

1. Why Support Family Carers?

There are about 56,000 family carers in East & North Hertfordshire, around 10% of our population, although this could be an underestimate. The value of the 'work' they do is about £1bn (more than the CCG's budget). With our ageing demography and the very real financial challenges that the public sector in Hertfordshire faces it is critical that we focus on giving carers more recognition and effective and appropriate support not less: carers are generally desperate to carry on caring but frequently describe their 'invisibility' or the need to 'fight' to get what they need to look after the person they are caring for. We also know that the health and wellbeing of carers can be detrimentally affected by the role that they have. More women than men are unpaid carers; 58% of carers are women. Carers in Hertfordshire are most likely to be looking after someone with a physical disability (27%), problems connected with ageing (22%) or sight or hearing loss (14%). (Carers Survey 2012-13. We recognise that a lot of carers do not actually see themselves as carers – they think the help they are providing to a friend or relative is 'just something that they do' – enabling these people to recognise that they are carers may encourage them to accept the help and support that is available.

Equally, we recognise that there a significant number of young carers in Hertfordshire where there is evidence that where the caring responsibility becomes excessive, this has a significant impact on their education and health, and experience life-long inequalities into adulthood as a result. Young carers need to be identified and provided with information, advice, training and support across health, education and social care. For young carers it is important that we have a whole system approach to identification, where their support needs are considered or at least flagged when the adult cared- for person's long term support needs are noted

As we move to more patient-centred care nearer to home it is crucial that a fully integrated approach to assessing and supporting carers is developed and implemented. Otherwise the NHS will continue to pay the costs of crises involving two people's poor health, including sometimes two acute admissions, when a more proactive and supportive approach, valuing the role of the carer, could have delayed or prevented one or both.

2. Roles of the CCG

This strategy is structured around the following key roles of the CCG:

- Commissioner
- Leader in primary care
- Employer
- Partner in the Multi-Agency Carers Strategy and in Integration Work

It is cross-referenced with the Hertfordshire Commitment to Carers, Hertfordshire Health and Wellbeing Board's Strategy, NHS Everyone Counts Planning for Patients, The NHS England Commitment to Carers, the Care Act and other national policy and legislative drivers.^{1, 2, 3}

3. Carer Engagement

Much of what is in this strategy is based on national and local research into the needs of carers. This includes the active engagement of local carers either directly at events or through the Carers Reference Group or through key partners like Carers in Hertfordshire, Crossroads and other charities which work with carers.

We recently jointly hosted an engagement event with Crossroads Care in Lower Lea Valley aimed at identifying themes and actions to take forward in supporting carers, where GPs, practice managers and staff, carer champions and members of patient participation groups were joined by people with caring responsibilities and senior representatives of Crossroads Care, Carers in Herts and Age UK and Broxbourne Council. Following on from this, the carers coordinator at Crossroads Care, has regularly attended patient group meetings at both practice and area level. Carer champions across East and North Hertfordshire are now meeting with patient commissioning groups to discuss their work and see where patient participation can support their activities.

As part of the CCG's patient stories project, carer members of patient participation groups have been trained to gather patient and carer stories from those happy to have their story recorded. These recordings are themed and appropriately edited so that they can be share more widely across the organisation to learn from and inform our decision making.

This work needs to continue and develop both in the CCG and among providers and partners.

Targeted work with young carers will be carried out to inform a future age appropriate support service model for young people aged 5-25.

4. The Strategy

4.1 CCG as Commissioner – (Carer-proofing Commissioning through Carers' Policies)

The CCG is committed to ensuring that all services it commissions are signed up to the key elements of this strategy. This requires the CCG to negotiate the inclusion of '**Carers' Policies**' in all contracts. While there will be varying levels of amount and type of contact with carers, depending on provider, all services need to ensure that no carer goes unidentified, through lack of awareness on the part of its staff. This is critical both to improving outcomes for patients and carers, but also to reducing crisis

¹ <http://www.hertsdirect.org/services/healthsoc/carersupport/hertscommitcare/>

² <http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

³ <http://www.england.nhs.uk/everyonecounts/>

and saving money in the system, as we know many carers report they care for years before anyone notices them enough to tell them about the practical and emotional help that may be available to them.

We will therefore negotiate **Carers' Policies** with each provider, including Primary Care (as appropriate in discussion with NHS England) over an appropriate timeframe during the three years of this strategy, to increase the awareness of their staff and their 'offer' to carers once identified.

Carers' policies will need to include the following **key** themes:
These will be implemented through a number of contractual levers and provider development opportunities

- The provider's duties around identification of carers
- The provider's duties in providing a quality service
- The provider's duties as an employer
- The provider's duties to demonstrate outcomes for carers
- The provider's duties to engage carers

Examples/Models: Lister Hospital Carers' Policy. RCGP Carers Charter. ⁴

4.2 CCG as Leader in Primary Care

To date the CCG has provided encouragement supported by resource to practices to improve the offer to carers, particularly around identification and sign-posting. There is more that can be done in terms of promoting best practice in particular around:

- NHS Healthchecks for Carers including young carers of adult patients
- The impact of RCGP Carers Charter and monitoring its impact
- Promoting strategic approaches to promoting the health of carers (in partnership with Public Health) including: signposting to peer support and self-management, identifying carer groups most at risk of ill health and best possible interventions, provision of flu jabs to carers etc

A new commissioning approach to the Carers Champions role will be established from April 2015 to give predictability around funding and outcomes to be achieved and reported on.

4.3 CCG as Employer

It is in the interest of the CCG and all its providers, that any carer employed by them is not put in the position of having to choose between work or caring, or the struggling to juggle their various commitments becomes stressed or ill.

The CCG has therefore joined *Employers for Carers* (EFC) a forum set up by Carers UK and major businesses supporting employers to retain employees who are caring for a family member.

⁴ <http://www.rcgp.org.uk/~media/Files/CIRC/Carers/RCGP-Commissioning-for-Carers-2013.ashx>

In the short term, the CCG will use EFC to help clarify its offer to carer employees, particularly by improving the availability of flexible working (subject to individual business case consideration)

The intention is that at some point in the future all NHS Employers in Hertfordshire will create an umbrella membership of EFC (as in some other parts of the country) or create a similar joint commitment to the agenda.

4.4 CCG as Partner in Multi-Agency Carers Strategy and in Integration Work

All aspects of all services may have an impact on the ability of carers to carry on caring.

The CCG will therefore work in a fully collaborative way in developing the carers' strategy, in particular:

- Active member of all multi-agency carers' groupings (with providers, commissioners and voluntary sector partners etc.) including specific work with children's services and public health to support young carers
- In partnership with District and Borough Councillors and Public Health to ensure that the health of carers is supported across east & north Hertfordshire
- Engage with Herts Valleys CCG wherever appropriate to ensure effective pan-Hertfordshire strategic approaches to supporting carers (e.g. joint commissioning of countywide voluntary sector activities)
- Ensure true integration in all new developments for carers (and that all integration developments have positive impact for carers) for example:
 - Integrated carer support planning developments
 - Linking carers' policies between providers to ensure effective referrals and information sharing
 - Prevention of admission strategies and risk stratification methodologies factor in the crucial role of carers
 - Interaction of social and health care (and voluntary sector) interventions to be fully understood and managed appropriately
 - Support simple sign-posting strategies, critically ensuring HertsHelp, Carers in Hertfordshire, Crossroads, NHS 111 and other key contact points for carers are linked together making it as simple as possible for carers to get to the help they need.

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Appendix 1 Suggested elements for Provider Policies:

Theme	Likely elements
The provider's duties around identification of carers	<ul style="list-style-type: none"> • Creating a carer-friendly environment: leaflets and posters, opportunities offered to carers to talk, signposting to carers' organisations to help carers self-identify, and raise alert to young carers needs at the point of long term support needs of adult • Ensuring all staff are expected and trained to be carer-aware • Measuring numbers of carers identified per year – working towards a system wide database with other providers • Measuring and responding to outcomes for carers identified (access to other services, satisfaction of carer etc.) • Having a carer and young carer champions at a senior level within the organisation
The provider's duties in providing a quality service	<ul style="list-style-type: none"> • Ensuring carers' views about care are sought where the patient is not opposed to this • Ensuring carers' own health is not being put at risk through any intervention or lack of intervention • Ensuring caring responsibility of young carers is not detrimental to longer term emotional and physical health • Ensuring carers' knowledge and expertise is fully respected and used in providing the most appropriate interventions for patients and their families/carers • A clear agreement with identified carers as to what they can expect, how professional input will work with the care they give themselves, and what support and advice they can have about their caring role • A commitment to integrating support with other relevant agencies (social care, voluntary sector, other health providers) • Ensuring carers can access key signposting information so they can get independent advice and support • Systematic recording and sharing of information which the patient and carer consent to being shared between providers to help the carer to care
The provider's duties as an employer	<ul style="list-style-type: none"> • Ensuring that carers who work for the provider know their minimum statutory rights to emergency leave and to request flexible working • Ensuring that carers have access to independent information and advice if they are struggling to balance work and care
The provider's duties to demonstrate outcomes for carers	<ul style="list-style-type: none"> • Providers will work with the CCG and Public Health on developing an outcomes model which supports the system as whole to support carers and demonstrate the benefits to carers and to the system of doing so • Key outcomes will be: <ul style="list-style-type: none"> ○ Carers identified ○ Carers support needs assessed ○ Carers signposted ○ Carer self-reported outcomes – more able to cope, reduced stress etc. ○ Carers outcomes as measured by a specific carers survey (and the utilisation of tools including Quality Metric SF12)
The provider's duties to engage carers	<ul style="list-style-type: none"> • Providers will have an open offer to carers to feedback on their experience of the service as individual carers • Providers ensure carers are able to engage routinely in the development and improvement of services • Carers have the opportunity to co-produce pathways, services and provide feedback in appropriate focus groups/forums