

CHESHIRE EAST COUNCIL

REPORT TO: Cabinet

Date of Meeting: 3 October 2011

Report of: Rob Walker, Commissioning Manager CEC (Carer Lead)

Subject/Title: Carers Strategy and Implementation Plan

Portfolio Holder: Cllr Roland Domleo & Cllr Hilda Gaddum

1.0 Report Summary

- 1.1 This report aims to inform Cabinet of the Carers Strategy, its development and Implementation Plan.

2.0 Decision Requested

- 2.1 To consider the Strategy and Implementation plan and in doing so support and endorse the strategy for Cheshire East Council and its resident Carers and their families. (Appendix 1: Carers Strategy, Appendix 2: Implementation Plan).

3.0 Reasons for Recommendations

- 3.1 The recommendations arise from a series of consultation events where the views of Carers have been sought by members of the Carers Reference Group across Cheshire East. The strategy is the outcome of those consultations, national drivers for Carers and legislation which relate directly to Carers.
- 3.2 The endorsement of the strategy by Cabinet will demonstrate the commitment of the Council across all directorates for the support of Carers and their families, and will assure that services embrace the needs of Carers within their areas of responsibility.
- 3.3 The 2001 Census identified that there were 36,704 Carers within Cheshire East, but we anticipate a significant rise in the number identified in the 2011 Census.
- 3.4 It is important for Cheshire East Council to formally record its appreciation for the work done by Carers and to recognise this contribution as a vital part of the overall approach to delivering better outcomes for the citizens of Cheshire East.

4.0 Wards Affected

- 4.1 All wards

5.0 Local Ward Members

- 5.1 All ward members

6.0 Policy Implications including

- Carbon reduction
- Health

6.1 The recommendations have implications for CEC Corporate objectives and their link to policies

- **Corporate Objective One** – To give the people of Cheshire east more choice and control about services and resources **Co**
- **Corporate Objective Three** – To improve life opportunities and health for everybody in Cheshire East **Co**
- **Corporate Objective Five** – Being an excellent Council and working with others to deliver for Cheshire East **Co**

6.2 *Caring can be very rewarding and fulfilling but it can also be emotionally and physically draining without recognition and practical and emotional support.*

6.3 *There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities. Young working age adults, for example those caring for a child with either physical or mental health problems, are more likely to have ill health than non-carers of the same age. Carers can also experience significant strain from a lack of knowledge about the nature of the problem, stigma, relationship problems and financial hardship. Carers who feel forced to give up work to care are also at particular risk of ill health. Caring for people with dementia can exact a heavy toll on the care providers, many of whom will be older people, over the course of the illness.*

6.4 *Carers can neglect their own health because they are so busy supporting someone else. But other health problems can arise that are directly associated with the caring role. Stress and anxiety can be related to concerns about the person who is being cared for, frustration about a lack of information and advice and 'battling' with systems and organisations to obtain help and services. Depression can be related to financial worries and social isolation, and loss of self-esteem and confidence. Poor physical health, for example high blood pressure and heart problems, can be attributed to the anxiety associated with caring, and musculoskeletal problems can be attributed to inappropriate lifting and moving. And bereavement can be associated with poorer mental and physical health and increased use of health services.*

Much of this ill health is avoidable or can be minimised. Supporting carers to remain physically and mentally well is therefore a key part of the prevention and public health agenda. Employers, health and social services, voluntary organisations, families, neighbours and friends can contribute in many different ways to support

carers' health and well-being and this is particularly important for older carers and carers of children with complex, long-term disabilities.

(Source: *Recognised, Valued and Supported: next steps for the carers strategy* HM Government 25 November 2010)

7.0 Financial Implications (Authorised by the Borough Treasurer)

- 7.1 The current funding for services to Carers is met through existing funding allocated to Voluntary, Community and Faith sector organisations from the former Carers Grant. The Carer's Grant was originally paid as part of the Area Based Grant, three year allocation for the period April 2008 - March 2011. The grant funded was expected to cease from March 2011, but it has currently been included as part of the 2011/12 formula grant allocation for the Council. The formula grant funding is not ring fenced and this does mean that the Council can decide to allocate this funding to other priorities within the Council. Central government have not announced the funding allocations for 2012/13 onwards and as this service is reliant on grant funding there is a risk that if funding is reduced services will need to be reconfigured.
- 7.2 The strategy and Implementation plan through review may identify future funding requirements to develop services to Carers and their families. Re-procurement and decommissioning of some services to facilitate future service development may be required as the Strategy and Implementation plan are realised.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 Carers rights are enshrined within legislation which sets the responsibility of Social Services to carry out a Carer's Assessment for all carers.
- 8.2 The legislation includes:
- The Carers (Recognition and Services) Act 1995
 - The Carers (Equal Opportunities) Act 2004
 - The Work and Families Act 2006
 - The white paper 'Our Health, Our Care, Our Say' 2006
 - Putting People First: A shared vision and commitment to the transformation of Adult Social Care (HM Government 2007)
 - Carers at the heart of the 21st century families and communities (HM Government 2008)
 - The Carers Strategy 'refresh': 'Next Steps for Carers: Recognised, Valued and Supported' (HM Government 2010)

More detail of these can be found in Appendix 3

9.0 Risk Management

- 9.1 Financial - None identified as outlined in 7.1 and 7.2

- 9.2 The risks associated with the strategy and implementation plan not receiving endorsement and ratification by Cabinet would represent a view which appears the council does not value Carers and their families in Cheshire East.

10.0 Background and Options

- 10.1 The production of the Carers Strategy and Implementation plan completes the work which has been undertaken from October 2010 to March 2011 by a sub group of the Carers Interagency Group.
- 10.2 Members of the group comprised of the Chair of the Carers Reference Group, Chief Executive Officer Princes Royal Trust for carers- Cheshire Carers Centre, Head of Involvement & Patient Experience & PCT Lead for Carers Central and Eastern Cheshire Primary Care Trust (CECPCT) and Project Officers from Cheshire East Council Carers team.
- 10.3 The endorsement and implementation of the strategy underpins and demonstrates the value the council and its partners place in supporting Carers and their families across Cheshire East boundaries.
- 10.4 In April 2011 there was a change in the lead officer for Carers within Cheshire East Council which has given the opportunity to review in conjunction with the Head of Patient Involvement CECPCT the current services to Carers and the role of the Carers Interagency Group, additionally how the Cheshire East Carers strategy can influence change for carers.
- 10.5 The Carers Interagency Group functions as a steering group and its membership comprises of Carer representatives, lead officers from a range of Voluntary, Community and Faith sector organisations, Cheshire East Council and CECPCT officers.
- 10.6 Governance of the steering group is through the Integrated Strategic Commissioning board which will also monitor the Implementation plan (Commences October 2011).
- 10.7 Prior to April 2011, the Carers Interagency Group had been working toward improving services and information to Carers across Cheshire East but without a strategy to underpin priority work streams this became more difficult to achieve.
- 10.8 It is agreed that services to Young Carers within Cheshire East will be recognised through the strategy and a **Memorandum of Understanding** has been signed by the Directors of Children's services and Adult services. Through the work of the Carers Interagency group a sub group is being established to draft with Young Carers' an Implementation plan. This is being supported by the Commissioning Manager for Children and Families. (See Appendix 4)

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Appendix 1 – Carers Strategy

Appendix 2 – Implementation Plan

Appendix 3 – Legislation and Legal Policy

(i)The Carers (Equal Opportunities) Act 2004.

This Act was implemented on 1 April 2005 to give carers more choice and opportunities to lead a more fulfilling life. Previous legislation only offered carers support in their caring role and carer's assessments did not necessarily have to take into consideration wider issues of carers' lives, such as training, employment and leisure. This Act amended the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children Act 2000.

(ii) The Work and Families Act 2006.

The act came into force in April 2007, giving carers new rights at work. The Act builds on the right to request flexible working for parents of children under 6 year's old, or under 18 years for a disabled child, and extended this right to include employees who care for or expect to care for adults.

The white paper

(iii) Our Health, Our Care, Our Say (DoH, 2006)

This White Paper announced a New Deal for Carers with the aim of improving support for carers through a commitment to update and extend The National Strategy.

(iv)Putting People First; A shared vision and commitment to the transformation of Adult Social Care (HM Government 2007)

This paper recognises that within the context of changing family structures, caring responsibilities will impact on an increasing number of people, therefore the care and support system should be fair, sustainable and unambiguous about the respective responsibilities of the state, the individual and the family. It established the expectation that family members and carers are treated as experts and care partners and supported programmes which enable carers to develop skills and confidence and to strengthen universal information, advice and advocacy for people needing services and their carers.

(v) Carers at the heart of the 21st century families and communities (HM Government 2008) updated by the 'Next Steps for Carers; Recognised, Valued and Supported (HM Government November 2010).

These policy statements set out the Government's vision for carers and the actions required over the next 10 years, to make the vision a reality. It is expected by 2018; carers will be universally recognised and valued as being fundamental to strong families and stable communities. To achieve this it is required that support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen.

(vi)The Carers Strategy 'refresh'; 'Next steps; Recognised, Valued and Supported' (2010)

Next steps; Recognised, Valued and Supported sets out the Coalition Governments priorities for working with carers and carers organisations to ease the responsibility of caring. The document sets out the aim to support those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages. Additionally the paper states that those with caring responsibilities should be supported to fulfill their educational and employment potential and to remain mentally and physically well. Finally it establishes the right to personalised support both for carers and those they support, enabling them to have a family and community life.

Appendix 4 – Memorandum of Understanding