

**COP/08/12**

**Policy & Scrutiny Committee**    Community and Older People

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**COMMUNITY AND OLDER PEOPLE POLICY AND SCRUTINY COMMITTEE  
CARERS STRATEGY TASK AND FINISH GROUP**

**OUTCOMES FROM FIRST MEETING ON 25 JANUARY 2012  
COMMISSIONING OPTIONS FOR BETTER CARERS' OUTCOMES IN ESSEX**

- The task is to ensure the carers strategy is re-vamped inside an affordable framework
- Part of the scope of p-cards will be to make carer payments
- A new carers team within Commissioning will be in place shortly
- The action plan for carers is being reviewed in the context of working better with Health, and with SCF. All within a defined tight financial situation
- There have been no conversations with either Health or SCF on the definition of a carer
- The strategy must find a way of getting carers to undergo an assessment
- There has been some research to indicate that carers wish to be recognised as such. Does the word 'assessment' put them off? As legislatively it is a carers assessment it is difficult not to use the word
- How much awareness is there of the information, advice, guidance and support there is for carers? There is a challenge of how much to invest in this area
- There are decisions to be made on the number of carers and the level of support which can be provided. Prioritisation and targeting from the range of responses will need to be undertaken
- Short breaks for carers – particularly prevalent/popular for those caring for people with dementia

- Work with carers with an emergency response if something arises which means the carer cannot undertake their carers 'duties' due to such unforeseen circumstances
- Does ECC commission from too many organisations? Is the money spread too thinly? Do we need to look at how we commission voluntary bodies?
- Members offered to visit carers to discuss issues further and feed this back into the Task and Finish Group. Specific groups of carers (i.e. dementia, stroke etc.) to be identified
- What would carers like to see the most in terms of signposting? Where would they like to see it?
- Do GPs engage with carers? As the patients are adults the carers have no responsibility to attend appointments with those they care for
- The strategy needs to address the carer in context
  - their interactions with health as well as the interactions of those they care for
  - build into the strategy about care providers and reablement services
- Development of a one-stop shop for carers rather than the current system so as to un-complicate procedures
- Are the blockages to information, advice and guidance for carers as a result of the DPA?
- There should be a dedicated carers website to signpost to different societies which assist carers
- Examples of Council websites identified as good practice will be provided
- There should also be a dedicated telephone line for carer support
- With the new Carers Strategy timescales are being driven by options that will be discussed with health partners
- GPs are requested to hold a carers register
- Hertfordshire County Council provides a single hub one-stop shop. It was agreed that a visit to see this would be beneficial for the Task & Finish Group
- In terms of the budget is it serving the carers or the system?
- Need consideration as to how ECC phrases its offer to carers by simplifying language

- P-cards can give carers a level of control and flexibility over purchases (with safeguards in place to prevent unnecessary spend)
- Carers and those being cared for often choose not to be involved with statutory services
- The Task and Finish Group cannot set out to change everything by building a dependency on public services and changing behaviours. Giving people choice and control should underpin carers services
- Working with voluntary organisations means there is a cost involved. Consideration to be given to shrinking the number of organisations ECC commission from as a better way of reducing overheads. Maybe an umbrella organisation drawn from the VCISOs. This would be similar to Children's Centres who have an umbrella organisation. Local organisations and local networks would bring local value through local commissioning
- Essex County Council commissions care workers not carers. We should commission support for carers
- Activity should include carers for dementia. The carers' part of the dementia strategy should rest with the overall carers' strategy. This must be included
- It was agreed that officers provide:
  - more research and evidence and come back to the Task and Finish Group
  - follow up how and when carers' should be engaged
  - arrange a visit to Hertfordshire CC
  - map out the interdependencies and 'golden threads'
  - discuss issues with colleagues in SCF
  - discuss issues with Health colleagues
  - discuss issues with the new GP commissioning groups
  - reiterate some of the ideas in the presentation given to the meeting in the strategy
  - identify carers near to where Members represent that are willing to discuss informally with the Members to get their views

## **OUTCOMES FROM SECOND MEETING ON 8 FEBRUARY 2012**

- Contact with carers in each of the Members divisions has been established. The visits should take place within the next two to three weeks
- Cllr Higgins has been invited to attend the YMCA Carers Group in Victoria Road, Chelmsford. The other Members of the Task and Finish Group will also be invited

- A visit to Hertfordshire CC will take place after the individual carer visits
- The visit will include meeting colleagues from Hertfordshire CC as well as those who commission the service. Members of Hertfordshire CC will also be invited
- The carers centre will be visited to learn first-hand about the scheme to give an holistic and informed view to allow consideration of why may, or may not work
- Carers UK have the ability to undertake work on behalf of the Task and Finish Group, if necessary. It was considered to invite Carers UK to a future meeting
- Caroline Robinson should be invited to attend a future meeting to pick up the Mental Health aspect of Carers
- It was **RECOMMENDED** that a flow-chart be created for Carers to show how and where they can access information, advice, guidance and support. Essex Assist could be able to help with this? This question should be asked of Hertfordshire CC on the visit there. With regard to a pathway there need to be an understanding of the first step, whether that be an assessment etc. prior to going onto intervention
- It was identified that there is a matrix available with robust information, advice and guidance for carers
- National figures, which are available, on 'known' carers and who they care for were requested
- John stated £17m is spent on people with LD over the age of 65. It would be interesting to know how many of these are cared for by their parents
- The p-cards contract has been signed with Citibank. There is scope to add to the contract
- Work will be needed to look at getting carers onto the p-card. Complete control for the carer over how they use the p-card
- An EIA has been completed for p-cards
- It was **recommended** that there should be a one-stop 'Care Direct' as a one-care service as a front door. At the present time other agencies, including GPs, do not always know where to direct carers to
- With regard to young carers Sharon stated she had had conversations with Michael O'Brien [SCF]. There will be no persuasion needed on an all-age carers' strategy. The young carers strategy is being reviewed at present

- It was agreed that Michael O'Brien be invited to joining the Task and Finish Group
- Conversations with the AH&CW DLT will take place to seek a steer from them that they are happy to buy-in to the Task and Finish Group recommendations. The next meeting is on 21 February 2012
- Discussions around how we join up to a single point of contact across care; build into the p-card approach a default position that carers are automatically in receipt of one; the role of CVS and how they support carers; and how we go about commissioning the work as it will need to go through a tender process will need to occur
- It was agreed to put this work forward to be part of the pilot on community budgets as a potentially excellent example of the public sector working together to provide a resource for carers
- It was agreed to identify representatives from Health and Carers' groups to join the Task and Finish Group