

**HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE SERVICES SCRUTINY COMMITTEE
THURSDAY 17 JANUARY 2002 AT 10.30 A.M.**

Agenda Item

No:

8

CARERS' STRATEGY AND ACTION PLAN FOR CARERS

Report of the Director of Adult Care Services

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1. Purpose of Report

To set out how the Hertfordshire Multi-Agency Carers' Strategy Group proposes to deliver on the Scrutiny Committee's resolution of 11 January 2001 that the carers' strategy action plan should:

- be reviewed and updated
- be more coherent and focused on desired outcomes
- have clearly defined targets for achievements and indicators to monitor progress

To give the Scrutiny Committee the opportunity to endorse the approach outlined, and in particular the overarching strategy document as the key vehicle for monitoring the delivery of the National Carers' Strategy in Hertfordshire

To provide the Scrutiny Committee with a progress report in relation to the National Carers' Strategy and Carers and Disabled Children Act, 2000

To provide the Scrutiny Committee with an opportunity to comment on the Carers' Strategy prior to its presentation to the Cabinet for approval.

2. Summary

The report provides updates on developments and is structured as follows:

- Background
- Draft Carers' Strategy for Hertfordshire
- County Council and Joint Action Plan (s) and progress to date
- Work with other agencies

- The Way Forward

3. Conclusion

Carers provide the bulk of community care. Timely and appropriate support, especially information and advice, can prevent breakdown of the caring situation and dependency that is not in the interest of cared for person, carer or services.

There is a substantial amount of work being undertaken to develop support to carers across the county and across key agencies and in particular a significant growth in flexible breaks for carers.

However, much remains to be done, making it easier for carers to access information and services and to get an outcome-focused flexible and timely response rather than what can seem a slow, bureaucratic and inflexible one.

In addition effort needs to be put into co-ordinating overlapping initiatives and consultations for maximum benefit.

1. **Background**

1.1 A National Carers' Strategy was launched in February 1999. The key aim of the strategy is to promote independence for carers through use of preventative, rehabilitative and support services. The strategy's focus is on all carers, not just those with a right to assessment under legislation, and is targeted at all agencies involved with caring. The strategy addresses the following areas:

- consultation with carers
- the collection of information about carers
- the assessment of carers' needs
- the provision of information for carers
- the provision of support for carers
- the provision of breaks for carers
- work with young carers
- carers and employment.

1.2 The Carers' and Disabled Children Act came into force on 1 April 2001. It introduced a new duty (extending the right of requesting an assessment to all substantial and regular carers) and a range of new powers to help meet those needs. In addition, Practice Guidance states an expectation that local authorities will develop or build on existing multi-agency strategy to deliver the objectives of the National Strategy and the Act.

1.3 In January 2001 the Adult Care Services Select Committee considered a report on progress in implementing the National Carers' Strategy. The committee agreed (minutes 6.6 (2)): 'That the carers' strategy action plan needed to be reviewed and updated with a view to making it more coherent and clearly focused around desired outcomes. Also to define clear targets for achievement of outcomes and indicators to monitor and demonstrate progress on the strategy.'

2. **Draft Carers' Strategy for Hertfordshire**

2.1 In the light of the requirement under the Carers and Disabled Children Act, 2000 for a multi-agency strategy and in response to the request by the ACS Scrutiny Committee, a draft strategy has been prepared and considered by the Multi-agency Hertfordshire Carers' Strategy Steering Group. Membership of the group includes Primary Care Trusts, Hertfordshire Partnership NHS Trust, Health Authority, Adult Care Services, Children Schools and Families, *Carers in Herts* and other voluntary organisations as well as individual carers.

2.2 The multi-agency strategy is designed to be an overarching approach to supporting carers over the next five years that all relevant agencies can sign up to. It builds on what carers have been saying about their needs and concerns in Hertfordshire through conferences and other consultation exercises through the Carers' Impact project. It develops further the themes of the National Carers' Strategy and the Carers and Disabled Children Act, 2000.

- 2.3 The County Council, Primary Care Trusts, Hospital Trusts, the Hertfordshire Partnership NHS Trust, Voluntary Organisations, District Councils, the Strategic Health Authority and other relevant organisations will be invited to endorse the strategy and prepare an Action Plan for 2002/3. Revenue implications are for each agency to address as part of their Action Plan; none is imposed by the document.
- 2.4 While there are many issues that affect all carers, the strategy acknowledges both the uniqueness of each individual carer's situation, and the particular needs of carers of people with particular needs. It covers:
- Carers **of** all ages (including children whose lives are affected by caring responsibilities)
 - Carers **for** all age groups
 - Carers of people with physical disabilities, sensory loss, learning disabilities and mental health problems
 - Both substantial and regular carers, and those whose caring responsibilities do not yet have a substantial impact on their lives

The proposed multi-agency strategy is attached as Appendix 1.

2.5 Action Plans

Each agency that signs up to this strategy will commit itself both to producing an Action Plan, commencing April 2002 setting out plans, objectives and targets addressing the key elements of the Hertfordshire Strategy, and to monitoring achievement against those plans. Early discussions between PCT and ACS carers' leads, and work already under way locally through *Listening to Carers Days* organised by *Carers in Herts*, suggest that one possible way forward would be through local joint action plans shared by PCT, ACS and CSF Team/s and District Council/s. Clearly the County Council will have a number of actions to implement right across Hertfordshire.

3. County Council and Joint Action Plan (s) and progress to date

- 3.1 A number of the County Council's plans incorporate actions relating to carers' issues. Adult Care Group issues are addressed through the Joint Investment Plans for Mental Health, Learning Disability, Older People and Welfare to Work and in some cases more detailed action plans underpin outline proposals. The Hertfordshire Young Carers' Strategy (also under review) and the Quality Protects Management Action Plan address the issues relating to children. Best Value Reviews are also making recommendations in relation to carers. In addition to this care group specific work, a plan is produced for the provision of services using the Carers' Breaks Grant. A summary of the carers' action points and targets, with an update on progress is attached to this report as Appendix 2. We now need to build on this work to produce the County Council's Carers' Action Plan for 2002/03 setting out actions to be monitored and targets for delivery.

3.2 Key areas of progress can be summarised as follows:

- Consultation

A wide range of consultation processes and events have involved carers over the last year, from Best Value Reviews and *Listening to Carers Days*, to involvement in the work on National Service Framework to their own county conference, attended by some 100 carers in October. A Black Carers' Forum has also continued to meet since the Black Carers' conference last year.

- Carers' services pilot

The Cabinet agreed in October the recommendations of the Carers' Topic Group and the Eligibility panel, namely that a pilot of carers' services using the flexibility in the carers' grant conditions should commence from November 2001 on the following basis:

- (a) the threshold for eligibility is where there is a 'substantial risk' of a caring relationship breaking down
- (b) that no charges be made to carers during the pilot, the implications for charging to be evaluated thereafter
- (c) that carers' services could be provided using direct payments
- (d) that the target group be carers who care for someone who is eligible for, but refuses, services

Evaluation is built into the pilot's design and a report will be produced in February/March 2002.

- Carers' assessments

The allocation of £100k of Mental Health Grant to staff dedicated to carers' assessments from 2000/01 is beginning to have a real impact. In the last year some 170 of the 430 or so separate carers' assessments carried out in Hertfordshire related to Mental Health. Evaluation has shown carers and workers to be very positive about this process.

The allocation of £100k from Promoting Independence Grant in 2001/02 has also begun to be applied to carers' assessments within the year, though recruitment of part-time carers' co-ordinators to each Older People's and Physical Disability team is not yet complete. A full year effect of an additional 500 separate carers' assessments per annum is predicted.

- Carers' Breaks Grant

The ring-fenced Carers' Grant has continued to be used to provide a wider range of more flexible breaks for carers. The grant was £380,000 in 1999/2000 (producing 595 new breaks for carers), £910,000 in 2000/2001, (producing and additional 1212 new breaks for carers, 1807 breaks overall).

In 2001/02 the £1.3m grant has promoted the flexible use of pots of money to help care managers find individual solutions, as well as funding large-scale projects. An increase of about 350 new breaks for carers is expected during the year.

- Carers' Champions

Previous work on the carers' strategy has been hampered by the lack of named individuals within agencies with responsibility for moving the carers' agenda forward. The structure of lead team managers in EPD and lead officers in PCTs (and lead non-executive directors on their boards) is already beginning to have a significant impact on practice and awareness.

- Information for carers

Developments include:

- the provision of the ACS Web-site and hyper-links to Ukonline *Looking After Someone Life Episode*
- revision of *Support to Carers* and *Carers' Benefits* Leaflets
- a new *Advice for Carers* leaflet about what to do when people need help to manage their money
- Who Cares? We do, the Better Care Higher Standards Charter and summary leaflet for Hertfordshire including a section *Helping Carers to Care*
- Additional funding to *Carers in Herts* whose information function is a key part of the service.

3.3 Key areas for development in 2002/3 and beyond are:

- Information

Consultation and other contact with carers continues to underline the fact that much still needs to be done in this area. The strategy identifies the need for all agencies to train front-line staff to identify carers as such and have (at least) basic information to sign-post them on.

- Extension of flexible carers' services and carers' direct payments

The key issue following the pilot of carers' services will be to see how best to roll-out flexible carer-friendly services in a way that is affordable and does not conflict with the need to ensure equity as between service-users and carers.

- Carers and employment

Some 18% of County Council staff are carers (numbers are likely to be similar among NHS and District Council employees). Such staff, if forced to choose between caring and work because of inflexible or otherwise poor support from managers will either deprive HCC of vital skills or present HCC with significant additional costs in terms of service provision.

HCC is addressing these issues through the Life-Wise strategy. CareWISE will provide employees with the means of balancing work and caring commitments, for example through emergency family leave.

Interim guidance to staff carrying out carers' assessments (issued July 2001, to be fully revised in April 2002) includes the national expectation that carers will be assessed in a way that acknowledges their aspirations to stay in or return to work. Carers' Grant has a role to play in facilitating more flexible services.

- Promoting take-up of benefits by carers

Work is in hand with a Money Advice Unit pilot carers' service (November 2001 - March 2002) to provide income maximisation checks including 'Better Off Calculations' with carers thinking of returning to or giving up work.

MAU will report on the effectiveness of this aspect of the pilot in March/April 2002.

These will be included in Joint Investment Plans as appropriate and pulled together in annual action plan (s) for the implementation of the Carers' Strategy.

4. Work with other agencies

4.1 Primary Care Trusts

In 2001 ground-breaking partnership work between *Carers in Herts*, the Health Authority and all 8 PCTs, produced an audit of primary care services against a set of standards developed from the National Carers' Strategy based on a pragmatic approach to delivering the five point checklist set out there:

Checklist for GPs and Primary Care Teams to help carers (Caring About Carers, p55)

- Have you identified those of your patients who are carers, and patients who have a carer?
- Do you check carers' physical and emotional health whenever a suitable opportunity arises and at least once a year?
- Do you routinely tell carers that they can ask social services for an assessment of their own needs?
- Do you *always* ask patients who have carers whether they are happy for health information about them to be told to their carer?
- Do you know whether there is a carers' support group or carers' centre in your area, and do you tell carers about them?

This means that as well as general responsibilities outlined in the Annual Accountability Agreements between Health Authority and PCTs (setting out expectations about the delivery of the National Strategy) each PCT has now drawn up its own *Carers' Challenge* targets. It is envisaged that these will develop into more formal Action Plans for April 2002.

Each PCT now has an officer, and a non-Executive Director, with a carers' lead.

4.2 *Acute Trusts*

Discussions are under way with the Health Authority about how best to negotiate with the Acute Trusts. *Carers in Herts* are looking at how the *Carers' Challenge* targets may best be adapted.

4.3 *District Councils*

Leads on the Better Care Higher Standards Charter in District Councils will be approached to discuss how best to seek endorsement for the strategy across District Councils.

5. **The Way Forward**

Hertfordshire's partnership arrangements and the steady increase in carers' awareness across agencies in policy terms mean that we are better placed than ever before to deliver on the carers' agenda within the resources available. What is most needed now is a commitment across agencies to training front-line in how to respond better to carers' needs for recognition, information and support. A greater clarity about outcomes and targets will be delivered through the various Carers' Action Plans to be in place for 2002/03.

Background papers used by the author when compiling this report

1. Caring about Carers: A National Strategy for Carers – HM Government, February 1999
2. Policy and Practice Guidance Carers (Recognition and Services) Act 1995
3. Policy and Practice Guidance on Carers and Disabled Children Act 2000
4. Carers' Strategies – Report to Hertfordshire Social Services Operations Sub-Committee, 19 February 1998
5. National Strategy: Caring about Carers – Report to Hertfordshire Social Services Committee 15 April 1999

6. National Strategy: Caring about Carers – Report to Hertfordshire Social Services Committee, 17 June 1999
7. National Carers' Strategy: Proposals for spending specific grant for breaks for carers 1999/2000 – Report to Hertfordshire Social Services Committee 9 September 1999
8. Special and Specific Grants 2000/01 – Report to Hertfordshire Social Services Committee 16 March 2000
9. Working Life Balance: Changing Patterns in a Changing World – DfEE March 2000
10. Getting the Right Break: Inspection of Short-Term Breaks for People with Physical Disabilities and Older People – SSI, June 2000
11. A Break for Carers?: an analysis of local authority plans to use the Carers' Special Grant – King's Fund, March 2000.
12. Carers Framework SSI, Published by the Department of Health on the Carers' Web-site 25 April 2001

APPENDIX 1

Multi-Agency Carers' Strategy for Hertfordshire

1.1 Purpose

The purpose of this strategy document is to help Hertfordshire agencies involved in community care and community development to promote the health and well-being of carers. Its objectives are to:

- Set out how they are trying to respond to what carers locally and nationally have said they need and want
- Implement the National Carers' Strategy as outlined in Caring About Carers, 1999
- Comply with Policy and Practice Guidance on the Carers and Disabled Children Act, 2000 including the expectation that there should be such a strategy involving health and other agencies, led by the local authority
- Ensure that services to support carers reach out to, engage and are accessible to black and minority ethnic carers
- Gain added value for carers in developments under relevant National Service Frameworks, White Papers and other National Policies and Strategies
- Maximise the impact of the finite resources in health and social care available to support carers

1.2 Nature of this strategy

This strategy is designed to be an overarching approach to supporting carers over the next five years, that all agencies can sign up to.

While there are many issues that affect all carers, this strategy acknowledges both the uniqueness of each individual carer's situation, and the particular needs of carers of people with particular needs. It covers:

- Carers **of** all ages (including children whose lives are affected by caring responsibilities)
- Carers **for** all age groups
- Carers of people with physical disabilities, sensory loss, learning disabilities and mental health problems
- Both substantial and regular carers, and those whose caring responsibilities do not yet have a substantial impact on their lives

While the strategy is for all carers, resources, because they are finite, will need to be targeted primarily at those carers who most need support to carry on caring. However, in line with Government Policy, the strategy also seeks to avoid preventable crises and breakdowns in caring situations, in particular by the provision of good quality advice and information to those carers whose needs are not yet critical.

Each agency that signs up to this strategy will produce an annual Action Plan setting out achievements and targets addressing the key elements of the Hertfordshire

Strategy. This is important because it means that carers can judge our progress. We want to make it very clear how much we value their role in this strategy as experts and 'critical friends'.

This strategy was produced by a steering group comprising representatives of a range of health and social care organisations, voluntary groups and individual carers. Annexe 1 sets out current membership of that group.

1.3 Work in Hand

In addition to work to support carers through care group focused developments, standing groups are meeting and/or other pieces of work are in hand relating to:

- Young carers
- Black and minority ethnic carers
- The Carers Grant Breaks Plan
- Implementing the Carers and Disabled Children Act, 2000
- Carers and Employment
- Carers and Health Services

For further details please feel free to contact Tim Anfilogoff, Policy Manager Users and Carers on 01707 290761 or email: tim.anfilogoff@hertscc.gov.uk

1.4 How do we know this is what carers need?

Hertfordshire has considerable experience of listening to carers. What follows includes issues raised by carers at County Carers' Conferences, including a Black and Minority Ethnic Carers' Conference, and other consultation and involvement processes over recent years.

The strategy document is structured around the King Fund Carers' Compass, the result of consultation with 500 carers in a range of local authorities across the country (including Hertfordshire). Additional material relates to the National Carers' Strategy which was also based on consultation with carers.

2. The Strategy - Key Themes

A good quality of customer care should be extended to all carers, just as it should to all service-users, patients and other members of the public. The key principles of the Better Care Higher Standards Charter, *Who Cares? We Do: Hertfordshire's care services - what to expect and how to find out more* are attached as Annexe2.

In particular this means:

- Treating everyone as individuals
- Treating people with respect for their privacy and dignity
- Offering help and solutions and not imposing them
- Saying what it is we are going to do, doing it (and checking we have done it)

- Ensuring that people do not 'drop out' of the system and there is continuity of care and communication
- Recording and sharing information appropriately so that people don't have to go over it again and again

Agencies signed up to this strategy will in addition work towards ensuring that specific customer care issues for carers are addressed. This means that they will identify ways that carers can be systematically identified, informed and sign-posted to appropriate support for themselves. They should ensure that carers have access to full assessment if appropriate, but as a minimum that they should always be valued and involved in the planning of support for the person they care for **however and wherever they come into contact with services.**

2.1 Information

- Carers tell us that they often feel worried about asking for information, or simply do not know what to ask. Staff from all agencies should take a pro-active approach to information giving - this includes a commitment to pointing people in the right direction and making appropriate referrals, and working with advocates and others where the carer wants help in asking
- Carers want accurate appropriately timed and accessible information and this should be provided
- Where carers want someone to explain things to them this should be facilitated
- Agencies should provide information in as accessible a way as possible, in a range of formats and through a range of channels – carers say they may need to be told that they are carers
- Carers will always be given information about the condition of the person they care for and how best to care for them unless there is a compelling reason why this can't happen - confidentiality issues, while important, will not be used as a reason for not supporting carers appropriately
- Information should be provided about who is eligible for which services, how to get an assessment, when there will be charges for services, how to gain access to help
- Carers should be routinely given information about who to contact in an emergency
- Carers should have access to independent information (and advice and advocacy) in the voluntary sector and this requires secure funding
- Attention will be given to providing information for **young carers** in formats that are user-friendly to children and young people

2.2 Recognition

- Carers should be able to expect, at whatever point they 'hit the system', their role as a carer to be identified, understood and sensitively addressed, particularly by the provision of information
- Basic carer-awareness training will be provided for all front-line staff

- Identification should be as early as possible - many carers take years to see themselves as carers
- Assessments and services will reflect the outcomes carers want to see
- All services must be committed to explicitly promoting the health and well-being of the carer
- Where needs are greatest, carers should be actively supported to carry on caring through services that promote their health and well-being and prevent them becoming socially excluded
- Where needs are less great, carers should be given an understanding of how to prepare for the future, and what to do when their needs increase
- Carers will be helped to prepare for the future, including the possibility of no longer being able to or choosing not to carry out the caring role; and assessments will also explicitly address what might happen in an emergency
- Independent carers' support services will be promoted so that those wary of statutory services or requiring advocacy etc can get help
- All agencies' front-line and information-providing staff must be able to signpost carers toward their entitlements and make appropriate referrals
- All staff will have a baseline understanding of what a substantial and regular carer is and to advise on which carers may be entitled to assessments in their own right
- Carers who are employees of public sector organisations will be supported through flexible employment practices to stay in or return to work
- **Young carers** will be treated as children and young people first. Their contribution to caring will be acknowledged, but children under 16 will be given support so that they are not taking on significant caring roles. Young people over the age of 16 will not be encouraged to take on significant caring roles but will be supported in their caring role where this is in their best interest.

2.3 Time Off

- Assessments and services should be timed in a way that promotes carers' ability to work or engage in family and leisure activities
- Services that support carers should be available outside 'office hours'
- Hospital Discharge and Intermediate care procedures must ensure that carers' life-style is not going to be inappropriately compromised (ie full consultation of the carer) before arrangements are made
- Carers must have access to breaks services that allow them to engage (as appropriate) in employment, leisure and family activities
- Flexibility in the way services are provided (timing, changing arrangements in the light of changing needs, easy access) which take account of the carers' needs as well as the cared for person's
- Access to quality information about the sorts of breaks that may be possible is essential and will be provided
- **Young carers** whose lives are affected by caring will be given access to age appropriate breaks away from the caring situation, including activities that allow them to socialise and have fun as well as to share experiences with other young carers

2.4 Emotional support

- Carers say sensitive and informative contacts from trained staff can be a form of emotional support – carers' awareness, cultural awareness and customer care training will be provided for all front-line staff
- Agencies will work together to provide carers with access to a network of emotional support systems that understand carers' needs, provided in the ways that carers want, from talking informally to other carers to formal counselling
- Agencies will identify how best to provide appropriate support in their role as employers, and through occupational health resources, for carers who are workers
- Services that take the time to listen and help carers access information are needed and will be built upon
- **Young carers** will have access to appropriate family-centred assessments and age appropriate support based on the understanding that they are children and young people first and foremost

2.5 Training and support to care

- Assessments and other contacts with carers should be used as an opportunity to help carers identify and access skills and information to help them care
- Carers need a full understanding of the condition of the person cared for (eg stroke, alzheimers, psychosis) as research shows this reduces stress and staff will help carers access this
- Agencies will explore the most effective ways of training carers in moving and handling, stress reduction techniques and other key health and safety aspects of the caring role so as to promote their health and well-being
- **Young carers** say they want to learn basic skills (such as what to do in an emergency) and this will be facilitated in a way which does not 'institutionalise' them in a caring role

2.6 Financial security

- Research shows that caring costs carers and limits the income coming into their family unit; agencies will explore how such financial cost can be limited as far as possible within current frameworks of entitlement
- Assessments and service delivery will take into account carers' legitimate aspiration to keep in touch with the world of work - carers should not have to give up work because of the inflexibility of services
- Carers who are employees of public sector agencies should be supported to stay in work/take time out/return to work where this is what they want to do
- Good flexible employment conditions in line with Government Work-Life Balance Policy will help carers, especially if underpinned by a multi-agency commitment (to include private sector employers). Joint work between agencies should identify how best to encourage better standards among all employers in Hertfordshire
- Agencies will explore how carers can access good quality financial advice and information including 'better off' calculations to help them plan how best in their

own particular circumstances to maximise income while sustaining the caring role

- **Young carers'** need to develop their skills in relation to education and employment will be acknowledged and support given to ensure that it is not sacrificed to the caring role

2.7 A voice

- Carers say they don't always have the time or energy to continue to be actively involved; agencies will work on straightforward mechanisms to allow carers to make comments and be responded to at the point they wish to do so, so that their voice counts
- Agencies will work together to ensure that carers have access to local and strategic consultation processes through registers and a published timetable of consultation events
- Appropriate expenses for carers taking part, including alternative care arrangements, travel and subsistence will be provided, and where considerable time and specific expertise are called on, payment will be considered
- Carers need to know their views are being taken into account in their own individual situations and that they are being heard. To this end they will be given leaflets and other material (in particular copies of support plans following assessment) that sets out what support they can expect
- Carers should be able to raise issues and get problems dealt with in as straightforward a way as possible. Agencies will work together to ensure that their customer relations and complaints procedures make this happen
- Special arrangements will be made so that **young carers** can feed their views into the way services are developed and training is delivered

2.8 Quality Services

- Agencies will work to ensure that carers are confident that good quality services are available for the person they care for; such services will offer the cared for person as much independence and as many life opportunities as possible
- Effective partnership and information sharing between agencies will be developed to prevent the need for carers to 'go over it all again and again'
- Agencies are committed to providing co-ordinated services that listen, understand and respond to carers' needs and treat them as partners not outsiders, keeping them involved and valuing their input
- Services will be regularly reviewed and able to change as situations change without the risk of carers being left to get on with it and finding it hard to get back into the system
- Services provided to stand in for the carer must be reliable – carers say it is this that allows them to have a life outside caring
- Agencies will address the needs to respond to carers' expectations that services will be provided equitably across the county
- Agencies will seek to make full use of the increased flexibility in the support offered to carers through the full implementation of the Carers and Disabled Children Act, 2000 in Hertfordshire

- All organisations will identify a carers' champion who is responsible for how support for carers, and its Action Plan in relation to this strategy, is developing within the organisation
- The impact of adult and children's services on **young carers** will be closely scrutinised, in particular the need for good communication between agencies

2.9 Equity of access and appropriate support

- Mainstream service providers and carers organisations will support the continual development of services to excluded groups and will be able to demonstrate efforts taken to ensure that such groups have access to information and the services they provide
- All carers with substantial caring responsibilities have a right to support and particular efforts will be made to make sure that, for example, black and minority ethnic carers, young carers, older carers and carers with disabilities do have access to services to support them and their families
- Interpretation and translation services need to be available to carers who need them - **young carers** should **never** be called on to be interpreters
- **Young carers** need to be seen as children first - carers under 16 should not be regarded as partners in providing care, their families should be supported in a way that ensures their caring role is minimised and age appropriate

2.10 Quality management information about carers

- Agencies (especially health and social care, but also housing providers) will have recording systems that identify when carers are part of the picture and how their needs are taken into account
- Census information on carers that will be available in 2002 will need to be used carefully to inform this strategy
- Agencies will work together to ensure that National Performance Indicators in relation to carers needs will be brought together in one place to underpin the strategy (assessments, identification, consultation etc)
- Local Performance Indicators will be designed to underpin the strategy in association with carers
- Agencies undertake to ensure a greater focus than hitherto on outcomes for carers rather than simply measuring processes - carers will be involved in this from the beginning
- Agencies acknowledge that all of the above are crucial to ensuring carers can effectively scrutinise the work carried out under the strategy
- A better understanding of the numbers of **young carers** and the issues facing them will be a priority

*Drafted for Hertfordshire Multi-Agency Carers Strategy Group by Tim Anfilogoff,
17 December 2001*

**ANNEXE 1:
HERTFORDSHIRE MULTI-AGENCY
CARERS' STRATEGY GROUP MEMBERSHIP**

Note: The membership of this group is not closed. Those listed below were members as at December 2001 and have contributed to the drafting of the Strategy Document. For further information on the strategy please contact Tim Anfilogoff*

Jenny Young	-	Carer
Glyn Trollope	-	Carer
Sue Reeve	-	Director, Carers in Hertfordshire
Pieter Shipster	-	Health Improvement Programme Officer, North Herts & Stevenage Primary Care Trust
Mark Jarvis	-	Head of Strategic Planning, Hertfordshire Health Authority
Lyn Watford	-	Director, Hertsmere CVS
John Bentley	-	Head of Community Development, Stevenage Borough Council
Josephine MacFadyen	-	Policy Officer, Public Health Department Hertfordshire Health Authority
Hema Devlukia	-	Health Strategy Officer, Partnership and Regeneration Unit, Watford Borough Council
Andrew Thiedeman	-	Assistant Directory Adult Mental Health (North and East) Hertfordshire Partnership Trust
Sarah Pickup (Chair)	-	AD Performance & Commissioning, Hertfordshire Adult Care Services
Adrian Smith	-	Area Manager, Hertsmere Elderly and Physical Disability Services
Gill Webster	-	Client Development Officer Children Schools & Families
Tim Anfilogoff*	-	Policy Manager - Users & Carers Hertfordshire Adult Care Services Tel: 01707 280761 tim.anfilogoff@hertscc.gov.uk

ANNEXE 2:

WHO CARES?.... WE DO. BETTER CARE, HIGHER STANDARDS

EXTRACT FROM HERTFORDSHIRE'S LOCAL CHARTER FOR LONG TERM CARE

WHAT IS THIS CHARTER?

Better Care, Higher Standards is the government's national charter to improve services for people needing support or care over the long term. All councils with social services responsibilities, alongside health and housing, produce local charters on services in their county. These have replaced the Community Care Charters that have been in place since 1996.

This charter for long term care tells you what standards of service you can expect if you need help because you have difficulties associated with old age, long term illness or disability, or are a carer who supports someone in these circumstances.

Social care services for adults in Hertfordshire are provided by the County Council (Adult Care Services department); health services by the Hertfordshire Health Authority, Primary Care Trusts and other NHS Trusts; and housing, and some other associated community care services, are provided by Borough and District Councils. Together we work in partnership to provide the support and help you need. The County Council, Health and District Councils have worked together, and with users of services, carers, voluntary and community groups, to produce this Charter.

Our services are based on the following values:

- Treating you with courtesy, honesty and respecting your dignity
- Helping you achieve and sustain the maximum possible independence
- Working in partnership with you to provide the services you need
- Involving you in decisions and giving you enough information to make informed choices
- Helping you to give your views through advocacy and other representative organisations
- Treating you fairly on the basis of need and not discriminating against you on the basis of age, sex, race, religion, disability or sexual orientation
- Making sure that you feel able to complain about the standard of services you get and that you are not put at a disadvantage because you complain.

The Charter addresses six key areas:-

- Helping users of services and their carers to find out about services
- Understanding and responding to the needs of users and carers
- Finding a suitable place to live
- Helping people to stay independent
- Getting the right health care
- Helping carers to care

A full copy of the Charter is available on the Internet at www.Hertsdirect.org or by telephoning Adult Care Services on 01707 280652.

APPENDIX 2:

Progress on Carer Related Action Points in HCC and Joint Plans

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
<p>1. Older People's JIP (2.1) Relating to Carers' Grant</p>	<p>Flexible respite fund of £63k split between</p> <p>a) contribution to a post in the contracts section to promote full and flexible use of block provided respite beds and</p> <p>b) fund to help care managers to provide individual solutions, gatekept at the centre</p>	<p>a) Contracts Manager</p> <p>b) Policy Manager Users and Carers</p>	<p>a) Post-holder in post since November 2001. Feasibility study of bookings service (ie allowing carers direct access on the basis of allocation following assessment) is under way</p> <p>b) Take-up increasing. Will be evaluated at the end of the financial year</p>	<p>a) Shadow booking system end 2001/02. Launch scheme April 2002</p> <p>b) 30 carers to benefit (no scheme last year)</p>
<p>2. Older People's JIP (2.1) Relating to Carers' Grant</p>	<p>100k for sitting services provided by voluntary organisations</p>	<p>Policy Manager Users and Carers</p>	<p>Broadly these schemes are spending according to plan. Where there has been slippage, additional hours have been made available through additional Alzheimers breaks at home and an additional <i>breaks with relaxation therapy</i> scheme through Age Concern.</p>	<p>72 carers (60 last year)</p>

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
1. Older People's JIP (2.1) Relating to Carers' Grant	£500 for Heather Club, Dacorum	Project Officer Carers	Given additional £250 slippage, to expand service over Christmas	15 carers
2. Older People's JIP (2.1) Relating to Carers' Grant	£80k minority ethnic luncheon clubs/day services	Policy Manager Users and Carers	As well as flourishing luncheon clubs for Asian and African Caribbean elders in SW Herts a new African Caribbean resource is now being supported in Hitchin	144 carers (120 last year)
3. Older People's JIP (2.1) Relating to Carers' Grant	£100k for the Crossroads Direct Access Flexible Breaks at Home scheme	Policy Manager Users and Carers	The scheme has taken some time to become fully established. New more robust arrangements for monitoring the service are now in place. Analysis of the position soon after the beginning of the financial year showed that Crossroads schemes across the county had enough funds held over from the previous two years to deliver all the revised targets for year 3 with only an additional 100k from Carers Grant.	13,000 hours - equivalent of 170 carers receiving 6 months service in three hour weekly blocks (last year 7,000 hours)
4. Older People's JIP (2.1) Relating to Carers' Grant	New flexibilities (Carers' Services Pilot) - 20k	Policy Manager Users and Carers	With the exception of some final minor changes to the draft direct payments element, all the guidance is in place, as of 1 November, for the piloting of <i>carers' services</i> across the county to carers whose cared for person refuses assessment and/or services. No slippage is expected.	Target 80 carers

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
5. Older People's JIP (2.1) Relating to Carers' Grant	£30k for relief to carers of those with early onset dementia through provision of age appropriate services (Dacorum)	Policy Manager Users and Carers/ Mental Health and Older People's Commissioning/ Hertfordshire Partnership NHS Trust	30k of mental health carers' grant underspend transferred to this pilot scheme - recruitment process under way	10 carers receiving 6 hours break per week
6. Older People's JIP (2.2)	Work to make carers' self-assessment form available on the ACS Web-site	AD Performance and Commissioning	Early discussions. Self-assessment form has been revised to take account of legislative changes. Currently forms issued by teams and this will not change immediately.	Under review
7. Older People's JIP (2.3)	Making <i>Better Care Higher Standards</i> Charter available to all clients and their carers	Head of Social Care Practice	Charter is now revised and renamed Who Cares We Do and in user-friendly format. On Hertsdirect web-site and summary is being distributed in hard copy	
8. Older People's JIP/Promoting Independence Grant	<p>£100k to increase numbers and quality of carers' assessments through recruitment of carers' co-ordinators to be local expert on carers' assessment practice and close working link with Carers in Herts.</p> <p>Work to measure impact and effectiveness of above process in one Area with a Carers' Centre and one without</p>	Policy Manager Users and Carers Area Manager (Carers Lead)	<p>Each area (EPD) has identified team manager with a carers' lead.</p> <p>First carers' co-ordinators being to be recruited. All should be in place by end of financial year.</p> <p>Focus groups and other work planned in St Albans and Dacorum for February and July 2002</p>	Target of 500 additional separate carers' assessments per annum (full year effect)

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
9. Training Plan/ Implementation of above	Joint Training of all area teams (EPD) in carers' assessments this financial year involving carers and <i>Carers in Herts</i> .	Training Section/Teams/Carers in Herts	The first session of updated (to take account of legislation) training will commence January 2002	Half of teams to receive training by end of financial year
10. Learning Disability JIP 11.7.2	£32k of Carers Grant for summer breaks schemes for people who attend college in term time	Joint Commissioning Manager	NW Herts, SW Herts and N Herts now all have schemes that provide breaks for carers when colleges close for the summer. Next year's plan likely to include extension into E Herts.	200 carers to benefit
11. Learning Disability JIP 11.11.1 - 3	£76.5k of Carers Grant for expansion of befriending and community activity schemes.	Joint Commissioning Manager	Expanding to offer a service in Stevenage and North Herts, St.Albans and Harpenden, and Dacorum is under way, providing equitable cover of the county.	25 carers to benefit
12. Learning Disability JIP	£13k of Carers Grant for Mencap breaks at home scheme in SW Herts	Joint Commissioning Manager	A small number of families continue to benefit from this flexible breaks scheme provided at home in SW Herts by Mencap.	10 carers to benefit

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
1. Learning Disability JIP 11.11.1 - 3	£61.5k of Carers Grant for the proposed service at Tewin Road. there.	Area Manager	The care provider was unable to satisfy the requirements of the service users and the nature of the service users' requirements changed. The initial funding achieved some permanent positive changes in the resource which enabled them to continue supporting a broader range of service users. Slippage is being transferred to Tanners Wood to provide additional residential respite beds	New targets being discussed
2. Learning Disability JIP 11.11.1 - 3	Respite Care policy now agreed. Consultation in all areas.	Area Manager	To go to members for approval. 3 new beds at Tanners Wood Close and 3 new beds at Apton Road. Service at Tewin Road redeveloped to enable more flexible use. 3 beds now block purchased at Jubilee House. Increased service being developed at Scarborough House.	To be completed by March 2002 About 500 additional bed nights at Tanners Wood to be funded from Tewin Road slippage (above)
3. Learning Disability JIP 11.11.1 - 3	£33.5k of 'flexible respite' pot is gatekept by Commissioning.	Joint Commissioning Manager	After a slow start, it is now likely that it may overspend slightly as a result of the popularity of the flexible solutions care managers can achieve through its use.	20 carers to benefit (new project)

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
4. Learning Disability JIP 11.10.4	Increased input from users and carers in health developments and processes	Roisin Fallon Williams (HPT)	Group set up to consider involvement in Care Programme Approach meetings. Actions agreed and now being implemented	
5. Welfare to Work JIP Action Plan - recommendation 3c) (SSI priority 6)	Ensure that carers' assessments are routinely offered and undertaken, incorporating carers' needs for support in relation to employment	Quality Assurance and Complaints Manager to ensure QA monitoring checks in place	Interim guidance note on carers' assessments issued July 2001 includes guidance on this point.	
6. Outline Service Plan and Joint Investment Intentions for Mental Health (2001-2)	Key Service Development 2. Increasing investment in respite care/breaks provision to bring it into line with 'at home' models that carers want. £100k of Carers Grant added to previous £165k	Mental Health Commissioning	"Turning Point" have recently won the contract to provide a new pilot flexible breaks at home service in SW Herts for one year. This followed a thorough tendering process including substantial carer involvement. The scheme will not now commence until February 2002 meaning that there will be slippage of about £50k. Proposals for spending this have been put before Carers Topic Group (see below Carers Grant Plan)	20 carers in first part year

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
1. Mental Health JIP	£92k of Carers Grant for community and activity based breaks	Mental Health Commissioning	Community Support Teams in East, NW Herts and Wel/Hat and North Herts continue to provide flexible day services and leisure opportunities for users so carers can have a break. An allocation of 51k was notionally made from Carers Grant as part of developing further a range of services provided by Watford Guidepost Trust during this financial year, pending a review by commissioning. In the meantime 30k of underspend is being transferred to a pilot Early Onset Dementia scheme (above). It is expected that the remaining 20k will be spent with Guidepost Trust in year.	100 carers
2. Mental Health JIP	£75k of Carers Grant for holidays and flexible respite solutions	Mental Health Commissioning	Holidays at Forresters (for users on their own or with their carers) continue to be popular. A flexible respite pot gatekept by Commissioning allows care managers to bid for resources which aid flexible solutions.	75 carers to benefit
3. Mental Health JIP 2000-01	Improvements to carer assessment and supporting services.	Mental Health Commissioning	Ongoing spend of £100k allocated in 2000-01 from Mental Health Grant for additional carers' assessment staff.	200 carers to receive separate assessments in 2001/02

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
4. Carers Grant Plan 2001-02	Children's Services a) £30k of Carers' Grant in accordance with the County Strategy for Disabled Children provides breaks at home to parents b) £39k of Carers' Grant for additional play schemes, weekend clubs and after school provision for children with special needs c) £156k of Carers' Grant additional residential respite carer where demand remains high d) 35k of Carers' Grant for young Carers projects with <i>Carers in Herts</i> , Stevenage Young Carers and within CSF continue to develop.	Client Development Manager CSF	a) Additional contracts with home care agencies and Crossroads have been agreed to provide specialist breaks. b) On target to produce 615 additional places/days c) This project will be spending all of its allocation. Where the more flexible services are taking longer than hoped to deliver, any slippage can be absorbed here Development continues. Review of young carers' strategy should help ensure full use of resource	a) 3,330 hours of service b) 40 extra children to benefit c) 76 carers to benefit d) 60 young carers to benefit
5. Carers Grant Plan 2001-02	Breaks for carers of all client groups: In addition to Carers' Services Pilot and Crossroads scheme which are available to carers of all client groups (mentioned in Older People's JIP above) £20k of slippage from the Crossroads project has been transferred to ACS Day Services		Work is under way to provide more flexible day and evening services promoting users' access to leisure so that carers can have a break.	Responding to needs of the service

Plan	Action	Lead	Progress to date	Targets for 2001/02 unless specified
<p>6. Carers Grant Plan 2001-02</p>	<p>Update on Spend of Carers' Grant 2001/02 as reported to Carers' Topic Group 9 November 2001</p> <p>A maximum of £98k was projected at the end of the second quarter to remain unspent from the £1.3million grant. Suggestions for transfers were agreed (see across)</p> <p>Topic Group agreed recommendations for the remaining underspend - see next but one column.</p>	<p>Policy Manager (Users and Carers)</p>	<ul style="list-style-type: none"> • Additional respite for mental health carers to be purchased out of the mental health underspend. • Discussions to take place with the learning disability services around substantial sum being redirected into the new learning disability residential respite services. • Discussions to take place with flexible respite providers about how to provide some holiday respite within this financial year. • If the carers' services pilot is oversubscribed a transfer is made to support further service provision. • Any further variations from the plan to be discussed as part of next year's plan therefore allowing some pump-priming/set-up costs to be agreed out of slippage to assist with next year's projects set up. 	<p>Targets to be discussed</p>
<p>7. ACS Annual Service Plan</p>	<p>Additional £50k funding for <i>Carers in Herts (CinH)</i> to support their work in information provision, carers' support and consultation</p>	<p>Policy Manager Users and Carers</p>		<p>Targets to be negotiated in new County Contract (<i>CinH</i>, ACS, CSF & PCTs)</p>