time Banks, where carers support each other by exchanging skills and expertise. The contract for carers services will build social value into the service specification.

3. Financial Considerations

Derbyshire Adult Care is the lead commissioning organisation for carers services and jointly commissions these with Derbyshire Clinical Commissioning Groups, through the Better Care Fund. The total budget between for carers services in 2016/17 is £1.962m and it is proposed that this level of funding continues.

4. Other Considerations

In preparing this report the relevance of the following factors has been considered: legal considerations, human resource considerations, prevention of crime and disorder, equality and diversity; human resources; environmental, health, property and transport considerations.

5. Background Papers

No

6. Key Decision

Yes

7. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

8. Officer's Recommendation

That Cabinet approve the Carers Strategy 2016-19.

**Joy Hollister
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MATLOCK**

Carers Strategy 2016-2019

1 Introduction and key messages

This strategy sets out the priorities that will shape the delivery of support for carers across health and wellbeing services for the next three years. A Direction of Travel for Carers was approved by the Health and Wellbeing Board in December 2015. The Direction of Travel updated the priorities in the last Carers Strategy in line with new statutory duties in the Care Act 2014 and Children and Families Act 2014. The themes in the Direction of Travel are developed further in this strategy.

The strategy sets out the case for investing in carers services. This includes what good services should look like based on what has worked locally and what needs to improve.

In the previous strategy there were nine commitments to carers. A tenth commitment has been added to highlight the importance of supporting carers in transition, such as young carers who are turning 18 and parent carers whose children are about to become adults. We have also updated the existing commitments so they reflect the duties in new legislation and feedback from carers who use our services.

To achieve these things we need to change the way we organise our services and the main changes that we propose during 2016 -17 are:

- To have a designated lead agency to provide information, advice, guidance and support for self-help and peer groups.
- To have improved arrangements between carers services and Adult Care so decision making about when an assessment of the cared for person is needed is improved and the process is smoother.
- To make Carer Personal Budgets more widely available to carers. These will be available to carers with eligible needs with tiered indicative awards linked to the level of carer needs.
- To end funding for sitting services in lump sums paid to the sitting service and make the funding dependent on whether the carer chooses to use the sitting service. The money will be allocated to the carer in a personal budget and the carer can use the money to pay for a service or this can be arranged for them.

We will develop a detailed delivery plan with targets and timescales when we commission the new carers service. This will be based on the delivery plan at the end of this document, which is also summarised on the next page.

The strategy will be reviewed and refreshed annually to reflect relevant local and national policy developments, such as the new national Carers Strategy, which is likely to be published at the end of 2016.

<p align="center">Key delivery areas and associated actions – Plan on a Page</p>	<p>All key delivery areas will be underpinned by our 10 commitments to carers</p>
<p>Working with all partners to help them support carers more effectively</p> <ul style="list-style-type: none"> • New protocol in Call Derbyshire to provide enhanced support at first contact with carers • Work with GPs to encourage them to provide enhanced support to carers (The Carers Pledge) • Outreach support in health settings so carers get the right support at an early stage • Contracts procured by Adult Care to include a clause requiring organisations to identify carers • Have an annual event to promote carer awareness and good practice 	<p>1. Carers will be able to achieve a fulfilled life, both independently and with the person they support.</p>
<p>Improving information for carers by making sure it is accessible and consistent</p> <ul style="list-style-type: none"> • Have a designated lead agency to provide information, advice, guidance and support for self-help and peer-support groups • Develop a dedicated website for carers • Audit the impact of carer information and develop an action plan to address identified gaps • Continue to publish a Carers Directory 	<p>2. Carers will be supported to maintain and improve their own health and wellbeing.</p>
<p>Helping carers to be confident about caring and to balance caring with other parts of their life</p> <ul style="list-style-type: none"> • Retain the Emergency Card and ensure it is more widely used • Develop a plan that promotes a range of peer support groups that can be sustained without the need for large subsidies from the council • Have a range of training in place that helps carers to be confident about caring • Consider the scope to develop Time Banks, where carers support each other by exchanging skills and expertise • Explore how technology can be used more to help carers carry out their role • Maximise income through promoting good employment practice and awareness of benefits • Ensure support recognises the challenges faced by young adult carers (18-21) and carers from Black and Minority Ethnic backgrounds 	<p>3. Carers will have improved economic wellbeing through work and access to benefits advice and information.</p> <p>4. Young Carers and Parent Carers will be supported across all Derbyshire County Council and Primary Health services.</p>
<p>Providing flexible and equitable support to carers with eligible needs through Carers Personal Budgets and a menu of support options</p> <ul style="list-style-type: none"> • Introduce a tiered system of Personal Carer Budgets for carers with eligible needs • Change arrangements for funding sitting services from paying large amounts in advance to service providers to paying for services as they are needed • Strengthen planning arrangements for carers who are in transition; parent carers young adults and young carers to get more effective support planning • Provide funding for young adult carers so they can continue to gain support from a Young Carers service if they wish 	<p>5. Carers will be supported in times of crisis in both health and social care needs, incorporating a Think Family approach.</p> <p>6. Carers issues will be promoted across partner services and ensure Carers</p>

<ul style="list-style-type: none"> • Update local information about the needs of BME carers and ensure that the new carers Support Service is monitored against meeting these needs • Retain home based emergency support 	<p>are a part of “Everybody’s Business”.</p>
<p>Having a range of mechanisms so carers can comment on the quality of services and shape what service look like in the future</p> <ul style="list-style-type: none"> • Continue to monitor the effectiveness of carers commissioning arrangements • Review accreditation systems for assuring carer friendly services 	<ol style="list-style-type: none"> 7. Carers will be consulted in the design and development of services as equal partners. 8. Carers will receive an equitable and fair service and support irrespective of locality and client group. 9. We will provide support which recognises the particular challenges faced by Young Carers who are becoming adults and Parent Carers whose child is becoming an adult. 10. Safeguarding from harmful behaviour will underpin all support provided to carers.

2 Scope of the strategy

This strategy is for adult carers who are 18 or above and who care for another adult who is 18 or above. The strategy addresses the importance of supporting people who are about to become 18 or adults who care for someone who is about to become 18.

Carers are defined in the Care Act 2014 as 'Somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer'

Caring spans a huge range of activity and situations, ranging from occasionally helping an elderly neighbour with shopping to being an informal carer who provides a friend or relative with significant amounts of support every day. Some carers care for more than one person (multiple carers) some have to juggle caring for an elderly relative with bringing up children and going to work (sandwich carers) and there are situations where carers support each other (mutual carers).

The strategy is based on themes that have been previously agreed in the Carers Direction of Travel. It sets out those themes, provides an update on progress in meeting objectives and sets out priorities up to the end of 2019. The strategy will be reviewed and updated every year or sooner if major developments require a review. One development that is anticipated is that a new national Carers Strategy is likely to be announced by the end of 2016.

The strategy sets out what needs to be done by the Council and its partners to support carers across the administrative boundaries of Derbyshire County Council.

3 Key facts and figures about carers and caring

3.1 New legal rights for carers

The Care Act 2014 and the Children & Families Act 2014 gives carers of all ages new rights. Local authorities are required to be more effective at identifying carers, providing information and offering assessments when there appears to be a need and providing services to carers in their own right if they meet the eligibility criteria for services. The main requirements are:

- To provide carers (including young carers) with information and an assessment of their own needs, regardless of whether the Council is under a duty to meet the needs of the person the carer supports.
- To help carers plan better for changes at key points in their own lives. For example, when a young carer becomes an adult, or when the child a parent carer is caring for, becomes an adult.
- To make it clear to carers whether or not they will have to pay for any services
- To have a policy and arrangements in place to respond to carer requests for personal budgets.
- To have a whole family approach and as the carer's needs increase consider the need to carry out an adult care assessment.

3.2 What do Carers do?

The list below is not exhaustive, but highlights some of the key tasks that carers carry out.

- Carers help the people they care for to deal with and manage problems caused by illness or disability by providing physical, practical and emotional support.
- Caring tasks can include providing intimate physical care such as helping someone get up, washed and dressed.
- Many carers undertake nursing tasks: they manage and administer medication, feeding tubes, colostomy or catheter bags or other medical equipment.
- Carers of people with mental health or substance misuse problems may perform few physical tasks, but provide a great deal of emotional support, including helping to ensure that someone stays safe and responding to incidents of self-harm or overdose.
- Often carers can carry out a great deal of lifting or assist with mobility. This may involve helping to change soiled clothes or bedding many times throughout the day and night
- The health impacts of this constant responsibility can be just as great as the impact of heavy physical caring. For some, caring can be an all-consuming job leaving the carer physically and emotionally drained.
- Carers often take responsibility in supporting the person they care for to access statutory services, liaising on their behalf with organisations such as social services, health, education, housing and benefits.
- Carers may be called upon to supervise someone to keep them safe and may do this from a distance.
- Caring responsibilities may be for short periods of time or in many cases, for a lifetime. The condition of the cared for person may change on a daily basis making it difficult to predict the demands on the carer.

3.3 The number of carers and some of the key challenges they face

The 2011 census provides a range of indicators about the extent of caring in Derbyshire, some key statistics are outlined below and further information can be found in Appendix 2.

There are an estimated 93,000 people who are carers in Derbyshire based on the 2011 census. This means that over 12% of the Derbyshire population are Carers, compared with the national average of 10.4%. Women represent 57% of all carers in Derbyshire. The percentage of unpaid carers across different districts of Derbyshire is similar ranging from 11% to 13% of the population in any particular district.

The breakdown of carers by age shows a spread of carers across different ages:

- 6% of carers (5,645) are under 24 years old.
- 32% of carers (29,929) are aged between 25 and 49 years old.
- 39% of carers (35,584) are aged between 50 and 64 years old.
- 23% of carers (21,454) are over 65 years old.

Carers have health needs of their own and are more likely to have health needs than the general population. People who provide more than 50 hours a week or more of caring are over twice as likely to be in very bad health as people who provide no caring. Almost 15% of these carers report having bad or very bad health, compared with less than 6% of

Derbyshire residents who had no caring role. Even when these carers are not experiencing bad health, their general health is likely to be poorer than non-carers. Just over half of carers in Derbyshire who provide more than 50 hours care each week reported that they were in good or very good health, compared with over 80% of those residents having no caring role.

Nationally three million carers, 1 in 9 of the working population combine work with caring and two million of these carers work full time. In 2015 Carers UK and Employers for Carers undertook a research project to get an insight into the challenges faced by working carers¹. Four in ten carers said they felt their managers and colleagues did not understand the impact of caring. A top priority that was identified in the work place was more flexibility about working patterns and consistent support from managers. A top priority outside the workplace was better support from care services followed by better support from GPs and health services.

According to the last census there are 32,652 people from a BME group living in Derbyshire, this is 4.2% of the population and significantly lower than the England and Wales population which is 19.5%. The highest concentrations of BME communities are in Chesterfield, Erewash and communities close to Derby City². Research carried out by the Institute for Innovation in Social Services in 2010 highlighted a range of barriers faced by the BME carers. These include language barriers, a lack of cultural competency among providers of services, difficulty in identifying carers, lack of awareness about services and a sense available and a sense of isolation experienced by carers who are refugees and asylum seekers³. Work is being undertaken to improve information about the needs of BME carers in Derbyshire, this will be published in the summer of 2016 with recommendations for service providers.

Work commissioned by Carers UK based on Census information suggests there are 30,400 new carers each year⁴. This is based on estimates from Census information for baseline numbers and Household Panel Survey (BHPS) returns for information about numbers of new carers. These statistics suggest this amounts to a net increase in carers per year of 470 people. These figures are likely to be an underestimate. The sampling techniques do not include young carers and miss situations where a person is caring for more than one other person. In addition it is important to consider that a higher proportion of carers are caring for longer. Between the 2001 and 2011 census the number of carers in Derbyshire who care for 20-49 hours a week has increased by 2480 carers (27%) and the number who care for 49 or more hours has increased by 3690 carers (21%).

¹ Carers UK and Employers for carers (2015) Caring and Isolation in the workplace – Impact assessment and recommendations, sampled 1041 carers

² Health Needs Assessment of the Black Minority Ethnic population within Derbyshire (2013) https://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/Health_Needs_Assessments/BME_needs_assessment_final.pdf

³ The Institute for innovation in Social Services (2010) Improving Support for Black and Minority Ethnic (BME) carers <http://www.iriss.org.uk/sites/default/files/iriss-insight-7.pdf>

⁴ Carers UK (2014) Need to know, Transitions in and out of caring.

3.4 The benefits of investing in carer support

Investing in carers services benefits the public purse as well benefiting carers and the people they support.

It is difficult to place a definitive cost on the benefit to the public purse of investing in carers services. Statistics are available from a range of studies, but they have used different models to measure the financial benefits and they do not all measure the same types of intervention. What is clear is that there is a large body of evidence to show that investing in supporting carers is financially beneficial for health and social care.

- Commissioning guidance published by NHS England indicates that for every £1 invested in carers £4 is saved in health and social care spending⁵
- Research carried out by Carers UK and Leeds University's in 2011 "Valuing Carers" suggests informal care is worth £119 billion a year⁶.
- The monetary value of the 50 hours care a week provided by the 21,073 carers in Derbyshire would cost £948 million if it was provided by home care services.
- If any of the carers providing 50 hours a week or more care stopped caring it is likely there would at the very least be a modest package of home care or admission to institutional care. Home care admissions would only have to increase by 2.3% to cost the equivalent of the whole of the cost to the budget for carers services.

Good carer support benefits carers in two key respects. First of all it means that carers are better able to support the person they care for by understanding their condition and knowing what help is available. Second it means the carer can have a life outside caring such as access to employment, learning, social networks and interests.

4 An overview of current support for carers

4.1 Current arrangements for services

The services discussed are services that are primarily for carers in their own right or that are provided to the cared for person, but for the primary benefit of the carer.

Derbyshire Adult Care is the lead commissioning organisation for carer's services and jointly commissions these with Derbyshire CCGs. The pooled budget between Health and Adult Care for carers services totals over £1.9 million and it funds a range of services to carers. Most carers services have been in place for some time and the majority have been grant funded. Derbyshire County Council cabinet have recently agreed proposals that subject to consultation all grants end and services are commissioned through a competitive tender process.

The types of services that are currently provided are outlined below:

⁵ <http://www.england.nhs.uk/commissioning/comm-carers/>

⁶ http://www.leeds.ac.uk/news/article/2008/unpaid_carers_save_119_billion_a_year

- **Assessments and support planning** – assessments are carried out by one of three voluntary sector organisations and Adult Care.
- **Emergency Card** - Carers can have an Emergency Card and contingency plan agreed for emergency situations. This has details of alternative contacts in an emergency.
- **Carers Break Grants** – One off grants are available for carers who meet the eligible criteria. In most cases the grants are up to £250.00
- **Carers Sitting Services** – a range of services are available to provide short term support over a time limited period to enable their carer to have a short break from their caring role.
- **Emergency Home based Support** – Adult care will fund emergency home based support for the cared for person where the eligibility criteria for support is met.
- **Carers information** – A booklet is produced for carers that provides information and advice about a range of services. Information is also available on the internet.
- **Support for young adult carers** – activity based support is available for young adult carers.
- **BME Carers** – A project has been funded to facilitate a stronger working partnership between BME community groups and health providers in the primary care sector, e.g. GP practices, clinics and hospitals together with social care providers (in particular, carers support service providers) to improve access to information and support for BME carers.
- **Mental Health Carers support** - self-help groups for mental health carers exist in the in the north and south of Derbyshire
- **Carers of people with a substance misuse** - Public Health fund substance misuse services and one of these has a specific focus on carers of people with drug and or alcohol problems.
- **Carer support in health settings** - The Healthcare Liaison Project (previously called Teaming Up for Transition (TUFT) identifies carers at the earliest stage of their caring role and refers them for assessment and identifies appropriate support. The project works in hospital settings and GP practices, where new carers are likely to be found. Work has been undertaken with GPs to get them to voluntarily sign a pledge which provides carers with an enhanced service.

Further details of current services for carers are set out in **Appendix 1**

4.2 Achievements since the last strategy

The main achievements since the last carers strategy and the publication of the Direction of Travel are set out below:

- 21,000 carers in Derbyshire are in contact with services.
- 7500 carers have a Carers Emergency Card, which provides important information about the cared for person in the event of an emergency.
- A Carers Directory is produced which sets out useful information about support and services and is circulated widely to services that a carer might access such as GP surgeries.
- A Young Carers Memorandum of Understanding, which is based on a national good practice Template called *No Wrong Doors*. The Derbyshire Memorandum of Understanding between Children & Young Adults and Adult Care has the dual aims of

protecting children and young people from undertaking excessive or inappropriate roles and supporting the needs of adults requiring care to fulfil their parenting responsibilities.

- A commitment has been made to commission carer services which have a specific focus on the needs of young adult carers (18-25s).
- A Memorandum of Understanding between Health (CCGs) and Adult Social Care to ensure joint arrangements are established in the best interest of the carers of Derbyshire. The joint Memorandum of Understanding has ensured that the budgets for carers have been ring fenced and jointly monitored. This funding is now part of the Better Care Fund.
- Work has been commissioned to improve understanding of the needs of services from BME groups.
- A Carer Joint Commissioning Board oversees the development and delivery of the Carers Strategy for the whole county. Representatives from health, adult social care, children’s services and carers are included on the Board.
- Carer engagements arrangements have been improved with the development of a Carers Reference Group which meets regularly.
- Proposals have been made for improved arrangements for carer assessments. The proposals set out clearer roles and responsibilities for carer assessments between the voluntary sector and adult care.
- Proposals have been made for carer personal budgets. The proposals set out a banding system which indicates the level of award based on need, but allows for professional discretion to be exercised in exceptional circumstances.

4.3 Satisfaction levels among carers

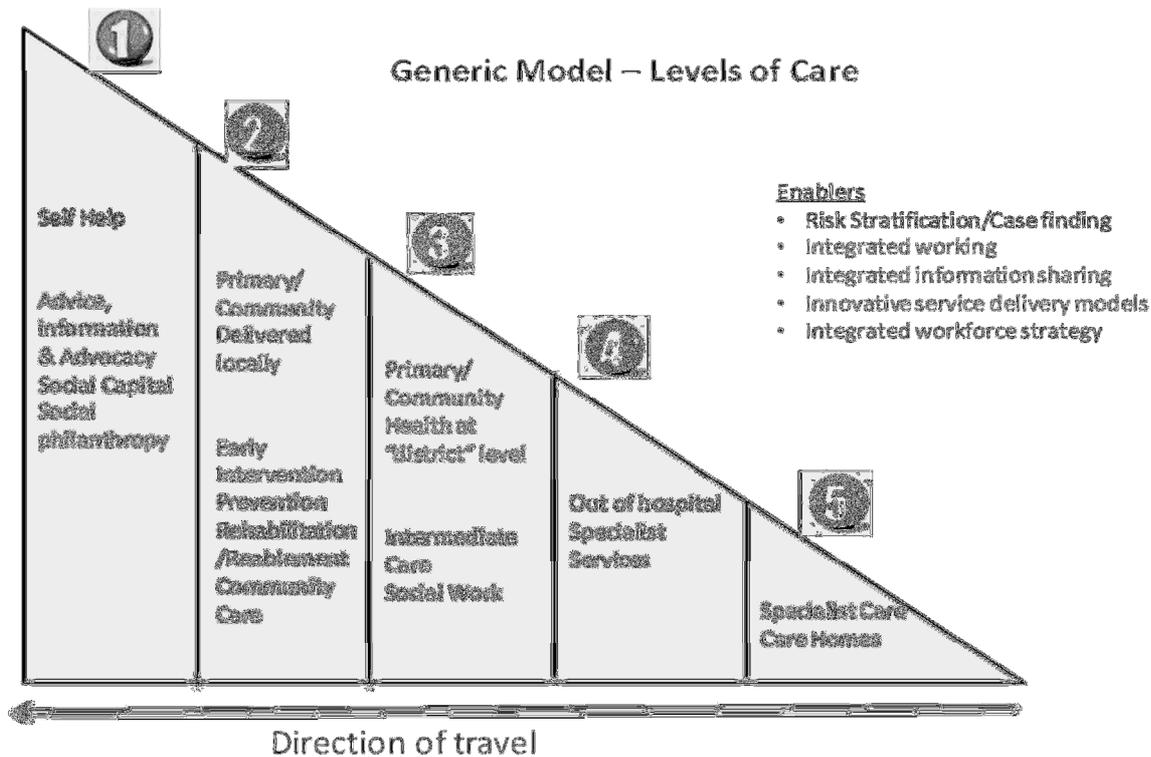
The Personal Social Services Survey of Adult Carers 2014-15 is national report published every two years based on returns from local authorities. The results are also used for the carer related outcomes for two national performance frameworks, the Public Health Outcomes Framework (PHOF) and the Adult Social Care Outcomes Framework (ASCOF). This information provides comparative information about satisfaction levels with services. Performance against particular measures is coded as Red (significantly worse than the England average), Amber (Not significantly different from the England average) and Green (significantly better than the England average. Performance outcomes are summarised below.

Rating	Indicator details
	Carers quality of life (ASCOF indicator 7)
Red	Carers feel included in decisions about the cared for person (ASCOF indicator 23)
Amber	Carer has as much social contact as they would like (PHOF Living Well indicator 31)
	Carers have Direct Payments (ASCOF indicator 6)
	Carer satisfaction with services (ASCOF indicator 22)
	Carers find it easy to find information about support (ASCOF indicator 25)
Green	Carers have Self Directed Support (SDS) (ASCOF indicator 4)

The action plan in section seven identifies the steps that will be taken to improve performance.

4.4 Links to other health and wellbeing priorities

Derbyshire health and wellbeing partners are committed to furthering integration across health and social care in order to maximise wellbeing, independence and promote timely and effective interventions when people need specialist services. This approach is promoted through a wide range of linked strategies and the overall approach is captured in the graph below.



Derbyshire County Council produces a Council Plan which outlines strategic objectives and priorities. The plan has five overarching pledges and supporting carers contributes to two of these. The first is a healthier Derbyshire and the second is a Derbyshire that cares. Adult Care has its own Departmental Service Plan, which links to the wider Council Plan and both are refreshed annually.

The county boundaries include five Clinical Commissioning Groups. Southern Derbyshire is the lead Clinical Commissioning Group (CCG) on behalf of North Derbyshire, Erewash and Hardwick CCG. Separate discussions take place with Tameside and Glossop CCG, in relation to the Glossopdale part of their boundary.

Derbyshire is a two tier local area and the strategy covers eight district and borough councils, which are Chesterfield, Bolsover, North East Derbyshire, High Peak, Derbyshire Dales, Erewash, Amber Valley and South Derbyshire. Derby City is a unitary authority and is not covered by this strategy.

4.5 Resourcing carers services

The Better Care Fund is a national initiative that came into effect in August 2013. It builds on previous arrangements to promote the use of pooled budgets across health and social care. Most carers services are now part of the Better Care Fund arrangements. In 2016/17 the combined budget for carer services is £1.9m and comes from the Better Care Fund.

In recent years much of the funding for carers services has come from grants. The Carers Direction of Travel 2015 set out the intention to reduce reliance on block grants for carers services. A recent cabinet decision about the wider funding of the community and voluntary sector has approved proposals to consult with people about shifting from the current grant funded arrangements for carers services to one which commissions carers services through a competitive tendering process.

4.6 Messages from engagement work

A variety of engagement events have been organised which inform the proposal in this document. As part of a national initiative the County Council has worked with the National Development Team for Inclusion (NDTI) to identify priorities for carers. In addition events have been organised across the county for carers to highlight what is working well and what needs to be improved. Carers also have also taken part in a carers reference panel, called the Carers Reference Group. The reference group has considered and influenced a number of specific developments and these include improvements to information and the proposals for personal budgets for carers. In addition a number of care groups meet across the county and the most active of these are the North and South Derbyshire Mental Health Forums. The key carer engagement events that have helped inform this strategy are listed in Appendix 3.

Some of the key messages that have emerged from engagement activity are listed below:

- More co-production of information provided and language used
- Carers knowing what they are entitled to, including advocacy and an understanding of the law which supports them
- Making every contact count- carers feeling listened to and every opportunity taken to link them to support or provide information
- Carer engagement including a “you said we did” feedback loop so people know they have been heard and had influence

Children’s Services have undertaken engagement and consultation with young carers. A series of events were held in the summer and autumn of 2015. A key message from young adult carers (18-21) was that they wanted to have flexibility to continue to access support groups with young carers (under 18s). Adult Care and Children’s Services have made a joint pledge to have service specifications in place which specifically meet the needs of young adult carers.

Further engagement work will continue and be an integral part of developing this strategy.

5 National best practice

In many respects, the range of services provided in Derbyshire is comparable to the type of services in other areas of the country. A type of support that could be developed further is to consider how information technology can help more carers. Assistive technology can help the carer to monitor the care of the people they support, such as alarms that can be activated if people have a fall. There are also systems that help informal carers share information, such as an application called jointly <https://www.jointlyapp.com/#welcome>. Research published by the Association of Directors of Adult Social Services shows 60% of carers surveyed who had used technology said it had made a positive difference to them, but that two thirds of carers were unaware of the support available from technology⁷.

Messages from best practice suggest that rather than a specific list of services, the most important factor is that services meet core principles and the local priorities should be shaped by good co-production work. NHS England Guidance⁸ about commissioning carers includes key messages from engagement with carers and these messages reiterate messages from local engagement activity. Carers say:

- Recognise me as a carer (this may not always be as ‘carers but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion

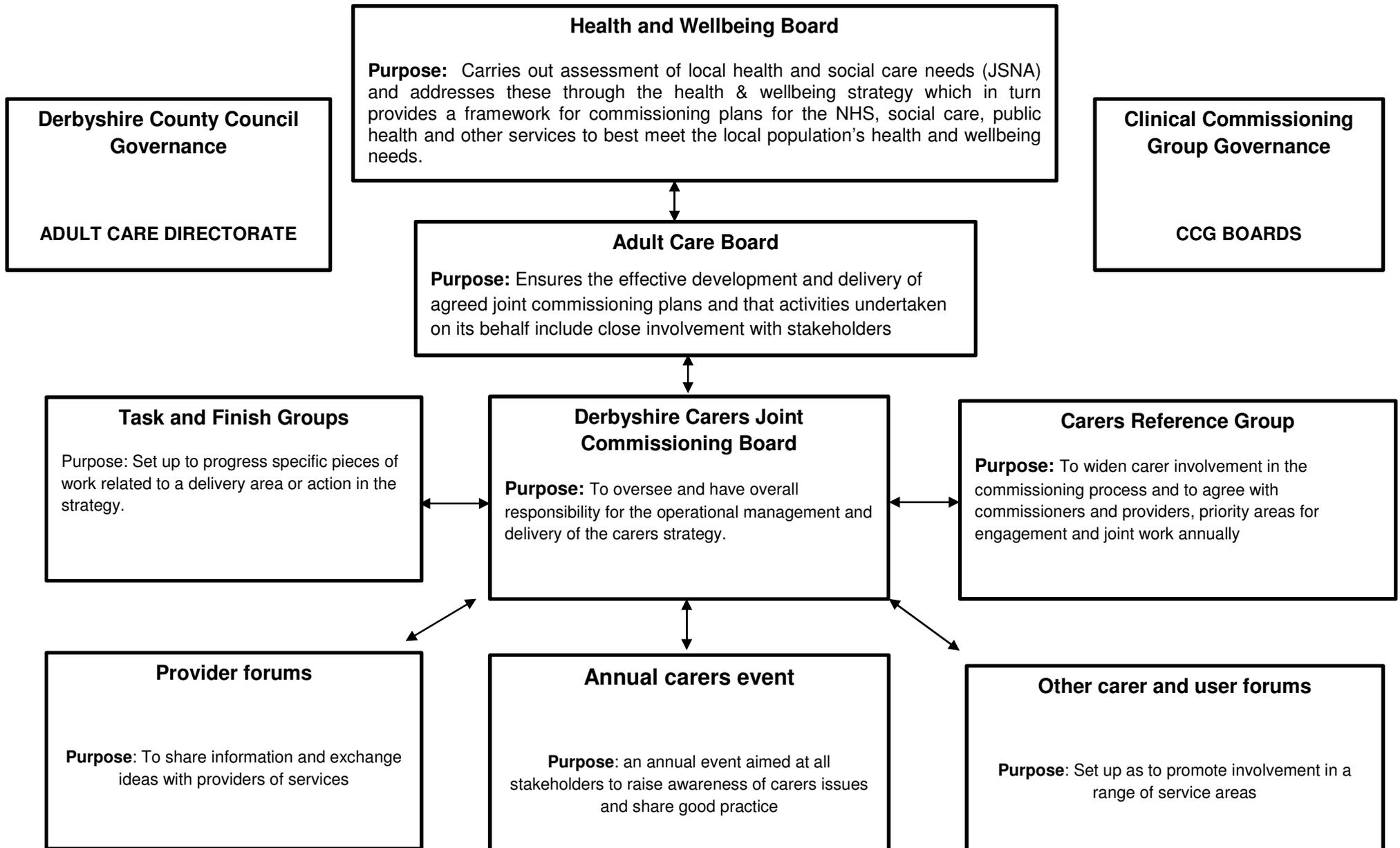
6 Governance and reporting

We will monitor progress through the established commissioning framework for carers and this is set out in the graph on the next page.

⁷ <http://londonadass.org.uk/wp-content/uploads/2015/10/ADASS-Guide-to-Supporting-Carers-Through-TECs-final-1-10-15.pdf>

⁸ <https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

Reporting and governance structures for developing the carers strategy



7 Action Plan

Ten commitments to carers were set out in page two of this document. These are the core outcomes which this strategy aims to achieve and they are:

1. Carers will be able to achieve a fulfilled life, both independently and with the person they support.
2. Carers will be supported to maintain and improve their own health and wellbeing.
3. Carers will have improved economic wellbeing through work and access to benefits advice and information.
4. Young Carers and Parent Carers will be supported across all Derbyshire County Council and Primary Health services.
5. Carers will be supported in times of crisis in both health and social care needs, incorporating a Think Family approach.
6. Carers issues will be promoted across partner services and ensure Carers are a part of "Everybody's Business".
7. Carers will be consulted in the design and development of services as equal partners.
8. Carers will receive an equitable and fair service and support irrespective of locality and client group.
9. We will provide support which recognises the particular challenges faced by Young Carers who are becoming adults and Parent Carers whose child is becoming an adult.
10. Safeguarding from harmful behaviour will underpin all support provided to carers.

This action plan sets out what needs to happen to achieve these outcomes. The action plan is a living document, which will be monitored and updated. It sets out the core performance areas that the lead carers service provider will need to meet in partnership with the County Council, health services and other health and wellbeing partners. Detailed performance targets will be set as part of the contracting process and the provider will be monitored against these targets.

Working with all partners to help them support carers more effectively

Action	Success criteria	Who is responsible
New protocol in Call Derbyshire to provide enhanced support at first contact with carers	Protocol agreed by 2016	DCC
Work with GPs to help them deliver the Carers Pledge	Increasing numbers of GPs signing the pledge and improved carer experience of using GP services – ongoing	Lead carers agency
Outreach support in health settings so carers get the right support at an early stage	Increasing numbers of carers identified at early stage - ongoing	Lead carers agency
Contracts procured by Adult Care to include a clause requiring organisations to identify carers	New clause agreed by summer 2016	DCC
Have an annual event to promote carer awareness and good practice	First event held in the autumn of 2016 with annual events and good feedback from attendees	DCC

Improving information for carers by making sure it is accessible and consistent

Action	Success criteria	Who is responsible
Have a designated lead agency to provide information, advice, guidance and support for peer-support groups	New contract in place by April 2017, key stakeholders involved in developing the contract.	DCC
Develop a dedicated website for carers	Dedicated website developed by the end of 2016	DCC
Audit the impact of carer information and develop an action plan to address identified gaps	Work with stakeholders to identify impact and develop an action plan with timescales by the end of 2017	Lead carers Agency
Continue to publish a Carers Directory	Carers Directory updated on a regular basis	DCC

Helping carers to be confident about caring and to balance caring with other parts of their life		
Action	Success criteria	Who is responsible
Retain the Emergency Card and ensure it is more widely used	Increased number of Emergency Cards issued in line with projected performance targets.	DCC
Develop a plan that promotes a range of peer support groups that can be sustained without the need for large subsidies from the council	Mental Health Forums supported to adapt to loss of grants, all existing carer support groups sustained and new groups developed in line with performance targets.	Lead agency
Have a range a training in place that helps carers to be confident about caring	Cares are clear where to get training about how to manage particular conditions and support for self-help.	DCC and lead agency
Consider the scope to develop time banks, where carers support each other by exchanging skills and expertise	Development plan in place and more carers are benefiting from Time Banks.	DCC and Lead Agency
Explore how technology can be used more to help carers carry out their role	Wider use of assistive technology	DCC and lead agency
Maximise income by increasing awareness of employment rights and eligibility for welfare benefits	Increase access to Carers Allowance for people who are eligible. Positive carer feedback about being able to maintain a job.	DCC Carers Agency
Ensure support recognises the challenges faced by young adult carers (18-21) and carers from Black and Minority Ethnic backgrounds	Positive feedback about the appropriateness of services.	DCC lead agency
Providing flexible and equitable support to carers with eligible needs through Carers Personal Budgets and a menu of support options		
Action	Success criteria	Who is responsible
Introduce a tiered system of Personal Carer Budgets for carers with eligible needs	New system in place by 2017 and evidence of carers in greatest need getting higher awards	DCC and lead carers agency
Change arrangements for funding sitting services from paying large amounts in advance to service providers to paying for services as they are needed	More equitable access to sitting services	DCC and lead agency

Strengthen planning arrangements for carers who are in transition; parent carers young adults and young carers to get more effective support planning	Staff understand how to support carers in transition, transition arrangements updated, measures in place to capture carer experience of transition by 2017. Ongoing improvements against performance profile.	DCC and lead agency
Provide funding for young adult carers so they can continue to gain support from a Young Carers service if they wish	Funding arrangements agreed with BCF	DCC
Update local information about the needs of BME carers and ensure that the new carers Support Service is monitored against meeting these needs	Actin plan in place arising from a report published in the summer of 2016. Perming well against performance targets	DCC and lead agency
Retain home based emergency support	Home based emergency support understood by staff and used equitable across the county	DCC
Having a range of mechanisms so carers can comment on the quality of services and shape what service look like in the future		
Action	Success criteria and dates	Who is responsible
Continue to monitor the effectiveness of carers commissioning arrangements	Carers feel involved and listened to in relation to decisions about service developments	DCC
Review accreditation systems for assuring carer friendly services	Systems reviewed with recommendation for action by 2017	DCC

Appendix 1 Current service provision

Derbyshire Adult Care is the lead commissioning organisation for carers services and jointly commissions these with Derbyshire CCGs. The pooled budget between Health and Adult Care for carers services totals over £1.9 million and it funds a range of services to carers.

Carers Break Grants

This is a payment to carers, of up to £250, to facilitate a break from caring. The carer elects how their grant is spent, i.e. on a product or service. Carers currently have to meet the criteria to demonstrate they are providing over 35 hours of care per week and that their caring role has a major impact in 6 or more areas of their life.

Carers Sitting Service

This is a service where support is provided to the cared for person in their home, to enable their carer to have a short break from their caring role. The service is either 3 hours per week for 12 week service, or a total of 36 hours that can be used in a pattern as defined by the carer.

Emergency Home based Support

This is a one-off period of funding to provide additional support, for up to 6 weeks, to support a carer in crisis. This funding can only be accessed by social care fieldwork teams.

Production of a Carers Directory

This provides information and advice pertaining to carers and is aimed at those carers who do not use or have access to the internet.

Derbyshire Carers Association – supporting all carers

This includes an information and advice service, signposting, a face to face or telephone assessment and/or review of a carer, representation and advocacy and the coordination of local carers support groups.

Think Carer - supporting mental health carers

This includes information and advice service, signposting, a face to face assessment and/or review of a carer, representation and advocacy, together with supporting carers at the 'stress-buster' groups.

Action for Children – supporting Young Carers

This includes information and advice, signposting, assessment, representation and advocacy, group-work for young carers, short term intensive support to the whole family on a planned and time limited basis, access to website support and annual events.

BME Carers – supporting carers from black and minority ethnic groups

This small project aims to facilitate a stronger working partnership between BME community groups and health providers in the primary care sector, e.g. GP practices, clinics and hospitals together with social care providers (in particular, carers support service providers) to improve access to information and support for BME carers.

Alzheimer's Society - supporting dementia carers

The Alzheimer's Society carries out a small number of carers assessments that arise as part of their support for those with dementia.

Mental Health forums – funding for self-help groups for mental health carers in North and South Derbyshire. There are two Carers Forums for carers and former carers living in north and south Derbyshire. Both groups provide support and provide an opportunity for carers to participate in discussions about the development of services. Membership to the forums is open to any carer or former carer living in Derbyshire who is or has supported someone with a mental health condition.

SPODA – providing support for carers of those with drug and alcohol abuse issues
This contract is managed by Public Health.

Emergency Card – Derbyshire Adult Care

This service provides carers with an emergency card containing a unique number that links to the carers contingency plan held within Social Care. This card provides carers with peace of mind, in the knowledge that in an emergency, services will be able to identify them and the person they care for. There has been a two fold increase to the number of carers who have requested a Carers Emergency over the last 3 years.

The Healthcare Liaison Project (formally called Teaming Up for Transition (TUFT)) –
Funded by a Department of Health grant from April 2012 – April 2015, currently being funded from Derbyshire Carers reserves and the Better Care Fund

The project is provided by Derbyshire Carers Association and it identifies carers at the earliest stage of their caring role and refers them for assessment and identifies appropriate support. The TUFT team is located in hospital settings and GP practices, where new carers are likely to be found. The TUFT team also work with staff in these settings to improve the way they support carers. The project has identified almost 2,500 new carers across Derbyshire in the last 3 years, ensuring carers have early access to the information and advice that will reduce their isolation and stress whilst increasing resilience and community inclusion.

Appendix 2 – Statistical information about carers and caring based on 2011 Census

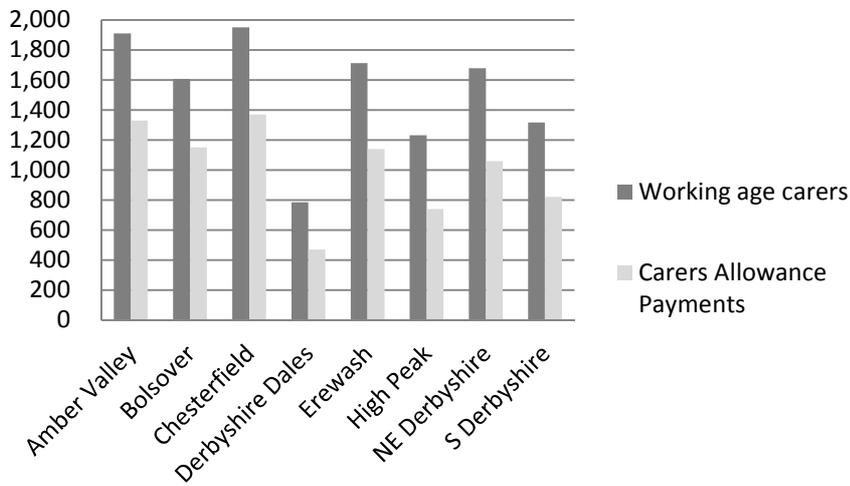
Age of carers

Age range	Number of Carers	Proportion of total carers
0 – 24	5,654	6 %
25 – 49	29,942	32 %
50 – 64	35,584	39 %
65 and over	21,454	23 %
	92,634	

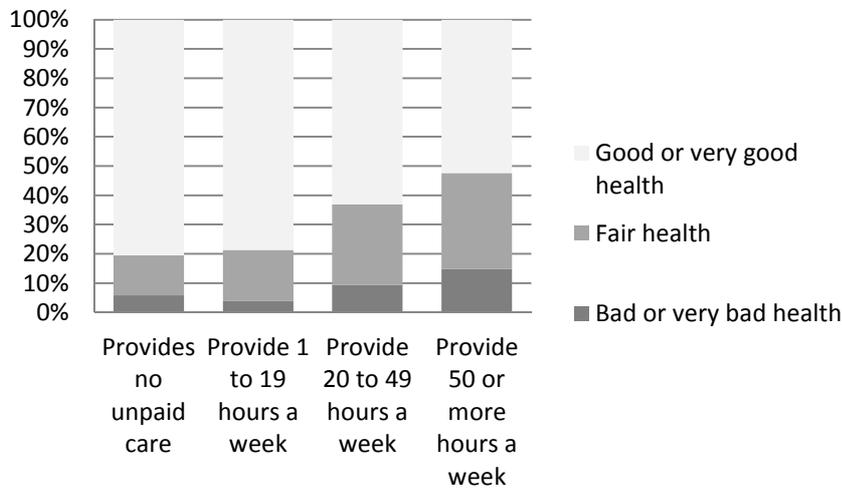
Hours spent caring

Area	Total carers 2011	1 to 19 hours	20 – 49 hours	50 hours plus
Derbyshire	92,761	59,947	11,741	21,073
Amber Valley	14,607	9,510	1,785	3,312
Bolsover	9,264	5,444	1,490	2,690
Chesterfield	13,034	1,792	3,358	8,083
Derbyshire Dales	9,003	6,568	889	1,546
Erewash	12,562	8,137	1,508	2,917
High Peak	10,314	7,092	1,185	2,037
North East Derbyshire	13,135	8,382	1,742	3,011
South Derbyshire	10,482	6,930	1,350	2,202

Carers over 50 hours per week and Carers Allowance paid



Comparative Health of Carers



Appendix 3 – Recent engagement events that have informed these proposals

Date	Group	Event	Location
Scoping proposals			
27.01.15	Carers	Carers Reference Group	Derbyshire Dales Office
10.03.15	Carers	Carers Reference Group	Derbyshire Dales Office
05.05.15	Carers	Carers Reference Group	Derbyshire Dales Office
08.07.15	Carers	Carers Reference Group	Derbyshire Dales Office
28.07.15	Social workers and community care workers	Prevention and Personalisation teams	Bakewell Agricultural Centre
30.07.15	Carer provider organisations in VCS	Provider Consultation	Godkin House
04.08.15	Social workers and community care workers	Prevention and Personalisation teams	The Hub
15.09.15	Carers	Carers Reference Group	Derbyshire Dales Office
28.09.15	Carers	Carers	Outlook
11.11.15	Parent carers	Parent carers	Fairplay
01.12.15	Carers	DCA Carers Group	Field Terrace
08.12.15	Carers and a range of professionals from social care, health, VCS and public health	NDTi – co-production with carers in Derbyshire	Lumb Farm
Developing detailed proposals			
04.05.16	Carers	Buxton Carers Group	The Vault, Buxton
05.05.16	Carers	NDTi facilitated engagement event	The Hub, South Normanton
05.05.16	Carers	Group meeting	Post Mill Centre, South Normanton
11.05.16	Providers of services	Meeting with current providers of carers services	John Hadfield House, Matlock
18.05.16	Mental health forum volunteers	Meeting Mental Health Forum Committee representatives	Adult Care HQ, Matlock
20.05.16	Carers	South Derbyshire Mental Health Forum group meeting	The Oddfellows, Derby
23.05.16	Carers	New Mills Cares Group	Chalkers Snookers Club, New Mills
25.05.16	Carers	North Derbyshire Mental health Forum meeting	Winding Wheel, Chesterfield

Appendix 4 – Key sources of information about carers

General carers information and resources

<https://www.carers.org/>

<http://www.carersuk.org/>

Commissioning guidelines

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/12/comm-carers-princ-091214.pdf>

<file:///C:/Users/a9402257/Downloads/uk4070-need-to-know-transitions-in-and-out-of-caring.pdf>

Carer statistics from 2011 census published by Carers UK

<file:///C:/Users/a9402257/Downloads/2011censusdatatablesbylaincreaseinnumbers.pdf>

Annual survey of caring and carers

<http://socialwelfare.bl.uk/subject-areas/services-activity/social-work-care-services/carersuk/175462carers-uk-state-of-caring-2015-report-final-web.pdf>

Biennial survey based on LA returns that feeds into ASCOF indicators. Personal Social Services Survey of Adult Carers in England 2014-15

<http://www.hscic.gov.uk/catalogue/PUB18423/per-soc-ser-sur-ad-car-eng-2014-15-rpt.pdf>

Carers and isolation in the workplace – Impact and recommendations. A report by the Carers Trust and Employers for Carers

<file:///C:/Users/a9402257/Downloads/uk4070-caring-and-isolation-in-the-workplace.pdf>

The financial case for investing in carers services

<http://www.pssru.ac.uk/pdf/dp2014.pdf>

<http://www.local.gov.uk/documents/10180/5756320/The+Economic+Case+for+Investment+in+Carers/a39c3526-c8a4-4a18-9aa4-b5d8061df8a2>

Young adult carers aged 18-24

<http://static.carers.org/files/1738-yac-report-3846.pdf>

Good practice examples

Transition

<http://www.local.gov.uk/documents/10180/11431/No+wrong+doors+-+working+together+to+support+young+carers+and+their+families/d210a4a6-b352-4776-b858-f3adf06e4b66>

<http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/adult-carer-transition-in-practice/>

<http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/young-carer-transition-in-practice/index.asp>

<http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/young-carer-transition-in-practice/putting-stages-into-action.asp>

Supporting carers and people with health conditions through technology

<http://londonadass.org.uk/guide-to-supporting-carers-through-technology-enabled-care-services/>

<https://www.jointlyapp.com/#welcome>

<http://www.scie.org.uk/publications/briefings/briefing28/>

https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=552

Personalisation and personal budgets

https://www.carers.org/sites/default/files/progressing_personalisation.pdf

<https://www.carers.org/news/progressing-personalisation-personal-budget-recommendations-published>

https://www.carers.org/sites/default/files/progressing_personalisation.pdf

<http://mychoicemycare.org.uk/i-need-help-with/being-a-carer/carers-assessments.aspx>

<http://makingastepchange.info/>

<http://www.peoplefirstinfo.org.uk/looking-after-someone/support-to-look-after-someone/carers-personal-budgets.aspx>

GP surgeries

<http://www.cqc.org.uk/content/nigels-surgery-44-caring-carers-what-does-outstanding-care-look>