

# APPENDIX 1

## **Bath & North East Somerset Joint Carers Commissioning Strategy**

**July 2010 - 2014**

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## 1. Executive Summary

This Carers Commissioning Strategy is a statement of how services and support for unpaid carers living in Bath & North East Somerset will be developed over the next 3 to 4 years.

In June 2008 the Government published a new National Strategy for Carers - *Carers at the heart of 21st- century families and communities "A caring system on your side. A life of your own."* This National Strategy provides a framework for a ten-year programme and a clear vision of what the Government wants to see in place for carers by 2018. Importantly, it is linked to wider health and social care reforms which recognise the increasingly vital role that carers play in society. Health and social care services are aiming to promote individual choice and independence, with a shift towards preventative approaches and early intervention.

Unpaid carers are not a static population and nationally we know there are about 2 million people who take on new caring responsibilities every year. We recognise that much needs to be done to ensure that carers across Bath & North East Somerset are identified and assessed at the right, including carers who may need specialist approaches such as carers from BME communities, and carers of people with substance misuse problems.

Research shows that carers often experience more ill-health than other members of the population and we need to continue to work towards ensuring that in Bath & North East Somerset carers who visit GP's surgeries and primary care services are identified and signposted to appropriate sources of support.

There is also a need for more consistent awareness about the needs of carers amongst all professionals, and we need to encourage more integrated working between service areas and organisations as a whole.

This new commissioning strategy and associated actions focuses specifically on the needs of adult carers aged 18 years and over who provide unpaid care for other adults. It recognises that carers need to receive personalised, tailored support to enable them to meet their caring responsibilities, sustain their own health and well being, and hopefully minimise the negative impacts of caring on their lives. This commissioning strategy seeks to ensure that there will be support available in Bath & North East Somerset to allow carers to maintain a balance between their caring responsibilities and a life outside of caring. Full account has been taken of the following four high level outcomes set in the National Carers Strategy in the development of this local strategy and the specifying of local objectives and outcomes against which the success of this strategy will be measured.

The vision/outcomes in the National Strategy are that by 2018: Carers will:

- be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role.
- be able to have a life of their own alongside their caring role.
- be supported so that they are not forced into financial hardship by their caring role.
- be supported to stay mentally and physically well and treated with dignity and respect.

There is a fifth vision/outcome set out in the National Strategy and that is that *Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*

However, this largely falls outside the remit of this Commissioning Strategy as the strategy does not focus on young carers aged 17 years or under, or on parental carers of children aged 17 years or under, both of which are the focus of work undertaken by Children's Services. The needs of younger carers in transition from childhood to adulthood are however recognised and addressed within this strategy.

The overarching outcomes and objectives against which the success of this strategy will be measured are:

***Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role***

- Carers are identified, respected, and more importantly feel able to identify themselves.
- Carers and the role they undertake is valued by all agencies involved in supporting them.
- Carers can access flexible support and breaks to enable them to carry on caring
- Statutory responsibilities towards Carers are met and Carers are involved in the planning and commissioning of services for the people they care for.
- Carers receive information about the options open to them and can make informed choices about the support they need.
- Organisations supporting Carers work together to provide personalised and culturally appropriate support
- Carers receive support relevant to their age, gender, race, disability, sexuality and religion and the nature of the caring role.

***Carers will be able to have a life of their own alongside their caring role***

- Carers have time for themselves and 'a life of their own'.
- Carers are able to participate as citizens in their local communities and access the full range of universal services, including leisure and social activities.
- Carers are able to take up training, employment and volunteering opportunities.
- Carers feel confident that in the event that they were unable to care there is a plan for how the cared-for person will be supported.

***Carers will be supported so that they are not forced into financial hardship by their caring role***

- Carers know where to go for information and advice.
- Carers will have access to information and advice on income maximisation.
- Carers will be supported and enabled to choose to remain in, or return to employment.

***Carers will be supported to stay mentally and physically well and treated with dignity***

- Carers feel more supported to be able to carry on caring.
- Carer stress is reduced and their mental health is improved.
- Carers' physical health and self care is improved.
- Carers will be treated with dignity and respect.

## 2. Introduction

The Bath & North East Somerset Carers Commissioning Strategy 2010 - 2014 sets out the strategic direction for the further development and delivery of services to unpaid Carers across Bath & North East Somerset over the next 3 to 4 years. It seeks to contribute to the overall health and well-being of Carers, observing local and national enablement, preventative and health improvement agendas.

The Strategy has been developed to ensure consistency with the main themes of the National Carers Strategy 'Carers at the heart of 21st-century families and communities', and has been written to ensure that the aims and objectives align closely with the five year Strategic Plan of the Health and Wellbeing Partnership.

The Strategy is specific to carers of adults of all backgrounds and ethnicity in Bath & North East Somerset and aims to support both the carers who choose to make contact with health and social services as well as those who choose not to. Around 10% of the population of Bath & North East Somerset provide unpaid care to family members, friends and neighbours and their role and contribution to society needs to be recognised.

Research carried out by the charity Carers UK estimates that without the 6 Million carers in the nation, the costs to the NHS would more than double with the contribution made by unpaid carers estimated to be in the region of £87 billion each year. This figure is more than 50% higher than it was in 2002.

The overarching aim for the implementation of this strategy will be to get all agencies involved in supporting Carers to work better together to improve the lives of Carers across Bath & North East Somerset. The strategy does not seek to prescribe how Carers needs should be addressed rather to set out a framework for action from which to influence and build upon current support and service delivery to Carers.

We have identified a number of priority areas for 2010 – 2014, which will enable us to work towards achieving our outcomes and the vision for carers set out in the National Strategy. These are:

- More and Better Carer Assessments
- Increased Personalisation through strong commissioning
- The creation of a clearly identifiable and accessible Carers core service
- Increasing the number and flexibility of short breaks
- Emergency response and contingency planning
- Better involvement of carers in the planning and development of services
- Support for working carers
- Training for carers to support them in their caring role

The development of this strategy has taken into account the views of a range of stakeholders in order to ensure that the strategic direction will go some way to meeting the needs of Carers and accurately reflects the priorities for service planning and delivery. It is our intention that Carers will be involved in the implementation and continuous review of this Commissioning Strategy.

### **3. Background**

The Health and Wellbeing Partnership for Bath & North East Somerset are responsible for commissioning and delivering both adult health, social care and housing services for local people. This includes having a lead responsibility for assessing carers' needs and providing services to support them.

As a partnership we recognise the immense contribution unpaid Carers make to society and the value, financial and otherwise, of the work they do in caring for those who could not manage without their help and support.

Society is changing, people are living longer and many older people have complex health and social care needs. Residential care is expensive and it has been the Government's policy for some time to help older people to remain living in their own home in the community. Indeed, most people themselves have rising aspirations and want to maintain independent and in control of their lives including where they live. However, there is not always the necessary back up and resources available from statutory services to help everyone to continue to live on their own. Instead, it is family and close friends who take on the responsibility and without these valuable unpaid Carers, formal services would be unable to cope with demand.

This strategy builds on the Carers Strategic Plan of 2005-2008, and it intends to further develop the Carers agenda, recognising the changing policy and legislative landscape, the views of Bath & North East Somerset Carers, and taking into account social and demographic changes.

Locally much work has already been done on recognising, involving and supporting Carers and the challenge for 2010 - 2014 will be to effectively build on this work.

In 2008, Central Government announced that by 2011 it expects all Local Authorities to be providing social care services to adults, including Carers, via Personal Budgets, which will offer greater choice and control to individuals. This strategy includes delivery of this agenda.



## 4. Who Is A Carer?

A Carer is any person who provides unpaid support and care to a relative, child, partner, other family member, neighbour or friend, who, due to disability, physical or mental illness, addiction or frailty is unable to manage without help. They provide personal care, practical help and emotional support.

Carers are a vital, though largely hidden (and unpaid) workforce. There is a much greater awareness of the importance of supporting Carers and treating them as partners in care than in the past. In the past, Carers may have been viewed as marginal, with the focus being on the client / patient. However, now, supporting Carers is 'everybody's business'.

Many Carers do not even recognise/label themselves as Carers. They see caring as an extension of their role as partners, parents, children, relatives and friends of the person they look after. Often they are proud and independent, and some may even feel that there is a stigma about asking for help. Many have no expectation or awareness of help being available or of their role being recognised. Although the balance is gradually changing, currently 70% of unpaid Carers are women.

Many Carers are also undertaking multiple caring roles, e.g. bringing up their own families, as well as caring for elderly parents, or caring for more than one person. In some families, as Carers get older, mutually caring relationships may develop. For these reasons, it is vital that we are able to provide clear accessible information and advice (including online) about support and services, user friendly assessment, and flexible support when needed.

Carers may be hard to reach not only because they do not see themselves as Carers, but because they are isolated, for instance because they are housebound (whether through their caring responsibility or through their own disability), live in a rural location, or are from the black and minority ethnic (BME) community, or lesbian, gay, bisexual or transgender (LGBT), or excluded because they work and cannot attend support groups or access other services because of when they are available.

There are many benefits to supporting Carers effectively – and not just for the individual Carer. More cared-for people can remain independent at home, and with fewer crises due to Carer breakdown, there are likely to be fewer emergency admissions to short-term or long-term residential and unplanned hospital admissions.

Historically, Local Authorities have tended to apply quite restrictive definitions of who is a carer, based largely on the number of hours of personal care – no doubt due to resource considerations and a strict interpretation of the Carers Recognition Act 1995 which refers to Carers providing “*regular and substantial*” care. However, Government strategy has moved away from narrow definitions and indicates a much broader approach is required now, particularly in respect of preventative and early intervention work.

This requires a culture shift in the approach taken by professionals. Rather than looking simply at the tasks carried out or the number of hours of care given, it is more helpful to consider the **impact** of caring on the individual (for example, coping with someone with mental health crises may not be considered regular input - but has a significant impact) and the **risk** to cared for person if that care is compromised (even if the care is occasional or amounts to only a few hours a week, it might make all the difference to the cared-for person). For these reasons, this strategy aims to support all Carers in the most practical and cost effective ways – including those who are not eligible for statutory services.

## 5. What Carers Say

Below is a selection of quotes from Carers, taken from a postal Carers' Feedback exercise undertaken in 2009. These reflect many of the themes in this strategy.

### 5.1 On Being a Carer

*"As a sole carer, the impact was huge – emotionally, physically and socially".*

*"Once the person you are looking after has come out of hospital you are left entirely on your own"*

*"Caring impacts on every aspect of your life, controlling all the decisions you make on a daily, weekly, monthly and yearly basis. Your life is never your own!"*

*"My whole day is centred around my mother's physical and emotional needs".*

*"Before making any decisions regarding what I might wish to do as an individual, you have to consider the impact on the person you care for".*

*"I have never thought of myself as a proper carer .... Having been widowed myself 10 years ago, I have been left with my mother in law who has assumed that I will be at her side. She is now nearly 96 years old... and insists she will not move from her house...It becomes a big worry. There are days when I have had enough".*

*"I have little time for myself. I am housebound except for two sitters per week".*

*"Caring resulted in me having to give up voluntary work with much interest and learn to cope with many other problems"*

### 5.2 On Carers' Health

*"I worry if I was to be ill".*

*"I get depressed, tired of the continual moving... put a real strain on my back and am now probably going to have another operation"*

*"I have kidney failure and I care for my wife who has MS ...Doing ok – but may need emergency respite at some stage (transplant)..."*

*"I find it heavy going, and my life is solely concentrated on looking after my wife and keeping her happy. I should perhaps mention that I am now in my 90th year".*

*"Not only do I care for my disabled wife, but also have my own health demons to cope with. Both issues are getting harder and harder".*

*"I had no time for my own treatments".*

### 5.3 Self-Funders

*"I would like there to be less discrimination against those who have reasonable savings when it comes to support. We carers are saving both the government and local authorities millions of pounds and it is costing me money to look after my father".*

*"Due to savings etc, I would not qualify for services from Social Service so not much point in having assessment"*

*"For someone with a modest income support today is too expensive but my wife does not have a Carer's Allowance"*

### 5.4 On the Carer's Assessment

*"The Carer's Assessment brought me help from Crossroads which has been a life saver"*

*"I now feel I have some backup".*

*"It was a long time ago (that I had an assessment). Could have another one".*

*"It was quite a number of years ago [that I had a Carer's Assessment] and I am unable to recall anything that changed because of it"*

*"The assessment was only given after another professional visitor to my mother found me in tears. No Social Services Worker offered it to me before"*

*"I was told by the duty Social Worker that a Carer's Assessment wouldn't be of help to me! It finally happened just weeks before her death".*

*"I feel it would be helpful for Carers to have their assessments reviewed to ensure that they are not missing out on services and to refresh their minds on what they might be entitled to"*

*"I have yet to receive the ramps that could take my wife out of the house in the wheelchair under my control. Later maybe I might then be able to transfer her into the car seat and take her out for a drive and even a pub lunch".*

### 5.5 On Support and Information

*"I am unable to attend Care Network events or be involved as I work full-time and events usually held on a week day".*

*"Support for Carers of young people would suit ... I was involved with the Care Network with the Children's Groups but no longer fit with this. For me it's all gone quiet. I don't know where I fit in now. The groups all seem to be for older people".*

#### **How can we make information to Carers more useful?**

- *"For somebody to come and explain would be better".*

- *"Giving Carers information at a much earlier stage"*

#### **What other support do you think should be offered to Carers?**

- *"Too tired to think!"*

- *"Overnight emergency care? I have hospital for myself looming. Last time was day surgery, but felt rotten..."*

- *"Emergency card linked to central services".*

## 6. Where Do Carers 'Fit In'?

The Carers Grant from central Government (£648,000 in 2008/9; £693,000 in 2009/10; £740,000 in 2010/11) part-funds services for Carers commissioned from the third sector. This accounts for 48% of costs, with the balance coming from mainstream Social Services funding, including Voluntary Sector Grants (now known as Community Funding).

Since the integration of health and social care in Bath & North East Somerset there has been much closer joint working on developing Carers' support. NHS Bath & North East Somerset has made a commitment to a recurrent investment (£250,000 p.a.) for the development of services for carers. Additional monies given by the Government to PCTs reflects the Government's recognition that there are health benefits to Carers accessing proper support, including planned breaks.

The key national indicator used to measure performance of statutory bodies in relation to Carers' services is:

- NI 135 which measures uptake of Carer Assessments and reviews and whether services or advice and information follow from these;

Support to Carers is a uniquely cross cutting agenda; both generic (i.e. part of the overall agenda in a service supporting a particular client group) and specific (part of the Carers agenda).

This strategy provides an overarching framework focussed on the direct spend on Carers support, and on the actions needed to strengthen the provision of information and advice and the assessment infrastructure. However, all parts of the service are expected to consider how their service impacts on Carers as well as service users and the needs of Carers should be considered in other commissioning strategies and plans, e.g. in mental health, learning difficulties (Carers are fundamental to Valuing People) and older people's services.

There are positive signs that Carers, as well as service users, are being increasingly involved in developing the local response to National Service Frameworks (e.g. Stroke, Long Term Conditions, Diabetes) Older People and national strategies (e.g. the Dementia Strategy, national End of Life Strategy, national Stroke Strategy). One recent example is the presence of a Carer on the End of Life Care Reference Group, and the development of Comfort Boxes for Carers (containing a toothbrush, tissues and sweets, among other things) which show that Carers' needs are being considered.

Services which support Carers, but consist primarily of care for the cared-for person (e.g. residential respite, replacement care), are considered to be part of the package of care and support to the service user and are subject to the Local Authority Fairer Contributions Policy, whereas services for the Carers only such as Information and Advice Services funded by the Carers Support Grant, and 'non breaks' services, are not. In additions Carers may now also

access a Personal Budget in their own right which is not subject to a Contributions Policy.

## **7. Terminology**

Much of the language associated with Carers' services is somewhat old-fashioned – for example, 'respite', 'sitting services', the 'burden of care'. Some Carers and service providers feel that these terms have negative connotations. For example, many Carers take on caring responsibilities willingly, and do not see it as a 'burden' even though they sometimes need support. Some terms are also inappropriate or inaccurate. For example 'sitting services'. A lot of services described as 'sitting services' do more than just 'sit'.

More work is needed nationally and through Carers' groups to generate alternatives; suggestions include using the terms 'alternative care' or 'replacement care'. However, given the common currency of the terms 'respite' and 'sitting', this strategic document continues to use them in the meantime.

Another term which can be problematic is the very word 'Carer'. There is often confusion about the term Carer (i.e. unpaid carer) and carer (as in paid carer). It is helpful if statutory services therefore use the term 'support worker' or 'care worker' to describe paid staff.

## **8. Support to Carers**

### **8.1 The Carers Grant**

Many of the existing services providing support to Carers have been historically funded by the Carers Grant, and have evolved in a piecemeal way, rather than in response to strategic planning.

There is now a major cultural shift away from 'grant giving' to more strategic commissioning and a more contractual relationship with providers, backed up by an explicit statement of outcomes to be delivered, transparent costings, and robust monitoring.

Linked to this, the Carers Grant (previously ring fenced) is no-longer a ring fenced grant given to Local Authorities by the Government. This money is now part of the Area Based Grant received by Local Authorities, and expenditure on support to Carers must now be balanced against a range of competing priorities. It therefore needs to be noted that the Carers Grant is no-longer guaranteed and to ensure sustainability, third sector organisations are being actively encouraged to seek funding from a range of sources to prevent reliance on a single source of funding.

Some carer service providers have already, for example, been able to successfully generate funding from a wide range of sources including the Lottery and other charitable sources (although there is always concern about

the short term nature of such funding, and the way bids are sought for projects or new services rather than core services).

## **8.2 Carers Assessments**

Discussion about Carers' services often focuses on Carers Assessments and respite services. The National Indicator NI 135 measures performance in Carers assessments as the gateway to both services and information and advice.

The local take up of Carers assessments is low particularly if looking at assessments of Carers' needs carried out independently with the Carer, rather than during the course of the cared-for person's Community Care Assessment or review.

Carers are entitled to a Carer's Assessment and support planning in their own right even if the cared-for person is not eligible for support under Fair Access to Care services (FACs). However, there are variable levels of understanding among Carers about what an assessment could deliver (*'What is being assessed? My ability to care?'*). One reason for this is perhaps the nature of the assessment paperwork used for carers' assessments which can seem onerous and overly long. This is currently being reviewed and a revised shortened assessment has proved successful in encouraging the take up of Personal Budgets amongst Carers (74 between June 2009 and March 2010).

Some Social Workers also need more support and training to move away from a service-led (and resource led) approach to a needs-led approach, i.e. no longer just 'telling people what they can have', but acting as a sounding board and broker to help the Carer think through more creative ways of meeting their own needs.

This is a key area for improvement. Good thorough assessments can not only help individual Carers, but are also vital in building up a full picture of Carers' needs and aspirations for service planning and commissioning purposes.

## **8.3 Short Breaks – Residential Care**

Traditional Carers' breaks services include the cared-for person going into a registered nursing or residential care home while the carer has a planned holiday, or to provide cover at short notice during an emergency. This may be provided through a block-booked bed or through a spot purchasing arrangement in an independent sector care home. The three new Local Authority Community Resource Centres for older people each have a residential care respite bed, which provides such support.

Choice is dependent on availability of vacancies, and many independent sector homes opt to fill places with long term residents making the availability of short term beds limited. A block booked bed can improve access, but can be expensive depending on occupancy levels (i.e. the bed is paid for but may not be occupied 100% of the time).

Residential care respite can also be disruptive and may not be ideal for someone with dementia, for example, as they have to leave the home environment and known routines.

Under the Personal Budgets framework service users may access residential respite for up to four weeks per year as part of a larger package of care and support services and this arrangement is subject to the Fairer Contributions Policy as mentioned previously. For service users and carers who require a residential respite only' package a notional limit of six weeks' respite per year is available (subject to the service user having less than the capital limit) and this arrangement is subject to the nationally prescribed charging policy for residential and nursing care homes (CRAG). although there are exceptions based on individual need, e.g. when 'shared care' applies (i.e. caring for someone who would otherwise be in a nursing home).

#### **8.4 Short Breaks – 'Sitting'**

Sitting services provide 'in-home' respite or replacement care, giving the Carer 'time out' without the need for disruption and transfer of the cared-for person to an institutional setting. It is available for people who cannot reasonably be left alone. This option is popular and flexible and sitting services often provide personal care to replace the input of the Carer. However, supply is outstripped by demand and a notional limit on the amount of hours per week means that larger in-home sitting packages are the exception.

It is debatable whether a few hours of sitting, which allows Carers to go out and do chores or basic duties, such as attending hospital appointments, getting a haircut, or doing a supermarket shop, can really be counted as having a true 'break'.

It is acknowledged that working in someone's home for a short period as a replacement for a Carer does require sensitivity and can be different from working regularly with a client delivering an agreed care plan.

#### **8.5 Short Breaks – Day Care**

The cared for person's attendance at a day centre can allow the Carer 'time out' or time to go to work, and is most often taken up by people with learning difficulties, people with physical disabilities, older people and people with dementia. However, rigid operating times can also hinder a carer's ability to take up employment or pursue a hobby or interest.

#### **8.6 'Non Breaks'**

'Non breaks' is a term which has been used to refer to support given directly to Carers in their own right, and excludes short breaks and personal care to the cared for person. Non breaks can and have included cleaning, providing equipment (e.g. a washing machine), leisure activities, garden services, driving lessons, mobile phones, hobbies (e.g. an angling license which allows a Carer to have a life outside of caring).

Historically, the provision of non breaks under the 2000 Act was somewhat informal and inequitable, e.g. holidays and individual grants and concerns about equity led to these being restricted. However, the use of small discretionary payments arguably has a role responding quickly to Carers' practical and personal needs, without creating dependence.

The ethos of non breaks funding has been carried through to the introduction of Personal Budgets for Carers. These are available for Carers who care for someone who is eligible for support under FACs and is themselves eligible for a PB. They are relatively small (up to £1,000 per year) but there are few rules about what the money can be spent on.

As not all Carers are eligible for a Personal Budget, there is scope to consider whether greater use of one-off payments would be cost effective in terms of supporting and recognising the contribution of those Carers who are ineligible.

### **8.7 Overlaps with Children's Services**

Locally 20% of the Carers Grant has been allocated to Children's Services to support carers under the age of 21. In addition, Aiming High monies have enabled Children's Services to provide better support to carers of disabled children.

## **9. National and Local Drivers**

The key national policies and strategies which have informed this strategy are shown below. The list is not exhaustive but illustrates the evolution of the key themes. Both national priority and local priorities continually evolve in response to research, good practice and changing needs.

### **9.1 Legislation**

- (a) **The Carers (Recognition and Services) Act 1995** was the first big step in acknowledging how important Carers are to society. It gave Carers the right to an assessment of their needs, separate from the needs of the cared-for person.
- (b) **The Carers and Disabled Children Act 2000** gave Social Services Department's the power to provide services to a Carer in their own right ('non breaks') and to arrange Direct Payments for Carers.
- (c) **The Carers (Equal Opportunities) Act 2004** instructed Social Services Departments that they had a duty to receive a Carer's Assessment. It also said that Carers' Assessments must recognise Carers' needs for work, education and leisure.
- (d) **The Work and Families Act 2007** gave Carers the right to ask their employers for flexible working arrangements.



- (e) **Delayed discharges Act (2003)** – Confirms the rights of a Carer to have their needs assessed as part of the assessment of needs of a person who may need a community care service to achieve safe discharge from hospital.

## 9.2 Safeguarding and The Mental Capacity Act

Safeguarding adults is a key area of work. The Department of Health released the findings from the review of the No Secrets Consultation in 2009 and in January 2010 the Government responded with a commitment to develop new safeguarding legislation which will put safeguarding adults on a statutory footing, the same as safeguarding children. The Government has also placed great emphasis on choice and control, advocacy and empowerment.

In April 2010 B&NES Safeguarding Adults Inter-Agency Partnership launched the new Safeguarding Adults Multi-Agency Policy and Procedure, this has been developed jointly by the Safeguarding Adults Partnership members. The protection of vulnerable adults is one of the most important tasks facing health and social care services. Both adult carers and the people they care for may be vulnerable adults and are covered under the new Policy and Procedure. The policy includes:

- Core principles that apply to all agencies and partners
- The Scope and Purpose of the Policy
- The Aims and Objectives of the Policy
- Joint Multi-Agency Statements
- The Framework of the Safeguarding Adults Partnership and how partners work together
- Definitions of who is a Vulnerable Adult
- Description of the forms of abuse
- Details on Information Sharing

A core principle of the policy is that 'Safeguarding is Everybody's Business' and 'Doing Nothing is Not an Option'. The procedure contains details on how the seven stages it advocates MUST be followed and all agencies will ensure their local policy and procedure are a 'good fit' with this new one.

### **Mental Capacity**

There is a need to ensure Carers are aware of changing practice and Legislation that affects them, including the Mental Capacity Act 2005. This concerns people who lack mental capacity and those who take decisions on their behalf, and it is therefore important that Carers are aware and able to take appropriate action concerning the person they care for.

**Direct Payment Guidance (2003)** – Local Authorities are now required to offer the alternative of Direct Payments instead of the service itself to Carers. In Bath & North East Somerset we have responded to this requirement by offering Personal Budgets to Carers as outlined previously.

### 9.3 Strategy and Policy

- (a) The Government's National Strategy '**Carers at the heart of 21st Century Families and Communities**' (June 2008) outlines an ambitious plan to recognise the contribution of informal Carers and provide them with support to help them in their caring responsibilities. It builds on the priorities identified in the Government's New Deal for Carers (February 2007). This National Strategy has been influential in the development of this Strategy.
- (b) The transformation agenda of Adult Social Care as set out in **Putting People First** which builds on the white paper **Our Health, Our Care, Our Say**' (January 2006) is committed to increasing self-directed care, choice and flexibility for all client and carer groups. It follows that some current expenditure will be released to provide personalised services through Personal Budgets and the option of Direct Payments through this, allowing users and Carers to exercise choice about how they spend their allocation. They may choose to buy respite from existing providers, for example, or make alternative arrangements. Some people may not want a Personal Budget and will see to have their support package managed. Core and universal services, such as information, advocacy and advice, will continue to be commissioned by the health and social care partnership. Self funders are also a priority with the focus on the development of universal services to all.
- (c) **Direct Payment Guidance (2003)** – Local Authorities are now required to offer the alternative of Direct Payments instead of the service itself to Carers. A Direct Payment is one of the delivery options for people using Personal Budgets.
- (d) The commissioning of social care is changing in line with these developments, focussing on better value for money, strategic commissioning, and better outcomes in return for the resources invested in service, continuous improvement, partnership working and contractual relationships with providers with explicit expectations and monitoring requirements.
- (e) An overarching theme of all public sector services is the requirement to ensure value for money and effective procurement, including the achievement of efficiency savings and improved outcomes, as set out in the Gershon Review.

## 10. PRINCIPLES

### 10.1 Our Values

- Recognising the major contribution that Carers make and continually trying to improve our services and support for them;

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- Raising awareness and understanding about Carers rights to services and support, among Carers and professionals;
- Treating and respecting Carers as expert partners in care for the cared for person and active contributors in how best to meet their own needs;
- Encouraging independence rather than dependence;
- Providing services which are flexible, responsive, person-centred, and offering choices;
- Consulting and involving Carers in planning, developing, monitoring and evaluating services;
- Ensuring equal access to services for Carers regardless of age, gender, disability, class, race, culture or sexual orientation.
- Working in partnership with all agencies to improve support to Carers.

### 10.2 A Focus on Outcomes

While 'outputs' or 'throughputs' are elements of performance management which measure activity and how busy a service is, 'outcomes' measure what *impact* the service is making to the lives of Carers. This often 'softer data' can be gathered through service user feedback such as postal surveys, interviews and focus groups.

The overarching outcomes and objectives against which the success of this strategy will be measured are:

***Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role***

- Carers are identified, respected, and more importantly feel able to identify themselves.
- Carers and the role they undertake is valued by all agencies involved in supporting them.
- Carers can access flexible support and breaks to enable them to carry on caring
- Statutory responsibilities towards Carers are met and Carers are involved in the planning and commissioning of services for the people they care for.
- Carers receive information about the options open to them and can make informed choices about the support they need.
- Organisations supporting Carers work together to provide personalised and culturally appropriate support
- Carers receive support relevant to their age, gender, race, disability, sexuality and religion and the nature of the caring role.

***Carers will be able to have a life of their own alongside their caring role***

- Carers have time for themselves and 'a life of their own'.
- Carers are able to participate as citizens in their local communities and access the full range of universal services, including leisure and social activities.
- Carers are able to take up training, employment and volunteering opportunities.
- Carers feel confident that in the event that they were unable to care there is a plan for how the cared-for person will be supported.

***Carers will be supported so that they are not forced into financial hardship by their caring role***

- Carers know where to go for information and advice.
- Carers will have access to information and advice on income maximisation.
- Carers will be supported and enabled to choose to remain in, or return to employment.

***Carers will be supported to stay mentally and physically well and treated with dignity***

- Carers feel more supported to be able to carry on caring.
- Carer stress is reduced and their mental health is improved.
- Carers physical health and self care is improved.
- Carers will be treated with dignity and respect.

## **11. THE NEED**

### **11.1 Demographic Trends**

It is estimated that unpaid Carers already provide up to 70% of care in the community and save the economy an estimated £87 billion a year. As people live longer and survive with complex health conditions, the prevalence of physical disability, illness, dementia, and so on, increases. This means that the number of people in the community needing care is going to increase. The Government estimates that there will be a 30% increase in the number of Carers by 2026, rising to 50% by 2041.

For the first time, the 2001 Census asked a question about whether people provided unpaid care for a family member or friend and according to the results of this Census, there were, at that time, 16,225 unpaid Carers in Bath & North East Somerset, 75% of whom provide between 1-19 hours of care, 9% of whom provide 20-49 hours per week and 16% of whom provide more than 50 hours' care per week.

Many Carers are of working age and many combine caring with paid employment.

Carers are more likely than the general population to suffer from health problems, and it is estimated that nearly one in four Carers themselves have health problems or disabilities.

Carers represent a largely 'hidden' workforce, and only a very small proportion of the number who identified themselves in the Census (which is itself likely to be an underestimate) are currently in touch with statutory services or commissioned services funded through the Carers Support Grant.

### **11.2 Types of Carers**

Carers represent an extremely diverse group - and indeed may not see themselves as part of a 'group' at all. Their individual needs and circumstances vary hugely, partly depending on what point they are at on the caring 'journey'. For example, there is a difference between 'sudden onset care', e.g. as a result of a partner having a road traffic accident or heart attack, and the 'slow and simmering' variety, e.g. coping with dementia or increasing immobility. Sometimes an increase in needs is so gradual over such a long period of time that Carers just 'carry on' until there is a crisis. Social Services staff comment that this is often when they first become aware of Carers. The list below describes the key characteristics of different types of Carer, but is far from exhaustive.

#### **11.2.1 Adult Carers**

Adult Carers may be supporting someone affected by physical or sensory impairment, frailty, mental illness, learning difficulties, or

substance abuse. Many are of working age, while others are themselves older or also disabled. Carers are more likely than the general population to suffer from health problems.

### **11.2.2 Young Carers**

Young Carers may be the sole Carer or part of a family or household where the needs of a parent, sibling or other relative has an impact on them. Young Carers are more likely to miss out on educational and educational opportunities. Young Carers often do not cease caring once they reach 18 and there is an obligation to ensure that their transition to the support within adult services is well thought through and that support offered continues to be age appropriate.

### **11.2.3 Carers of People with a Mental Illness**

Carers of people with mental problems tend to have a different experience from other Carers in that they might not live with the cared for person and are less likely to provide personal care. Rather than providing regular support, e.g. every day or every week, they may need to respond to changeable and unstable situation and provide emotional support and respond to crisis situations. Avon and Wiltshire Partnership (AWP), the main NHS provider of mental health services, works with whole families to support the cared-for person. AWP have produced a pack for Carers and have Carers champions on wards and in Community Mental Health Teams. A Carer is also employed at a senior level to promote Carer support and engagement. However, despite much good work, there is poor recording of formal Carer assessments within mental health services and this is a key improvement area for the future. Rethink, the mental health charity, are also commissioned to provide support, including short breaks, 1:1 support and support groups.

### **11.2.4 Carers of people suffering from alcohol or substance misuse**

The 2008 Drugs Strategy sets out the Government's aims for the next 10 years in drug treatment and prevention to improve the care and support service users receive, placing greater emphasis on families and Carers needs. This represents a positive step towards better support and outcomes for Carers.

### **11.2.5 Carers of People with Dementia**

The national Dementia Strategy states that the number of people with dementia is set to double in the next 30 years, and the cost of supporting them will treble. Caring for someone with dementia can be psychologically demanding in terms of its intensity and duration and the cared-for person's changing needs. People with dementia are often physically quite fit and mobile and this can also bring challenges. Looking after someone with dementia may also mean not even being able to leave the house.

Caring for someone with dementia can be particularly isolating because friends and family see that the person 'looks the same', yet is behaving very differently, leading to social contacts becoming increasingly difficult. Carers of people with dementia often report that, in addition to short breaks, the support of others in the same situation is invaluable, and there are successful schemes elsewhere using, for example, peer-led 'telephone support trees' and online chat rooms.

#### **11.2.6 Carers of a Person with Learning Difficulties**

Carers of people with learning difficulties are frequently lifetime Carers supporting a largely stable set of needs. For users who have higher or more complex needs, a shared care model is applied with a partnership of statutory support and support provided by family Carers. There is a sizeable cohort of Carers supporting adult children while they themselves are getting older. The Learning Difficulties Services has recently undertaken a review of people with a learning difficulty living at home and identified those Carers over 55, in order to more proactively support them, and plan for the future.

Although the Community Team for People with Learning Difficulties (CTPLD) have regular contact with Carers, including families of people living in residential care settings, independent living environments, or at home, there is a low recorded levels of formal Carer assessments (similar to the situation in mental health services).

There is a Carer representative on the Learning Difficulties Partnership Board. Parent Carers are often very active in transition planning and support to Carers as their disabled children become adults and are supported to be more independent is crucial.

It should be noted that there are many Carers of people with a mild learning difficulty who are not in touch with services, because they do not meet the eligibility criteria for services.

#### **11.2.7 BME Carers**

In Bath and North East Somerset, 2.8% of the population is from BME communities, and the age profile is comparatively young (only 0.81% of over 65s locally are from BME communities, for example). Bath and North East Somerset has small, dispersed BME communities and there is not enough critical mass for bi-lingual support workers, for example, as there are in some cities. The number of BME Carers who take up available services is routinely monitored, as is the number who have a Carer's Assessment. Research undertaken in 2006<sup>1</sup> found that there was no significant evidence that a specialist service was needed or wanted for this group, but that BME Carers faced many of the same frustrations as other Carers:

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<http://www.bathnes.gov.uk/BathNES/healthandsocial/carers/BlackandMinorityEthnicCarersAccessResearchProjectReport.htm>

*“Many of the needs, difficulties and wishes of BME Carers reflect the views of all carers. Carers from all backgrounds experience difficulties in accessing a break and often lack knowledge of services and support available locally. .... Generally carers report that organising a holiday and arranging emergency provision is difficult. There is a desire for more choice and flexibility of service provision. An area identified for great flexibility and choice is the provision of breaks organised within their own homes”.*

BME Carers are undoubtedly faced with additional challenges in accessing support and information, including language barriers, education and literacy issues (especially among the older generation). Some BME Carers / BME communities may also be suspicious of ‘the system’ and concerned about racism.

Self-labelling as a Carer may also be particularly low as the concept of Carer is poorly understood. In some BME communities, Carers may be marginalised by their own communities, for example, because of different perceptions of disability, e.g. of autism in children.

The problems for BME Carers are the same, but the solutions may be different. Experience from elsewhere suggests that information has to be culturally sensitive, e.g. promoted within the community through outreach and community workers, using verbal and video techniques to get the messages across. However, as BME groups are so diverse, this presents a considerable challenge.

Existing support services may not be individual enough to be appropriate for some BME Carers, for example, the presence of halal food, or a prayer mat – though these ‘barriers’ can be overcome with a flexible and person centred approach. Direct payments can be one approach to ensuring culturally sensitive support.

New developments in this area include the new post of BME Community Development Worker funded for two years by the PCT, which will involve BME Carers as well as BME patients, and there is also a Mental Health BME Worker in place, who will take Carers’ needs into account.

## **12. CURRENT PROVISION**

### **12.1 Direct Provision of Support to Carers**

This section summarises the main service level agreements with the third sector funded by the Carers Support Grant and mainstream funding to provide support to Carers.

Previously, schemes had contact with the Council’s Carers’ Lead, the voluntary sector lead, and a social services manager who acted as a ‘link officer’.



These functions are now being rolled into the responsibilities of a Joint Carers' Lead, which will ensure consistency of monitoring and a unified strategic direction in the future for adult carer services. The monitoring of services provided to Carers under the age of 18 is undertaken by Children's Services.

#### **12.1.1 The Care Network**

The Care Network provides an information, advice and support service which includes a Carers helpline, quarterly newsletter, home visits, some training to Carers, some training to staff, counselling, advice about training and support groups, activities and trips. The Care Network is affiliated to the national organisation, the Princess Royal Trust for Carers.

The Care Network is a well regarded and popular service. It is based in Radstock and perhaps unsurprisingly, there is a higher proportion of users from this area. It has generally been perceived as an organisation for older and / or disabled people, although recent work with parent Carers is altering that perception to some extent, and there has been work done previously to forge better links with mental health service users and Carers.

The Care Network also provide a Carer involvement and consultation service which runs, for example, the Annual Carers Forum and regular smaller events, and supports Carers to be involved in a variety of consultation activities. The programme of activities has tended to be reactive to the demands of the social care system, e.g., developing the Parent Carer service with Children's services and helping Carers to input to developments in health such as care pathways and protocols and giving the Carer's view on national consultations, such as the future of care services.

#### **12.1.2 Crossroads Care**

Crossroads Care provides short break replacement care throughout B&NES. All adult client groups including learning difficulties, mental health, older people, people with dementia and younger physically disabled people are supported. Crossroads also provides short breaks for children and their families including providing continuity during 'transition' into adult services. Currently, this support mainly takes the form of home based replacement care however, because the service is tailored to meet the needs of the carer and the service user, support outside the home can also be offered.

It is a very popular, flexible and well regarded service and has been evaluated as 'Excellent' by Care Quality Commission on consecutive occasions. The service is sometimes oversubscribed. Home based care is often preferred to residential respite (particularly if overnights are not required) and the service can provide short term round-the-clock care, although the majority of support packages are for only a few hours each week.

Due to eligibility criteria, Crossroads staff comment that they tend to become involved at a relatively late stage, when needs are already high, and that it would be preferable to be able to intervene earlier in a preventative way and increase the input gradually as needs increase.

#### **12.1.3 Alzheimer's Society**

The Alzheimer's Society provides day services for people with moderate to severe dementia in each of the three Community Resource Centres. The number of available places has doubled with the changes in community services for older people, linked to the closure of the old facilities. Even so, all places are filled and the service reports that the typical service user has higher needs and more advanced dementia than in previous years.

Ad hoc telephone advice is provided to Carers and there have been some sessions arranged with speakers, but many of the Carers of those attending the day service are themselves elderly and are difficult to engage.

There is also a home based respite service for Carers of people with dementia, and the service also provides outings and trips which benefit the cared-for person.

#### **12.1.4 SPA / Peggy Dodd**

SPA is a local charity which provides a sitting and a day care service for people with mild to moderate dementia. It is not registered for personal care and this needs to be considered.

#### **12.1.5 Age Concern**

A small proportion of the overall funding for day services for older people is paid for from the Carers Support Grant.

#### **12.1.6 Off The Record**

Off The Record is a local charity, providing advice, counselling and support on a one-to-one basis, group work, short breaks, training, newsletter and information to Young Carers. This service is commissioned and monitored by Children's Services.

#### **12.1.7 Re-think**

Re-think Provides a range of services to Carers of people with a mental illness including advice and information, group support, and short breaks (in a residential care home in the New Forest), with referrals coming mostly from the Community Mental Health Team.

#### **12.1.8 Carer Development Worker Service**

Whilst only a proportion of Carers are known to Social Services and other agencies, most people are registered with a GP, making this a perfect gateway for identification and early support of Carers.

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The role of this service is not to undertake casework but to empower primary care teams and community health teams to better meet the needs of Carers through, for example, GP Carers' Registers, Carers' notice boards, support groups meeting in GP practices / local health centres, longer or more convenient appointment times and more inclusive health promotion activities. The outcomes will include better signposting for information and support and timely referrals to other services. Developments elsewhere include GP 'prescription for breaks' (similar to Prescription for Exercise). Carers can also benefit from counselling available at GP surgeries.

Although Carers often do not want to 'trouble' the GP and 'cannot afford to be ill', there may also be some value in implementing proactive checks, such as annual health checks. There is evidence that Carers neglect their own health and suffer from greater ill health than other groups in the population (e.g. stress, bad backs, and infections due to tiredness / sleeplessness), so meeting their needs is likely to lead to better health outcomes, which fits with the public health agenda and Joint Strategic Needs Assessment.

The Department of Health funded demonstrator sites (funded as part of the National Strategy) will explore approaches to health checks for Carers and better NHS support for Carers will evaluate some of the results.

### **12.1.9 Emergency Support to Carers**

Carers are particularly vulnerable during a crisis or emergency and this is when the caring situation is particularly at risk, e.g. the Carer may be unable to carry on, or the situation will precipitate a move to institutional care for the cared-for person.

As part of the New Deal for Carers, in 2007 the Government made the provision of short term crisis support a requirement and increased the Carers Support Grant accordingly. Bath and North East Somerset has awarded a contract to one of its strategic domiciliary care providers (Care South) who provide a short term rapid response service, available for 48 hours without charge (even to self-funders). Evaluation of this service after the first 12 months showed that take up / need has been relatively low, but this may not take into account the reassurance provided by the fact that the safety net is there, should it be needed. The contract will be reviewed at the end of this financial year and options considered as to what further steps may need to be taken to help Carers in a crisis.

### **12.1.10 Block Booked Nursing Home Bed for Respite (Bridgemead)**

Planned and emergency access to a nursing care residential bed is available through flexible use of a block booked bed at Bridgemead, as long as it has not already been booked, in which case alternative suitable provision will be sought.

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This service has been contracted up to end of December 2010. The aim of a block booked bed is to ensure availability when respite is needed and was in response to consultation with Carers. The use of this block purchased bed is being closely monitored.

### **12.1.11 'Give Us a Break' - National Demonstrator Site for Short Breaks**

The recent successful Department of health bid for Short Breaks for Carers is providing leisure, fitness, education and self-care activities to Carers in line with the national and local objective for 'a life of their own'. This project was launched in November 2009 and run up to March 2011 and will be subject to a national evaluation as to its effectiveness.

The project is targeting Carers who have not previously been in touch with services. No eligibility criteria (except for the need to be a Carer living in Bath & North East Somerset or caring for someone who is resident in Bath & North East Somerset) nor charging for service operate. Free replacement care is being provided if this is a barrier to a Carer taking part in an activity/opportunity, and activities can be shared with the cared-for person, if preferred. Participants complete a membership form which acts as a self assessment in order to access opportunities through the project. Carers are also offered the opportunity of having a full Carers' Assessments if they have not already had one.

The project is also seeking to address the needs of Carers in the 19-25 age group, including transition to adult Carers' support.

### **12.1.12 Combe Down Holiday Trust**

Provides help to Carers who need a break. Arrangements for the break are made by the Trust in consultation with the Carer.

### **12.1.13 Personal Budgets**

Carers are entitled to a Carer's Assessment and may now also access a Personal Budget in their own right which is not subject to a contributions policy.

## **12.2 Other Support Provided**

In addition to the above schemes, mainstream community care services also commission and / or provide support to Carers, including respite (both 'sitting' and in residential care).

Tanners Walk, run by Dimensions provides a five bedded residential respite facility for adult with learning difficulties, which is block purchased by the Local Authority. A further one residential bed at Maple Grove is also spot purchased, as required.

Family Link an umbrella scheme provides in-home respite, befriending, respite (an adult placement service for learning difficulties only, day care etc) and

other forms of flexible alternative care (e.g. taking the cared-for person out to a football match or shopping)

Other third sector contracts and third sector service providers also provide support to Carers although are not funded by the Carers Grant and do not come under the Carers 'heading'. For example:

- Black and Minority Ethnic Senior Citizens Association (BEMSCA) lunch club – attendance by the cared-for person at the Caribbean lunch club and activities / outings (including transport to and from) allows some Carers to have a break;
- South West Advice Network (SWAN) transport – many users are Carers, e.g. using transport to go shopping.
- Bath Area Drugs Advisory Service (**BADAS**) provides free, confidential services for anyone concerned about their own, or someone else's drug use or drinking. They cover Bath and North East Somerset (B&NES) and Wiltshire and have offices in Bath, Westbury and Trowbridge – A Family Group is operated in Bath.

### **13. GAPS AND OPPORTUNITIES**

Below are some of the areas requiring further work, based on the analysis outlined above and taking account of the vision and outcomes set out in the National Carers Strategy:

#### **13.1 More and Better Carer Assessments**

Timely and effective assessment is the cornerstone of good support planning and the target is to increase the number of assessments undertaken. Reviews are also as important as the initial assessment, given that caring and Carers' needs change over time.

A total of 782 Carers assessments were recorded in 2008/9. 38% of these were for Carers who were themselves 75 years or more years of age. 90% of these were 'joint' assessments carried out as part of the Community Care Act Assessment of the cared-for person, which the Carer was a 'party' to. This means less time and fewer questions are asked, as well as a lack of privacy or confidentiality. The cared for person and the Carer can also sometimes have conflicting views.

Although the Department of Health regards both as a valid Carer's assessment, time and space should be made available to offer 'independent' or 'sole' Carer's assessments. Carers can still choose to have their needs assessed with the cared-for person. They may also decline – in which case it is important to record their reasons to get a better understanding whether it is due to personal preference or shortcomings in the system. Some Carers feel that they can manage; others need help but 'have had enough of people asking questions', particularly if they have become a Carer as a result of a crisis.

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In terms of how a Carer's Assessment are conducted and recorded, the Carer's Assessment, although a statutory duty, can be less formal and more flexible than a Community Care Assessment, so long as it meets its purpose. Unlike a community care assessment, which will be used as part of a multidisciplinary record, the most important part of the process is arguably the Action Plan arising from the assessment. Carers report that a well conducted assessment can be 'transformational' in the effect it has in improving how they feel (recognition) and how they overcome issues and problems. This suggests there is value in the process, as well as the end result. There is an (often unspoken) assumption on the part of professionals that by undertaking a greater number of assessments, expectations will be raised which the Council will be unable to meet because of resource constraints and lack of services. However, anecdotal evidence from elsewhere suggests that around 40% of current assessments resulted in only advice and information being given (though this may partly reflect limited options for support). However, Carers do value the time to think about their situation, the recognition of their situation and the opportunity to be partners in generating solutions. For self-funders, timely and informed advice can help them spend their money on care and support more wisely.

The assessment process should also include consideration of Carers willingness and ability to care and to consider the change when their caring role comes to an end (e.g. when the cared-for person goes into residential care, or dies).

There are no mandatory sections in the legislation and there is therefore an opportunity to adopt a local format and process which is based on having 'a person-centred conversation' with a competent professional'.

Some local authorities have implemented online self assessment for Carers. Whilst self-assessment has a place, feedback from users is that they appreciate some face to face contact to allow a two way dialogue. This also allows the professional to probe deeper and helps generate solutions to problems. Therefore supported self-assessment and brokerage are likely to be more effective responses to the needs of Carers.

There is an opportunity to explore an element of self-assessment as part of any redesign of current local formats used. For example, some other areas have found that circulating a questionnaire using multiple choice questions as 'triggers' is valued by Carers as preparation for the discussion; the Carer only completes what is relevant for that Carer rather than having to 'tick all the boxes'. Research undertaken by *ripfa* (research in practice for adults [www.ripfa.org.uk](http://www.ripfa.org.uk)) for Bath & North East Somerset summarises good practice in the area of Carer's Assessments.

As well as improving the local process, it is also vital to identify staff resources to ensure there is capacity to undertake independent assessments of Carers. The use of a dedicated Social Worker within the national demonstrator site scheme will evaluate whether specialisation overcomes some of the current obstacles to Carers getting an assessment, particularly a 'sole' assessment.

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It is somewhat unclear whether some of the assessment process can be devolved, e.g. to a Carers Centre. This would reduce duplication as, currently, for example, the Care Network, also undertakes its own mini assessment of service users.

Health staff can undertake a Carer's Assessment under a section 75 agreement on behalf of the Local Authority, and third sector organisations could also undertake assessments. However, as it is a statutory duty, the Local Authority would retain responsibility for the assessment and in practice, this would require someone employed by the Local Authority 'signing it off'. The local authority must also record the assessment and its outcomes.

### **ACTION(s) Required:**

**Review the Carer's Assessment Process, including the format used for accessing Personal Budgets, with the aim of extending access to Carers Assessments overall and ensuring that they are:**

- **Carer-friendly;**
- **outcome-focussed (linked to ripfa research);**
- **linked to improving information to Carers;**
- **linked to stronger commissioning, 'growing the market' of support options to meet needs identified through the assessment process ; and to better training for practitioners in carer awareness, what's available and how to assess; consider self-assessment element (on paper as part of the process, or self-administered and online).**

### **13.2 Increased Personalisation and Better Commissioning**

The key changes will be:

- Increasing the uptake of Carers' Personal Budgets to meet some or all of their assessed social care needs.
- Devolving the budget for services currently provided through block contracts with providers to individuals, so that service users and Carers can exercise choice about how their support needs are met, e.g. for respite.
- Core funding to provide universal (rather than personalised) services, such as advice and information, and services for people who are not eligible for statutory support, will remain.

These are part of the wider transformation agenda in social care.

There is likely to be a transitional period to get the right mix of individualised funding and universally accessible services.

To help Carers make informed choices in the new environment, the market for support providers is likely to change and evolve, e.g. in support planners / brokers. The market of support options will also hopefully respond by developing more options which will be attractive to service users and their Carers.

### **ACTION(S) Required:**

**Evaluate the success of Personal Budgets and Direct Payments for Carers. Revise Service Specifications and devolve elements of contracts to personalisation as part of self-directed care.**

### **13.3 A Carers' Centre**

A clearly identifiable and accessible Carers' Centre is the first point of contact for those who are not eligible for support from Social Services under the Fair Access to Care (FACs) criteria, or who are ambivalent about contacting Social Services for whatever reason, as well as those who are already receiving support. The Carers' Centre can provide impartial and independent advice, support and signposting for all Carers in areas such as practical help, statutory eligibility, Carer's rights, benefits, availability of support, self care and peer support, helping them to make informed choices.

Carers' Centres have an important role to play in prevention and early intervention.

Often those Carers who provide moderate or low amounts of care tend to be better at taking up available resources, particularly of commissioned support. It is important that the service reaches out to marginalised groups and those with multiple needs, such as young Carers, BME Carers, and Carers who are themselves elderly, physically disabled or housebound, or otherwise isolated. Revised specifications will more effectively target hard to reach, under represented and higher-end / isolated Carers.

It is anticipated that a revised specification will comprise:

- A fully accessible physical base, i.e. an office, walk-in facility and home base for Carers' groups; to include some out of hours provision;
- A 'virtual' Carers Centre enabling Carers to access information without making the journey to the Carers Centre and / or out of hours;
- Outreach activities which proactively target hard to reach and underrepresented groups of Carers;

**ACTION(s) required:**

**Produce an outcome-based specification for a Carers Centre for 2012 onwards, making explicit commissioners' expectations regarding activities and targeting of Carers.**

### **13.4 Increasing the Number and Flexibility of Short Breaks**

The Government's National Carers Strategy recognises the value that carers place on the provision of breaks and high quality replacement care.

*"Carers should have the opportunities and space they need to participate in activities outside their caring role. They should be free to have an identity that is separate from that of the people they support."*



*Carers have the right to expect these freedoms, which others take for granted, and to avoid the social exclusion that may result from having no life outside caring”*

Carers should be able to have a planned break when they need one, have a choice of local respite services and be assured that these will be of high quality to allow them a genuinely worry-free (and guilt-free) break.

The national strategy emphasises personalised, flexible and carer-led options, alongside more traditional forms of respite care. Carers should be able to take up a mix of options to make a support package, depending on their needs, rather than just having one-off services. To this end, there is scope to explore creative venues for short breaks, e.g. short breaks in the community (e.g. in other people’s homes, like adult placement or Family Link), leisure or holiday settings, twilight services in residential care homes (not everyone wants or needs an overnight stay, and evening provision can help Carers access a social life, evening classes, etc), and extended hours in day care settings.

**ACTION(s) Required:**

**Review access to short breaks / respite services, both sitting and residential, in light of demand and strategic intentions, and taking into account charging policy. Review uptake and satisfaction of block booked respite provision. Review options for extended day care provision. Consider alternative flexible respite options.**

### **13.5 Emergency Response and Contingency Planning**

An emergency card which alerts people (e.g. paramedics) to the fact that the person is a Carer is provided by The Care Network (similar way to ‘Message in a Bottle’). This is useful but limited, since it depends on the person who sees the card taking appropriate action, and they may be unwilling or unable to do so.

A comprehensive contingency plan, which includes information not only about who to contact in an emergency, but instructions about the cared-for persons needs and routines, who should look after the dog, how to work the burglar alarm etc, **together with clear responsible for activating the plan** – including out of hours – would provide Carers with greater peace of mind.

A link with, for example, community alarms, Extra Care hub facilities or New Carers Centre (who could retain all contingency plan information) could be explored. Such a safety net could be run as stand alone service, for Carers who do not want any other help.

**ACTION(s) Required:**

**Undertake a feasibility study for setting up a 24/7 contingency planning service linked to, for example, New Carers Centre, Community Alarms service or Extra Care Hub Service.**

### 13.6 The Carer's Voice

Carers need to be at the centre of our thinking and we are committed to listening to Carers. However, we currently have a very small number of active Carer representatives. Given the demands already placed on Carers, it is perhaps not surprising that their lives can be too full to engage in additional activities, and for this reason we need to take positive steps to engage with a wide range of Carers and to listen to their views and ideas. This involves training, development and capacity building for Carers – and those who work with them. The recent Parent Carer project has included a part time parent participation worker, which has supported that group of Carers to have greater confidence and the skills to input constructively.

Carers need to be actively involved in the development of services – both those which are for Carers specifically, and those which are for any client or user group, as those users will have Carers who are also partners in their care. They are also opportunities for them to be involved in the training of professionals (awareness raising), in the monitoring of services, commissioning and development of services and to sit on interview and tendering panels.

**ACTION(s) Required:**  
**Review arrangement for Carer Involvement and Consultation to identify the best way to build capacity and ensure consistent involvement and representation of Carers in all aspects of monitoring, evaluating, commissioning and developing services.**

### 13.7 Supporting Working Carers

Many Carers find it difficult to juggle work and caring and some may have to give up work or volunteering as a result. Long periods out of employment may then make it more difficult for Carers to return to work, particularly in difficult economic climate.

Staying in work can not only provide an income, it can provide a life outside caring and boost confidence and resilience, which benefits the cared-for person. Enabling Carers to maintain work or return to work is therefore a priority for the Government.

“While the benefits system can provide a safety net, the most reliable and sustainable means of ensuring that Carers can enjoy a reasonable level of income is if they, where possible, combine paid employment with their caring role”

We need to do more locally to support working carers to stay in employment or return to employment, training or volunteering work. Legislation has given Carers the right to an Assessment and the right to have employment, training and leisure needs considered as part of that assessment. Many of the priorities for action outlined elsewhere, such as outcome-focussed assessments and flexible replacement care, are particularly relevant to working Carers, who struggle to balance their caring role with employment.

We know that working Carers are less likely to attend support groups because of time pressures and because of the times these activities are run, so they may miss out on other forms of support. Out of hours services and online support are therefore likely to be of particular benefit to this group.

The Council's own employment policies are supportive to Carers and reflected in the objectives of the department's Equalities Action Plan. There is also an Employment Development Team which exists to help and advise disabled people and their supporters to gain employment, and this service can also support Carers.

Closer working between a Carers Centre, statutory services and Job Centre Plus would also benefit Carers.

The Council's Community Learning service has recently developed courses for skills development and to help with employment, which are accessible to Carers, and they are a partner in the 'Give Us a Break' short breaks demonstrator site.

**ACTION(s) Required:**

**Set up sub-group to consider actions needed to provide a range of flexible services which allows Carers to go to work when they need to go, linked to a review of flexible respite / extended day care provision.**

### **13.8 Training for Carers**

Many Carers take on caring suddenly and without preparation and comment that they are just 'left to get on with it'. Yet Carers should not be assumed or expected to 'know' how to care; their training needs should be part of mainstream workforce development. Examples of training which equips Carers to care safely and effectively; are moving and handling training, health and safety training and health promotion activities. Themed sessions may be useful for specific groups of Carers; including, for example, coping with dementia, medicines management, understanding mental health problems. There may be speakers on subjects of interest to Carers, e.g. transition planning for disabled children as they enter adult Social Services, personalisation in adult social care. Personal safety may be relevant to Carers living with a person with challenging behaviour. Other training relevant to Carers may including first aid, IT skills as well as skills needed for employment, e.g. confidence building, interview skills, CV writing etc

The national programme Caring with Confidence funded by the government has recognised this and provided training to Carers. Local workforce development and training strategies of the Council and the NHS should also reflect the needs of Carers, as well as being included in the work of the Carers Centre.

Training should be accessible to occasional Carers e.g. family and friends, as well as the primary Carer to ensure that the primary Carer has 'peace of mind'

when others help with caring, the cared-for person remains safe, and others have the skills and confidence to offer support.

**ACTION(s) Required:**  
**Work with PCT and Social Services training departments and Carers Centre to develop, promote, provide and evaluate appropriate training for Carers.**

### **13.9 Information to Carers**

The various organisations working with Carers produce and distribute information in a variety of formats, some of it produced locally, some of it nationally. There is currently no Carers 'Handbook' and there is scope to explore whether such a handbook would be useful in ensuring consistency and promoting partnership.

Despite the practical considerations of updating such information, the experience of the Older People's Directory in Bath and North East Somerset indicates that an authority-wide information resource is seen as a valuable resource – for staff (particularly those who do not work solely with Carers), as well as for service users.

**ACTION(s) Required:**  
**Sub-group of Carers Commissioning Group, Carers Service Provider Forum and Carer representatives to work with Health and Social Care Information Officer to develop appropriate and consistent information materials, both hard copy and on local websites.**

### **13.10 Online Support**

The Government has recently launched Carers Direct, ([www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)), an online resource for information and advice. The amount of local information is limited to contacts for local organisation. However, as more and more people turn to the internet for information, the development of a local website for Carers containing up to date information which can be accessed out of hours, and which can provide a resource to Carers who are unable or unwilling to access the services provided from the physical base, is worth considering.

Carers often report having time to think at night or late evening rather than during the day when they find it difficult to make time because of their caring responsibilities, and the internet is available around the clock.

Online access also facilitates peer support, including interactive elements to allow Carers to share problems and solutions, provide peer support and network with each other through online forums / bulletin boards.

**ACTION(s) Required:**  
**New Carers Centre service specification to include a 'virtual' Carers Centre.**

### 13.11 Staff Training and Awareness Raising

A key success factor to the delivery of our strategic objectives is the early identification of Carers and the promotion of an ever-expanding range of options to support them. This requires staff in all part of the health and social care system to be alert to the needs of Carers. This includes health care staff, many of whom, such as Community Matrons, Occupational Therapists and District Nurses, are much appreciated by Carers for their work in supporting them. Staff who undertake home visits are an invaluable way of identifying hidden Carers and signposting for support, and housing staff / floating support staff should also be able to signpost Carers towards advice and support.

However, there is still a way to go, for example, in raising the profile of Carers among hospital staff. Feedback from young Carers showed that they felt ignored and not recognised when the person they cared for went into hospital and that the prevailing attitude was that professionals knew best. In response, Off The Record has developed a Hospital Pack for Young Carers, linked to a programme of awareness raising and training for staff. This has taken a couple of years but has been based on user involvement and engagement of staff, leading to greater ownership and effective implementation. Packs are planned for the mental health services and in schools.

The Carer Development Worker Service has also made an important start in raising awareness of Carers in primary health care teams, and through their work with the integrated community teams, with health staff too.

**ACTION(s) Required:**

**Review provision of awareness raising activities as part of new service specification for Carers Centre. Ensure Carers leads / champions are in place in all relevant agencies.**

### 13.12 Telecare and Adaptations

Technology can help people with long term conditions and disabilities live independent lives, provide prompt help in a crisis and contribute to prevention of falls and fires. Telecare ranges from community alarms to detectors e.g. door sensors and motion sensors.

The implementation of telecare has produced some benefits for service users and there is scope for the applications of telecare to be explored in the context of reducing Carer stress, particularly in dementia care. One example is the use of the Just Checking system by Carers who do not live with the cared-for person to check online that their loved one is up and moving about.

Other practical help which is vital to supporting Carers as well as services users is access to aids adaptations (including advice about adaptations for self-funders) and services such as Care and Repair.

**ACTION(s) Required:**  
**Consider options for use of Telecare and its impact on Carers and assess potential cost-benefit.**

## 14. Outcomes and Priorities

This section summaries how this strategy will be implemented. Full details will be set out in a delivery plan.

### National Strategy Outcome 1

***Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role***

What this outcome means for Carers in Bath & North East Somerset

- Carers are identified, respected, and more importantly feel able to identify themselves.
- Carers and the role they undertake is valued by all agencies involved in supporting them.
- Carers can access flexible support and breaks to enable them to carry on caring.
- Statutory responsibilities towards Carers are met and Carers are involved in the planning and commissioning of services for the people they care for.
- Carers receive information about the options open to them and can make informed choices about the support they need.
- Organisations supporting Carers work together to provide personalised and culturally appropriate support
- Carers receive support relevant to their age, gender, race, disability, sexuality and religion and the nature of the caring role.

Outcome 1	Actions Required
<p>Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role</p>	<p>1.1 Promote recognition of, and respect for, Carers through:</p> <ul style="list-style-type: none"> <li>▪ Revision and re-design of service specifications for commissioned services</li> <li>▪ User friendly Carers assessments processes and procedures</li> <li>▪ Promotion of Carer Registers to increase the number of recognised Carers.</li> <li>▪ Use of Telecare or Telehealth to support Carers in their role.</li> </ul> <p>1.2 Expand Carer awareness raising activities and/or training such as providing e-learning for health and social care professionals and other organisations involved in supporting Carers.</p> <p>1.3 Train Carers as trainers</p> <p>1.4 Develop and introduce a Carer Champion network across Statutory Services and other Agencies.</p> <p>1.5 Enable Carers to access integrated and personalised services through</p> <ul style="list-style-type: none"> <li>▪ The review and re-design of commissioned services including Emergency Support Service and Carer Involvement and Consultation Service.</li> <li>▪ A commissioned Carer’s Centre for 2012 onwards with explicit expectations regarding activities and partnership working.</li> <li>▪ Impact assessments to ensure services are accessible to black and minority ethnic Carers before commissioning.</li> </ul> <p>1.6 Role out Personal Budgets for Carers through devolving elements from contracts to support self-directed care.</p>

	<p>1.5 Establish a protocol with Children’s Services which ensures that young adult Carers get the support they need during and after the transition from Children to Adult Services.</p> <p>1.6 Carer Representatives, Commissioners and Service Providers to work with Health and Social Care Information Officer to develop appropriate and consistent information material both hard copy and on local websites.</p> <p>1.7 Identify and develop the best way to build capacity and ensure consistent Carer involvement and representation in all aspects of monitoring, evaluating, commissioning and developing services.</p>
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## National Strategy Outcome 2

***Carers will be able to have a life of their own alongside their caring role***

What this outcome means for Carers in Bath & North East Somerset

- Carers have time for themselves and ‘a life of their own’.
- Carers are able to participate as citizens in their local communities and access the full range of universal services, including leisure and social activities.
- Carers are able to take up training, employment and volunteering opportunities.
- Carers feel confident that in the event that they were unable to care there is a plan for how the cared-for person will be supported.

<b>Outcome 2</b>	<b>Actions Required</b>
Carers will be able to have a life of their own alongside their caring role	<p>2.1 Carers assessment process revised so that it is user friendly and outcome focused. Takes full account of the impact of the caring role.</p> <p>2.2 Increased access to separate Carer’s assessment and/or self assessment with support available through new Carers Centre.</p> <p>2.3 Review access to short breaks/respite services, both home</p>



	<p>based, sitting and residential. Look to extend day care provision and flexible alternatives which support Carers in employment.</p> <p>2.4 Set up sub-group to explore what flexible break services could be provided to enable Carers to gain or remain in employment.</p> <p>2.5 Provide an emergency service that gives Carers confidence that they and their cared for person will be supported.</p> <p>2.6 Carers Centre and Health and Social Care staff to take responsibility for encouraging contingency planning and data sharing.</p>
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### National Strategy Outcome 3

**Carers will be supported so that they are not forced into financial hardship by their caring role**

What does this outcome means for Carers of Bath & North East Somerset

- Carers know where to go for information and advice.
- Carers will have access to information and advice on income maximisation.
- Carers will be supported and enabled to choose to remain in, or return to employment

<b>Outcome 3</b>	<b>Actions Required</b>
Carers will be supported so that they are not forced into financial hardship by their caring role	<p>3.1 Carers are supported with information and advice to maximise their income. Links to work with Information Officer and review of commissioned services.</p> <p>3.2 Carers are supported to remain in or return to work through appropriately commissioned services.</p> <p>3.3 Employees of NHS Bath &amp; North East Somerset Health and Social Care Partnership are recognised and supported.</p> <p>3.4 Carer awareness raising campaign is developed in collaboration with Job Centre Plus and with new Carers Centre. Links to work of sub-group tasked to exploring flexible breaks.</p>

## National Strategy Outcome 4

***Carers will be supported to stay mentally and physically well and treated with dignity***

What this outcome means for Carers in Bath & North East Somerset

- Carers feel more supported to be able to carry on caring.
- Carer stress is reduced and their mental health is improved.
- Carers physical health and self care is improved
- Carers will be treated with dignity and respect

<b>Outcome 4</b>	<b>Actions Required</b>
<p>Carers will be supported to stay mentally and physically well and treated with dignity</p>	<p>4.1 Carers have access to specialised Carers' services</p> <p>4.2 Carers will have access to on-line support through new Carers Centre.</p> <p>4.3 Carers can access ongoing emotional support provided through commissioned services. Links to review of commissioned services and revising service specifications.</p> <p>4.3 Carers can access health and well-being services. Links to increasing Carer recognition and work with G.P. practices through Carer Development Worker Service.</p> <p>4.4 Carers can access advocacy support and counselling services. Links to review of existing provision and development of new Carers Centre.</p> <p>4.5 Develop a training programme for Carers to support them in their caring role in collaboration with training department and new Carers Centre. Build on experience of operating Give Us a Break project and what Carers have chosen to do with regards to training opportunities. Ensure Carers can access training for care-giving, but also for gaining new skills.</p> <p>4.6 Carers are recognised and supported in primary care through awareness raising campaigns and commissioned services.</p>

## **15. Monitoring the Strategy**

This Commissioning Strategy will be reviewed after three years along with accompanying delivery plans. The Carers Commissioning Group which reports to the Health and Well-Being Partnership Board will monitor the implementation of the Strategy by:

- Seeking feedback from Carers and Carer Service Providers;
- Monitoring delivery action plans developed in line with the strategy; and
- Closely monitoring commissioning performance and reviewing performance of commissioned services.

The Carers Commissioning Group meeting two monthly.