

A Carers Strategy for Hertfordshire: 2018-21



NHS
East and North Hertfordshire
Clinical Commissioning Group

NHS
Herts Valleys
Clinical Commissioning Group



Executive Summary

Hertfordshire County Council's Adult Care Services have refreshed this Carers Strategy for Hertfordshire in order to reaffirm our commitment to working in partnership with carers, health and social care providers and other agencies to support carers' wellbeing and help carers to carry on caring. The value of the 'work' family carers do in Hertfordshire is equivalent to £2bn, if it were to be provided as paid care.¹ We are fortunate to have a strong voluntary and community sector in Hertfordshire which works effectively in partnership with statutory organisations. By identifying carers earlier and ensuring they are referred to voluntary sector sources of support, we can ensure that statutory sector resources are focused on supporting those carers most in need or in crisis. We see this strategy as part of an ongoing conversation with carers, providers of services for carers and others. We welcome everyone's views on how to develop this vital area of work. This strategy focuses upon the needs of adult carers (over the age of 18) but sits alongside and complements the Young Carers Strategy that has been published by the County Council.

The updated objectives embedded in this Strategy build on those of the previous Strategy. They result from feedback from members of the Herts Carers Organisations Network, the multiagency Carers Partnership and Planning Group (PPG) and feedback from carers at strategy development forums held in November 2017 and February 2018. An action plan has been developed and included in this strategy which outlines the refreshed objectives and how we will look to deliver these across the partnership.

Vision for the strategy

Our overall direction, in line with government policy, is to work in ways which give people real control and choice over how they are supported.

We want to focus on the things that mean the most to carers that make the biggest difference, and are confident that if we do this we will move towards achieving better outcomes and better lives for the carers. The Carers strategy sets out a programme of realistic actions to ensure that the vital role of carers is recognised and supported during the next few years. We now need to respond to the immense commitment shown by carers, by committing ourselves to taking forward the priorities and actions in this document and making a real impact on the lives of local carers.

Our vision is that together we deliver the objectives that carers have identified, that they should be able to:

- Carry on caring if they want to.
- Get good quality information and advice when they need it.
- Be recognised, feel respected and heard as carers and partners in care and experts in the needs of the person they care for.
- Have a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services.
- Stay mentally & physically fit and healthy
- Be safe
- Access full benefit entitlements and financial advice.
- Receive consistent joined up services

Progress so Far

Hertfordshire has a history of successful multi-agency working, such as through the Hertfordshire Commitment to Carers market position statement, the Carers Performance and Planning Group (PPG) and the previous Carers Strategy. The previous Strategy was put in place in 2015 and since then we have continued to work jointly to enhance support for carers. Particular highlights include:

- Continued investment in carers services – total spend on joint contracts with the voluntary sector of £2.15 million in 2017/18.

Carers are being supported earlier in their caring journey – The average length of time carers have been caring before they come into contact with Carers in Hertfordshire has reduced from approximately 9 years in 2012/13 to 7 in 2014, then 6 in 2017/18.

- Embedding the Care Act into social work practice, including implementing a new carer assessment and introducing Carer practitioners to lead best practice and provide additional capacity.
- The County Council's elected Members have made a decision to continue not to charge carers for services provided to support them.
- Delivery of Carer Lead Nurse posts in Lister and Watford hospitals.
- Both CCGs have also set their own specific Carers Strategies and supported Carers Champions at GP surgeries across the county.

Crossroads Care North Herts- Support to 800 carers at any one time, and providing 32,500 Making a Difference Carers Breaks a year. Length of time caring before accessing support reduced to 4.6 years Building Better Opportunities project is supporting Carers into Employment Breakaway Carer Respite Volunteer Service transferred in from HCC and expanding to countywide service

- Development of the HCC Adult Care Services 15 year plan and 3 year plan including support to carers through information, training, support with health and wellbeing and technology.
- New 'Recognising Carers' online form that enables a carer to share their details with the County Council, Carers in Hertfordshire and their GP in one go.
- Funded a pilot with Carers in Hertfordshire to provide 85 tablet computers to volunteers, to both support the role of these volunteers and to encourage carers to access new technologies that might help them.
- New Connected Lives assessment framework & ACS Practice Principles for social care work.
- Pilots of new technologies are offering new ways for carers to be assured about the safety and activities of people they care for, either from another room or even another location.

Carers in Hertfordshire have issued the 10,000th Carers Passport Discount Card in 2017, offering carers discounts at local businesses and helping to identify more carers earlier. Carers tell us the passport is very important to them as an acknowledgement of their role

What do we mean by Carer?

A carer is someone who provides help and support, unpaid, to a family member, friend or neighbour. Carers can include adults, parents or a young person.

It is important to distinguish carers from paid care workers. A carer can be anyone who provides unpaid help or support to another person, without which they would not be able to cope. The Care Act broadened the definition of an unpaid carer, removing the need for carers to be providing regular and substantial care to someone before they qualify for a carers' assessment. Carers may care for someone with a variety of conditions, including physical disabilities, dementia, a learning disability, mental health issues, and drugs and alcohol issues. The person cared for may live in a range of setting including a care home. We want to achieve the outcomes in this strategy for all carers. It is also important to note that caring relationships can be complex. Services need to recognise and support the complexity of these caring relationships. Examples of caring situations can include:

- Someone providing care to another person whilst also receiving support from another carer themselves. For example, a husband and wife could both provide unpaid care to one another.
- A person caring for more than one person at the same time, for example a child with a disability as well as a parent with dementia.
- Multiple people caring one person, for example two parents and also a sibling caring for a child with care needs.
- Carers may be caring for people across local authority and/or hospital boundaries, for example living in a neighbouring county but travelling into Hertfordshire to care for their loved one.
- Young people under the age of 18 may also be involved in or impacted upon by caring.
- A parent Carer is a parent or guardian who provides more care than other parents because their child has additional needs. Parent Carers will often view themselves as parents rather than Carers.

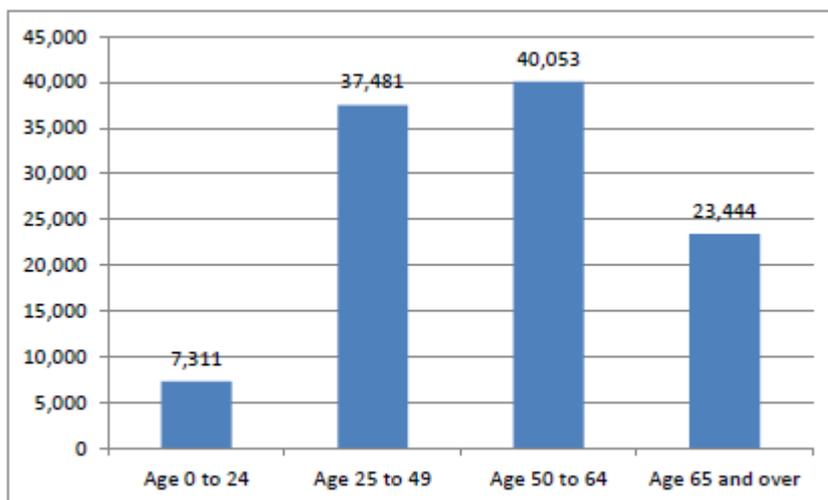
The Care Act requires local authorities to:

- Support any carer caring for someone who is resident in that local authority's area.
- Assess a carer's own need for support, regardless of how much care they provide.
- Consider the impact of the caring on the carer.
- Decide whether the carer's needs are 'eligible' for local authority support.
- Provide carers with a personal budget - a statement showing the cost of meeting their needs.

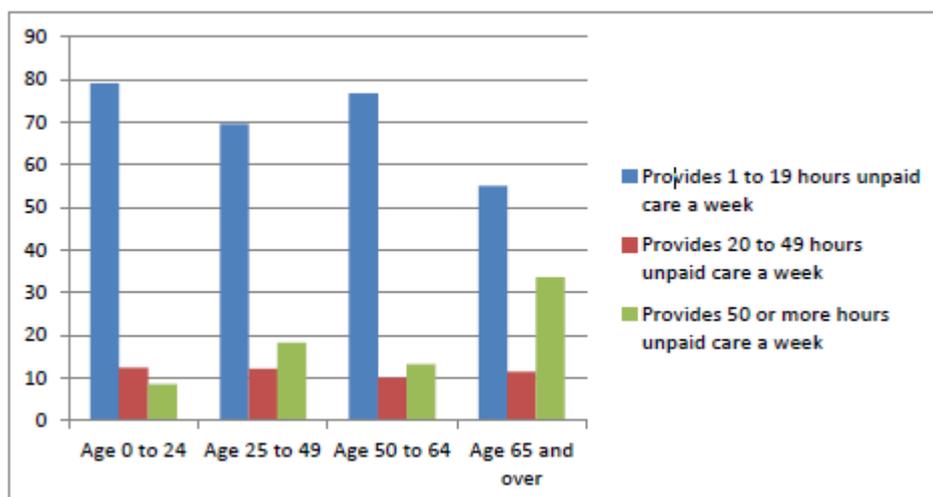
Profile of Carers Living in Hertfordshire

The Census 2011 reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.7% of the total population of 1,116,062.

Age groups of Carers



Hours of unpaid care provided by each Age Group



More women than men are unpaid carers: 58% of carers are women and 42% are men. Our monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers. 91% of carers identify as white. Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British. Carers are more likely to have health problems than those who do not have a caring responsibility. 22% of carers have a disability or long-term illness that limits their day-to-day activities a lot or a little.

Parent Carers can be particularly excluded from the labour market. It is estimated that 85% of parents of disabled children want to work either full-time or part-time. Despite this level of aspiration only 16% of mothers of disabled children are in work compared with 61% of all mothers.

Integrating Carer Support across Health and Social Care

Carers come into contact with many different services and no single service can offer all of the help carers may need. It is therefore vital that different services and agencies come together to join up and better identify and support carers. Hertfordshire's multiagency Health and Wellbeing Board brings together health and social care with county and district councils. They have published a new strategy for 2016-2020² which states a key principle to centre our strategies on people, their families and carers. It includes aims to-

- Seek to deliver better support for unpaid family carers to have a life outside of caring.
- Seek to deliver better support for young carers.
- Seek to improve the support, care and quality of life of people with dementia and their family carers.

Hertfordshire's two Clinical Commissioning Groups (CCGs) along with West Essex CCG are working together as the Herts & West Essex Strategic Transformation Programme. HCC are closely involved in supporting their plans, and 4 priorities for carers have been agreed that will run through all the STP work streams. These align well with the objectives in this strategy and they are;

1. **Identification** – ensuring mechanisms for early identification are in place
2. **Promoting carer wellbeing** - using contact with carers to help them stay well
3. **Carer friendly support** – making sure services either provide high quality support to carers themselves or ensure, wherever possible, support to the people they care for doesn't make carers' lives any more complicated and, wherever possible, refer carers on to support
4. **Promoting carers ability to work** (both to stay in or return to work)

NHS organisations and Hertfordshire County Council each have their own separate strategic action plans to improve support to carers, but all have agreed to follow a 5 point pathway developed by Hertfordshire Partnership University NHS Foundation Trust;

1. **Identifying** carers (clarifying each agency's role – from libraries to hospitals, housing officers to pharmacies, safe and well visitors to faith groups - in carer identification and onward referral)
2. **Welcoming** carers (ensuring carers feel valued and respected)
3. **Supporting** carers – providing carer-friendly information and advice, and practical carer support or support to the person in a way which best supports the carer and/or has no negative impact on the carer, as appropriate to each agency
4. **Involving** carers – ensuring carers are listened to in relation to their caring role (as appropriate in relation to the views of the person they care for) and have opportunities to influence services
5. Helping carers through **Changes** (making sure that carers are supported through complex changes eg bereavement, moving in and out of caring, transitions between services etc)

The CCGs and HCC commission nearly all the health and social care in Hertfordshire, giving the opportunity to embed this pathway in all health and social care contracts.

The NHS has shown its commitment to carers through the **NHS Commitment to Carers, the NHS**

Five Year Forward View (which includes recognition of the vital contribution that carers make) and **NHS England Commissioning Principles for Carers**.³

On Carers Rights Day in November 2017 the Minister for Care and Mental Health announced that the Government will bring forward a cross-Government action plan in 2018, once this is published we will incorporate it into our own action planning.

The **Joint Strategic Needs Assessment (JSNA)** includes a section on carers' needs⁴ and there are a number of other joint strategies that also support carers, in particular the Hertfordshire Dementia Strategy⁵ and the Ageing Well Strategy⁶

The Case for Supporting Carers

Carers are the largest source of care and support in the UK. It is in everyone's interests that they are supported to help manage their individual and changing needs. We have found however that low level one off interventions (to the value of £300-400) accessed via Carers in Hertfordshire can reduce risk of depression among carers by 20%.⁷ There is a significant opportunity to offer support early on someone's caring role to help them stay healthy and avoid crisis. The majority of carers in the county are caring for between 0-19 hours⁸, presenting an opportunity to provide this early support.

Supporting carers reduces the economic impact on services

- The value of the 'work' family carers do in the UK is equivalent to £119bn, if it were to be provided as paid care.¹ This equates to about £2bn in Hertfordshire, which makes it in everyone's interest to support carers. Failure to identify and support carers can undermine the value of their caring role:
- Carers finding it difficult to cope was the sole reason for readmission of older people in 14% of cases (and a contributory factor in 62%).⁹ However the Carer Friendly Hospital project at East & North Herts Hospital Trust in 2011-12 showed a reduction in readmission of older people due to 'carer breakdown' from ten per month (prior to the project) to zero per month afterwards.
- In Hertfordshire 17% of residential care admissions are due to carer crisis/breakdown and it is likely that a substantial proportion of these could be prevented or delayed with the right support.¹⁰

Supporting carers reduces the economic impact on carers

Caring often limits the hours carers can work or prevents them working at all. Carers often make decisions about giving up work without key information about the impact it will have on their financial futures.

- Caring has serious implications for short and long-term financial health: 54% of carers are struggling to make ends meet.¹¹
- Carers are vulnerable to energy costs – for example, the costs of keeping the vulnerable and ill warm.
- Costs of travel to medical appointments and the need for some carers to rely heavily on taxis.
- The price of buying in care to allow work or respite, compounding the isolation caring can bring.

Supporting carers reduces the health and wellbeing impacts of caring

Carers are vulnerable to all the health challenges other people face but in addition:

- Levels of poor health steadily increase as levels of care provided increase and high levels of care are associated with 23% higher risk of stroke.
- 58% of carers have reduced the amount of exercise they do, 69% report that they cannot get a good night's sleep, 73% feel more anxious, 82% feel more stressed,
- 45% say they eat less healthily as a result of caring, while 50% describe themselves

- as depressed.¹²
- Carers frequently report that they miss their own health appointments and postpone treatments because they can't leave the person for whom they care.

What Carers tell us about the support they receive

HCC carry out a bi-annual Carers Survey set by the Department of Health; the Permanent Social Services Survey of Adult Carers in England. This enables us to obtain feedback from carers in order to improve our services. The latest survey in 2017 achieved a response from a greater number of carers than previous surveys, up from 42% in 14-15 to 53% in 16-17.

Within this wider group of carers a lower percentage reported positive answers in the following areas:

- Carers who had as much social contact as they want, down from 46.8% in 2015 to 22.9% in 2017.
- carers who felt consulted in decision making by the local authority, this was 69.6 in 2013, 75.2% in 2015 and 69.5% in 2017,
- carers who found it easy to find information about support, down from 68.5% in 2015 to 65% in 2017.
- carers who reported that they had a better quality of life, down from 8.4% in 2015 to 7.3% in 2017.
- carers satisfied with social services, very slight decline from 39.2% in 2015 to 38.2% in 2017.

While the lower percentages might reflect the fact that this year's survey reached carers who may be less involved with services, it is obviously clear that we need to improve the experience for carers. The action plan has been designed to respond to this and other feedback from carers.

Supporting Parent Carers

Parent carers are defined under the Children and Families Act 2014 as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility. The local authority is required to support parent carers' wellbeing, in the same way as other carers covered by the Care Act. The Act places a duty on local authorities to assess a parent carer or a young carer if it appears they may have needs for support, or if they request an assessment, where the local authority are satisfied that they may provide or arrange for the provision of services under section 17 of the Children Act 1989. The parent carers' needs assessment must have regard to the wellbeing of the parent carer (as included in the Care Act) and the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility. This may lead to the provision of services, such as some form of break or a Direct Payment or support from the voluntary and community sector.

We support parent carers and their families to thrive and achieve the outcomes outlined in this strategy. In 2017 Children's Services introduced a new outcomes framework; the outcome bees. This framework was co-produced with families, and gives a clear vision of what we want to achieve for families in Hertfordshire. The outcome bees allow us to monitor whether Children's Services is having a positive impact on parent carers. The six outcome bees are:

- Be Happy
- Be Ambitious
- Be Resilient
- Be Independent
- Be Safe
- Be Healthy

We are committed to achieving these outcomes with parent carers. In 2017 we refreshed our 0-25 SEND Integrated Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) for the period 2017-2020. This strategy includes priority areas which have been co-produced with children, young people, and families; one of these priorities is to improve the quality of 'Information, Advice, and Guidance' provided to young people and families. We recognise that parent carers need easy access to information about the support available to them in their local communities and across the county, so that they can take positive decisions for their families. We are committed to transforming our Local Offer website into a web resource where parent carers can access information, advice, and guidance to enable them to thrive.

During 2017 we focused on creating online resources to help parent carers as their young people go through the transition to adulthood process. These materials are all publicly available on the local offer website.

The council's 0-25 Together Service provides social care support to children and young people with SEND. This service works holistically and considers the needs of parent carers during assessments. This team works across Children's Services and Adult Care Services to support families all the way through to adulthood. This includes the transition from Family assessments during childhood to separate carer assessments as an adult.

Next Steps

We have written a new action plan for 2018-21 setting out how the issues to be addressed in this Strategy will be delivered. The action plan will be a living document that will be regularly reviewed and updated, focusing on the progress against the key actions. This Strategy covers the needs of the adult carers population as a whole, whilst actions related to carers of specific care groups (such as carers of people with dementia) will be covered by the relevant strategy (such as the Dementia Strategy, workforce development strategy etc.). The Carers Planning and Partnerships Group (PPG) will have oversight of the Strategy action plan and will monitor its delivery. We will also consult regularly with carers to check whether what we are doing is making a difference to them. We will seek the view of individual carers and will also work with carer representatives to get as broad a range of views as possible. An annual report will be produced in a year's time setting out progress made and any recommendations for updates to the Action Plan.

Objective 1:

Carry on caring if they want to

Carers Said: Contingency planning should be more available, professional know what is likely to happen on a lifelong basis and they should help carers plan for it and ensure they keep updating the plan. Carers need to be confident that in the event of a crisis, worsening condition in the cared for or their inability to continue caring there is an effective, long-term contingency plan in place to ensure that their relative is appropriately supported.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Providers of services for carers will ensure contingency and long- term planning is supported and promote Action 3 below.	Contract quality monitoring reports show increased cases of future planning & increased user satisfaction with future planning	Sept 2019	Adult care services (ACS) commissioning
2	We will offer carers personalised services and more control over the support they receive, such as a choice between services arranged by ACS or Direct Payments.	Proportion of direct payments for carers versus services arranged by ACS Feedback from carers survey regarding choice and control improves	April 2019	ACS social care teams
3	Promote the option to record contingency plans with ACS Consider a check within ACS ACSIS system that contingency planning and long term planning has been considered, prior to a case being closed.	Increase in number of contingency plans registered with ACS Changes to webpage to include more explanation & process diagram Audit quality of contingency planning and effectiveness of use when an emergency arises.	September 2018	ACS social care teams
4	Audit the accessibility, timeliness and impacts of carer assessments integrating the principles of Connected Lives. Improve on-line self-assessment form process	Establish a Carers practice governance group to oversee; monthly survey, quarterly sampling for quality and annual audit and ACS "your views" carers survey.	August 2018	ACS commissioning
5	Pilot new technologies such as Telecare to allow carers to be assured of the safety of the person they care for, reminded of appointments and enable on-line assessments if preferred.	Evaluation of pilots demonstrates carers report reduced stress.	April 2019	ACS Planning & Resources

Objective 2:

Carers get good quality advice and information when they need it

Carers Said: Training for carers is important – this could include: information about a diagnosis, subsequent treatment/medication and prognosis, guidance/modelling on how to manage behaviours, divert anxiety etc., support around use of equipment, moving and handling etc., support around managing incontinence, understanding what Safeguarding is all about and how to report concerns. Getting good quality advice has been a struggle & it needs to be proactive as Carers don't know what they don't know. We should promote the benefits of registering with your GP. In the DoH survey carers who found it easy to find information about support reduced from 68.5% in 2015 to 65% in 2017.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Promotion of Herts Help & Community Navigators including improvements to Herts directory	Number of calls by people identifying themselves as carers increases	Sept 2018	ACS commissioning
2	Promote referrals to Carers in Hertfordshire from hospitals staff	Number of referrals to Carer in Herts from hospitals increases Number of carer passports issued at hospitals increases	April 2019	ACS -working with all NHS organisations
3	Promote registrations via HCC page which automatically registers people with Carers in Hertfordshire and HCC and their GP. Ensure the site shares information accurately.	Number of registrations via webpage increases. Increased referrals from GPs to Carers in Herts	April 2019	ACS social care teams ACS commissioning
4	Fund opportunities for carers to learn relevant skills and information. Identify training and knowledge available through health services	Number of training course attendees. Satisfaction survey results improve with regard to carers feeling supported to care. Carer Skills needs are recognised in ACS workforce development strategy.	April 2019	ACS commissioning
5	Review specialist carer support service contract specifications	Report produced with recommendations for changes	Sept 2018	ACS Commissioning
6	Develop Herts Care Search to include whether beds are available at HCC rates, and to include personal assistants	Website shows beds available at HCC rates Website shows personal assistants	April 2019 April 2020	ACS Commissioning

Objective 3:

Carers are recognised, feel respected and heard as carers and as partners in care, recognised as experts in the care of the person they care for

Carers said: Those doing carer assessment need empathy, legal knowledge and the ability to influence, there need to be clear outcomes. Carers should be valued and listened to and recognised as “experts by experience” in their knowledge of the person cared for. Carers’ sometimes felt excluded, for example by not receiving notes of meetings. Skype assessments could be more personal than on-line assessments.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Organisations supporting carers will ensure that people who use their services reflect the demographic mix of the community	Monitoring of contracts shows a mix of service users nearer to the demographic mix of the community	April 2019	Services supporting carers
2	Support lead nurse for carers roles in hospitals and promote carer involvement during inpatient stays in line with Johns Campaign (http://johnscampaign.org.uk/#/)	Number of carers staying overnight increases Carers in Herts Survey show carers feel more involved in care & discharge planning	April 2019	ACS commissioning and hospital social work teams
3	Review the Carers in Hertfordshire carer’s involvement plan, identifying opportunities for carer involvement in the development of health and social care organisation’s policies, strategies and services.	Carers PPG agree that there is appropriate level of Carer involvement in HCC service developments and that Carers are meaningfully referenced in key documents and policies	April 19 and ongoing	All ACS departments and teams

Objective 4:

Carers are able to fully access their local community and local services

Carers said: Getting help like carer bus passes is overcomplicated. Care homes don't have respite beds available to book ahead, and are not always good at managing respite. It can be complicated to book respite in HCC in-house services. Volunteering can be a way to feel part of the community. In the DoH survey Carers who had as much social contact as they want reduced from 46.8% in 2015 to 22.9% in 2017.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	All services commissioned by ACS will require that carers are Identified, offered information, appropriately involved in decision making and supported in accessing the services.	Quality monitoring of contracts will show improved carer support & carer involvement in service development	April 2019	ACS Commissioning
2	Increase availability, quality & accessibility of respite in commissioned services Improve booking process for HCC in-house services & list them on Herts care search.	National carers survey results demonstrate that Herts carers report greater choice and ability to plan ahead Number of in-house voids reduces	April 2019	ACS commissioning ACS In-House service
3	Increase understanding of Job Centre Plus support to Carers seeking employment. Offer JCP training through Carers in Herts	New leaflets/media /processes so Carers understand what support can be offered by Job Centre Plus	June 2018	ACS commissioning
4	Identify opportunities to meet the needs of working carers through the Changing Services Together review of day activities.	Day activities are available more flexibly and across a wider range of times compared to 2017 baseline.	April 2019	ACS Commissioning
5	Work to facilitate flexible volunteering opportunities for of carers & people who have been carers and Number of volunteers supporting carers	Increase in number of volunteers recorded as carers Increase in number of volunteers in carer support organisations	April 2019	ACS commissioning

Objective 5:

Carers stay mentally and physically fit and healthy

Carers said: The previous title didn't give enough recognition to stress. Respite is important and needs to be at a time of the carer's choosing and of a quality that allows them not to worry about the person they care for. It is a vital part of preparing adult children for life without parents. Ensure carers know what respite options are available.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Evaluate the periodic call back service to carers identified as being at highest risk of isolation and/or carer breakdown, and the mentor service	Evaluation reports positive user feedback Increased numbers benefitting through increased registrations	Ongoing (review in March 2019)	Carers in Hertfordshire
2	Gather evidence of the improvements in wellbeing and reductions in costs that result from carer services	Shared measures of the impact of carers work are agreed Reports from NHS Carers programme of which Herts is one of 5 lead STPs Improved Carer survey results	Ongoing (review in March 2019)	ACS Commissioning working with NHS organisations
3	Review services that are commissioned across the county that support physical activity, to ensure that carers' needs are taken into account in providing these services.	Carers needs are referenced in service specifications Carers are counted in performance returns so insight can be gained on effectiveness of services in relation to carers	March 2019	ACS commissioning working with Public Health
4	Improve carer awareness of the range of opportunities for respite including short breaks at home, day activities and longer breaks	State of caring survey shows a reduction in the percentage of carers feeling socially isolated or lonely. Changing Services Together (CST) project results in more flexible times for day activities & groups, and improved publicity.	March 2019	ACS social care teams ACS commissioning

Objective 6:

Carers are safe

Carers said: Feeling safe should be an objective in its own right as it applies to a wide range of carers – those who may experience physically and/or emotionally challenging behaviour from their relative roles and an action plan for this should be developed. Carers might hurt themselves when carrying out physical caring roles.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Raise public & carers awareness of safeguarding issues affecting carers.	Actions arising from Carers in Herts survey Publicity eg articles in Carewaves, communications to all services commissioned by ACS Further action plan developed through workshops with carers and social work practitioners	Sept 2018	ACS commissioning & Carers in Hertfordshire
2	Review how accessible and effective current safeguarding processes are when carers are affected	Report setting out findings and recommendations for improvement	April 2019	ACS commissioning working with safeguarding team & Herts Adult Safeguarding Board
3	Explore availability and roles and responsibilities in moving & handling training.	Satisfaction survey results improve with regard to carers feeling confident in caring skills.	December 2018	ACS commissioning
4	Ensure carers know how to get help if the person they care for is violent, or if they feel vulnerable because of their caring role.	Satisfaction survey results improve with regard to carers feeling safe in their caring roles.	December 2018	ACS social care teams & carer support organisations

Objective 7:

Carers access full benefits entitlements and financial advice

Carers said: The financial impact of caring can be devastating if people have to give up work early and work can also provide respite and resilience. Preventing this depends upon the right services being provided to meet the needs of the person cared for. Membership of Employers for Carers and the use of their resources needs to be promoted. Getting statutory services and financial assessments can seem like a battle.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Monitor effect of additional funding to citizens advice service & Money Advice Unit to reflect demands of universal credit roll out	Number of carers using service increases. Benefits amounts gained by money advice unit and Citizens Advice for carers	June 2018	ACS commissioning
2	Promote umbrella membership of Employers for Carers to all SME organisations in Herts, especially private sector	Increased registrations Increased number of staff completing training	September 2018	ACS commissioning
3	Promote the financial benefits of; carer direct payments, making a difference project, council tax discounts, carers passport discounts, carers allowance and other benefits for the carer or cared for.	Carers report increased awareness of these options	April 2019 and ongoing	All PPG member organisations
4	Ensure carers have access to support in completing ACS finance forms. Consider roles of HCC care payments team, community navigators, money advice unit.	Carers report that support is available when they need it.	December 2018	ACS commissioning

Objective 8:

Carers receive consistent joined up services

Carers said: we can't keep up with services if they constantly restructure, reorganise, change the names of the teams or move elements to new projects with new names. This also introduces delays while you wait for new services to decide who your worker will be. Key worker or named worker is vital, and if you are in touch with several organisations eg health & social care the key worker should be able to help to navigate you. A change of worker should be seen as a significant risk to the carer that their support will change/worsen along with attitudes to the cared for person.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Review carers experience of contact with ACS services & staff	Report produced with recommendations	Dec 2018	ACS social care teams
2	Apply learning from Dacorum project-mapping carer support pathways	Changes to pathways are made as a result of Dacorum project report to simplify pathways, including processes to ensure signposting is consistently offered at diagnosis, or at the point of recognition of a carer	March 2019	All PPG members
3	Work with London School of Economics to measure the consistency, accessibility and impact of carer services	Useful findings are shared and implemented	Dec 2018	ACS commissioning
4	Within the limits of the new data protection regulations share information between different parts of the health & care system and services such as HertsHelp & Community Navigators.	A review of the impact of data protection regulations is produced with recommendations	April 2019	ACS Commissioning

References

- ¹ Valuing Carers, Carers UK and Dr Lisa Buckner, University of Leeds
- ² <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/HWBS/>
- ³ <http://www.england.nhs.uk/ourwork/pe/commitment-to-carers/>
- ⁴ <http://jsna.hertslis.org/top/lifstaggroupp/carers/>
- ⁵ <http://www.hertsdirect.org/your-council/consult/careforelderlyconsult/dementiastrat>
- ⁶ <http://www.hertsdirect.org/docs/pdf/a/aws.pdf>
- ⁷ Carers in Hertfordshire - Making a Difference for Carers Project, using Quality Metric SF12
- ⁸ Census 2011.
- ¹⁰ Oxford Brookes University and Hertfordshire County Council 2010
- ¹¹ Caring & Family Finances Inquiry: UK report, by Steve McIntosh 04 February 2014
- ¹² Carers UK, State of Caring Survey 2014 (n= 4,924 current carers)



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