

**SUPPORT FOR ADULT CARERS**

**To:** Adults Committee

**Meeting Date:** 9 September 2014

**From:** Adrian Loades, Executive Director: Children, Families and Adults (CFA)

**Electoral division(s):** All

**Forward Plan ref:** N/A **Key decision:** No

**Purpose:** For the committee to consider the draft Carers Strategy and the future approach to support for adult carers living in Cambridgeshire in response to the Care Act.

**Recommendation:** It is recommended that the Committee:

- a) Comment on the draft Cambridgeshire Adult Carers Strategy with particular focus on the new model of support for carers
- b) Delegate responsibility for finalising the draft strategy and model to the Executive Director: Children, Families and Adults in consultation with the Chairman and Vice-Chairwoman of the Committee
- c) Note the potential TUPE implications for Cambridgeshire County Council staff as a result of the tendering process to establish the new model

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## **1.0 BACKGROUND**

- 1.1 The review of the Council's support to carers was initiated as part of a programme of Thematic Reviews carried out in the first half of 2013-14, linked to the business planning process for 2014-19. There was a recognition that the Council's support to carers had not been reviewed for some time and there were a number of key drivers that meant that a focus on support to carers was required to respond to these drivers, which are set out below:
- The changing pattern and needs of carers in Cambridgeshire
  - The Draft Care and Support Bill (now the Care Act 2014)
  - The Council's financial challenges
  - The need to reduce the number of people requiring statutory services
  - The Better Care Fund, which will include the NHS grant for supporting carers in the funding being transferred to the Council
- 1.2 The first phase of the review was to look at the information available to us through the Census 2011, our own data on services provided to support carers and the results of the bi-annual survey of carers that the Department of Health requires each local authority with adult social services responsibility to undertake. This was done to better understand the extent of caring responsibilities amongst the residents of Cambridgeshire and the needs and views of carers and was fed into the subsequent work to complete the Joint Strategic Needs Assessment for carers.
- 1.3 The second phase of the review was to design a new model of support for carers. Stakeholders were involved in developing the model initiated through a partnership workshop held in March 2014. Following the workshop a Carers Project Board and a Carers Reference Group were established to develop the model further and progress the implementation. The Board and Reference Group include representatives from the voluntary sector, health, adult and children services and carers.
- 1.4 The new model of support for carers is presented within the draft Cambridgeshire Adult Carers Strategy (attached as Appendix 1). The original carers strategy from 2008 has been rewritten, informed both by the Carers Joint Strategic Needs Assessment 2014, which outlines the health and social care priorities for carers in Cambridgeshire, and the requirements of the Care Act 2014.
- 1.5 The draft strategy is being presented to the Adult Committee for Members' comments. The Carers Project Board and Carers Partnership Board have been asked to provide comments on the draft strategy by 22 September 2014. The strategy will be finalised once all the comments have been considered.
- 1.6 In particular, the Committee is asked to consider the proposed model of support for carers. The finalised model will inform the tendering for carer support through an outcomes based specification, with bidders invited to describe how they will achieve the outcomes within the framework of the three tier model.

## 2.0 MAIN ISSUES

- 2.1 The aim of the proposed model is to create greater 'informed' choice' for the carer with an emphasis on preventing, delaying or reducing the need for expensive service provision relating to the cared for person if the carer were not adequately supported. The model aims to ensure that information, advice and support is available to help carers carry out their caring role whilst maintaining a fulfilling life. Prevention will be enhanced through a focus on a community based approach. Support will be more personalised and based on carers own strengths, capacity, knowledge, and networks.
- 2.2 The current support for carers has been more targeted than the proposed model, having had a strong focus on carers who are supporting people known to the Council. Supporting carers to remain in or gain employment (including education and training that could contribute to this aspiration) has had little attention and support for young adult carers has been recognised as a significant gap.
- 2.3 Raising awareness of the caring role and providing information and advice at an earlier stage will be an important part of the new model. Support around employment, education and training and support for young adult carers will also be important new developments.
- 2.4 In Cambridgeshire 60,176 people identified themselves as unpaid carers. The model promotes a proportionate approach.
- **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 e.g. libraries or leisure centres 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.

- 2.5 We propose the commissioning of 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.
- 2.6 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.
- 2.7 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.
- 2.8 To support choice and control through personal budgets we need to move away from block contracted support so that carers can choose how best to meet their needs in a variety of ways. This will be most clearly demonstrated where carers decide to have their personal budget as a Direct Payment. This poses a challenge in that the Council needs to ensure a supply of appropriate support for carers and at the same time ensure that personal budgets can be used flexibly, even when the carer does not take a Direct Payment. The need for some level of block contracting to support the overall model needs to be explored further, informed by an understanding of the needs and circumstances of carers and the potential ways in which their needs might be met.
- 2.9 It is proposed that the tendering process is launched in October 2014, with the aim of awarding the contract early in January 2015. This will provide the successful bidder with time to implement the new provision by April 2015.
- 2.10 The commissioning of the new model has implications for the current in-house Carers Support Team. Some or all of the posts in the Carers Support Team are likely to transfer to the new provider through TUPE (Transfer of Undertakings - Protection of Employment) arrangements. We are working with the CFA Human Resource Business Partner on the implications and process for staff. The team currently has nine members of staff and they have been made aware of the potential changes.

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 Our draft strategy for carers aims to support carers to maintain their caring responsibilities while achieving a fulfilling life which includes reducing the financial impact that caring can have. Carers will be able to access information and advice on entitlements to benefits and financial support. The council will have a responsibility to undertake an assessment of carers support needs and provide personal budgets where eligible. Carers will be supported to remain in work, education or training where possible. We will work with partners to seek to influence employers to provide a flexible and supportive approach towards carers to enable them to remain in employment.

#### **3.2 Helping people live healthy and independent lives**

- 3.2.1 Our draft strategy aims to support adult carers to maintain their caring role while promoting their health and wellbeing.

#### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 Delivery of this draft strategy will provide direct support for both carers and the people that they care for leading to improved outcomes for their health and wellbeing which will contribute to reducing the stresses on the carer. Information provided to carers will raise awareness about the signs of abuse and what to do if abuse is experienced or suspected which will contribute to the safeguarding of vulnerable people .

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- 4.1.1 The 2014 -2015 County Council budget for supporting adult carers is £2.2m. Further detail on the budget breakdown can be seen in the draft Cambridgeshire Adult Carers Strategy at annex 1.

- 4.1.2 Funding for this draft strategy will be based upon the current allocation for adults (£2.2m). 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.

- 4.1.3 Funding arrangements for the Better Care Fund are still to be finalised locally but nationally the historical investment into the NHS for carers breaks is identified as a part of this new pooled budget

- 4.1.4 Our commissioning approach has been informed following a review of other Local Authority carer commissioning models (Wiltshire, Bristol and Cumbria).

#### **4.2 Statutory, Risk and Legal Implications**

- 4.2.1 This draft strategy is driven by the requirements set out in the Care Act 2014, which comes into effect from April 2015. The Care 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 take on new functions to ensure that people:

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

The specific implications for carers are set out in further detail in the draft strategy.

4.2.2 The Children and Families Act 2014 determines provision for young carers.

### **4.3 Equality and Diversity Implications**

4.3.1 There are no identified equality issues at this stage.

### **4.4 Engagement and Consultation Implications**

4.4.1 Carers and partners were involved in developing the proposed model through a partnership event held in March 2014. Ongoing involvement has been maintained with carers and partners through the Carers Reference Group, Carers Project Board and Carers Partnership Board. Findings from the Carers Thematic Review and the emerging model were considered by the Adult, Health and Wellbeing Overview and Scrutiny Committee in April 2014.

### **4.5 Public Health Implications**

4.5.1 This draft strategy will contribute to improved health outcomes as a result of improved access to information, assessment of need and support.

### **4.6 Localism and Local Member Involvement**

4.6.1 The draft strategy promotes an approach of increasing independence from statutory services, encouraging people to look initially at their own families and social networks for support. This has synergy with the approach we are taking with the Adult Social Care Transformation Programme - Transforming Lives, to build resilience of informal support within families and communities. Support for carers will be more personalised and based upon carers own strengths, capacity, knowledge, and networks (strengths based approach).

<b>Source Documents</b>	<b>Location</b>
The Care Act (2014) Part 1 factsheets (provide an overview and the duties and powers local authorities will have in the future).	<a href="https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets">https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets</a>
Cambridgeshire Adult Carers Strategy 2014-16	Linda Mynott <a href="mailto:Linda.mynott@cambridgeshire.gov.uk">Linda.mynott@cambridgeshire.gov.uk</a>
Cambridgeshire Joint Strategic Needs Assessment Carers (2014)	<a href="http://www.cambridgeshireinsight.org.uk/jsna/carers">http://www.cambridgeshireinsight.org.uk/jsna/carers</a>
Carers model review, Adults, Wellbeing and Health Overview and Scrutiny Committee paper (April 2014).	<a href="http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9586">http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=9586</a>