
Draft
**Cambridgeshire Adult Carers
Strategy**
2014 - 2017

DRAFT

INTRODUCTION

This Adult Carers Strategy sets out how carers in Cambridgeshire will be supported by the County Council and our partners from April 2015. The strategy is informed by the Carers Joint Strategic Needs Assessment 2014¹ which outlines the health and social care priorities for carers in Cambridgeshire. This strategy has been developed with carers and partners including health and voluntary sector organisations through a Carers Project Board and Carers Reference Group. A separate strategy will be developed to address how young carers aged under 18 are supported, including the interplay between addressing the needs of parents to reduce the caring role undertaken by young people.

What is caring?

An unpaid carer is someone who helps another person, usually a relative or friend, in their day-to-day life, as opposed to someone who provides care professionally, or through a voluntary organisation.

Carers provide an incredibly valuable contribution not only to the people they support but also to our health and social economy. The economic value of the contribution made by carers in the UK has been estimated as £119 billion each year². While a high proportion of carers indicate that caring has a negative impact on their own life: 83% report a negative impact on mental and physical health³; 61% have faced depression⁴, 49% are struggling financially⁴ and one in five carers give up work to care⁵.

In the 2011 Census approximately 5.8 million or one in ten people were identified as providing unpaid care in England and Wales. In Cambridgeshire over 60,000 people identified themselves as unpaid carers; 70% of these carers do 19 hours or less per week, 20% do 50 hours or more. The majority of carers are aged between 50 to 64.

How can we support carers?

While caring situations are all different, with different levels of responsibility and challenge we do know from our work with carers and from our Carers Survey⁶ that carers would like access to timely information and advice, support that is flexible and responsive, a contingency plan in case they become ill or unable to carry out their caring duties and a point of contact for times of concern, stress or crisis.

¹ Cambridgeshire Joint Strategic Needs Assessment (2014)

² Buckner and Yeadle, Valuing Carers 2011

³ Carers week survey 2012

⁴ Carers UK

⁵ MORI poll 2009

⁶ Cambridgeshire Carers Survey 2013-14

WHY DO WE NEED A CARERS STRATEGY?

Care Act 2014

This strategy is driven by the requirements set out in the Care Act 2014, which comes into effect from April 2015. The Care Act represents the most significant reform of care and support in more than 60 years. The Act strengthens the rights and recognition of carers in the social care system, including for the first time giving carers a clear right to receive services. Under the Care Act local authorities will have a new duty to promote wellbeing and will take on new functions to ensure that people:

- Receive services that prevent, reduce and delay their care needs from becoming more serious
- Can get the information they need to make good decisions about care and support.

Implication of the Care Act for carers

Assessments

The Care Act gives the County Council a responsibility to assess whether a carer has needs for support and to identify what those needs might be. This will mean more carers have the right to an assessment, comparable to the right of the people they care for. If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken. The carers assessment will consider the impact of the caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, whether they want to study or do more socially.

Eligibility

When the assessment is complete, we will decide whether the carer's needs meet the eligibility criteria and are entitled to support from the County Council.

Personal budgets

Carers with eligible needs will receive a personal budget, which is the funding allocated to meet these needs. Carers have a right to request that the County Council meets some or all of these needs by giving them a Direct Payment, which will enable them to control how their support is provided.

Support planning

Carers will be supported to develop a support plan to meet their eligible needs which will be agreed with the County Council. Where the person that is being cared for is also developing a support plan, these can be done jointly, taking into account the combined funding identified through the personal budgets.

Adults caring for disabled children

An adult caring for a disabled child can get support through children's services. This is usually the best way to meet their needs and so they are not covered by the Care Act. However, there is provision in the Act for an adult carer of a disabled child to ask for an assessment of their caring needs in advance of the child reaching 18 where it is anticipated that they will continue in the caring role.

Transition to adult services

The Care Act says that adult care and support needs to be involved in planning the support a young carer may need once they reach age 18 and where they will continue to care for their relative as a young adult carer⁷.

LOCAL CONTEXT

Carers Joint Strategic Needs Assessment 2014

The Carers Joint Strategic Needs Assessment 2014 (JSNA) prepared by the Cambridgeshire Public Health team is a document which outlines the health and social care priorities for Cambridgeshire going forward from 2014.

In the 2011 census 60,176 people in Cambridgeshire self-identified themselves as carers in response to the question 'do you look after, or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill-health/disability or problems related to old age'. The percentage of the population providing unpaid care is highest in Fenland (11.1%); this is the only district in Cambridgeshire with a higher percentage than the national average.

The number of people, who reported caring responsibilities, increased by 9,500 between the 2001 Census and the 2011 Census. This 19% increase was greater than the overall population increase, which was 12%. The highest proportional increase was in Fenland. Further population growth and an aging population in Cambridgeshire means that the number of carers is expected to increase.

National survey data tells us that carers report that caring has an impact on their physical, emotional and economic wellbeing. Carers may also not prioritise their own health and may miss routine health appointments like influenza vaccinations or check-ups with doctors or dentist.

Carers may give up work as a result of their caring responsibilities. This is significant given the importance of 'meaningful activity' (such as employment) to maintaining an individual's positive mental health. Such activity also reduces social isolation.

Cambridgeshire asset mapping has identified the importance of local community networks and services in supporting the health and wellbeing of carers. Carers in

⁷ DoH Fact Sheet 8 – The Care Act the law for carers

new communities may therefore be at risk of having fewer opportunities for support.

Carers from BME groups are likely to be under-identified in Cambridgeshire. Services for carers are not necessarily culturally sensitive in relation to the Gypsy and Traveller community. This community is at particular risk of missing out on Carers Allowance because of the impact of travelling and may be forced to move away from established community networks to be able to access equipment and adaptations.

The Care Act 2014 requires services to prevent and reduce future needs through the early identification and support of carers. Considering the large number of carers identified in the census, work is needed to understand how best to support carers who do a small amount of caring, especially those who are likely to go on to care more intensively for someone whose needs are increasing over time, with staying healthy and well. Given the low level of evidence available on what works best to keep carers healthy and well, building in evaluation of interventions will be crucial.

The survey carried out as part of the JSNA process yielded some useful information, but further work is needed to systematically capture the views of carers. NICE guidance and good practice documents recommend that carers involved in patient care are identified as soon as possible and supported appropriately. This includes having information sharing and confidentiality protocols in place. In addition, national carer policy points to the need to take a holistic approach to assessing the needs of the carer and cared-for person together. It is important that carers are recognised and supported within acute hospitals and that their needs are identified at hospital discharge. Work in Addenbrooke's Hospital has shown the capacity to recognise and support carers and link to community based support, emergency planning and referral to GP carer registers where they exist. It is currently not possible to measure whether carer status is being recorded in the multidisciplinary team record at discharge across Cambridgeshire.

Asset mapping of services in Cambridgeshire suggests that not all carers providing high intensity care (as identified in the 2011 census) have a plan in place to deal with an unexpected emergency that stops them being able to carry out their caring role. However, this information does not include carers who have nominated a friend or family member in this role. It is also important to ensure services and the wider community are able to support carers with lower level, 'urgent' issues, including supporting carers out of hours.

Accurate data are not available on the number of carers registered in primary care in Cambridgeshire. National surveys suggest that GPs could do more to support carers. Further work is needed to understand the provision of services to carers in Primary care in Cambridgeshire.

Most carers who are recently bereaved do not require specific 'bereavement counselling'. However, education is needed for GPs and other primary care professionals in identifying when a referral is needed. In addition to the key

findings above, a carers JSNA stakeholder event identified a general need for joint working and joint training across organisations.

There are few dedicated services for young adult carers in Cambridgeshire although The Carers Trust Cambridgeshire has funding for a new project this year in Huntingdon and Fenland. With a lack of engagement, young adult carers have no voice. They need mechanisms to be heard and involved in the planning, review and evaluation of Carers Services.

Cambridgeshire young adult carers have identified the following gaps:

- Poor access to Information and Advice for young adult carers.
- Poor access to Carers Assessments for young adult carers.
- Poor access to support to access social and leisure activities for young adult carers.
- Poor access to participation opportunities and chances to be heard for young adult carers.

Financial and service pressures

A significant local driver for change is the current financial challenge faced by the County Council. Plans continue to be developed across the County Council on how services can be delivered within a reduced budget. This coupled with the increasing and ageing population, which will place additional strain on our services, means we need to manage the impact and demand upon services. We need to delay or reduce the number of people requiring statutory services.

Supporting carers to continue to support someone is an important part of the County Council's plans to manage increasing demand and reducing finance. We are proposing to maintain our current level of investment in services for carers however we will change our model of spend a specific allocation on prevention and a specific allocation on statutory provision. Further information on current spend is available at annex 1.

Better Care Fund

The Better Care Fund, announced by the Government in 2013 has been introduced to support transformation and integration of health and social care services to deliver better outcomes and greater efficiencies. This is a pooled budget that shifts resources into social care and community services. It is anticipated that the changes developing in Cambridgeshire in response to the Better Care Fund will help to support the delivery of this strategy for carers

OUR APPROACH

Our strategy is committed to responding to the implications of the Care Act and meeting the needs of carers. Our preventative approach will ensure that high quality information, advice and support is available to help carers plan for both their current and future needs.

We recognise that each carer's situation is unique and requires a personalised approach to provide the right support that can meet the needs of both the carer and the person they care for. This strategy sets out the range of support that will be commissioned, developed and provided to meet the needs of carers throughout the county.

We will respond to requests for carer assessments to ensure that carers have the opportunity to have their needs assessed and ensure that they are provided with targeted and proportionate levels of support.

Our model of support will promote and develop an inclusive integrated community approach, where families, communities, volunteers, health and social care providers all have a part to play in delivering the support that will effectively meet carers needs. In doing so, this strategy acknowledges the benefits in early intervention and prevention work.

The strategy has been written in collaboration with partner organisations and carers.

OUR VISION AND OUTCOMES FOR CARERS

Our vision:

To recognise, value and support unpaid carers and ensure that we provide them with information, advice and help to enable them to carry out their caring roles and lead fulfilling lives.

Our desired outcomes for carers:

1. Carers are mentally and physically well
2. Carers enjoy life alongside their caring role
3. Carers are not financially disadvantaged by their caring role
4. Carers are recognised, valued and supported

We will do this by:

- Providing high quality and accessible information and advice
- Triage of carers needs to enable effective and targeted support to be provided
- Delivering preventative services to enable contingency planning and provide short term intensive support
- Carrying out statutory assessments of carers support needs and providing personal budgets where eligible.

We will also include a specific focus on:

- Support for young adult carers - within Cambridgeshire a pilot is currently being undertaken around support for young adult carers. We will work closely with partners to ensure that young adult carers needs are met in a way that is appropriate to them.
- Supporting carers to remain in employment – we have expressed interest in taking part in a national project that will look at how effectively adult carers can be supported to stay in work alongside caring responsibilities.

Key to achieving this is:

- Ensuring that carers are central to our partnership approach and embraced through the work of the Carers Partnership Board.
- Working together with a range of partners to ensure that we have the most creative and cost effective support available.
- Contributing to and sharing our knowledge base with wider partner organisations to ensure good practice and sound evidence base is maintained.

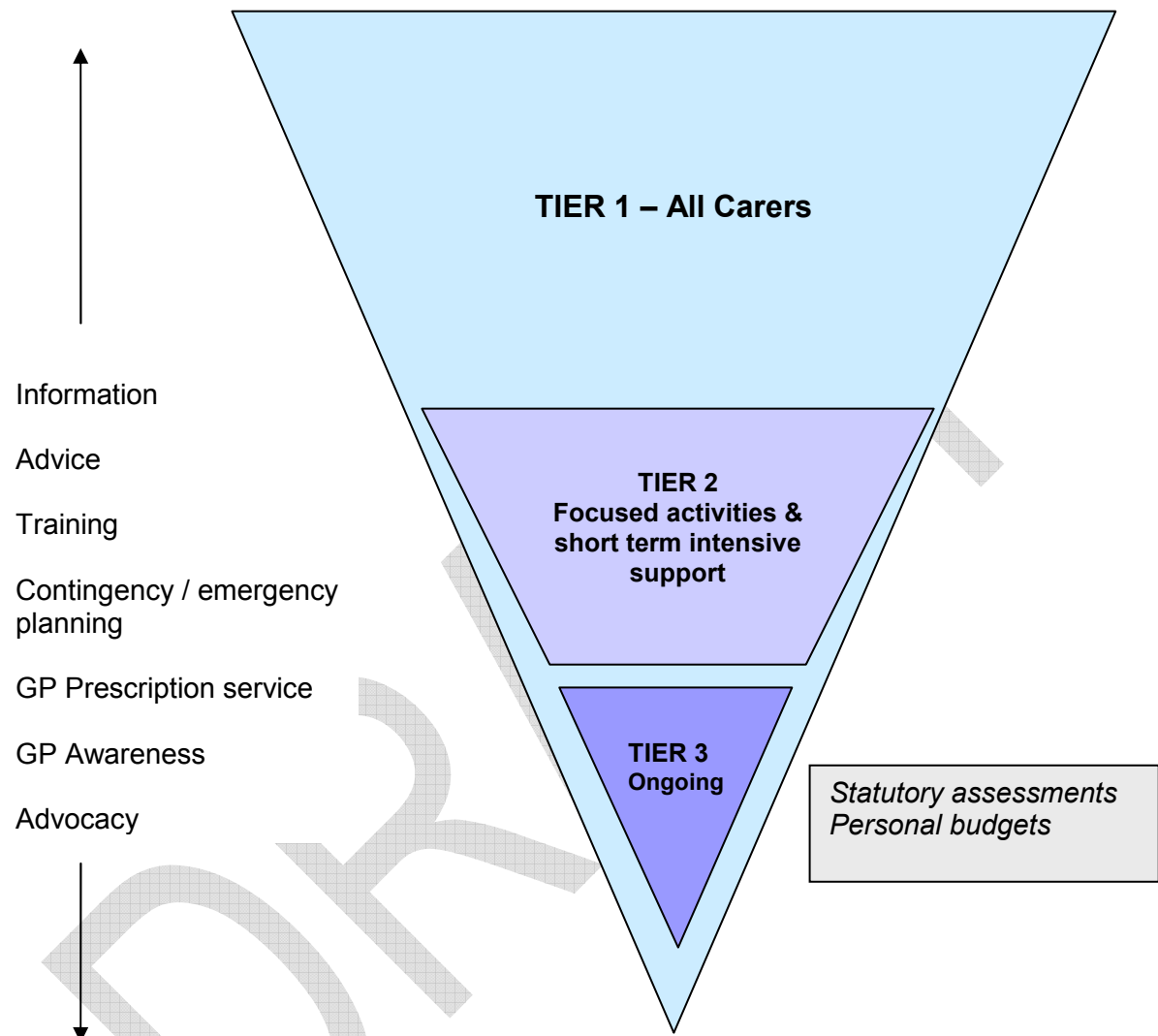
OUR MODEL OF SUPPORT FOR CARERS

Our model of support for carers invests in a preventative approach and aims to reduce or delay the need for care and support and promote independence from statutory services. The model is presented within three tiers but the emphasis is on this being a fluid rather than a progressive system – carers may utilise activities, support or interventions from any or all of the tiers depending on their needs.

Our approach to support for carers is being developed in conjunction with the County Council Adult Social Care Transformation Programme – Transforming Lives. This model is based upon a proactive, preventative and personalised approach, which offers carers the choice and control to lead healthy and fulfilled lives.

The model will enable identification of carers earlier. It will aim to promote carers wellbeing and support holistic contingency planning. Prevention will be enhanced through a focus on a community based approach. Support will be more personalised and based upon carers own strengths, capacity, knowledge, and networks.

Diagram 1 Model of support for Carers



Tier 1 of the model represents the need to raise awareness of the role of carers within the wider community and ensure that relevant information and signposting is easily accessible when people begin to recognise this role in themselves or in others. This will include signposting to universal services or local activities that could support a carer to continue to maintain personal interests or activities.

Tier 2 of the model represents more focused carer activities e.g. carers groups for peer support including specialist groups for people caring for someone with particular conditions, where carers draw on each other for support. Responsive support for individual carers who require short term input to manage a particular situation would help to delay/avoid long term expensive input. By providing intensive targeted support in partnership with health, housing, voluntary organisations and the wider community this will ensure that the carer is

appropriately supported through the particular situation with the intention of delaying expensive social care services in the long term.

Tier 3 of the model involves the formal statutory assessment of need against eligibility criteria. Currently there are approximately 3,500 carers known to the Council who receive regular and ongoing support including direct payments and other commissioned services. Adopting the strengths based assessment and making best use of services and activities available through Tier 1 and 2 will help to focus on maintaining the health and wellbeing of the carer whilst meeting their assessed needs.

How the strategy will be delivered

Commissioning intentions

We intend to commission a service to provide awareness raising, information, advice and signposting and coordination/facilitation of a range of activities to support carers using an outcomes based specification. Prospective providers will be asked to describe how they will achieve the outcomes within the framework of the three tier model. The type of provision that providers will need to consider includes information provision, advice, guidance, signposting, opportunities for face to face support, web presence, telephone helpline, training, advocacy, light touch assessment, contingency planning, short term crisis interventions, peer support and befriending schemes. How prospective providers plan to link with a wide range of community groups and voluntary organisations will be important to demonstrate the focus on Tier 1 and Tier 2 to prevent, delay and reduce the need for more intensive support.

Tier 3 of the new model involves the formal statutory assessment of need and the allocation of a personal budget where there are eligible needs. It will be important to make effective use of resources available within Tier 1 and 2 when planning the support needed by a carer with eligible needs. Where the person being cared for is known by the Council, officers will undertake the statutory assessment either individually or in conjunction with the cared for person and will work with the carer and the person they care for to develop support plans to meet their assessed eligible needs. Where the Council does not currently support the cared for person it may be more appropriate for a partner organisation known to the carer to undertake the assessment. This option will be considered as part of the commissioning exercise, but will need to be clearly specified to ensure that carers have genuine choice over how they meet their needs and are not tied to any provision delivered by the assessing organisation.

The spend for adult carers will be based on an allocation for prevention and an allocation for statutory assessments and personal budgets. The split will be confirmed when the specification for the tendering exercise is finalised. The intention is that the allocations will give a strong focus on the preventative approaches in the model whilst recognising the duty to respond to assessed eligible need. The balance between the two funding elements of the model will be monitored closely.

Working in partnership

It is essential that we work with our partners to progress and implement this strategy. Work with health partners will be supported by the integration agenda promoted by the Better Care Fund.

The Cambridgeshire Carers Project Board, chaired by the Service Director for Adult Social Care will oversee the development, commissioning and implementation of the model of support for carers. The Board includes health, voluntary sector partners and carers. In addition the Cambridgeshire Carers Reference Group will support the development and implementation of the model. The Cambridgeshire Carers Partnership Board, chaired by a local carer will oversee the ongoing development and review of the model.

Measuring our success

There is much work to be done to make our vision a reality. We will need to measure our outcomes in order to measure our success. Work will be undertaken to develop a mechanism to demonstrate progress made.

Annex 1. Current spend on carers

Currently (2014-15) the County Council budget allocation for supporting adult carers is £2.2m. The current deployment of this budget is set out below.

CARERS BUDGET		2014/15 Allocation
Adults and Older People		
In house	Carers Support Team & Drop Ins	275,296
	Carers Commissioning	182,609
	Alder Close Respite Service, CCC	52,000
	Total	509,905
Contracts	Carers Trust	720,948
	Alzheimer's Society	19,000
	AGE UK	11,248
	Making Space	114,350
	North Cambridgeshire Day Service, Thera Trust	52,025
	Total	917,571
Allocation to individuals (one off payments)	Older people	403,200
	Physical Disability & Sensory	93,942
	Adult Mental Health	58,951
	Learning Disabilities	219,887
	Total	775,980
TOTAL ADULT CARERS BUDGET		2,203,456

Annex 2 – Action plan

To be developed as draft strategy is finalised.

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