WARWICKSHIRE cares Better Together

Warwickshire's Joint Adult Carers Strategy 2017-2020

Contents

Warwickshire County Council

NHS Coventry and Rugby Clinical Commissioning Group

NHS South Warwickshire Clinical Commissioning Group

NHS Warwickshire North Clinical Commissioning Group

Executive summary

Warwickshire County Council, the three local Clinical Commissioning Groups, (South Warwickshire CCG, Warwickshire North CCG and Coventry and Rugby CCG) and our health, voluntary and independent sector partners, acknowledge the significant contribution of carers and are committed to supporting them to fulfil their caring role, whilst enabling them to have a life outside of caring, and maintaining and protecting their health and wellbeing.

The 2014 Care Act defines a carer as: “an adult who provides or intends to provide care for another adult”. In line with the Care Act definition, this strategy focuses upon supporting adult carers who are caring for another adult. Support for young carers and parent carers fall within the scope of Warwickshire County Council’s Children and Families business unit.

We have considered what is important nationally in terms of legislation and guidance as part of our strategy. We have also aligned this strategy with the vision and values set out in Warwickshire Better Care Fund Plans, known locally as Warwickshire Cares: Better Together. Within this framework, health and social care partners have agreed jointly to put strong mechanisms in place to support informal carers and work across the health and social care economy to minimise the impact of illness and disability on a carer’s life, and support cares to balance their caring roles and maintain their desired quality of life.

At the same time, money will continue to be tight, with less money available to support an increasing number of people who need support, be it because of their age, disabilities or other reasons.

Warwickshire has developed a Joint Adult Carers Strategy, covering the period 2017-2020, which is set in the context of this changed environment and will attempt to respond in a realistic yet imaginative and creative way to face the challenges ahead.

We are looking for new ways of making the best use of the money available and ways of people supporting each other in their local communities. We are looking to develop a carers support offer that is closer to communities, in order to ensure support is tailored to local needs, builds upon local assets, and is integrated within and works in partnership with the local health and social care system.

Needs assessment

A joint strategic carer’s needs assessment has been completed to provide insight into the unpaid care provision across Warwickshire and the extent and nature of local support service.

The 2011 Census indicates that Warwickshire has 59,240 people or 11% of the population are providing some form of unpaid care each week. However, an estimated 108,000 patients registered with a Warwickshire GP had some form of caring responsibility in 2013/14. This represents a significant difference when

compared with the 2011 Census, with GP practices effectively identifying nearly twice as many carers in Warwickshire.

Caring can be very rewarding and fulfilling but it can also be emotionally and physically draining without recognition and with little practical and/or emotional support. Research shows that carers can often experience diminished quality of life and poorer health outcomes in terms of their physical and mental health as well as their emotional well-being.

There is a uniform pattern of deteriorating general health with rising levels of unpaid care provision. There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role.

In addition, there is national evidence to suggest that a significant number of hospital admissions are due to problems associated with the carer rather than the person admitted.

Engagement

Carers, staff and partners told us what was important to include within this strategy through a comprehensive engagement exercise carried out over a six month period. The engagement exercise elicited the following five key themes with regard to the issues carers are facing and the support that they require to enable them to balance their caring roles and maintain their desired quality of life.

- Supporting people to identify themselves as carers, early in their caring journey.
- Provision of information to enable carers to access available support.
- Support services for the carer.
- Support to be recognised and valued for their contribution and empowered and included as 'experts in care'.
- Carers support services that are 'local and accessible'.

Vision and strategic objectives

The vision for Warwickshire's Joint Carers Strategy 2017 – 2020 is that Warwickshire is a place where carers can balance their caring roles and maintain their desired quality of life.

We will do this by providing a carers support offer that delivers upon the following six strategic objectives.

1. All carers in Warwickshire are assisted to identify themselves as carers at an early stage.
2. Carers are able to make informed decisions and exercise choice and control about care and support through the provision of accessible information and advice for themselves and the person they care for.
3. Carers will receive personalised support, both for themselves and the person they care for, enabling them to have a family and community life.
4. Carers will be supported to remain physically and mentally well.

5. Carers will be supported to access the right services, at the right time, in the right place.
6. Carers will be recognised, valued and empowered as “experts” in care.

This strategy sets out how we will prioritise and target our resources and activities in order to achieve the vision set out above and drive improvements in support for carers across Warwickshire’s health and social care system.

The strategy is summarised as a three-pillared approach below and is illustrated in Figure 1 in the form of a Plan on a Page.

Pillar 1 – Raising the profile of carers with the aim of supporting early identification, early intervention and prevention

- We raise the profile of carers, the issues they face and the support they are entitled to, via a widespread 'Think Carer' awareness raising media campaign.
- We will inform and up skill/equip practitioners to support carer identification and timely referral into support services by co-developing with carers a 'Think Carer' education/training programme.
- We will develop a robust carers information and advice offer working in partnership and coordinating activity with key agencies across Warwickshire.

Pillar 2 – Carers support service

We will commission a single or collaboration of providers to deliver an outcome-focused carers support offer that will:

- support early identification of carers
- act as a single point of entry for Warwickshire carers
- ensure all carers receive an assessment of their needs; (that is proportionate to their presenting needs)
- incorporate a range of support services that are central to carer needs and requirements
- be local and accessible to carers
- assist carers to maintain and/or improve their health and well-being
- assist carers to continue in their caring role.

Pillar 3 – Connecting the parts

- We will develop a system-wide approach to the identification of carers, with the commissioned carers support provider acting as a single point of entry (SPE) for all carers.
- We will introduce a mechanism to support the proactive referral of carers into the SPE from key partners across primary health, social care and acute services.
- Carers Support Service will link into key touch points across the health and social care system, specifically primary care and key transition points (as identified by carers).

- The commissioned support service will operate a locality-based model with lead workers and support teams allocated to defined localities across Warwickshire (conterminous with GP clusters in South Warwickshire and Rugby, and interdisciplinary hubs in Warwickshire North).
- Support transition of young carers into adults services where appropriate.

Introduction

This is Warwickshire's Joint Adult Carers Strategy for 2017-2020.

Warwickshire County Council, the three local Clinical Commissioning Groups, (South Warwickshire CCG, Warwickshire North CCG and Coventry and Rugby CCG) and our health, voluntary and independent sector partners, acknowledge the significant contribution of carers and are committed to supporting them to fulfil their caring role, whilst enabling them to have a life outside of caring, and maintaining and protecting their health and wellbeing.

The 2014 Care Act defines a carer as: "an adult who provides or intends to provide care for another adult". The terms "disabled" and "ill" do not just mean a physical illness or disability, but also cover, for example, mental illness, learning disability, substance misuse, frailty and old age. The concept of care includes practical or emotional support. In line with the Care Act definition this strategy focuses upon supporting adult carers who are caring for another adult. Support for young carers and parent carers fall within the scope of Warwickshire County Council's Children and Families business unit.

Unpaid carers make an important contribution to the overall supply of care services. As the population grows and ages, an increasing number of people are likely to continue to provide significant levels of care. The value of unpaid care in Warwickshire is estimated to be between £575m and £1.24bn per year. As such, it is important to recognise the potential impact that providing many hours of care each week may have on carers' own quality of life – their physical and mental health, employment opportunities, finances, social relationships and social and leisure activities.

Carers are a socially and demographically diverse group and as the demand for care is projected to grow, people are increasingly likely to become providers of care at some point in their lives.

Carers, staff and partners told us what was important to include within this strategy. The aim of the strategy is to meet the vision that Warwickshire is a place where carers can balance their caring roles and maintain their desired quality of life.

We aim to achieve this through improving the lives of carers by enabling carers to make informed choices and exercise choice and control about care and support through the provision of accessible information and advice for themselves and the person they care for.

**1. Using Warwickshire's average homecare fee rate as a proxy indicator of the value of unpaid care.*

We are committed to ensuring that carers have access to a range of services that minimise the negative impacts of caring upon their health and well-being, prevent carer breakdown, and help prevent or delay them from developing a need for care and support themselves.

Vision

The vision for Warwickshire's Joint Carers Strategy 2017 – 2020 is that Warwickshire is a place where carers can balance their caring roles and maintain their desired quality of life. We will do this by providing a carers support offer that aims to ensure:

- All carers in Warwickshire are assisted to identify themselves as carers at an early stage
- Carers are able to make informed decisions and exercise choice and control about care and support through the provision of accessible information and advice for themselves and the person they care for
- Carers will receive personalised support, both for themselves and the person they care for, enabling them to have a family and community life
- Carers will be supported to remain physically and mentally well
- Carers will be supported to access the right services, at the right time, in the right place
- Carers will be recognised, valued and empowered as "experts" in care.

We will commission an outcome focused carers support offer that will:

- Support early identification of carers
- Act as a single point of entry for Warwickshire carers
- Ensure all carers receive an assessment of their needs (that is proportionate to their presenting needs)
- Take an holistic approach to prevention, with a solutions focus
- Ensure support is tailored to local needs, builds upon local assets
- Incorporate a range of support services that are central to carer needs and requirements
- Support Carers through an assets based approach, building on individual and community skills, knowledge, support networks and connections
- Empower Carers to be as independent as possible at an individual and community level
- Assist carers to maintain and/or improve their health and wellbeing
- Assist carers to continue in their caring role
- Be local and accessible to carers
- Support transition of young carers into adults services where appropriate.

How we developed the strategy

Every three years, the Joint Strategic Needs Assessment (JSNA) reviews its priorities to ensure it is focused on key health and wellbeing issues facing the local population. This involves analysing and reviewing the latest data and evidence to highlight the most significant health and wellbeing issues in Warwickshire, both now and in the future. Carers are one of the eleven identified priority topics and forms part of the JSNA's three year programme of work (2015 – 2018).

A joint strategic carer's needs assessment has been completed to provide insight into the unpaid care provision across Warwickshire and the extent and nature of local support service. In addition, a review and evaluation of Warwickshire's current support for carers has been completed.

Together these pieces of work established that there was a need to redesign the existing model of support to carers in order to develop a locally based, accessible support offer that is central to carers needs and requirements, is outcome focused and ensures that we deliver upon our duties under the Care Act.

Warwickshire County Council supported by health partners, carried out a comprehensive engagement exercise to obtain the views of carers and health and social care practitioners over a six month period between June and November 2015.

We have considered what is important nationally in terms of legislation and guidance as part of our strategy. We have also aligned this strategy with the vision and values set out in Warwickshire Cares Better Together Plan, which has been agreed by Warwickshire Health and Wellbeing Board.

This strategy sets out how we will prioritise and target our resources and activities in order to achieve the vision set out above and drive improvements in support for carers across Warwickshire's health and social care system. Whilst acknowledging the reducing budgets available across the social care and health economy.

A delivery plan underpins this strategy that outlines key priorities for further commissioning activity and delivery of services and support for carers between 2017 and 2020.

National and local context

National context

The development of Warwickshire's Joint Carers Strategy 2017-2020 is shaped by the following national policy framework:

- Carers Strategy Second National Action Plan 2014-2016
- The Care Act 2014
- The Children and Families Act 2014
- NHS England's Five Year Forward View 2014
- NHS England's Commitment to Carers 2014
- NHS England Toolkit: An integrated approach to identifying and assessing Carer health and wellbeing
- Commissioning for Carers: Principles and resources to support effective commissioning.

Local context

This strategy, and its delivery plan, links closely with a number of other programmes of work, and should be considered in parallel with the following:

- Warwickshire's Health and Wellbeing Strategy 2014-2018
- Warwickshire Cares Better Together work programme 2015-2020
- Coventry and Rugby CCGs Commissioning Intentions 2014-2016
- Warwickshire North CCG Commissioning Intentions 2015-2016
- South Warwickshire CCG Commissioning Intentions 2016-2017
- Warwickshire's Assistive Technology Statement of Intent
- ADASS West Midlands Region: A Commitment to West Midlands Carers.

Joint response: Better together

Alongside this, the Government is committed to greater integration of health and social care, reflected in the Better Care Fund, which makes specific provision for pooling funding for carers.

Warwickshire County Council and the three local Clinical Commissioning Groups, (South Warwickshire CCG, Warwickshire North CCG and Coventry and Rugby CCG) are looking at how we combine and use our resources to work more closely together to help people get the support they need in the right place and at the right time.

At the same time, money will continue to be tight, with less money available to support an increasing number of people who need support, be it because of their age, disabilities or other reasons.

There is currently no single profession or organisation that can ensure the best outcomes for carers in term of their health and wellbeing, therefore agencies need to work effectively together to identify, assess and act on issues facing carers and improve support.

Therefore within the framework of the Better Care Fund, known locally as Warwickshire Cares: Better Together, health and social care partners have agreed jointly to put strong mechanisms in place to support informal carers and work across the health and social care economy to minimise the impact of illness and disability on a carer's life, and support cares to balance their caring roles and maintain their desired quality of life.

Warwickshire has developed a Joint Adult Carers Strategy, covering the period 2017-2020, which is set in the context of this changed environment and will attempt to respond in a realistic yet imaginative and creative way to face the challenges ahead.

To achieve the vision and achieve the strategic objectives set out in this strategy it is vital that sustainable support solutions are in place for Carers that will empower Carers to be as independent as possible at an individual and community level.

Therefore we are looking for new ways of making the best use of the money available and ways of people supporting each other in their local communities. We are looking to develop a carers support offer that is closer to communities, in order to ensure support is tailored to local needs, builds upon local assets, and is integrated within and works in partnership with the local health and social care system.

Key messages

The needs assessment and engagement exercise elicited a number of key messages with regard to the issues carers are facing and the support that they require to enable them to balance their caring roles and maintain their desired quality of life.

Prevalence and distribution

The 2011 Census provides a valuable update on the picture of unpaid care provision in Warwickshire. The Census indicates that Warwickshire has 59,240 people or 11% of the population providing some form of unpaid care each week in 2011.

An estimated 108,000 patients registered with a Warwickshire GP had some form of caring responsibility in 2013/14. This represents a significant difference when compared with the 2011 Census, with GP practices effectively identifying nearly twice as many carers in Warwickshire than the 2011 Census. This represents an estimated 48,700 more carers registered with a caring responsibility with a Warwickshire GP.

Although there will be significant duplication across these different data sources, in summary Warwickshire identifies:

Prevalence

- 59,240 carers in Warwickshire or 11% of the resident population (2011 Census) of which:
    - 41,315 are aged 25-64 years
    - 14,239 are aged 65 years and over
- 108,000 carers in Warwickshire registered with a GP as having some form of caring responsibility or 19.3% of the registered GP population in Warwickshire (GP registers)
- 4,930 carers in receipt of Carers Allowance as at February 2015.

Who's caring for who in Warwickshire, it is estimated that:

- 30,000 Warwickshire carers care for someone aged over 75 years
- 4,700 Warwickshire carers care for someone under the age of 16 years
- Nearly 20,000 carers in Warwickshire are caring for their parent and just under 8,000 are caring for their child
- 34,000 carers in Warwickshire are caring for someone with a physical disability
- Over 6,500 carers in Warwickshire caring for someone with a learning disability
- Just under 6,000 carers in Warwickshire are caring for someone with dementia
- Over 7,700 carers in Warwickshire care for someone with a mental health disorder

- Just under 2,500 people in Warwickshire care for someone with a terminal illness.

The impact of caring on health and wellbeing

Caring can be very rewarding and fulfilling but it can also be emotionally and physically draining without recognition and with little practical and/or emotional support. Research shows that carers can often experience diminished quality of life and poorer health outcomes in terms of their physical and mental health as well as their emotional wellbeing.

There is a uniform pattern of deteriorating general health with rising levels of unpaid care provision. There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those caring for 50 hours or more per week are at far greater risk of poor health than those caring for fewer hours. Just over 12% of carers in Warwickshire who provide 50 or more hours of care a week state that their health is either 'bad or very bad' compared to 4.6% among those who provide no care and 4.0% of other carers. This additional health risk attached to those who provide 50 hours or more care when compared with both non-carers and those who care for less than 50 hours is evident among all age groups in both Warwickshire and England.

There is national evidence to suggest that a significant number of hospital admissions are due to problems associated with the carer rather than the person admitted. One study found that problems associated with the carer contributed to readmission in 62% of cases. A national study tracking a sample of people over 75 years old who had entered the health and social care system, found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.

The carer's needs assessment used GIS maps to reveal variations between local carer populations and local needs in terms of the type and number of hours of carer they are providing. This variation increases when you consider the proportion of the population that care for 50 or more hours per week.

Much of this ill health is avoidable or can be minimised. Supporting carers to remain physically and mentally well is therefore a key part of the health and social care agenda.

In order to maximise reach and accessibility, and harness local community capacity we can no longer have a county wide solution. We need a support offer that is tailored to local needs and local assets, and is integrated within and works in partnership with the local health and social care system.

Engagement exercise: Key messages

Supporting people to identify themselves as carers early in their caring journey

People who look after a spouse, parent, child or friend might not always see themselves as a carer. It was widely reported that many informal carers do not actually see themselves as carers; rather they see themselves as a husband, wife, family member, etc. Carers felt that they needed support in recognising they are also (or will soon become) an informal carer and this is particularly pertinent early on in a carer's journey.

"I do not automatically think – I am a carer – in the first instance I am a wife".

Many carers are likely to have first contact with the health service. GPs and pharmacies are in a key position to make contact with hidden carers. Nearly half of all survey respondents believed that their GP is well placed to advise them about relevant services for carers.

Carers told us that they felt that the following people are well placed to support them to identify themselves as carers, as early on as possible in their caring journey:

- GP's and GP Surgeries
- Community Health Workers (e.g. District Nurses, OTs)
- Hospitals
- Diagnosing practitioner (Consultant, Specialist)
- Pharmacists
- Other carers (informal and paid carers)
- Voluntary organisations (e.g. CAB, Alzheimer's Society, Parkinson's UK, Age UK).

Provision of information to enable carers to access available support

Feedback from carers suggests that many carers are not aware of the support services that are available for them. Carers told us that they needed information about available sources of support, particularly early on in their caring journey.

"There is good help out there but how to know how to access it is the problem".

"More information regarding what support is available and where to go for help".

In addition, carers reported that there were a number of key "touch points" throughout the caring journey at which they should be supported to both recognise themselves as a carer, and be proactively referred to available sources of information, advice and support. Key touch points are:

- GP visits
- Immediately after diagnosis of the cared for person
- Visits from Community Health Workers (e.g. District Nurses, OTs)

- At point of assessment and/or review (social care and/or health) for the cared for
- Hospital appointments / elective admissions
- Visits to A & E and non-elective admissions
- Hospital discharge
- Approaching end of life (at palliative care stage).

We need to integrate the local carers support offer within key touch points (as identified by carers) in the local health and social care infrastructure, in order to support identification of carers.

Support services for the carer

In terms of provision of support direct to carers, carers told us that they required the following support to enable them to balance their caring roles and maintain a good quality of life:

- A break from caring
- Information and advice on all aspects of the caring role
- Training, to enable people to confidently care
- Emotional support
- Peer support
- Practical support to carry out day to day tasks; (e.g. with household tasks, help with form filling)
- Personal budgets / direct payments – control over the support we receive.

Carers are a socially and demographically diverse group. Different groups of carers have different types of support needs and different preferences in terms of how they access support. Therefore, a range of support options need to be available for carers.

Peer support from people who understand can help many carers feel less alone. Others may not feel comfortable to open up or are unable to attend in such settings, preferring online support through social media, forums or helplines.

Support to be recognised and valued for their contribution and empowered and included as “experts in care”

Many carers indicate that they feel their own needs are successfully met if the cared for person’s care and support needs are adequately met.

“If you get their care right I am OK”.

However, many carers are spending a great deal of time trying to navigate complex systems in order to co-ordinate care and support services for the cared for person.

Carers tell us that they feel frustrated with the amount of time they have to spend and difficulties they face trying to navigate and negotiate a complex health and social care system with multiple points of contact, a lack of communication between different parts of the system, barriers to access and often long waiting times.

Carers told us that they need to be recognised for the critical contribution they make to the cared for persons overall care, and their experience and contribution should be valued.

Carers told us that they need to be more empowered involved in discussions and decisions about the care and support of the cared for and actively involved in care and support planning.

Carers told us that they need support to ensure that they are able to effectively navigate systems in order to co-ordinate care and support of the cared for person.

“Support to negotiate the system”.

“A point of contact to help navigate through the system”.

Carers also told us that they needed support to prepare for any changes that might occur (both planned and emergency).

Almost all carers told us that they were anxious about what care would be available for their loved one in the potential scenario that they are unable to carry out their normal caring through sudden ill-health.

Carers reported that this was a constant source of anxiety, which carers felt could be managed and minimised by having support to ensure they have a contingency support plan in place that would be initiated in the event of such an emergency.

Carers told us that, in order to address the issues highlighted above, they need support to ensure that:

- Their right to accompany the cared for, and to be involved decisions about care and support (with the cared for person’s consent) is recognised and upheld by health and social care practitioners
- They are involved in current care and support planning
- They are able to effectively navigate systems in order to co-ordinate care and support of the cared for person
- Offered support to plan and prepare for any changing needs of the cared for in the future (Advanced care planning and emergency/contingency planning).

As a result of the implementation of the Care Act all of the above are core outcomes of carers assessments where the carer is deemed eligible for care and support; however:

- Many carers were not aware of their entitlement to request a statutory carers assessment
- There was some confusion as to what a carer’s assessment was and what benefit to themselves carers could expect as a result of an assessment.

Carers stated that they needed support in terms of clarification as to the assessment and review processes, timescales, and what to expect as a potential result.

In addition, a number of carers told us that they had gone through a carers assessment however felt that there had been little in terms of a positive outcome for them or for the cared for.

“You go through all of this and what do you get at the end”?

“A carers assessment is important to have on record, but it feels like a tick box exercise when nothing comes of it and you’re just a statistic”.

“Some carers need full assessment whilst others, earlier on in journey, could receive a lesser assessment process, but with information as to when and who they should seek out for a full assessment”.

Carers support services that are “local and accessible”

Feedback from carers known to us reveals that the main barriers to accessing and engaging with existing carers support service are:

- Being unable to leave cared-for person
- Time of day support services are provided
- Location and transport.

This indicates that accessibility of services is a key issue for many carers. Many carers told us that they were unable to engage with existing carers support services such as peer group support and training because of lack of access to replacement care.

Importantly carers told us that their ability to access face to face support (such as peer groups and training) could be supported by providing on site replacement care. This would enable carers to access face to face support whilst the carer is engaged in alternative meaningful activities on the same site in a separate room.

Carers also told us that they would like to receive different kinds of support through the different channels, for example Carers reported that they want to be able to access:

- Written information and advice online 24 hours a day
- Emotional/ crisis would preferably be available 24 hours a day or outside normal office hours; (preferably telephone helpline)
- Support such as training, and elements of emotional support, peer support, and advice and guidance, on a face to face basis

Preferably on an outreach basis (i.e. in the carers home), or in a centralised location, such as their local GP surgery or a local carers centre, during the daytime, and in the main on a weekday.

The plan

The key themes from engagement and JSNA have been translated into the following six strategic objectives:

1. All carers in Warwickshire are assisted to identify themselves as carers at an early stage
2. Carers are able to make informed decisions and exercise choice and control about care and support through the provision of accessible information and advice for themselves and the person they care for
3. Carers will receive personalised support, both for themselves and the person they care for, enabling them to have a family and community life
4. Carers will be supported to remain physically and mentally well
5. Carers will be supported to access the right services, at the right time, in the right place
6. Carers will be recognised, valued and empowered as “experts” in care.

These are linked to 15 clear outcomes for carers that are set out in “I statements” from the Think Local Act Personal toolkit “Making it Real: Marking progress towards personalised, community–based support”:

- I have the information and support I need in order to remain as independent as possible
- I know where to get information and advice
- I can access information and advice needed to make informed choices about my life
- I know where to get information about what is going on in my community
- As a carer, I am supported to balance my caring responsibilities with having a life of my own
- I have access to a range of support that helps me live the life I want and remain a contributing member of my community
- My health and wellbeing are promoted at all times
- I am supported by people who help me make links to my local community
- I am able to maintain relationships that are important to me and feel part of my community
- I have a positive experience of support at all times and receive service from friendly, supportive and experienced people
- I can speak to people who know something about care and support and can make things happen
- I can plan ahead and keep control in a crisis
- I have systems in place so that I can get help at an early stage to avoid crisis

Objectives

Objective 1

All carers in Warwickshire are assisted to identify themselves as carers at an early stage.

Carers outcome:

- I know where to get information and advice
- I can speak to people who know something about care and support and can make things happen.

What we still need to do to deliver Objective 1: Priorities for 2017-20

What will we do?

We raise the profile of carers, the issues they face and the support they are entitled to, via a widespread 'Think Carer' awareness raising media campaign.

We will co-develop with carers "Think Carer" promotional materials and media campaign, and target distribution at:

- Key touch points across the health and social care economy (as identified by carers)
- Key professionals within partner organisations across the health and social care economy (as identified by carers)
- The wider community – to support carers to recognise themselves as carers

We will co-develop with carers a "Think Carer" education/training programme to raise awareness of carers rights, inform practitioners of Warwickshire's carers support offer and up skill/equip practitioners to support carer identification and timely referral into support services.

This will be rolled out to GP practices, hospitals, community health teams, social care practitioners and pharmacies.

Working in partnership with Public Health we will include carer awareness 'Think Carer' in MECC (Making Every Contact Count) training for health and social care professionals.

Raise awareness of those who are caring by improving information accessible through local health and wellbeing websites i.e. Warwickshire Directory and Dementia Portal.

We will develop Warwickshire Carers Partnership Board to:

- Oversee implementation of this strategy and monitor progress
- Identify and implement further opportunities for joint working
- Hold events to specifically engage with carers about the issues affecting them with regards to support available and understanding carers priorities for the future.

We will jointly commission a redesigned Carers Support Service that will act as a single point of entry for all carers. WCC will be lead commissioner for the service.

We will develop and implement a system wide approach to identification of carers that can be used to identify carers across key partner agencies for proactive referral into commissioned Carers Support Services as a single point of entry.

To assist identification of Carers the commissioned Carers Support Service will:

- Link into key touch points across the health and social care system, specifically primary care and key transition points; (as identified by carers)
- Develop specific approaches to be able to increase the number of carers identified
- Develop specific approaches to increase numbers of carers identified from seldom heard and hard to reach communities
- Meet performance measures of increasing the identification of carers.

We will improve awareness of carers' issues, identification and referral of carers and information provision in GP practices and other community and health services.

We will work towards including the identification and referral of carers in all contracts with services commissioned by Warwickshire County Council and wider partners across Health and Social Care.

We will incentivise pharmacists to support people to recognise themselves as a carer and signpost carers to commissioned Carer Support Services.

Objective 2

All carers are able to make informed decisions and exercise choice and control about care and support through the provision of accessible information and advice for themselves and the person they care for.

Carers outcome

- I have the information and support I need in order to remain as independent as possible
- I can access information and advice needed to make informed choices about my life
- I know where to get information about what is going on in my community.

What we still need to do to deliver Objective 2: Priorities for 2017-2020

What will we do?

We will develop a robust carers information and advice offer working in partnership with key agencies and linking into available sources of information across a range of local and national agencies and coordinate activity to enhance carers information and advice offer across key partner agencies. (This activity will be linked to the WCC Care Act information and advice offer).

The Carers Support Service will link into the carers information and advice offer and facilitate dissemination and distribution of locally tailored information on all aspects of the caring role, ensuring that it is accessible in a variety of formats.

We will provide Carers Support Service with an electronic platform to locally tailored information and advice (e.g. e-hubs).

Objective 3

All carers will receive personalised support; both for themselves and the person they care for, enabling them to have a family and community life.

Objective 4

All carers will be supported to remain physically and mentally well.

Carers outcome

- As a carer, I am supported to balance my caring responsibilities with having a life of my own
- I have access to a range of support that helps me live the life I want and remain a contributing member of my community
- My health and wellbeing are promoted at all times
- I am supported by people who help me make links to my local community
- I am able to maintain relationships that are important to me and feel part of my community
- I have a positive experience of support at all times and receive service from friendly, supportive and experienced people
- My individual needs and how I want to live my life are respected.

What we still need to do to deliver Objectives 3 and 4: Priorities for 2017-2020

What will we do?

We will commission a single or collaboration of providers (with a lead provider) to facilitate access to and deliver a range of group and social activities for carers that seeks to reduce social isolation, provide carer network, peer support and develop interest, hobbies and provision of information and advice.

Tier 1 – Universal: The commissioned provider will facilitate access to:

- Locally tailored information and advice on all aspects of the caring role
- Local community activities
- Local community and voluntary services
- Local universal services

Tier 2 – Targeted: The commissioned carers support service will develop and deliver local services in response to local need, including but not limited to:

- Emotional support
- Peer support and carer networks
- Carers helpline

- Training (to enable people to confidently care)
- Practical support
- Access to short breaks from caring alongside face-to-face support (where required)
- Develop emergency and contingency plans (and use of carers emergency cards).

The commissioned provider will facilitate:

- Increased use of assistive technology to support carers to take a break from caring responsibility
- Access to direct payments for carers
- Access to specialist services where the person is prepared to self-fund (e.g. respite / replacement care).

Tier 3 – Statutory and Specialist:

- The commissioned provider through a triage approach to assessments will manage demand and where appropriate facilitate access to WCC funded statutory and/or specialist support services.

We will commission a single provider to act as a single point of entry for all carers. We will consider implementing a 'triage' approach to carers assessments and provision of support.

Where it appears that the carer may have any needs for support, they will be offered a 'light touch' carer's assessment from the commissioned carers support service. The "light touch" assessment will be carried out using a jointly agreed assessment tool and following the core statutory obligations set out it the Care Act guidance.

All assessments will result in the provision of personalised and locally tailored information and advice to help the carers understand their situation and the needs they have, and reduce or delay the onset of greater needs.

The commissioned support service will work with the carer and their family to achieve the carers desired outcomes by developing and coordinating a network of support making the best use of individual and local assets and facilitating access to:

- Universal services (Tier 1)
- Targeted support provided by the carers support service (Tier 2)
- Targeted support provided by partner agencies and WCC (Tier 2) (e.g. assistive technology and carer helpline)
- To specialist support where the person is prepared to self-fund (Tier 3) (e.g. replacement care).

Where desired outcomes can only be achieved via access to other specialist statutory support services (tier 3) and the person is deemed to be likely as being eligible for support, the provider will refer the carer to the WCC for the "light touch" assessment to be developed into a full statutory assessment.

This model is illustrated in the form of an explanatory diagram at Figure 2 "carers support model".

Develop our offer of Personal Budgets / Direct Payments to carers to ensure they have more control over the support they receive.

Increase the use of Assistive Technologies (AT) for carers, to improve the quality of life for carers and reduce carer break down.

We will promote Extra Care Housing as a housing with care offer to support married couples and “significant others” to stay together.

Review and understand current day opportunities and day care provision in respect of capacity and future demand for replacement care.

Review respite/short breaks usage by carers and seek to understand if this is meeting carers requirements.

WCC will continue to commission respite to provide replacement care for both planned and unplanned events.

A review of current respite beds will be undertaken and new fee rates agreed.

We will locally promote and support national initiatives to influence employers, including at SME level, to implement supportive workplace policies to help encourage workplace support, including but not limited to promoting carers right to request flexible working.

WCC and local NHS partners will commit to supporting employees with informal caring responsibilities.

Objective 5

All carers will be recognised, valued and empowered as “experts” in care.

Carers outcome

- I am recognised as an “expert in care” partner and actively engaged in informed decision making about my support as an individual
- I can speak to people who know something about care and support and can make things happen
- I can plan ahead and keep control in a crisis
- I have systems in place so that I can get help at an early stage to avoid crisis.

What we still need to do to deliver Objectives 5: priorities for 2017-2020

What will we do?

We will continue to progress the work to date (as part of the implementation of the Care Act) to increase awareness and knowledge of carers right to an assessments and the key outcomes people can expect from a carers assessment.

To support this we will ensure widespread distribution of Carers information materials developed in consultation with carers in relation to carer assessments and eligibility criteria.

NHS Continuing Healthcare assessments should, where possible, take place in conjunction with social care assessments.

We will develop a cared for consent form within a locally agreed protocol where the cared for identifies their main carer and provides consent for them to accompany to appointments (where required) and be involved in discussions, decisions and planning of their care and support.

As part of profile raising awareness raising campaign, we will develop or adopt a trademark symbol using common language and branding across the Local Authority and CCGs with the intention of encouraging as many agencies as possible to use it across the county. This symbol will be used on patient/ customer records and care plans, and displayed beside an inpatients hospital bed to signify to all practitioners that the person has a main carer whom they have consented to being involved in and informed of discussions and decisions about their care and support.

Objective 6

All carers will be supported to access the right services, at the right time, in the right place.

Carers outcome

- As a carer, I am supported to balance my caring responsibilities with having a life of my own
- I have access to a range of support that helps me live the life I want and remain a contributing member of my community
- I am supported by people who help me make links to my local community
- I have a positive experience of support at all times and receive service from friendly, supportive and experienced people.

What we still need to do to deliver Objectives 6: priorities for 2017-2020

What will we do?

We will develop a system wide approach to the identification. With the commissioned carers support provider acting as a single point of entry for all carers.

The commissioned support service will operate a locality model with lead workers and support teams allocated to defined localities across Warwickshire, aligned with GP and Primary Care Localities.

- The locality lead workers will be linked into professional teams at key points of the carers journey across the local health and social care system (as listed above at theme 1)

- The locality lead workers will be linked into local community and voluntary services
- Ensure resource and activity is tailored to local needs and assets.

This approach is illustrated in the form of an explanatory diagram at Figure 3 “Locality based approach”.

The Commissioned support service will maximise its reach and improve accessibility of support services by:

- Integrating within and working in partnership with the local health and social care system.
- Developing local services in response to local need
- Delivering support utilizing local assets
- Utilising multiple channels of service delivery (e.g. virtual, face to face, telephone)

Where need is identified support will be designed for both parties, facilitating access to short term (pop up) replacement care alongside face to face carers support.

Using the evidence and intelligence set out in the carers JSNA the commissioned provider will have targets in terms of reaching and engage carers (both locality specific targets and demographic targets) to ensure resource and activity is tailored to local needs and targeted at those most in need. This approach is illustrated in the form of an explanatory diagram at Figure 4 “Targeted approach tailored to local needs”.

We will work towards developing a mechanism within existing systems to capture the numbers of hospital admissions in Warwickshire that are due to carer breakdown in order to quantify potential savings across acute care by improving support to carers with a view to identifying and developing joint commissioning opportunities with CCG’s demonstrating Carer Support service’s benefits to the whole health and social care economy.

The money

Annual budget

The County Council annual budget for carers support services is £510,000 per year; this includes the original base budget of £360,000 plus an additional ongoing allocation of £150,000 for changes in functions and potential increased demand as a result of the Care Act.

Transitional funding

A further transitional fund of £300,000 for 2017/18 has been awarded to support time limited investment to improve carers support.

Funding the plan

We allocate the transitional funding of £300,000 to deliver upon pillar one of the strategy, specifically:

1. Develop a robust carers information and advice offer
2. “Think Carer” awareness raising campaign
3. “Think Carer” education/training programme.

It is proposed that we use allocate an annual budget of £500,000 to commission a single or collaboration of providers to:

1. Act as a single point of entry for all carers and implementing a “triage” approach to carers assessments and provision of support. Where need is identified the commissioned provider will work with the carers to develop a support plan to ensure identified needs are met access to their local community and universal and targeted service
2. Develop and deliver local services in response to local need, including but not limited to:
    - Emotional support
    - Peer support/carer networks
    - Helpline
    - Training; (to enable people to confidently care)
    - Practical support
    - Access to short breaks from caring alongside peer support groups and training
    - Develop emergency and contingency plans; (and use of carers emergency cards)
    - Increased use of assistive technology to support carers to take a break from caring responsibility
    - Increase use of direct payments for carers
    - Facilitate access to respite and replacement care.

We will keep back £10,000 of base budget annually to fund ongoing delivery of "Think Carer" training for front line professionals and replenishing "Think Carer" awareness raising promotional materials.

Further work will be undertaken to improve data collection in order to understand the costs and impacts when the carer goes into hospital; and quantify savings to acute services through provision of improved support to carers, such as respite services and night sits that prevent unnecessary hospital admissions. This will support us to develop a pooled budget with CCG partners to jointly develop a range of affordable replacement care services, delivered at home or in the community.

Conclusion: How will the strategy be delivered?

Governance

We will develop Warwickshire Carers Partnership Board to oversee implementation of this strategy and monitor progress. The Carers Partnership Board will be chaired by the Lead Commissioner and have representation from key partner agencies across CCG's, primary and acute health services, WCC social care and support, commissioned carer support providers and carers themselves.

How will we monitor performance?

Delivery of this strategy will be monitored through three levels of performance monitoring:

- Strategic level
- Service level
- Individual level.

At the strategic level the following qualitative measures will be monitored:

- WCC Carers Survey
- ASCOF indicators
    - 1D. Carer-reported quality of life
    - 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like
    - 3B. Overall satisfaction with social services of carers
    - 3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for
    - 3D. The proportion of people who use services and carers who find it easy to find information about support.

At the service level the provider will have an outcomes framework with associated performance indicators (both quantitative and qualitative) that will be monitored and reported on a quarterly basis, they will also be required to submit individual case studies.

Contact

Strategy & Commissioning
People Directorate
Warwickshire County Council
Saltisford Office Park
Ansell Way
Warwick
CV34 4UL
Tel: 01926 731484
Email: phadmin@warwickshire.gov.uk
Website: https://www.warwickshire.gov.uk/carers