

# Market Position Statement for Carers 2015

A Commitment to Carers:  
Supporting Carers



## 1. The market that we wish to facilitate

*'A carer is someone who provides help and support, unpaid, to a family member, friend or neighbour who would otherwise not be able to manage.'* (Carers in Hertfordshire.)

We recognise that there are many forms of support available to carers through universal services (those open to anyone in the general public, not just carers) and know that there is a wide range of services, organisations and people providing support to carers across Hertfordshire. In particular we want to work with:

<b>Public services</b>	This includes the County Council, District Councils, Parish Councils, the NHS, and housing providers
<b>Voluntary and Community sectors</b>	Some of these services which may be commissioned by the public services
<b>Private sector</b>	Who employ people who are carers (1 in 9 of all employees have a caring responsibility)
<b>Community Groups</b>	This includes families, neighbours, friends and a variety of community groups

We want to encourage all organisations to promote individual choice, control and personalisation/tailoring of services to individuals' circumstances and preferences. We recognise that in some cases this will mean that services look different in different localities, in the spirit of localism.

We recognise and value the richness and variety of support that exists for carers and want to do all we can to develop all of these types of support. Some of this will be through formal funding, in other cases this may be through working in partnership without formal funding.

## 2. Future commissioning intentions & development opportunities

We wish to engage with a variety of health and social care providers and partners to provide carers' services that:

1. Recognise and value the huge contribution made by Hertfordshire's carers and provide flexible, responsive and tailored services to meet carers' own needs, as well as those of the people they care for.
2. Reduce inappropriate admissions to residential care and hospital due to carer breakdown.
3. Provide targeted interventions to identify carers earlier and support them at key points in their caring journey.
4. Have outcome focused specifications. This includes setting targets for the number of carers providers are expected to reach.
5. Support greater health and social care integration.
6. Work in partnership to provide a joined-up experience for carers.
7. Reducing health inequalities for carers and support carers' health and wellbeing.

We will work to Think Local Act Personal Principles<sup>1</sup> which ensure people have greater independence and choice enabling enhanced wellbeing within stronger and more resilient communities.

We welcome a dialogue, through this Market Position Statement and the associated engagement with all our stakeholders, please contact us on:

[carersmps@hertfordshire.gov.uk](mailto:carersmps@hertfordshire.gov.uk)

## Commissioning intentions for 2015-16

We wish to develop services in the following areas. We have prioritised these, based on urgency as part of the Care Act, feedback from engagement, and further development of existing work to achieve early successes.

### 2.1 Information, advice and guidance

- We will be working with our partners and service providers across the county to understand, co-ordinate and make use of the full range of information sources available across the community.
- Information and advice will need to be delivered to carers in a timely and proactive way, at different stages through their caring journey and when the information matters to them.

- This will need to build on existing sources of information and advice, including that supplied by Hertfordshire County Council (HCC) such as Herts Direct and the Dementia handbook provided jointly with Hertfordshire Partnership Foundation Trust (HPFT), providers, HertsHelp, and Community Navigators.
- We also wish to explore the use of a range of communication tools to engage and inform carers, including local media sources and working with locally-based partners, as well as the use of new media such as Skype and others.

### 2.2 Advocacy and involvement

- Including supporting carers moving into Hertfordshire who are transitioning from another council to receive support from Hertfordshire services, in order to meet the requirements of the Care Act in this regard.

### 2.3 Peer support and self-management

- This includes the emotional wellbeing of carers, including facilitating peer support.
- Self-management tools to promote good health and wellbeing.

<sup>1</sup> [http://www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf)

## **2.4 Clear, simple sources of information for GPs**

- To enable them to easily refer carers they come into contact with to the full range of carers' support services. This may look different in different localities.

## **2.5 Support for parent carers of adult children and those transitioning to adulthood**

- This includes caring for those with a learning disability. We wish to investigate what specific support they may need and how this might be provided.

## **2.6 Support for black and minority ethnic (BME) carers**

- To identify more carers from BME groups. We wish to explore whether there is any tailored or specific support they may require and whether this needs to be met by services targeted at BME groups or whether more universal services can adapt to meet these needs. This may include support for carers for whom English is not a first language.

## **2.7 Promoting male carers**

- To help raise awareness and to find out more about the experiences and needs of male carers.

## **Commissioning intentions for 2016-17**

### **2.8 Providing a market for the carers' grant and for carers' direct payments**

- This includes a means to accredit or otherwise demonstrate quality and high standards in order to support carers in spending their budgets.

### **2.9 Locally-based sources of support for carers**

- With a clear lead organisation in each area for supporting carers.

### **2.10 Support for carers to remain in and return to work**

- We recognise employers as a key partner in this.

### **2.11 Contingency and emergency planning**

- Including timely and reliable provision of equipment, especially in an emergency, and exploring links with hospital discharge planning.

### **2.12 Access to suitable transport options**

- For both carers and the people they care for to enable them to access services, work and leisure opportunities.

## 2.13 Support for carers with disabilities and mental health issues

- Support to identify them and explore whether there is any tailored or specific support they may require.
- Signposting and enabling access to physical activity.
- Support for carers caring for someone with dementia.

## 2.14 End of life care and bereavement support

- Both support for carers caring for someone receiving end of life care and support for carers receiving end of life care themselves. This includes:
  - Those with long term, neurological conditions such as Parkinson's, Motor Neurone Disease, PSP (Progressive Supranuclear Palsy) and the impact on service users and their carers at end of life.
  - Acquired brain injuries.
  - Early onset dementia in combination with other conditions.
  - People aged under 65 looking after people at the end of life.
  - Supporting carers to enable someone to die in their preferred place of death.
  - Information on legal issues such as power of attorney.
  - Bereavement support for the carer.

We are seeking innovation from the market in how we design and deliver these services. We welcome a dialogue, through this MPS and the associated engagement and through other mechanisms such as market engagement during individual procurement exercises.

## 3. The carers population in Hertfordshire

Information on the carer population is available from the 2011 Census. Comparing with monitoring data outlining who is accessing the main commissioned preventative services for carers<sup>2</sup>, an assessment can be made as to what extent services are reaching carers and where any gaps may be. These include in particular:

- A gap in preventative services reaching male carers.
- A gap in preventative services reaching carers who do not identify as White British.
- A possible gap in support to carers who have a long-term disability or illness themselves.

### 3.1 Young carers

We recognise that there is an increasing need to provide support to young carers so they can access help that will prevent them taking on or continuing to struggle on their own with age-inappropriate caring responsibilities.

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<sup>2</sup> Carers in Hertfordshire and Crossroads North and South.

There is growing evidence<sup>3</sup> of the impact providing unpaid care can have on the health, employment opportunities and social wellbeing of young carers. The 2011 Census suggests that there are approximately 3,900 young carers in Hertfordshire<sup>4</sup>. Although this MPS is specifically focussed on services for adult carers, we recognise the importance and the needs of this group of carers and will look proactively with Children's Services and other partners to address their needs.

For further details on carers population of Hertfordshire please contact us on: [carersmps@hertfordshire.gov.uk](mailto:carersmps@hertfordshire.gov.uk)

### 3.2 Why do carers need support?

Carers are the largest source of care and support in each area of the UK and it is in everyone's interests that they are supported to help manage their individual and changing needs. Ensuring that the right support is available at the right time – and that carers are aware of how they will benefit from support – will help carers in every stage of their caring journey. Receiving support can help carers to manage the impact of caring on their lives – for example:

- Reduce the chance of suffering ill-health
- Be less likely to struggle on their own
- Maintain their physical wellbeing

<sup>3</sup> <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/sty-unpaid-care.html>

<sup>4</sup> <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/census/health/ct0304---age-by-provision-of-unpaid-care.xls>

- Maintain their mental health and emotional wellbeing
- Better juggle caring responsibilities with their jobs
- Get financial help and financial advice
- Help them to recognise their individual and changing needs
- Post-caring, to rebuild a life of their own and get back in to education, work or social activities, should they wish to do so

### 3.3 What do carers tell us about the support they receive?

Based on consultation exercises with carers (both locally and nationally), a number of key messages have come out about the services that carers value:

- Easily accessible information and advice on support for carers.
- Access to carers breaks and support for carers to undertake social activities.
- Robust emergency/contingency planning.
- Rapid response services readily available to assist quickly with non-predicted or emergency situations (including through the provision of equipment and extra care).
- Respite care and telecare were also seen as valuable.

## 4. Our spend

In 2014-15, the budget for preventative carers' services from the voluntary sector was approximately £2,435,000. This splits down as follows:

Type of Support	Budget
Breaks	£1,552,000
Development activities	£177,000
Information	£329,000
General support	£321,000
Training	£56,000
Total	£2,435,000

We are also developing a system of direct payments for carers, enabling carers to receive the budget for their social care as a payment made directly to them for them to spend, following a social care assessment. The amounts for each direct payment will be calculated according to a simple and transparent methodology. This will assess what impact caring has on the carer's personal wellbeing and this will determine the amount of their direct payment, as set out in the table below. An important future commissioning intention is to grow a market of services on which carers can spend their direct payments.

Impact of caring on wellbeing	Annual Personal Budget	Weekly amount
High	£3910.50	£75.00
Medium	£1824.90	£35.00
Low	£521.40	£10.00

An additional £1 million has been allocated to carers services to cover the anticipated increase in demand for services as a result of the Care Act. This will largely be used to fund carers' direct payments, but will also be invested in commissioned services where there are gaps, as identified in the commissioning intentions above. Particular priorities will be:

- Information and advice for carers
- Carers advocacy
- Support for parent carers
- Support for GPs

Whilst this outlines the budget for services specifically targeted at carers, all commissioned services need to consider the needs of carers and how they can support carers.

### 4.1 The future level of resourcing

The case for supporting carers is clear, as outlined above, and we know we must do more to support carers, both to support their own wellbeing and for the support they give to the people they care for. We know that there are gaps in provision and that there are new services and sources of support that need to be in place. Some of these will need to be formally commissioned and some require us to work with partners and the community to facilitate them being put in place.

## 5. Current services and levels of access to services

HCC and both Clinical Commissioning Groups already provide and commission a range of services for carers and we are aware of a variety of non-commissioned services and sources of support. These include:

- Carers' assessments, contingency planning and grants through a range of Hertfordshire County Council teams.
- Carers services provided by Hertfordshire Partnership University NHS Foundation Trust (HPFT) including:
  - **Assessments**
  - **Grants**
  - **Breaks**
  - **Support worker sessions**
  - **Signposting to other services**
  - **Carer peer support workers**
- Support through GPs – including carers' health checks and GP Carer Champions.
- Other preventative health services, including self-management tools, training and peer support, enabling carers (and others) to positively manage their own health and wellbeing.
- Respite care.
- Carers' breaks through a range of voluntary and community sector providers and from the in-house volunteer Breakaway service.
- The Crossroads North Day Care Service in Stevenage.

- Information, advice and planning – including through HertsHelp, Community Navigators, and Carers in Hertfordshire.
- The Carer's Passport<sup>5</sup>
- Financial advice and support for carers through the County Council's Money Advice Unit.
- Carers' training and development – both through organisations such as Carers in Hertfordshire and through the County Council's own Learning and Development Team.
- Services to support carers to be involved in services and policy making.
- Support services for young carers.
- Support groups for carers and carers' cafes.
- End of life support, including through local hospices.
- Support to employees who are carers from a range of employers.
- Community groups, such as faith groups, community centres, neighbourhood watch groups and lunch clubs, which provide a variety of support for carers' wider health and wellbeing.

The market position statement will be updated for April 2016, both in response to your feedback and as our information and commissioning intentions change.

For further information regarding HCC's market position statements on other client groups please refer to:

[www.hertsdirect.org/hertsmpe](http://www.hertsdirect.org/hertsmpe)

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<sup>5</sup> <http://www.carersinherts.org.uk/how-we-can-help/useful-information-for-carers/carers-passport>



If you would like to receive this information in a larger font size or would like any help in understanding the information in this document, please contact: [carersmps@hertfordshire.gov.uk](mailto:carersmps@hertfordshire.gov.uk)