Report title: Carers Services from 2018 – For information to People and Families Scrutiny.

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1. Purpose of Report

The purpose of this report is to inform the members of the People and Families Scrutiny Committee about the redesign of the carers support service. The grant agreements for the current carers support services are due to end in March 2018. The report describes the co-production activity that has taken place with carers and organisations representing carers, and seeks the Committee's views as part of this engagement process.

2. Recommendations

- **2.1** For the Committee to note the content of the report and the progress in coproducing the new service with carers and organisations representing carers.
- **2.2** For the Committee to be part of the engagement process and contribute their views for the design of the new service.

3. Summary of the Issue

- **3.1** The 2011 Census indicates that an estimated 146,211 adults in Essex provide informal care. Of these, approximately 32,000 people (22 per cent) provide care and support for more than 50 hours per week. In total, one-in-ten people provide unpaid care in Essex.
- **3.2** With an aging population in Essex we can expect a rise in the number of people providing un-paid care.
- **3.3** Since 2015 we have grant funded the following organisations to deliver support to carers across Essex:

Action for Family Carers (Supporting Carers in Essex)
Hamelin Trust
Support 4 Sight
Snap (Special Needs and Parents)

Headway Essex

The total value of these grants is £1,031,413 a year and the current grant agreements are due to end in March 2018.

- **3.4** Carers have been fully involved in the design of the service that will be implemented when the existing grant agreements come to an end. There has been a programme of engagement with carers, carer ambassadors and organisations representing carers to co-produce this new service. We have also undertaken online surveys to engage with a wider group of carers. This engagement will continue through to the final stage of the development of the specification for the new service which is due to be completed by May 2017. There will be opportunities for stakeholders including the People and Families Scrutiny Committee to contribute their views during this period.
- **3.5** The key decision to tender for the new service is planned for June. If the recommendation to tender for the new service is agreed, and following a successful procurement, we would hope to award the contract to the successful provider in November so they can implement the new service from 1st April 2018.
- **3.6** Our recommendation would be to contract the future service for 3 years with the opportunity for a further 2 year extension. This would give the successful service provider the security to invest and develop the service over the longer term which is difficult through the current short term grant agreements.
- **3.6** Through the delivery of the new service
 - Carers will be able to access networks of support from within their communities;
 - Carers will feel supported to sustain their caring role for as long as they are able to:
 - This provision will help ECC deliver our requirements from the Care Act 2014
 - This provision will also help manage demand on social care services.

4. Proposals for the new service

4.1 Based on the co-production work we have undertaken so far carers have told us that the new service should include the following components;

<u>Information Advice and Guidance</u> - A single point of contact that is flexible to meet the needs of all carers including working carers. It should provide a mix of telephone and face to face support and access to the service should be equitable across Essex. The service should provide expert advice on the health and social care system and how to navigate it, and be well connected to organisations offering condition specific support. The service should also be able to provide emotional

support and provide training opportunities for carers so that carers are able to look after themselves.

<u>An infrastructure of peer support networks</u> - The service should help develop peer support networks for carers. These groups should be led by carers and be supported to establish themselves and to link in with other carer groups.

Improved identification and support in health settings including GP Practices and Hospitals - The service should work with GP Practices to identify and signpost carers to the right support and by doing so increase the number of carers on GP registers and carers receiving health checks. The service should also work with Hospitals, at both outpatients and at the point of hospital discharge, to ensure carers receive timely information, advice and support.

Effective planning for the future and for emergencies - Carers have told us that they know that they need to have plans in place, both for emergencies and for the future, in case they are no longer be able to continue their caring role. However this planning can be difficult for them to do. The new service should support carers to think about their future and help them put plans in place.

<u>Access to Breaks</u> - Carers have told us that having a break is one of the most important things they want. They have told us that they need breaks to be flexible to respond to their needs. The new service should be able to advise on what types of breaks are available and help carers to find the best solution to meet their needs.

4.2 It is proposed that the new service is for carers aged 18 and over. Services for young carers are currently being developed through a separate process. For the purposes of the service a carer is described as a person who is unpaid and looks after or supports someone else who needs help with their day to day life because of:

- A long term illness
- A disability
- Mental Health problems
- Substance misuse

This also includes carers of people at the end of life. The service should also continue to provide support to carers following bereavement if this is needed.

Carers can be family members or friends or neighbours, and they may not identify themselves as a carer.