

Health and Wellbeing Board

Date of Meeting: 15th September 2015

Report of: Jacki Wilkes, Associate Director of Commissioning ECCCCG and Joint Commissioning Team Lead for Carers

Subject/Title: Update on progress on the development of a Cheshire East Strategy for Carers

1 Report Summary

- 1.1 Cheshire East Health and Well Being Board recognise the need to support and protect the health and Well being of the 12,453 people in Cheshire East caring for 20 hours per week or more, and a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. It is of great concern that 1,236 of the Carers who were caring for 20 hours or more per week (10%) report that they were in bad or very bad health
- 1.2 In April 2015 a Cheshire East Strategy for Carers was presented to accountable bodies and strategic leadership groups across the three health and social care commissioning organisations within the Cheshire East Council footprint. There was general agreement that this was the right approach and recognition that the engagement with carers was both representative and adequate however the Governing Body for Eastern Cheshire felt unable to support the strategy as it was presented, requiring assurance on a number of issues including clearer evidence on the benefits to carers, the resources identified to deliver these benefits and clearer governance arrangements for how the benefits will be delivered.
- 1.3 Officers from across health and social care, working in partnership with carers have 'reframed' the priority areas to give more focus to the strategy. Priorities are:
 - Provision of respite
 - Identification and assessment of need
 - Information and signposting
 - Power of Attorney
 - Finance
 - Ongoing and meaningful engagement – coproduction / Communication

Work continues and some of the priorities may merge. The intention is to add detail to each of the work areas including action plans, nominated accountabilities and timescales. The monitoring and evaluation framework will be developed further and included in the final document which will be presented to the commissioning accountable bodies and the health and Well Being Board for sign off.

2 Recommendations

- 2.1 Note concerns raised by the ECCCCG Governing Body specifically in relation to resourcing and accountability.
- 2.2 Note progress made and approach taken to address concerns raised by Eastern Cheshire CCG Governing Body for the redrafted strategy for carers.

3 Reasons for Recommendations

- 3.1 To highlight concerns raised in relation to the joint ownership of the Carers strategy.
- 3.2 To recognise individual organisational accountability.
- 3.3 To agree robust governance arrangements for the implementation of plans.
- 3.4 To assure the Health and Well Being Board that progress is being made against a redrafted strategy which addresses concerns raised by Eastern Cheshire CCG.

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 Cheshire East Health and Well Being Board have recognised that the health and wellbeing of carers is vital to enable them to carry out their caring role
- 4.2 There are 12,453 people in Cheshire East caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East.
- 4.3 In Cheshire East the number of people caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over.
- 4.4 Unpaid care has increased at a faster pace than population growth between 2001 and 2011 and an ageing population and improved life expectancy for people with long term conditions or complex disabilities means more high level care provided for longer.
- 4.5 In Cheshire East, 1,236 of the Carers who were caring for 20 hours or more per week (10%) reported that they were in bad or very bad health.

- 4.6 By 2037 Carers UK¹ calculates that the number of carers in the UK will increase by 40%, which would equate to an estimated 56,000 carers in Cheshire East.
- 4.7 New government legislation, laid out in the 2014 Care Act sets out new standards for carers which include legal rights to assessment and support. It relates mostly to adult carers – people aged 18 and over who are caring for another adult, however young carers (aged under 18) and adults who care for disabled children can be assessed and supported under children's law.

5 Background and Options

- 5.1 In April 2015 a Cheshire East Strategy for Carers was presented to accountable bodies and strategic leadership groups across the three health and social care commissioning organisations within the Cheshire East Council footprint. There was general agreement that this was the right approach and recognition that the engagement with carers was both representative and adequate however the Governing Body for Eastern Cheshire felt unable to support the strategy, requiring assurance on a number of issues including clearer evidence on the benefits to carers, the resources identified to deliver these benefits and clearer governance arrangements for how the benefits will be delivered.
- 5.1.2 The ECCCCG Governing body felt that the strategy recognises the “case for change”, and provides general supportive commentary as to future ambitions, but lacked clear and unequivocal commitments as to investment and additional resources. It was felt that the strategy needed to evidence much more clearly the current levels of investment and resources and how these will change (grow), specifically in relation to Cheshire East Council as the principle commissioner.
- 5.1.3 There were concerns that the strategy also lacked clear and credible evidence about investment in the required infrastructure to support implementation specifically no clear commitment to and clarity of availability and investment in respite facilities, day centres or modern equivalents taking advantage of community assets, all of which have been consistently raised by carers and their families in engagement events held through the Caring Together programme.
- 5.1.4 The Governing Body wished to see included, additional measures against which meaningful difference can be demonstrated e.g. a description of a carer support currently and what their support would look like in two years' time. This carer focused approach should be complimented with explicit and

¹ <http://www.carersuk.org/>

measurable outcomes and outputs to reflect progress and provide assurance to the Health & Wellbeing Board.

- 5.1.5 Finally the governance structure for delivery of the carer's strategy needs to be clearer including accountability arrangements and milestones. The health economy leadership of this work will be revisited once the redraft strategy has been completed and will be explored at a future health and Well Being Board
- 5.2 Representatives from the CCGs and Council, working with the carers reference group have 'reframed' the priority areas giving it more focus. In addition Carers have advised on what needs to happen to deliver the tangible difference and who is responsible. The evaluation and measurement of progress will be mixed method but will include the ongoing feedback from five 'carer sponsors' who have agreed to work with us on a continuous basis to feedback how things are changing for them. Each of the carers are from very different situations such as a mum caring for two disabled children, an older person caring for a loved one with dementia, and a working son caring for an older relative living alone with multiple long term conditions. This will ensure the strategy addresses the needs of all carers and not favour one group over another
- 5.3 Listed below are the reframed priority areas alongside initial thoughts relating to what needs to be done and what success would look like to someone in a caring role:

Provision of Respite

- Respite planning should be personalised
- A clear respite plan should be put together and agreed
- Respite should be carer rather than finance/provider lead
- The tendering process should be transparent
- Assess current capacity and stimulate the market to produce more options
- Pre-procurement checks should be carried out on suppliers re: workforce, stability
- Financial projection – demand/capacity lead
- A range of respite services acceptable to carers and logged in a directory
- Planned and unplanned access – flexibility

Identification and assessment of need

- Single point of contact
- Information collected in a secure manner and in line with data protection
- More avenues for people to be referred for carer assessments
- GP involvement – use carer coding's to extract useful information

- Agree Crisis support plan with Carer
- Plan for finding carers not on the radar
- Local guidance on eligibility – target groups each year
- Agreed process including documents and data protection

Information and sign posting

- Financial support for carer networks to hold events and share information
- Support to ensure the Local Offer website is updated and maintained (pay a carer to do this?)
- Create an image/brand for the Carers Reference Group
- Understand what terminology we can use to attract the attention of those who do not identify themselves as carers.
- Multiple modes of communicating information (internet, posters, leaflets, communication & engagement)
- Bounty packs (goody bags) for carers including information & essentials

Power of attorney

- Power of attorney should be included on the carer assessment form
- Pre-emptive explanation to carers about power of attorney and early warnings about the cost and timings.
- Funding and support for power of attorney due to the expense and length of the process.
- Choices available to carers
- Clear plan for crisis support in case of emergency with one point of contact

Ongoing and meaningful engagement – coproduction / Communication

- Agree common aims and goals
- Single point of contact and consistency

Finance

- Financial plan based on demand for respite and carer breaks (testing and assuring on affordability)

- 5.4 Work continues and some of the priorities may merge. The intention is to add detail to each of the work areas including action plans, nominated accountabilities and timescales. The monitoring and evaluation framework will developed further and included in the final document which will be presented to the commissioning accountable bodies and the health and Well Being Board for sign off.

6 Access to Information

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

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