

### JOINT COMMISSIONING STRATEGY: ADULT CARERS

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#### Approvals

By signing this document, the signatories below are confirming that they have fully reviewed the High Level Commissioning Strategy and confirm their acceptance of the completed document.

Name	Role	Signature	Date	Version

#### DOCUMENT CONTROL

##### Version History

Version	Date	Author(s)	Summary of Changes
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0.2	22.08.12	Kathryn Chard	Complete rewrite of the joint commissioning strategy.
0.3	03.09.12	Kathryn Chard & Debra Wyrill-Ryan	Merger of versions 0.1 and 0.2 content
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# 1 Introduction

## 1.1 Executive Summary

This strategy explains how Southend-on-Sea Borough Council intends to support unpaid carers between 2014 and 2019. It is a version of Essex County Council's Strategy that has been adapted to reflect local circumstances.

A carer provides a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems<sup>1</sup>. This Strategy relates to adult carers, aged over eighteen.

The evidence<sup>2</sup> shows that:

- 10% of people in Southend-on-Sea provide unpaid care for someone.
- 23% of carers in Southend-on-Sea provide over fifty hours of unpaid care a week.
- 60% of carers in Southend-on-Sea have health problems.
- A lot of unpaid care in Southend-on-Sea is provided by older people (although there is contradictory evidence as to the exact number of certain age groups). 63% of the people being cared for by unpaid carers are aged over sixty-five.
- 55% of carers are retired.
- 24% of unpaid carers in Southend-on-Sea have been caring for twenty years or over
- By 2020, the number of Southend-on-Sea residents aged eighty-five or over is expected to increase by 16% of their 2012 total. Compared to only a 2% increase of residents ages between eighteen and sixty-five. We expect a resultant increase in demand for carers services.

The vision for this strategy is:

*“Carers experience quality of life within and outside of their caring role, play their part as equal citizens, be recognised and respected as expert partners in care and are able to access appropriate support to enable them to stay mentally and physically well and sustain their caring role”*

The outcomes from this strategy are:

- Carers have greater choice and control.
- Carers have increased opportunities to be involved in work, education and learning.
- Carers have increased opportunities for social inclusion and community participation.
- Carers experience better mental health and emotional wellbeing.

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<sup>1</sup> Carers at the heart of 21<sup>st</sup> century families and communities, DoH (2008)

<sup>2</sup> 2011 Census; Indicative findings 2012/13 National Survey of Adult Carers and Referrals, Assessments and Packages of Care returns 2012 / 2013.

## Joint Commissioning Strategy: Carers

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Local Authorities and Clinical Commissioning Groups (CCGs) across Essex are facing an increasingly difficult financial landscape. To respond to these challenges there is a need to change the way services are commissioned and delivered.

Our commissioning principles are:

- Our overall aim will be to achieve the best possible outcomes for carers in Southend and Essex and support them to sustain their caring role
- We will promote person-centred options that maximise individual choice and control
- We will promote high quality services that treat people with dignity and respect and aim to ensure carers have a good experience of care and support
- We will work in partnership and promote joint working where it makes sense to do so
- We will listen to carers and stakeholders to learn from their experience and expertise and will communicate our plans clearly and transparently
- We will ensure that commissioning plans reflect best practice and are based on evidence of local needs and priorities
- We will ensure that commissioning options enable agreement of the preferred procurement route maximising on the most effective use of resources
- We will monitor the effectiveness of commissioning plans in improving outcomes for carers and share the results
- We will ensure that all processes are legally sound, clear and transparent
- We will adopt robust risk management approaches

This strategy is based on information carers, providers and partners have shared with us and evidence from the JSNA (Joint Strategic Needs Assessment). This analysis is also drawn from Census data, evidence from research and Government legislation.

## Joint Commissioning Strategy: Carers

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In order to develop the joint commissioning strategy a project board was brought together to include health and social care partners from across Essex, Southend and Thurrock. The Board's representatives include:

- Essex County Council (Adults, Children and Mental Health Services)
- Mid Essex Clinical Commissioning Group (CCG)
- North East Essex CCG
- Basildon & Brentwood CCG
- Castlepoint & Rochford CCG
- Southend CCG
- Thurrock CCG
- West Essex CCG

During the process commissioning representatives from Thurrock and Southend Councils have been consulted about the content and participated in the workshops. This strategy has therefore been developed on the basis that it supports and aligns with the various strategies<sup>3</sup> developed for Thurrock and relevant South Essex CCGs. The board has a provider reference group and carer engagement forums feeding into the process and the intention is that this will continue throughout delivery of the strategy.

### 1.2 Vision and Aims

Our Vision for the Carers Joint Commissioning Strategy is that:

*“Carers experience quality of life within and outside of their caring role, play their part as equal citizens, be recognised and respected as expert partners in care and are able to access appropriate support to enable them to stay mentally and physically well and sustain their caring role”*

In doing this we will aim to:

- Support early self-identification and involvement in local and individual care planning
- Enable carers to fulfil their educational and employment potential
- Personalise support for carers and those being cared for
- Support carers to remain healthy

Where ever possible, the above vision will be delivered using a joint-commissioning approach between Health and Social Care. There is a well documented evidence base arguing the benefits of shifting from a model in which commissioning bodies consult each other on their respective plans to one in which those plans are co-produced. The adoption of a co-productive model of jointly commissioned services that support carers could offer the following benefits:

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<sup>3</sup> South Essex Carers Strategy 2012-15, Thurrock Carers Strategy 2012-2017

- Enable the commissioning of care pathways rather than services or individual interventions, based upon a future needs assessment. A care pathway means an agreed process where support is provided by appropriate agencies at certain stages;
- Enable a shared approach to investment and disinvestment;
- Enable efficiency in procurement and other enabling functions;
- Ensure clear alignment between commissioning plans and the statutory Health and Wellbeing Strategy<sup>4</sup>; especially around Ambition 9: Maximising Opportunity.

## 2 Background

### 2.1 National and Local Drivers

The Government published the first National Strategy for Carers in 1999, which has subsequently been revised (2008) and updated (2010). The needs of carers have also been recognised and strengthened in related employment and health policy. This strategy also advocated closer working between Health and Social Care.

The draft Care and Support bill<sup>5</sup>, will give carers increased rights including:

- New rights to be consulted on the assessment of the person needing care
- Stronger role for advocates of carers
- No need to request a carer's assessment
- Duty to promote an adult's wellbeing (which could include carers)

In addition a new government and employer working group has recently been announced to give carers the support they need to stay in work alongside their caring responsibilities.<sup>6</sup>

The NHS Operating Framework 2012/13 identifies carers as an area requiring particular attention. The national framework actively encourages joint working across the NHS and local authorities, particularly in relation to agreeing local plans and providing carer breaks.

Locally too, the North and South Essex Integrated Plan(s) 2012/13 (Health) include a renewed focus on support for carers, and a joint approach between health and social care across Essex to look at available resources and joint commissioning for carers. At a time when the health landscape is changing with the move to CCGs from April 2013 who will have responsibilities for commissioning carers work. This drive for a joint commissioning strategy presents an opportunity for renewed partnership working.

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<sup>4</sup> Southend-on-Sea Health and Wellbeing Strategy 2013 - 2015

<sup>5</sup> Care and Support Bill published 11 July 2012

<sup>6</sup> Care Services Minister Paul Burstow announcement during Carers Week event (June 2012)

The drive to support carers is underpinned by the NHS Outcomes Framework which has an indicator to measure health related quality of life for carers (Domain 2, 2.4 'Enhancing quality of life for carers' health related quality of life for carers) and the Adult Social Care Outcomes Framework which has two specific measures in relation to carers (Domain 1, Carers can balance their caring roles and maintain their desired quality of life) and (Domain 3, Carers feel that they are respected as equal partners throughout the care process).

Ensuring that pathways for carers exist alongside care pathways will enable the mainstreaming of carer support into wider health and social care commissioning activity. For example, 'commissioning for frailty', a Mid Essex CCG approach considers the concept of 'frailty' (a combination of risk factors, for example long term conditions, reduced mobility, cognitive impairment) and the cumulative effect this can have on health and a risk factor for unplanned hospital admission. Essex has an increasing ageing population with a significant and growing number of older carers who may by their very nature fall into this 'frailty' category.

The Southend Community Services Scrutiny Committee chose carers for its 2008/2009 in-depth scrutiny project: 'Carers Need Care Too'<sup>7</sup>. This resulted in an action plan for Southend-on-Sea Borough Council; the Primary Care Trust (which was in existence at the time); South Essex Partnership Trust (the mental health trust); Southend Hospital University NHS Foundation Trust; the voluntary third sector and the Department for Work and Pensions. The Community Services Scrutiny Committee is still updated periodically on the progress of these actions; and they form the basis of this strategy's action plan.

The role of caring for disabled people has been recognised in the Council's Equality and Diversity Policy<sup>8</sup>. This needs to be updated to reflect caring for other groups as well.

All safeguarding procedures followed in relation to carers and the people they care for are informed by the work of the two lead safeguarding partnerships: the Domestic Abuse Forum and the Safeguarding Adults Board.

In a climate of reducing health and social care budgets, the role informal carers play in sustaining service provision now and in the future in Essex and Southend is critical. Doing nothing is not an option, in terms of the pressures carers face and our desire to support them.

## 2.2 Facts and Statistics

17,682 adults in Southend provide informal care to relatives, friends or neighbours according to the 2011 Census, compared with 15,973 reported in the 2001 Census. This represents an 11% increase in the number of carers in ten years. This is **10%** of the population, which is similar to the proportion for England and the Eastern region.

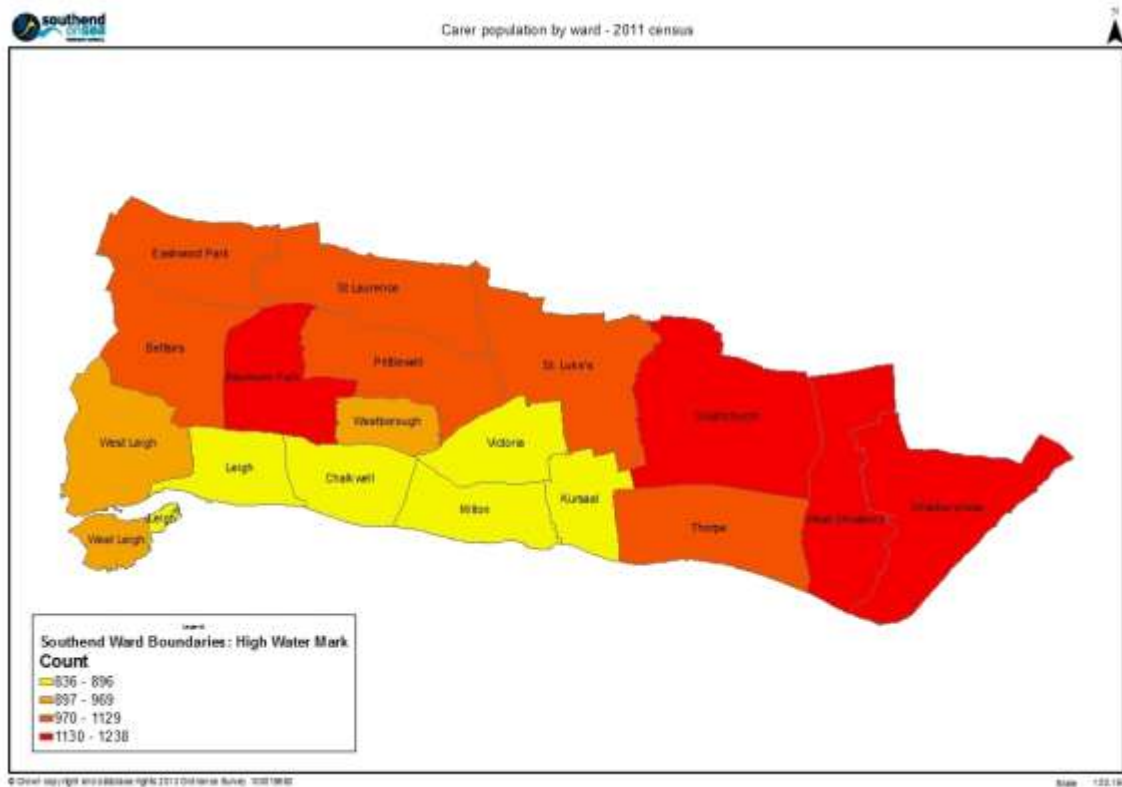
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<sup>7</sup> Carers Need Car Too, Southend-on-Sea Borough Council (2009)

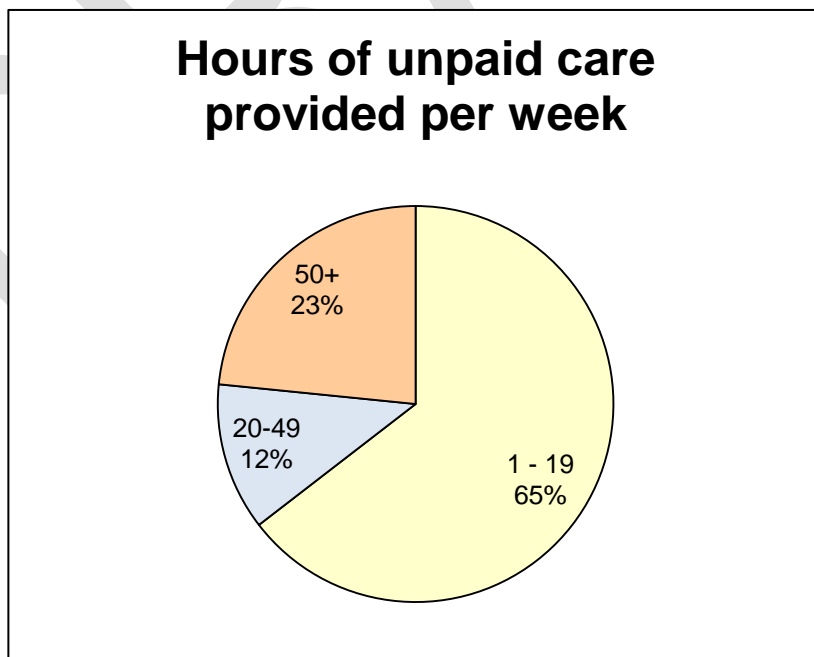
<sup>8</sup> Different Lives, Equal Choice, Making Change Happen, Southend Borough Council (2009)

## Joint Commissioning Strategy: Carers

Southchurch has the highest percentage of unpaid adult carers with 12%, although there are pockets of need in other areas as the following map indicates.



The chart below shows the amount of unpaid caring provided per week for Southend-on-Sea as detailed in the 2011 Census:

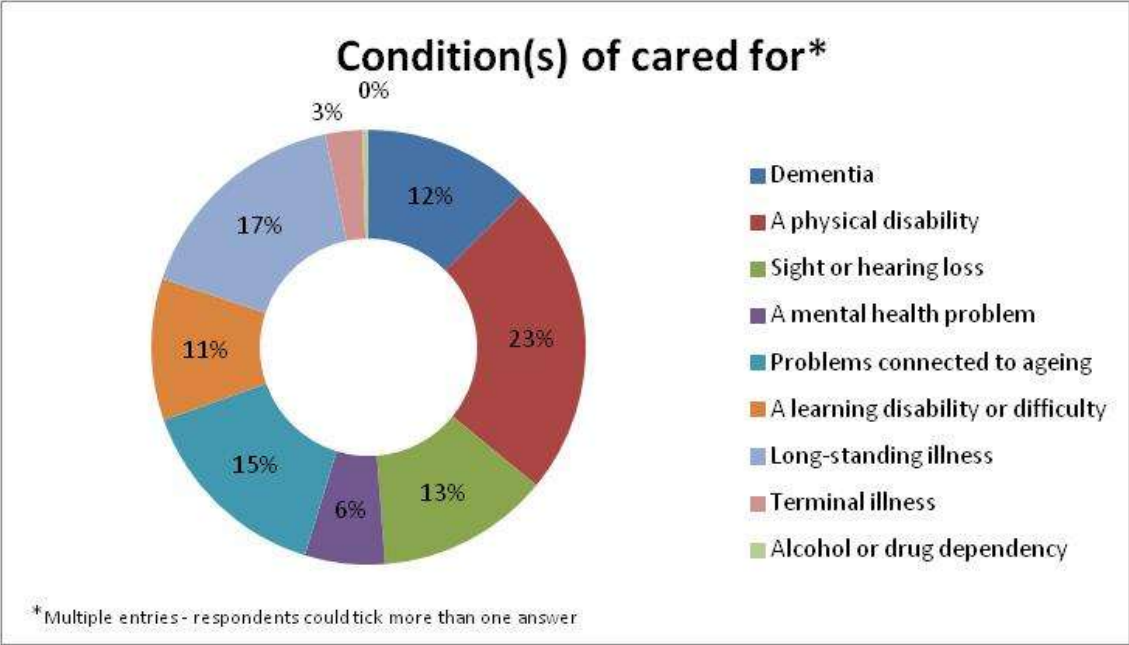




# Joint Commissioning Strategy: Carers

The areas with the highest proportion of carers providing up to 19 hours are Thorpe, Blenheim Park and West Leigh, with Blenheim Park having the highest proportion of carers providing more than 50 hours of unpaid care a week.

The chart below shows the conditions of people being supported by an unpaid carer within Southend-on-Sea<sup>9</sup>.

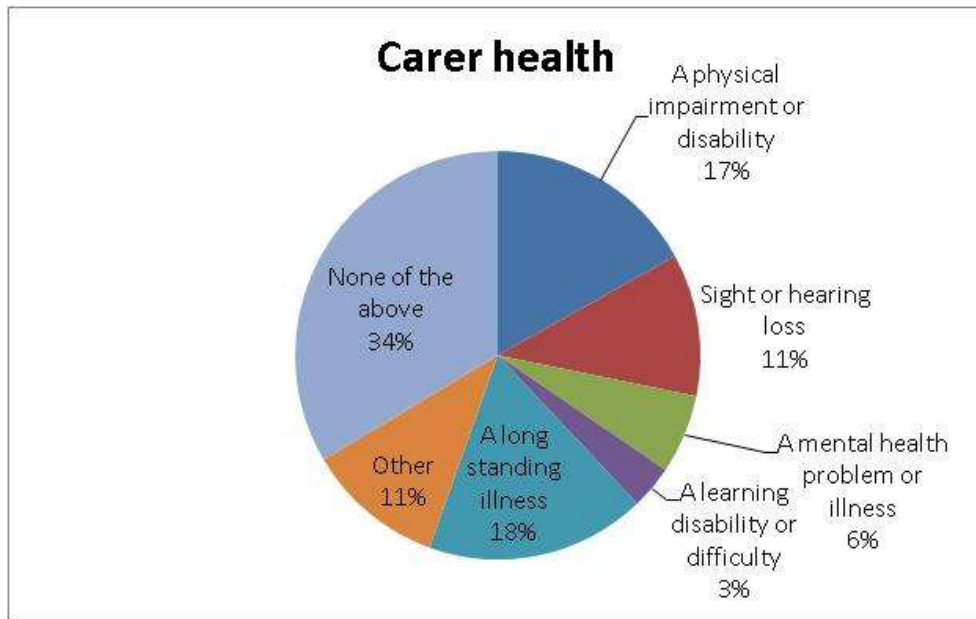


Compared to non-carers, being an unpaid carer is associated with increased rates of psychological distress, including symptoms of anxiety and depression, reduced social functioning, increased susceptibility to physical illness and some carers being at risk of injury associated with their caring activities. 532 (12.9%) of carers providing over 50 hours of care a week reported experiencing bad or very bad health.

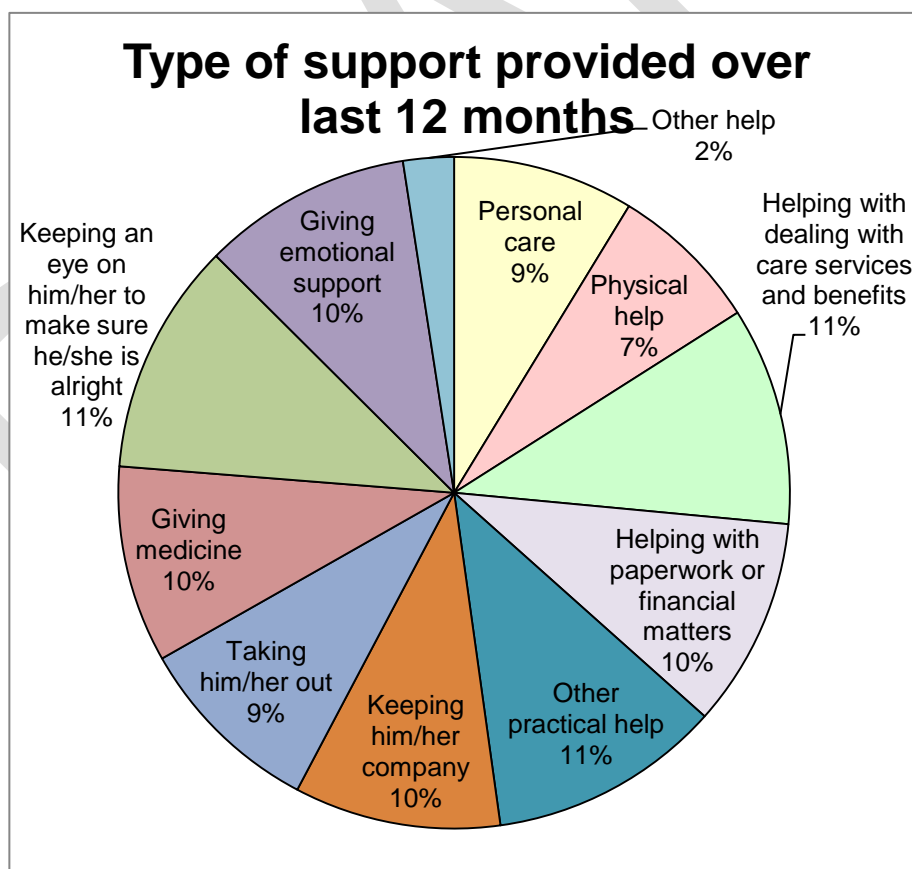
<sup>9</sup> Indicative findings of 2012/13 National Survey of Adult Carers

## Joint Commissioning Strategy: Carers

The chart below shows the types of health problems cited by carers in Southend-on-Sea<sup>10</sup>:



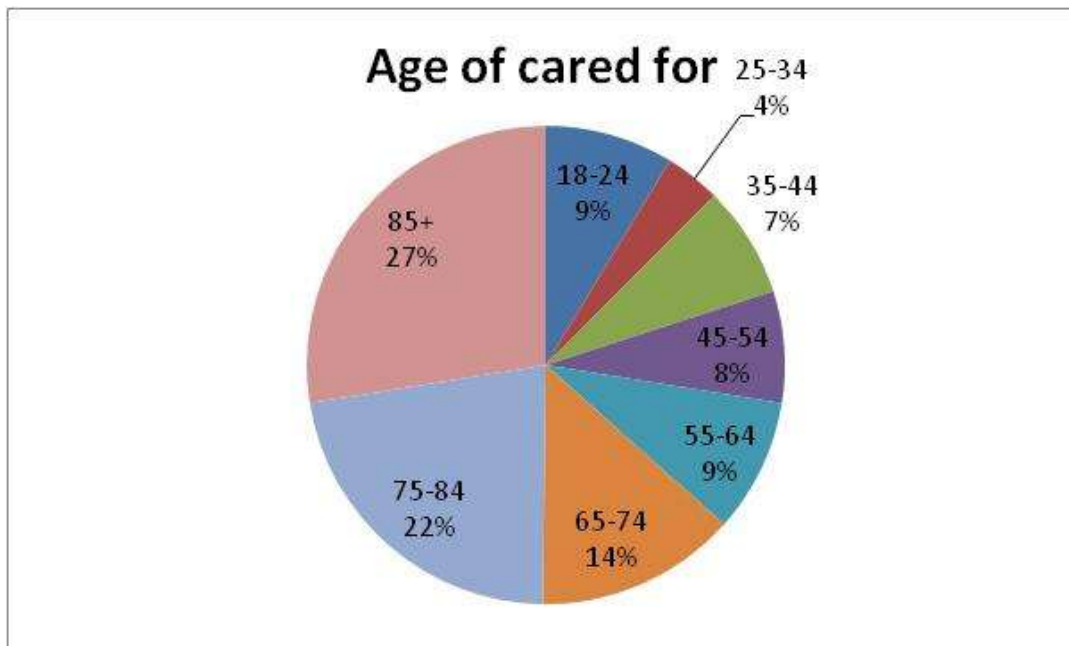
The range of caring duties carried out by carers in Southend-on-Sea are shown in the chart below<sup>11</sup>:



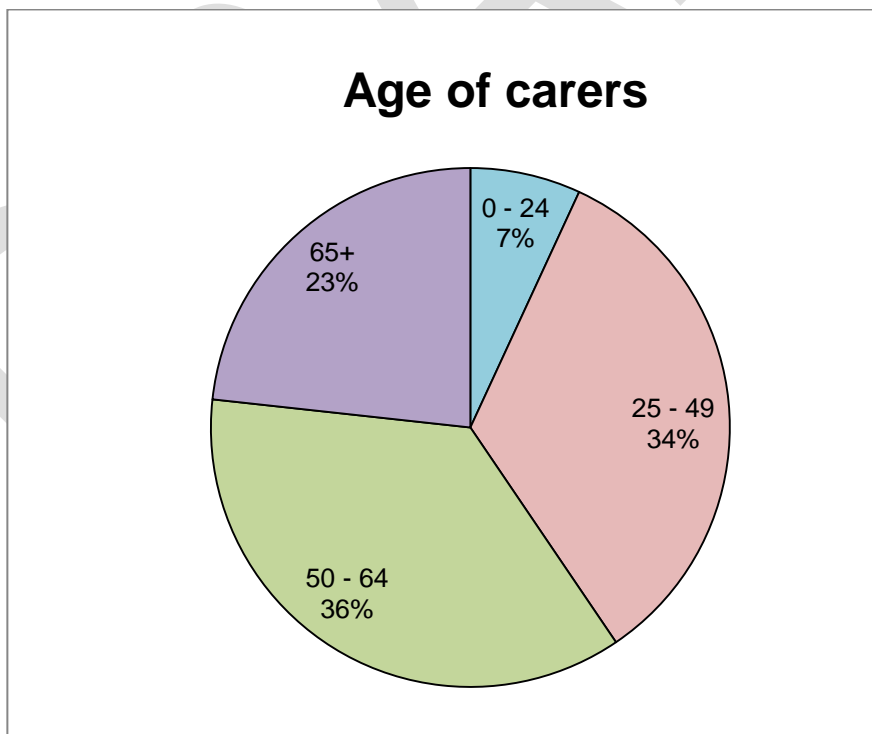
<sup>10</sup> Indicative findings of the 2012/13 National Survey of Adult Carers

<sup>11</sup> Indicative findings of the 2012/13 National Survey of Adult Carers

The following chart shows the ages of the person supported by carers in Southend-on-Sea<sup>12</sup>:



The 2001 Census provides the following breakdown of carers' ages within Southend-on-Sea:

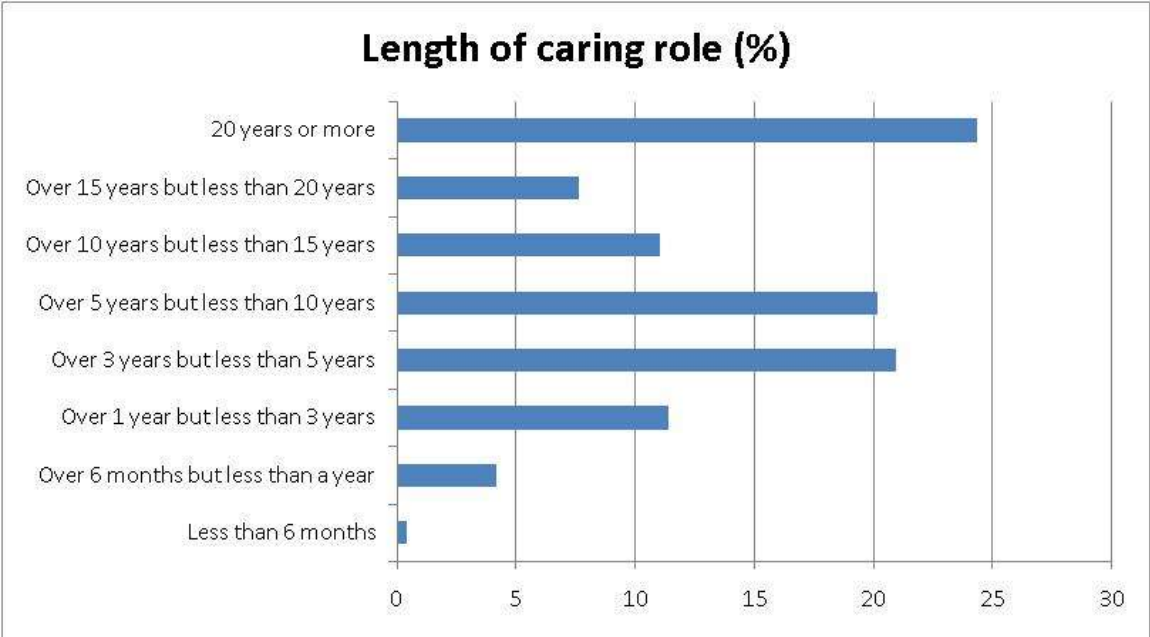


<sup>12</sup> Indicative findings 2012/13 National Survey of Adult Carers.

# Joint Commissioning Strategy: Carers

However, there is a discrepancy between the age of the carers between the data from the 2011 Census and the Indicative findings 2012/13 National Survey of Adult Carers. The latter states that just under half of carers are aged 75 or over. This may be due to the fact that people completing the census may not receive carers' services, as opposed to the National Survey respondents. In addition, there were 269 National Survey respondents as opposed to the 17,682 carers who completed the census. However, both sets of data show that a significant proportion of carers are over 65. As section 5.3 below shows, this section of the population is expected to increase significantly in the future.

The length of time a carer has supported someone is related to the age of the carer. There are a significant number of carers in Southend-on-Sea that have cared for someone for over twenty years, as shown in the chart below<sup>13</sup>:



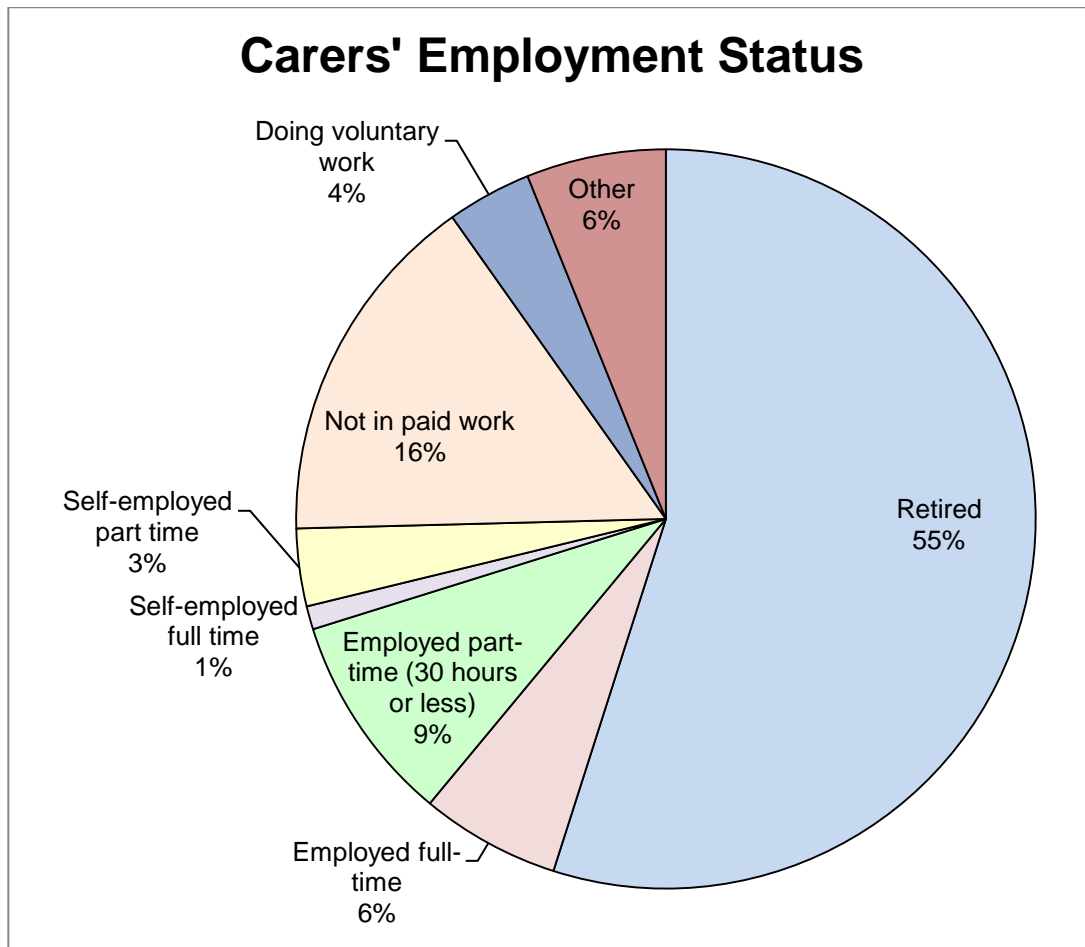
The lack of employment opportunities due to their caring responsibilities means that many carers are likely to live on low income, also contributing to health inequalities. There is supporting evidence that carers face social exclusion in Southend. A 2009 Carers Survey<sup>14</sup> revealed that 58% of carers who responded to a survey felt that they are socially isolated or have little social contact with people<sup>15</sup>.

<sup>13</sup> Indicative findings 2012/13 National Survey of Adult Carers.

<sup>14</sup> The Information Centre for Health and social Care (2009)

<sup>15</sup> Joint Strategic Needs Assessment 2012 Summary, Southend Borough Council (2012)

The chart below shows the employment status of carers in Southend-on-Sea<sup>16</sup>:



The needs of 1,009 carers were assessed by the Council during 2012/13. 8% of these were assessed or reviewed separately and 92% were assessed or reviewed jointly with the person they care for.

1,650 adults in Southend-on-Sea received a carer's allowance in November 2012<sup>17</sup> because they regularly spend at least 35 hours a week caring for person who gets a qualifying disability benefit, and have limited earnings of their own. The government's proposals to change the welfare system which has been set out in the Welfare Reform bill may have an impact on carers.

The economic value of the contribution made by unpaid carers in Southend-on-Sea, using the numbers indicated from Census data, is estimated to be £296.6 million a year or £5.7 million per week<sup>18</sup>.

Further analysis on demographics is given in section 5.3, including the implications for commissioning.

<sup>16</sup> Indicative findings 2012/13 National Survey of Adult Carers.

<sup>17</sup> Office for National Statistic

<sup>18</sup> Valuing Carers, University of Leeds (2011)

### 3 Outcomes for Carers

The outcomes we are seeking to achieve are:

#### **Choice and control**

- Carers at any stage of their caring role have opportunities to access appropriate information, advice and guidance in community, health and social care settings
- Carers have a say in how they are supported

#### **Involvement in work education and learning**

- Carers are able to retain or enter paid employment, education or learning
- Young carers are able to access informal education and personal development opportunities.

#### **Social inclusion and community participation**

- Carers and families can balance their caring roles and maintain their desired quality of life, maintain or strengthen positive friendships and relationships, and access positive activities and support in their local community

#### **Healthy lifestyles, daily health care and physical health and wellbeing**

- Carers make healthy choices and adopt healthy lifestyles for self and cared for, and access health services
- Carers are enabled to manage their own health and care needs and *those of the person they care for*

#### **Mental health and emotional wellbeing**

- Carers are enabled to improve their emotional and mental wellbeing

Section 9 sets out the actions we plan to take to achieve these outcomes.

Details of the measures we will use to determine the impact of our actions will be confirmed as part of the development of the underpinning Commissioning Delivery Plan(s).

### 4 Commissioning Principles

When we commission services to support carers we will uphold the following principles:

- Our overall aim will be to achieve the best possible outcomes for carers in Southend and Essex and support them to sustain their caring role
- We will promote person-centred options that maximise individual choice and control
- We will promote high quality services that treat people with dignity and respect and aim to ensure carers have a good experience of care and support
- We will work in partnership and promote joint working where it makes sense to do so
- We will listen to carers and stakeholders to learn from their experience and expertise and will communicate our plans clearly and transparently
- We will ensure that commissioning plans reflect best practice and are based on evidence of local needs and priorities
- We will ensure that commissioning options enable agreement of the preferred procurement route maximising on the most effective use of resources
- We will monitor the effectiveness of commissioning plans in improving outcomes for carers and share the results
- We will ensure that all processes are legally sound, clear and transparent
- We will adopt robust risk management approaches
- All safeguarding principles will be underpinned by the work of the two lead safeguarding partnerships: the Domestic Abuse Forum and the Safeguarding Adults Board.

### 5 Assessment of Need

#### 5.1 Stakeholder Engagement

In response to the question “*Do you look after, or give any help or support to family members, friends, neighbours or others?*”, **28%** (1,311) of Essex residents recently surveyed<sup>19</sup> said that they did, which is significantly more than the 10% indicated from the 2001 Census. Of these, 68.2% provided 1-19 hours, 9.5% provided 20-49 hours and 22.3% providing 50 or more hours, which is broadly consistent with the Census profile.

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<sup>19</sup> Tracker Survey 10, Essex County Council (December 2011/January 2012). The sample size was 4,714 (+/- 1.42% confidence)

56% of these said that they received no support, with a further 27% receiving help from family and friends. They were less likely to be employed (57.7% compared with 64.5% for non-carers, although the proportions in full time, part time work and self-employed are similar); more likely to be permanently sick/disabled (3.5% compared with 1.9%); and more likely to be retired (27.4% compared with 22.6%). 2.6% were unemployed and available for work.

Respondents saying they were carers were more likely to be fairly or very concerned about their financial situation (55.5% compared with 49.9% for non-carers); more likely to be concerned about being made redundant or becoming unemployed in the next 12 months (32.9% compared with 29.9%) but less likely than non-carers to be concerned about losing their home (13.6% compared with 15%).

In terms of health, those saying they were carers were more likely to consider their health to be bad or very bad (6.4% compared with 4.1% for non-carers), more likely to have a long standing illness, disability or infirmity (37.9% compared with 27%) and more likely for their illness or disability to limit their activities (72.4% compared with 60.9%).

The indicative findings of the 2012 – 2013 National Survey of Adult Carers in Southend-on-Sea included the following results:

- 44% of carers were either 'extremely' or 'very' satisfied with the support services they and the person they care for received from social services in the last 12 months.
- Just under 70% of carers said they found information and advice about support, services or benefits 'very' or 'fairly' easy to find.
- 75% of carers said they 'always' or 'usually' felt involved or consulted as much as they wanted to be;

Headlines from engagement with the public around the Primary Care Trusts' QIPP (Quality, Improvement, Productivity and Prevention) plans in 2011 include the vital roles of carers, and the need to ensure that they have more support, notably respite and training; and highlight the need to look at the needs of the whole family rather than just the individual.

Within Southend, the whole family assessment model has been adopted through the Family Focus Protocol<sup>20</sup>.

### 5.2 What have Carers being telling Us?

This Strategy has been shaped through a series of targeted discussions with commissioners and practitioners in health and social care, provider groups and carer representatives.

The ideas developed in Section 9 are the result of Essex-wide workshops with, carers, providers and practitioners held between June and December 2012.

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<sup>20</sup> Whole Family Protocol, Southend Borough Council, Local Safeguarding Adults Board, Local Safeguarding Children Board, Probation and CRI (2010)



In addition, consultations were held with Trustlinks, the Carers' Forum, the Health and Wellbeing Forum, the Older People's Assembly and various third sector organisations from 2010 – 2011 in Southend.

Reflecting Essex County Council's transformation programme, 'Customer first', services being designed from the customer's perspective, and CCGs public patient and carer engagement agenda, a series of carer led workshops were held to better understand the experience of caring and support through the carers' lens. A process mapping technique was used to help understand and improve the quality of the carer journey through health and social care systems.

Co-creating services with the people on the receiving end of those services focuses research effort around observing and capturing the experience of people before their first point of contact with any service and onwards throughout that journey.

The Statutory sector is only part of a larger picture; the voluntary sector including many community and self- help groups provides a range of direct and indirect support to people with caring responsibilities in Essex and Southend. Their views and experience are an integral part of this strategy.

We can also think about the roles of family and friends as part of that raft of support. In times of need, many carers turn to family and friends first for support and not 'services'.

Because of the multiplicity of agencies, stakeholders, policy and strategy drivers with multiple perspectives it can be extremely difficult to achieve alignment in service provision. This complexity often results in silo management and blurring of responsibilities at critical handover points in peoples' journeys through our systems, hospital discharge being a good example which is described in more detail in 5.2.3 Communication.

Carers rarely have an understanding of the journey they are following when they use a service. They do not have the insights that service providers take for granted when thinking about why things are the way they are. Instead, they experience the service through a series of interactions or 'touch points'. These might be discussions with friends, advertisements, phone calls, the internet, waiting rooms, text messages, post cards, formal appointments, leaflets as well as contact with 'professionals'.

By mapping existing services from the carer's perspective as a series of 'touch points' we are able to overlay the real experience of carers to create narratives. These narratives are powerful stories that provide compelling evidence of where improvements can be made. The following represents the outcomes of those workshops built around common themes:

### 5.2.1 Identity

Carers are people and as such do not identify with the label 'carer'. Carers often do not see themselves as carers, especially those whose cared for has an addiction. The label meets our needs as services rather than theirs. *"Caring as an identity creeps up on you...once you're aware you're caring and need support, you don't know where to go". "Once we got the diagnosis (dementia) I was too angry and didn't want to believe it, I couldn't read any of the information I was given at that stage, I wanted to put it all in the bin".* Engagement with young carers reflected this further, saying they wanted to be treated as 'normal' young people. *"Why do you need a commissioning strategy for carers, all people should have choice and control and have good physical and mental wellbeing".*

Timing of information at different stages of the caring journey came up often. People who are new to caring have different information needs to those at the end of a caring journey:

"The need for available and accessible information for all carers. Carers have various entry points into the system or the 'caring world'. There is need to have a way of getting relevant information to the general public (potential carer) or 'those who are new to caring'"

There was a sense that whilst some services recognised you, reflecting the positive nature of national service frameworks such as dementia, stroke and end of life that include caring as an integral part of their plan, others did not. *"If you don't have a diagnosis or label there seems to be less help for you".*

Primary care was cited repeatedly as a 'missed opportunity' both in terms of identification and recognition of caring role, and also as a place to help you maintain your health and wellbeing *"I told my GP I was looking after my husband and struggling, he didn't seem interested".*

### 5.2.2 Navigation

Finding your way around complex systems whether they be health, social care or the voluntary sector is a mine field for carers. Re-telling your story time after time is both frustrating and emotionally draining. *"I was asked all the same questions the staff in hospital had - why can't they talk to each other?" Knowing where to go and who to ask is unclear. " I didn't get any help from the hospital on how to look after my husband...I do believe that pulling him out of bed contributed to my own physical health problems".*

Particular 'pressure points' were identified during the caring journey as opportunities to improve the experience:

- Hospital discharge and re-ablement- Need identified:
  - Communication - conversation with an 'empathic' person about willingness and ability to take on a caring role;

- Training - knowledge of nursing e.g. safe manual handling, medication, nutrition and personal care;
- Information on the condition of the person cared for, disease progression and knowledge of community services;
- Involvement - Permission to ask questions, and knowing what to ask when, challenging decisions and being involved in care giving;
- Primary care - *"I want my GP to have more knowledge than he does"*. Carers want clinicians and practice staff to help them realise they're caring, to be taken seriously, to have somebody on *"...my side"*. People described *"tripping"* over information and advice by accident, rather than receiving it in a planned way.

### 5.2.3 Communication

Carers told us the importance of building trusting relationships with people who understand and cared. The following emphasises the difficulty of those relationships being with statutory services.

*"I had a really brilliant social worker, I really trusted and respected her and then she moved jobs and I felt abandoned"*. Carers described the importance of having relationships with people who share their experience and the benefits this brings in terms of coping with caring. However, for others, they did not identify with the notion of 'group support' and sharing their private world in public; reflecting perhaps the uniqueness of every caring role.

Improved communication with professionals was regularly cited in workshops. Particular emphasis was placed on:

- Involvement in the assessment and support planning process within Adult Social Care *"She didn't ask me what I thought about the situation"*.
- Hospital Discharge - *"I could have made their jobs easier....instead I felt like a hindrance... I felt they (hospital staff) saw me as a nuisance, somebody who was trying to obstruct them from doing their jobs when really I was just trying to help"*.
- Whole family assessment *"I felt I could have been included more in my partner's assessment... I know him better than anyone else"*.
- Flexible and accommodating schools and colleges

Carers told us the carer's assessment process does not always work well. Many felt their needs were not taken into account adequately during the service user's assessment whilst others would have appreciated a private conversation away from the 'cared for' to discuss how they were feeling and coping. Others suggested the telephone assessment line hinders the communication process further as you're unable to see facial expression, nuances and therefore limits the assessor's capacity to fully appreciate the impact and sustainability of the caring role.

There is a real issue: how carers are 'viewed' by professionals influences the level of support they receive. With most being viewed as a 'resource' for what they can contribute towards a care plan. Assumptions can be made about a carer's willingness and capacity to care: "Risks to carers are often ignored – when agencies like A& E, police, GPs can't handle people with mental health problems they still expect the carer to be able to deal with it".

There is a shift in thinking that we need to consider carers as 'co-colleagues' and experts in their own rights, with a contribution to make in improving outcomes for patients and service users.<sup>21</sup>

"Acknowledgement by treatment services of the knowledge and experience of the carer" and "Carer being involved in diagnosis and treatment discussions where possible (confidentially and data protection shouldn't be used as barriers)"

There was a real sense too that carers want their skills and knowledge gained from caring to be recognised by 'professionals'. Potentially to identify ways that skills gained through caring can be validated, much in the same way an NVQ is awarded as a vocational, on the job form of learning.

Longer term we need to ensure that caring as an academic body of knowledge is included as part of the core curriculum in Medical, Nursing, allied health professional and social work training.

### **5.2.4 Different types of care and different types of carers**

Carers are not a homogenous group. No two carers are alike. Caring for somebody with the same condition may be a completely different experience because carers come from all walks of life, different ages, ethnicities, sexuality, gender, physical and learning abilities. Commissioned services need to reflect this diversity and complexity.

Moreover, the type of care people are involved in can impact significantly on their own health and ability to maintain a caring role. People can be involved in caring across the life course, for example parent carers, for others it can be short term or intense, for example caring for someone with a terminal illness or longer term where a person may have a long term condition that fluctuates in presentation. The majority of carers in Southend provide care to someone between 1 - 19 hours per week.

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<sup>21</sup> Twigg, J., and Atkin, K., Who Cares? Managing obligations and responsibility across the changing landscapes of informal care, Ageing and Society, 2012 - Cambridge University Press

Carers told us they want support that offers flexibility, choice and recognises the diversity of experience. This was particularly pertinent when we take account of the demographic of carers in the workshops, all white and all female. *"Support groups need to have a clear purpose and skilled facilitator". "I need flexible, reliable and trustworthy sitting services to allow me to pursue my own interests".* The need to support the 'cared-for' person to accept another person providing support and care was also cited as a barrier for some. *"My daughter would never see me as her carer, I'm her mum."*

The carers who were involved in the engagement workshop represented a particular demographic, all white and all female, therefore we need to be aware that designing services from the point of view of those carers we know further marginalises and excludes the experience and voice of those carers we are unaware of.

It is vital we target carers who are 'hard to reach out to' who are often overlooked because they come from a particular ethnic, traveller or refugee community or are caring for drug and alcohol users. Also carers belonging to a particular age group. Older carers are a particular type of carer with particular needs. Working carers by the very nature are unable to access office hours/building based support services. Working carers are also an untapped resource; people with a wealth of skill, knowledge and experience which could potentially provide a rich source of input to any engagement /development activity.

Carers who have a disability themselves can often be overlooked by services, instead being viewed as a 'user' rather than 'carer'. This highlights the barrier labels and language present. We know too that carers in same sex partnerships, caring for someone with mental health needs or drug and alcohol misuse can be harder to reach out to because of the stigma associated with the presenting issue. This is especially true of children and young people where families may be reluctant to come forward for fear of 'social services' and for young carers particularly being scared of being put in care.

We sometimes forget too, that two million people move in and out of caring roles every year, the need to reach and identify new carers is a continuous process. We want carers to have a voice individually, collectively and across the Borough.

### **5.2.5 Different stages in the caring journey**

Carers told us their needs vary according to the 'stage' of caring. As alluded to earlier, needs at the beginning differ from those at the end. 'Being a carer' was a stage picked up by many as requiring closer attention. *"Caring can be all consuming and draining, with very little me time, if any". "It took me a few years to realise and be ready to accept I was being more than just a wife. By then I was experiencing all sorts of difficulties and didn't know where to go for help."*

There was a sense that people needed help to make the most of their 'down time'. In other words, support to develop emotional resilience, 'things' to do that can help you relax, promote restful sleep, help to cope with stress and feeling overwhelmed. Things that are 'tried and tested' in contributing to a feeling of wellbeing. It was at this stage carers expressed the need for a trusting relationship, a place or person to approach when things change, or you have questions you do not know who can answer.

At crisis point, carers referred to the importance of the GP at this stage in the journey. Some of the triggers described by carers included insufficient time away from caring, deterioration in their own physical health or an exacerbation in the condition of the person cared for resulting in a feeling of 'breaking point'. Though it was also pointed out that one person's stress is another's challenge. Moreover crisis in itself can also refer to unplanned, unexpected events, such as the carer's admission to hospital.

The response carers received from the GP varied, with one carer being told *"that's not my job"* whilst another felt her GP was *"indifferent"* to her situation. This perhaps highlights one issue that within primary care that we need to be mindful, the role of the practice staff as a whole can have in identification, recognition and support of patients with caring responsibilities and not just the GP. One person suggested that professionals need further understanding of the emotional impact of caring. Mainstream psychological therapies such as the NHS IAPT scheme (Increasing Access to Psychological Therapies) should include carers as a target group for support.

End of life as a stage in the caring journey discussed the need for networks of support and an identifiable pathway of support when you're caring. *"We went from having all these people in our lives (home care, respite care) people that you get to know and like, and when my husband died, all of a sudden they're gone and you're left on your own"*. Carers also talked of the importance of life planning when they may not be there and the anxiety caused by not knowing what would happen to an adult child. The value of person centred planning was highlighted here, though one carer's experience of this was very poor. Also giving some thought to your own future beyond caring was considered important to some. One person wanted support to get back into work and suggested volunteering as a potentially usefully stepping stone for former carers.

### 5.3 Analysis of Demographic Data - Future Trends

By 2020, Southend-on-Sea's population will have grown by 6% to 185,000 from the 2012 total. Residents aged 85 or over will increase by 16% during this period (compared with only a 2% increase for those aged between 18 and 65). . These extra years of life will often involve poor health, dementia or disability. The number of people aged 85 and over with dementia is predicted to increase by 16% over this period<sup>22</sup>.

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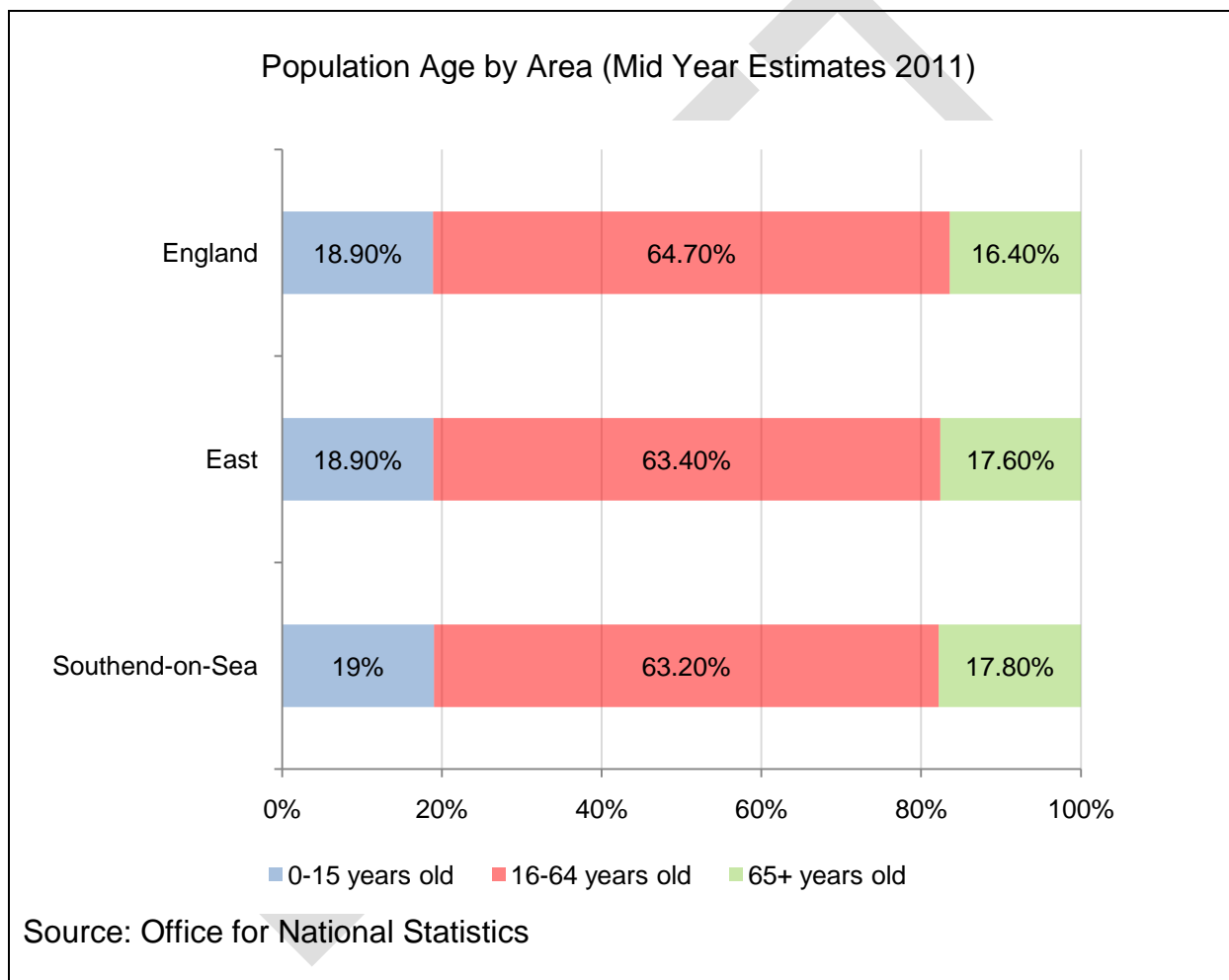
<sup>22</sup> [www.poppi.org.uk](http://www.poppi.org.uk)

## Joint Commissioning Strategy: Carers

The number of people with learning disabilities is expected to continue to grow with further advances in medical technology – estimates suggest that the number of adults with a moderate or severe learning disability could increase by 17% between 2010 and 2030<sup>23</sup>.

The economic downturn, rising unemployment, less secure relatively low paid jobs and the need to work longer add to the stresses of keeping or finding a job for carers, young and old.

The population balance is changing too. Southend-on-Sea already has a higher than national average proportion of people over 65 relative to younger people and those of working age<sup>24</sup>.



<sup>23</sup> Southend Joint Strategic Needs Assessment – Learning Disabilities (2011)

<sup>24</sup> [www.poppi.org.uk](http://www.poppi.org.uk)

The situation is predicted to become more pronounced over the next 17 years. The dependency ratio (i.e. the number of people aged 15-64 per person aged over 65) for Southend is expected to drop by 31% by 2031<sup>25</sup>. All this will have an impact on future demand for health and social care and place additional pressures on informal care arrangements.

**5.4 What does this mean for commissioning?**

Statistical Information <sup>26</sup>	What does this mean for Commissioning?
<p>Of the 17,682 (10%) carers living in Southend, 65% provide unpaid care for between 1-19 hours per week. 12% provide unpaid care 20-49 hours per week 23% provide unpaid care 50 or more hours per week</p> <p>These figures are comparable with the national averages for England.</p> <p>The highest number of carers are found in Blenheim Park, West Shoebury and Southchurch (20% of the total carer population).</p> <p>The largest age group of people providing care is those between 50 and 64. 42% of carers in Southend are male and 58% are female.</p> <p>Carers are more likely to be employed part time, with a third in full time employment.</p>	<p>We must not ignore those who provide care for the least number of hours per week as they form the majority. However, we must also ensure that those who provide the high levels of support can readily access help and support.</p> <p>We must ensure that we deliver universal services for all carers, for example good quality information and signposting at first contact; through to targeted services providing specific support to those carers at greater risk. Carers who are supported from the outset of their caring journey are more likely to enjoy good health and well-being.</p> <p>We need to better understand the reasons why 44% of carers are economically inactive and must look at ways to enable carers to mix paid employment with caring role.</p> <p>Employers need to be encouraged to develop flexible working patterns for carers. Southend-on-Sea Borough Council and health employers can lead by example.</p>

<sup>25</sup> Southend-on-Sea JSNA Demography (2009)

<sup>26</sup> 2011 Census



Statistical Information <sup>26</sup>	What does this mean for Commissioning?
<p>The indicative results of the National Carers Survey 2012 / 2013 shows that two thirds of carers in Southend-on-Sea are people caring for an older person aged 65 and over. This data reflects regional and national evidence which suggests that carers who provide 20 hours of care or more were considerably more likely to live in social housing, live in a household with no working adult, and live in a household with a person with a LLTI (limiting long term illness) (DOH, CIRCLE &amp; University of Leeds 2010)</p>	<p>It tells us that carers in this caring category may be facing particular pressures due to poverty, higher levels of disability and illness and social isolation due to reduced opportunities for socialisation. Research from Carers UK suggests not surprisingly that carers providing 'heavy end care' 50 hours plus are at a greater risk of ill health and carer breakdown due to stress.</p> <p>We must ensure equity of access for carers across the Borough; however we have a duty to ensure that carers at greatest risk receive support to prevent carer crisis and breakdown</p>
<p>Evidence from Essex Country Council shows that older carers are more commonly caring for an adult with a learning disability. 13% of these carers are aged 75+ 62% are mothers to the person they care for.</p> <p>The same evidence states that 50% of all people caring for a person with a physical disability are spouses, 21% mothers, 13% are children and 6% fathers.</p>	<p>Planning the future must be a critical part of person centred planning for family carers.</p> <p>We need a better understanding of carers who report poor health to ensure they are offered appropriate health and social care services to enable them to carry on in their caring role if they wish to.</p> <p>We need to develop our understanding of the caring population by ethnicity, refugee and travelling community, carers with different learning abilities, carers who may be disabled or have sensory support needs, LGBT (Lesbian, Gay, Bisexual and Transgender) carers and carers living in a household where there is no working age adult, limited access to transport and local infrastructure. Evidence suggests they are more likely to be at risk of ill-health and break down of caring role.</p>

Statistical Information <sup>26</sup>	What does this mean for Commissioning?
<p>Demand for care in Southend-on-Sea is growing. ONS (office for national statistics) population predictions for Southend-on-Sea predict a growth in the population aged over 65. This suggests more people will be providing unpaid care year on year.</p> <p><u>The 2011 Census shows that the largest groups of people providing over 50 hours of care a week are those ages over 65.</u></p>	<p>We must be prepared to cope with a rise in the informal caring population and the impact this may have on health and social care services. This is particularly so for older carers where the increase in numbers will be the steepest. We must ensure that carers are a consideration in the development and commissioning of services for older people in the county.</p> <p>Services must help to ensure that carers own health does not suffer as a result of caring.</p>
<p>Of all the carers assessed in 2012/2013, 66% received services following their assessment while 34% were given advice and information<sup>27</sup>.</p>	<p>Feedback from carers suggests that coming to Adult Social Care for advice and information is not the preferred first contact. Given that 34 % of people receive advice and information only it is sensible to explore how those information needs can be met in spaces and places carers want it. Commonly cited were GP, pharmacy, hospital, supermarket and post office.</p>

## 6 The Financial Context

Local Authorities and the CCG's across Essex, Thurrock and Southend are facing an increasingly difficult financial landscape. To respond to these challenges there is a need to change the way services are commissioned and delivered.

Southend-on-Sea Borough Council's Adult and Community Services 2013 / 2014 budget has been reduced by 4.03% from 2012 / 2013, which was itself reduced by 4.70% from the previous year. At the same time, we expect an increased demand for adult social care services<sup>28</sup>.

Care giving has ramifications on both the physical and mental health of the carer and can result in carer breakdown, which can have significant consequences for the health economy. Carer breakdown can be one of the reasons for admission to permanent residential care as can hospital re-admission. Being able to demonstrate both the financial and social return on investment of supporting carers is fundamental

<sup>27</sup> 2012/2013 RAP Submission

<sup>28</sup> Rowena Crawford and Carl Emmerson, NHS and social care funding: the outlook to 2021/22. Institute for Fiscal Studies, The Nuffield Trust 2012.

in ensuring partners prioritise allocating the limited funding that is available into supporting carers. CCG's are focused on Quality, Innovation, Productivity and Prevention (QUIPP) plans and strong business cases are required to ensure that 'spend to save' projects show a true return on investment (ROI).

There is still significant work to do to develop the evidence base around what works well and what does not for carers both in terms of demonstrating positive outcomes and achieving cost savings. It is challenging to show robust evidence on ROI by providing support to carers. The Department of Health National Carers Strategy Demonstrator Sites programme<sup>29</sup> spent over £15m in 25 sites on a range of interventions to support carers, but concluded that 'precise measurement of cost savings was not possible'. The lesson to learn from their experience is to ensure that measures of success are built into the business case models.

Others have tried to quantify a social return on investment in carers support services by suggesting an investment of £5m in five carers centres would generate £73m in social return. The research looked at the potential financial benefits from improved physical health and the reduced risk of new or pre-existing conditions being exacerbated by the burden of caring.<sup>30</sup>

It assumed that a decline in physical health for the carer might result in the need for medical intervention, for example, rehabilitative care. Using a calculated assumption that an average rehabilitation care episode lasts for two week at a cost of £4, 254 and the need for residential care for the cared for during this time at a cost of £1,067 per week. The report concluded that the damage avoided by managing a carers medical condition amounts to £6,388 per annum.

If there was a cohort of 100 carers and 40 were in danger of suffering a health breakdown due to the impact of their caring role and lack of time away from caring then the above calculation could be used as a proxy measure for the ROI of providing carers with opportunities and time away from their role.

Based on the assumption that annual carers break costs £2,500, the following ROI can be demonstrated:

40 carers x £6,355 = £255,520

40 breaks x £2,500 = £100,000

By spending £100,000 there is the potential to save £155,520 from across the health and social care system.

Colleagues in neighbouring authorities have attempted to demonstrate the potential cashable savings to be made in terms of reductions in unplanned hospital admissions and residential care beds by investing in carer support models in secondary care settings.

The key commissioning ideas outlined in section 9 need to be viewed in the context of the constrained financial position. This means that a prioritisation exercise will

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<sup>29</sup> Yeandle, S & A Wigfield, New Approaches to Supporting Carers Health and Wellbeing: Evidence from the National Carers Strategy Demonstrator Sites programme. Centre for International Research on care, University of Leeds 2011.

<sup>30</sup> Baker Tilly and Princess Royal Trust for Carers 2011

need to be applied to the commissioning ideas to establish which elements of the programme should be commissioned over the short, medium and long term.

### 7 What are the Risks?

Local Authorities are moving away from traditional grant funding arrangements with community and voluntary organisations moving towards commissioning services to deliver specific outcomes for carers against identified local need. As more carers choose to take cash rather than formal services, there are growing opportunities for providers to move into a very different market.

We also need to be mindful that contracting systems that rely upon tendering processes that are lengthy and complex can deter innovative local providers from competing and can be so lengthy that services cannot be delivered within the desired time frame. Within any contracting process there need to be safeguards in place in relation to the quality of staff that are employed to provide the services.

Collaboration and competition are never easy bedfellows; often the most valued supports are very small scale and community focused that make use of natural networks, family, friends, neighbours, work colleagues and local infrastructure. We need to ensure that we don't 'throw the baby out with the bathwater' and potentially lose a local market with knowledge and expertise of the small scale valued support.

Fundamental to our commissioning approach is the assumption that, by and large, carers are able to cope with caring, are able to resolve issues when they arise, and have strong informal networks of support (family and friends) that enable them to balance their life alongside their caring role.

Often most of the support that people need already exists in our communities. We simply need to look for it. We will not look to create new, more complicated systems to support carers, rather encourage and support existing resources to recognise their contribution and make carers aware they can access them should they want to.

Carers have told us of the high value placed upon informal sources of support and the quality of information that can come from people who share their experience and not solely from 'professional' information and advice. We do not want to disempower carers or discourage them from doing more for themselves nor making use of the skills and knowledge of their local community, so where support does not already exist we will look to develop peer networks and self-sustaining carer support groups.

As previously stated there is a difficult financial landscape that partners are responding to. This presents a risk to the strategy. Work will need to take place to ensure on-going partnership sign-up to the strategy and being able to show a clear ROI in supporting carers will contribute to partners remaining involved.

### 8 The Health and Social Care Market

Within local authorities, typical approaches to supporting carers have tended to concentrate on process and activity rather than the outcomes for carers and those they care for.. We have grant funded a number of voluntary sector organisations providing a range of services, and have recently started to review providers' performance against the Department of Health's Adult Social Care Outcomes Framework. We also ask for case studies so that we can see how the services operate on a personal level.

Southend-on-Sea Borough Council's services for adult carers include:

- Provision of information and advice
- Carer assessments
- Direct payments
- Funding for carers support services, provided by voluntary and community organisation:

## 9 Key Commissioning Intentions

The National Carers Strategy Demonstrator Sites Programme (University of Leeds, CIRCLE report 2011) and 'World Class Commissioning for Carers' produced by ADASS and leading carers charities points to the value of certain types of services provided at key points in the carer journey. This forms part of a wider body of practice that has seen a number of Local Authorities re-commission or re-design their services for carers.

A 'targeted offer' approach that takes account not only of the different stages in the caring journey, but one that reflects the different type of care and carer, nature, extent and intensity of caring role came through strongly from our workshops with carers, commissioners and feedback from existing provider.

This strategy proposes the development of a partnership arrangement where groups of providers would be encouraged to collaborate to provide a wide range of support with individual providers delivering bespoke elements of an overall package. This could include:

- ✓ Universal offer - with a focus on prevention and early intervention. Advice and information for all, taking account of the fact that 65% of Southend carers care for up to 19 hours per week. Potential solutions include:
  - Provision of a core, county wide information, advice and advocacy offer. This could be via the web, over the telephone, face to face and through bespoke literature. Developing a single simple set of information recognising the unique needs of some groups of carers.
  - Emotional support and counselling, signpost to mainstream psychological support services.
  - Support to navigate services for carer and cared for, with a focus on early advocacy. Supporting carers to know what questions to ask when new to caring. A dedicated offer of support during hospital discharge, understanding the choices, options and availability of support post discharge.
  - Support carers to have a voice in local decision making
  - Raise awareness with partners likely to encounter carers, both in terms of identification and consistency of messages and guidance
  - Support carers to self-identify via referral pathways for carers unknown to services
  - Develop a pathway for carers to be informed of the benefits of Assistive Technology

## Joint Commissioning Strategy: Carers

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- Provide breaks from caring role that offer flexibility and choice
- Enable carers to consider their learning and work needs, develop relationships with Job Centre Plus, job clubs, Employers for Carers and other forums which may support carers to identify and access learning and work opportunities.
- ✓ Reactive and crisis support – Potential solutions would support the needs of those carers in greatest need, due to ill health, heavy end caring and other determinants that affect health and wellbeing such as the built environment, lifestyle factors, income and unemployment. The response could:
  - Work closely with local communities and groups to identify those carers in greatest need and support them to access health and wellbeing services (acting as health/carer advocate)
  - Support carers to understand how emergency planning contributes to health and wellbeing. Actively promote and develop the emergency planning service.
  - Support the caring journey through different life stages with a targeted information offer that focuses on people new to caring, when caring changes and transitions from young carer to young adult carer, end of life and bereavement.
- ✓ A service designed for specific groups of carers - One that is able to find carer groups 'hard to reach out to' or sometimes referred to as 'hidden'. This would include:
  - Support outreach into black and minority ethnic organisations to develop and raise awareness.
  - Encourage peer support among BME carers and help reduce some of the stigma associated with disability
  - Targeted work to increase the identification and recognition of older carers by working with age specific community groups supporting the mainstreaming of older carers needs into operating plans. Working with older carers to support future planning for older parents caring for an adult son or daughter. Increased identification and support for carers with learning difficulties/disabilities, caring for an ageing parent.
  - LGBT carers - Develop close working relationships with LGBT organisations and raise awareness amongst mainstream service providers of the needs of this group.
  - Working carers - Work with employers to support the business case for developing flexible ways of working that support employees with caring responsibilities. Take the lead on the development of a local employers charter mark for carers, linked to health at work awards.
  - Mental health carers - Taking the lead on the development of a 'common sense' approach to confidentiality and facilitating peer support and working with providers to develop time limited courses (guide to the law, the role of the nearest relative, condition specific knowledge, looking after yourself)

- Drug and Alcohol carers - Working across sectors to raise awareness of the marginalisation experienced by carers supporting a person with drug or alcohol or poly misuse. These need a different approach by and large their need is signposting to services for information and education on this as well as support and advice on financial and health related issues
  - Palliative care and end of life - Supporting carers with specific information on financial matter, wills and trusts, bereavement support and life beyond caring e.g. returning to work after a caring role ends.
  - Condition focused support - working with condition specific organisations to ensure support for carers is part of their core offer.
- ✓ A service dedicated to the development and mainstreaming of carers support. This would:
- Assist in the development of accessible and responsive primary and secondary care services by working alongside existing initiatives such as Royal College of GPs, Carers Trust and Carers UK tripartite project to develop GP trained carer champions and carers themselves acting as 'expert' practitioners in GP practices.
  - Collate evidence of 'best practice' models in support for carers in primary and secondary care and delivery a responsive service for example, the expansion of family link workers in hospital and carers workers in GP practices
  - Support organisations to develop their training requirements with carers in mind
  - Provide direct bespoke training courses across all sectors, public, private and voluntary to embed the 'think-carer' culture of practice.

The key commissioning intentions were felt to be a 'wish list'. Partners agreed that a prioritisation exercise was necessary to ensure that limited resources can be targeted to best effect based upon the following criteria:

- Service benefits: where a commissioning idea delivers non-financial benefits to the system, such as increased value for money, innovative process or improved service delivery.
- Financial and economic impact: tests how worthwhile the commissioning idea is from an organisation's economic perspective taking into account possible implementation costs, return on investment or potential for financial savings.
- Sustainability: the commissioning idea has the potential to deliver long term solutions within communities, with low maintenance, minimal investment, for example provides carers with appropriate support without committing an organisation to long term expenditure.
- Impact on people: there is sufficient alignment to carers' outcomes or enough evidence to suggest the commissioning idea will have a positive impact on carers, such as greater choice and control, increased customer satisfaction and saving carers time when interacting with an organisation.

- Effectiveness: helps reduce demand on health and social care services

Fifteen commissioning intentions were prioritised identifying evidence of impact and expected benefits for health and social care systems. The following work streams were approved by the project board to develop to business case:

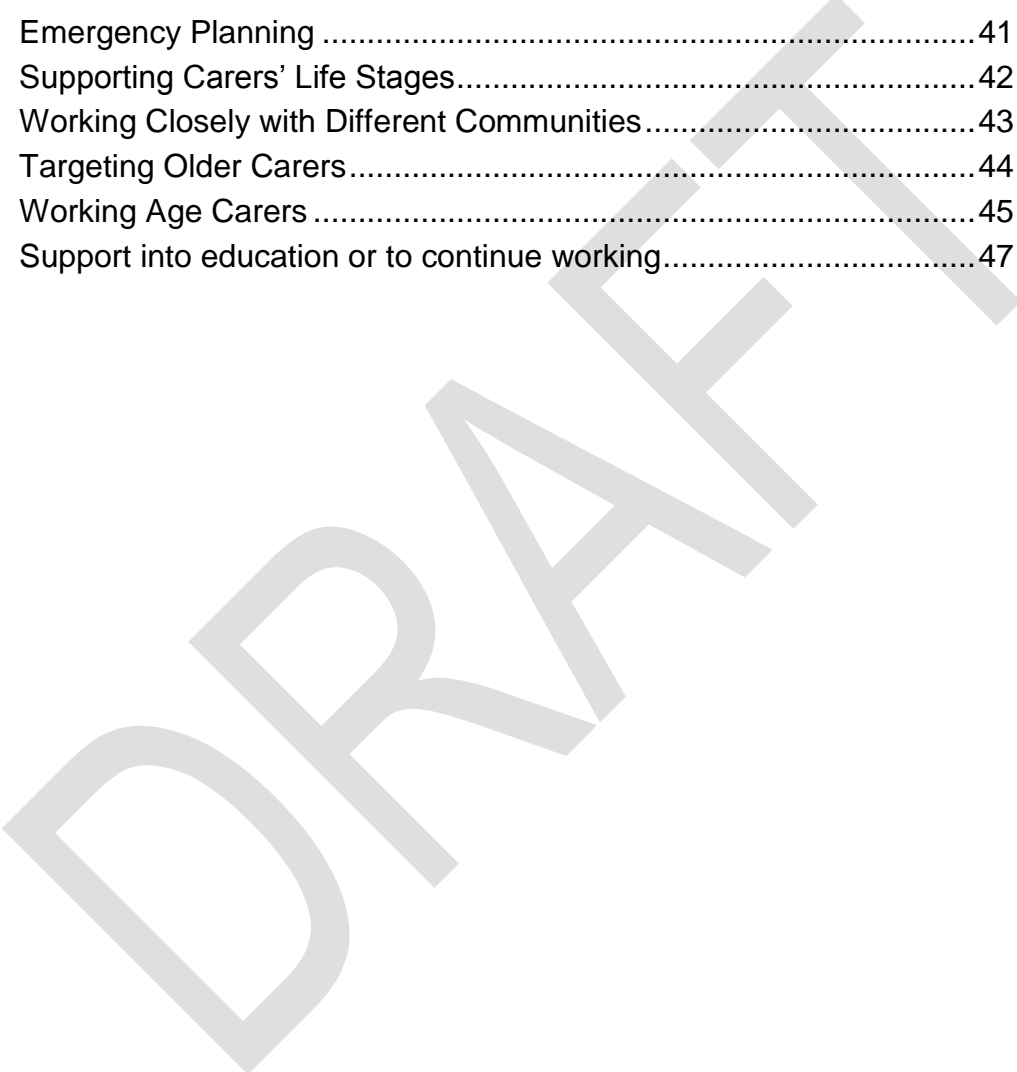
- IAA, universal offer
- Peer led self-sustaining support
- Collaborative breaks model
- Carer friendly hospital
- Training and learning
- Targeted offer at specific carer groups

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**Universal Offer: Priority themes for commissioning development**

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Universal Offer: Priority themes for commissioning development

1) Support to Navigate Services for Carers and the Cared for	
Commissioning Intention	Support to navigate services for carer and cared-for, with a focus on early advocacy. Supporting carers to know what questions to ask when new to caring. A dedicated offer of support during hospital discharge, understanding the choices, options and availability of support post discharge.
Evidence of Impact	<ul style="list-style-type: none"> <li>• Research carried out evidenced a reduction in depression amongst stroke patients (17% from 27% and reduced need for physiotherapy by supporting family carers).</li> <li>• Carers understanding of principles and objectives of re-enablement significantly linked with improved outcomes of patient (quicker recovery)</li> <li>• 4yr study found carers who reported feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain</li> <li>• Carers in heavy end caring roles have 23% higher risk of stroke and twice as likely to report ill-health as those not providing care</li> </ul> <p>Bristol &amp; South Gloucs. Carers Centre - Dedicated hospital carers support workers providing advice, information and training for both carers and staff evidenced 91 families supported during an 18 month period saving 300 bed days.</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Reduction in the number of carers reaching crisis point and requiring a social care intervention</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Increased patient wellbeing, increased hospital beds availability.</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Empowered to care,</li> <li>• Feel respected as expert care partners</li> <li>• Research indicated significant reductions in carer burden and improvements in mood and quality of life for carer and cared for, following 'carer pathway'</li> </ul>

2) Information, Advice, and Advocacy	
Commissioning Intention	Provide advice, information and support via the web, over the telephone and through bespoke literature. Developing a single simple set of information recognising the unique needs of some groups of carers.
Evidence of Impact	<p>Essex based carers have informed us that this would be something that would significantly support them in maintaining their emotional well-being.</p> <p>Norfolk hosts a free to call, Carers Helpline. This can be for information and advice or just a listening ear by trained staff who are mainly carers or ex carers themselves.</p> <p>Carer's Direct helpline that is open reasonable hours and at weekends but this is only for information and advice. Carers consulted with locally were not aware of this and people that were aware felt they would like a more holistic service that included emotional support as well.</p> <p>Southend Carer's Forum run a carer's helpline from 10.00 until 2.00 during the week (with an answerphone for out of hours calls).</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Enabling carers – can reduce social care input</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Enabling carers – can reduce the need for primary and secondary health services</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Current and ex carers could provide a hotline which would support them in feeling valued and build their confidence and emotional wellbeing.</li> <li>• Carers feel confident that they are getting the right information, advice and support because it is from Carers and ex carers who have experienced what they are going through.</li> </ul>

3) Training Carers	
Commissioning Intention	Provide training for carers.
Evidence of Impact	<p>Evidence gathered from a variety of evaluations of Caring with Confidence courses showed the following outcomes for carers:</p> <ol style="list-style-type: none"> <li>1. More positive about their caring situation;</li> <li>2. More confident in their caring role;</li> <li>3. Caring had less of a negative impact on their physical health;</li> <li>4. More able to manage the caring situation;</li> <li>5. Less isolated;</li> <li>6. More supported;</li> <li>7. More confident talking with care professionals about what they needed;</li> <li>8. More positive about their financial situation;</li> <li>9. More knowledgeable;</li> <li>10. More skilled; and</li> <li>11. They gave a better quality of care</li> </ol>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Carers supported to gain confidence and resilience, requiring less input from social care</li> <li>• Carers able to maintain caring role for longer time, reducing need for residential / social care intervention</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Increased carer Caring skills - Guidance and advice about subjects including giving medicines, infection control and nutrition. Coping with sensitive subjects such as continence problems and memory loss in older people. Reduction in contact with Primary and secondary care</li> <li>• Safer handling and looking after your back - Advice on daily back care, prevention of injury and an opportunity to practice safer handling skills. Carers Supported to maintain and sustain own health and wellbeing</li> <li>• First aid skills - First aid skills appropriate to caring for someone in the home environment including falls prevention guidance. Reduced need for Primary and Secondary health support, improved wellbeing for carer and cared for.</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Accessing support for Carers and managing stress - Signposting the local support available for carers and instruction on stress management and relaxation.</li> <li>• Increased confidence and self-esteem.</li> <li>• Carers empowered to care, confident they are making the right decision for themselves as well as their cared for.</li> </ul>

4) Raising Awareness	
Commissioning Intention	Raise awareness with partners likely to encounter carers, both in terms of identification and consistency of messages and guidance. Working across sectors to raise awareness of the marginalisation experienced by carers focusing on different approaches tailored to the carer's circumstances.
Evidence of Impact	<p>The Moffat Project: Preventing Crisis for Carers (Health and Social Care based project in Scotland 2009) embedded Carers Support Workers into hospitals and social care departments. One of the aims of the project was to train health and social care professionals in carer awareness. In year one the project trained over 3500 staff. The research highlighted that the training had an impact on work practices with front line staff more likely to identify carers earlier e.g. on admission or during hospital stay and refer them for support. The research recommended that carer awareness training should be part of mandatory training for all health and social care staff. The evidence seems to suggest that in certain locations a dedicated worker is needed so there is a consistent presence in a hospital setting to raise awareness and provide training. This is partly due to the turnover of staff in hospitals which makes embedding carer awareness more challenging. There is a need for a 'menu' of carer awareness training to respond to staff time and site requirements e.g. e-learning and formal face to face training.</p> <p>The report from CIRCLE (2011), which evaluated the National Carers Demonstrator sites, supports the Moffat Project findings. The report concluded that raising awareness impacted on the organisations involved making a significant shift in focus in the way they worked with carers. Staff who had previously not identified carers did so and put them in touch with support services.</p> <p>Promoting carer awareness outside the health and social care setting is equally valuable. The carer training unit in Hertfordshire (part of the Herts carers centre) uses volunteer carers to provide training across a variety of organisations including libraries, job centre plus, colleges and District Councils.</p>
Expected Benefits	<p><u>Health and Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>The change in attitude of health staff from awareness training has enabled carers to be identified, which will in turn; contribute to reducing costs to health and social care.</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>Carers will have a better experience of engaging with professional staff that are trained in identifying carers and understanding their needs and consequently better able to provide a sensitive and appropriate service. If volunteer carer trainers were used to provide the training there would be benefits to the volunteers including; opportunity for carers to use their skills and experience to influence the way in which a service is provided and develop their skills and suitability for other employment opportunities.</li> </ul>

5) Carers' Breaks	
Commissioning Intention	Provide breaks from caring role that offer flexibility and choice
Evidence of Impact	<p>Crossroads Care Cambridge, NHS Cambridge and 22 GP practices issue free prescriptions to contact Crossroads Care who will visit the carer. Breaks can be booked directly through Crossroads. Carer identification increased by 80% across the practices in a six month period and GPs advised that 32% of prescriptions prevented hospital admission. Carer breaks enable carers to maintain a balance between their caring responsibilities and a life outside caring. Time away from the cared for provides an opportunity for carers to pursue hobbies, have relaxation time and to tend to their own health needs which in turn enables them to continue in their caring role for longer.</p> <p>A key finding from the study 'Rest assured? A study of unpaid carers' experiences of short breaks (2012, Scotland)' was that short breaks were considered fundamental to carers to help alleviate the physical and emotional demands of caring and to sustain the caring relationship, preventing admission to residential care. It found that short breaks could be improved by:</p> <ul style="list-style-type: none"> <li>• Being provided as an early intervention rather than at crisis point</li> <li>• Having increased choice, flexibility, frequency and length</li> <li>• More information about carers entitlements to breaks</li> </ul> <p>As part of next steps the study suggested helping families and communities to support each other. The report highlighted the scope to use online technology and social media to connect families and friends to arrange help with trips to the shops, GP or hospital appointments. Linking families in similar circumstances together may provide more opportunities for more informal reciprocal offers of help such as house swapping arrangements for holiday breaks and time banking opportunities to help share the care.</p> <p>The report from CIRCLE (2011), which evaluated the National Carers Demonstrator sites, noted that carers perception of how their health and wellbeing was affected by having access to the breaks service showed quite positive outcomes with regard to health with a number of carers saying that how they take care of themselves, look after themselves and feel about life had improved. In relation to health behaviours most carers recorded improvements or no change in their ability to relax, deal with stress and take regular exercise. Analysis of breaks in wave 2 showed that carers who had not received a break were more likely than those who had done so to show a significant deterioration in their well-being scores. Six break sites reported in their evaluation reports that carers were able to sustain their caring role for longer as a result of having a break. It was not possible for the sites to evaluate a ROI by providing breaks albeit some sites did attempt a broad analysis. The demonstrator sites were encouraged to develop their own definition of breaks and be innovative in how they were provided. This included one off payments for personalised breaks, new ways of making breaks accessible often without having a carer's assessment, breaks on GP prescription, electronic referral systems for GPs and on-line booking of breaks by carers. The evidence suggested that carers preferred to engage with voluntary sector organisations rather than through statutory organisations.</p>

### Expected Benefits

#### Health and Social Care Benefit

- There are also benefits to health and social care by supporting carers to have time away from their caring role. Research by Baker Tilly (Social Impact Evaluation of five carers' centres using Social Return on Investment 2011) looked at the potential financial benefits from improved physical health and the reduced risk of new or pre-existing conditions being exacerbated by the burden of caring.
- It assumed that a decline in physical health for the carer might result in the need for medical intervention, for example, rehabilitative care. Using a calculated assumption that an average rehabilitation care episode lasts for two weeks at a cost of £4,254 and the need for residential care for the cared for during this time at a cost of £1,067 per week. The report concluded that the damage avoided by managing a carers medical condition amounts to £6,388 per annum.
- If there was a cohort of 100 carers and 40 were in danger of suffering a health breakdown due to the impact of their caring role and lack of time away from caring; the above calculation could be used as a proxy measure for the ROI of providing carers with opportunities and time away from their role.

Based on the assumption that an annual carers break costs £2,500, the following ROI can be demonstrated:

40 carers x £6,355 = £255,520

40 breaks x £2,500 = £100,000

**By spending £100,000 there is the potential to save £155,520 from across the health and social care system.**

#### Carer Benefits

- They help carers to safeguard their own health (physical and emotional) to enable carers to continue caring
- They help prevent social isolation
- They help overcome a crisis
- They make time for the carers to spend with family and friends
- They help people develop independence and prepare for a time when the carer can no longer continue caring

6) Carer Identification	
Commissioning Intention	Support carers to self-identify
Evidence of Impact	<p>Alongside carer awareness and identification training for partner organisations carers need to be supported to self-identify. A recommendation from the study 'Rest assured? A study of unpaid carers' experiences of short breaks (2012, Scotland)' is that more should be done to use national and local promotion and advertising campaigns to help increase public understanding of caring and to help people to self-identify their caring role.</p> <p>There is the opportunity to use Social Marketing techniques to reach out to carers. Research into carers by Ipsos MORI in Mid Essex in 2009 looked at audience segmentation to identify different target audiences, their traits and how best to target them with messages. This research stressed the importance of addressing carers without emphasising the term 'carer' rather focusing on identifying people who take care of a friend or relative with a long term condition or who needs care. They emphasised that communication with carers should start with the condition of the cared for, thereby attracting the carers attention and enabling hidden carers to identify with the advertisements.</p> <p>This message was reinforced by CIRCLE's 2011 report, which evaluated the National Carers Demonstrator sites, which stated that successful methods of engaging with hidden carers included avoiding the term 'carer' in engagement and marketing activities.</p> <p>For health and social care it provides an opportunity to focus on prevention measures to ensure carers can maintain their caring role, but it can also have the consequence of bringing carers into already stretched services.</p>
Expected Benefits	<p><u>Health and Social Care Benefit</u></p> <p>By hidden carers identifying themselves, more support could be given to reduce social care intervention and addition Medical support for both the carer and the cared-for.</p> <p><u>Carer Benefits</u></p> <p>There are clear benefits to carers in self-identifying their caring role. It can open up access to support services and signposting to useful organisations which will enable them to carry out their carrying role for longer.</p>



## Reactive and crisis support: Priority themes for commissioning development

7) Emergency Planning	
Commissioning Intention	Actively promote and develop the existing emergency planning service. Support carers to understand how emergency planning contributes to health and wellbeing.
Evidence of Impact	<p>In 2006 the Department of Health asked carers what changes they would like to see in health and social care services in their communities (Our Health, Our Care, Our Say. January 2006). 140,000 carers responded saying that people who care for others are often under a lot of stress and they should have more support. An outcome that the government requested and funded was that every area would have short-term home-based respite support for carers in crisis or emergency situations.</p> <p>Carers tell us that they can cope with the day to day needs of their caring role but worry about the “what if” scenario, “what if they couldn’t provide care due to them having an accident” or “what if they were needed by another family member in crisis but couldn’t support them because of their caring role”. Contingency planning would give carers “peace of mind” and support them to continue in their caring role.</p> <p>The current service covers some carer groups. Development of the current emergency planning service will look at ways to support carers of people with mental health needs, carers of people with drug and/or alcohol misuse and young carers working in partnership with our partners in health and the 3<sup>rd</sup> sector.</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>Supporting carers in this way will enable the people that they care for to remain independent in their communities giving them choice and control in how they access their care needs. Many carers provide a level of care and support that prevents the people that they care for coming into service provision</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>Traditionally if a carer has an accident or crisis that means they have to be hospitalised, more often than not the cared for person will also be admitted taking up valuable bed space. If a carer has a contingency plan in place this can reduce unnecessary hospital admission for the cared for person keeping them at home whilst the carer is being looked after.</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>Peace of mind and support for the carer. In the year 2012 – 2013 89 carers registered for the Southend Emergency Respite Scheme. One carer said that fortunately they did not need to call on our services but found it a great relief to know that help is at hand if needed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Support the carer to continue in their caring role for longer</li> <li>• Reduce the number of carers reaching crisis point knowing that they have a back up</li> <li>• Better health and wellbeing for carers</li> <li>• Reducing carers stress and anxiety in an emergency situation</li> </ul>
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## 8) Supporting Carers' Life Stages

Commissioning Intention	Support the caring journey through different life stages with a targeted information offer that focuses on people new to caring, when caring changes and transitions from young carer to young adult carer, end of life and bereavement.
Evidence of Impact	Investment in carer support has proven to generate a substantial return on investment. £5million in 5 Carer Centres generated an estimated £73million in social return (not cashable savings)
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Return on investment (prevention leads to savings)</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Reduced hospital re-admission,</li> <li>• Delayed discharge and A &amp; E episodes</li> <li>• Reduced Primary care (GP) intervention</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Increased sense of wellbeing, recognition of role,</li> <li>• Carers are more likely to view themselves independently from the cared for and more willing to accept a break when identified early in the caring relationship</li> <li>• Self-identification at earliest opportunity leads to improved health and wellbeing outcomes for carers</li> <li>• Continue caring for longer with access to quality, timely information, advice and support</li> <li>• Reduction in the number of carers reaching crisis point</li> </ul>

9) Working Closely with Different Communities	
Commissioning Intention	Work closely with local communities and groups to identify those carers in greatest need and support them to access health and wellbeing services (acting as health/carer advocate).
Evidence of Impact	<p>We need to understand the ethnically diverse population of Southend and target those with greatest need. Where do people form relationships within their communities and how can the 3<sup>rd</sup> sector work more closely within these communities to support carers to access health and wellbeing services.</p> <p>Targeting particular carers such as those who are at high risk of costing a fair amount from health and/or social care. Carers who have a learning disability, mental health or a physical and/or sensory impairment in their own right and older carers.</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Less dependency on social care input</li> <li>• Reduction in unplanned admissions into residential care</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Poverty impacts on health, carers or the people they care for are less likely to need health support if some investment is made by targeting carers in greatest need</li> <li>• Targeting Primary Care to work in partnership to build this support and avoid unplanned admissions and readmissions</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Carers encouraged to take responsibility for their own health and wellbeing giving them ownership of their role</li> <li>• Peer support within communities</li> <li>• Building community capacity</li> </ul>

## A service designed for specific groups of carers: priority themes for commissioning development

10) Targeting Older Carers	
Commissioning Intention	Targeted work to increase the identification and recognition of older carers by working with age specific community groups supporting the mainstreaming of older carers needs into operating plans. Working with older carers to support future planning for older parents caring for an adult son or daughter. Increased identification and support for carers with learning difficulties/disabilities, caring for an ageing parent.
Evidence of Impact	<ul style="list-style-type: none"> <li>• Carers Ageing well programme (Newcastle upon Tyne) identified a significant number older carers working in conjunction with age specific voluntary organisations</li> <li>• Mutual care project (life planning with older carers of people with LD) - DH project 2010</li> <li>• People caring for long hours neglect their own health (Carers UK 2004)</li> <li>• Older carers predominantly in heavy end caring category, associated with increased ill-health and disability (Essex JSNA evidence base)</li> </ul>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Reduction in the number of unplanned admissions to residential care for adults with LD, when older carers unable to care, become ill or pass away</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Reduction in unplanned admissions - older carers 'at risk' group</li> </ul> <p><u>Carer Benefits</u></p> <ul style="list-style-type: none"> <li>• Reassurance and peace of mind, take responsibility for own health</li> <li>• Improved health and wellbeing and ability for carers to manage their own health</li> <li>• Reduction in the number of carers reporting poor health</li> <li>• Reassurance and peace of mind knowing a plan is in place for the future</li> <li>• Carers with learning difficulties/disabilities supported via accessible, targeted information and advice</li> </ul>

11) Working Age Carers	
Commissioning Intention	<p>Working carers - Work with employers to support the business case for developing flexible ways of working that support employees with caring responsibilities. Take the lead on the development of a local employers charter mark for carers, linked to health at work awards.</p> <p>Choice and control given to carers to enable them to make an informed decision on their employment status and enable income maximisation.</p>
Evidence of Impact	<p>An estimated one million carers have given up work or reduced working hours to care, over two thirds (68%) of those who had given up work to care were more than £10,000 a year worse off as a result (Carers UK)</p> <p>In Essex 77% of carers are under the age of 65. Carers that currently work have limited access to services due to the majority being delivered during the working day. This could result in carer breakdown.</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Supporting Working age adults will reduce social care costs by enabling the person being cared for to stay in their own homes for longer, reducing residential care costs.</li> <li>• Contribute to Health and Wellbeing Outcomes including improved economic wellbeing, reducing poverty, improved health and wellbeing.</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• General maintenance of physical and mental health of the carer will combat deterioration of existing conditions or negate carers developing their own health conditions, thereby saving added pressure on health services.</li> <li>• The physical and mental health of a working age carer will enable the cared-for to stay in their own home longer which will in turn increase the life expectancy of the cared-for person. It is known that once someone goes into residential care their life expectancy is dramatically reduced.</li> </ul> <p><u>Carer Benefits</u></p> <p>Accessible services and solutions to fit around work responsibilities. This will allow Carers to maintain a balance between work, their caring responsibilities and having the right support around that role to avoid hitting breaking point.</p> <ul style="list-style-type: none"> <li>• Maintained or increased health and well-being for carers by:</li> <li>• Enabling carers to maintain their own independence by being able to continue working</li> <li>• Reducing stress by enabling carers to achieve a balance between working and their caring role</li> <li>• Confidence they are making the right decision for themselves as well as their cared for.</li> <li>• Income maximisation</li> <li>• The amount of working aged carers that access carer services and solutions</li> <li>• Cost efficiencies will be successful if the services and solutions can be accessed by a wide range of carers including those</li> </ul>

for working age.

- Personalisation – choice and control
- Employment is vital for carers in particular, for their well-being and sense of self-worth, maintaining income and as a way of maintaining social contact and combating isolation.

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12) Support into education or to continue working	
Commissioning Intention	<p>Working carers - Work with employers to support the business case for developing flexible ways of working that support employees with caring responsibilities. Take the lead on the development of a local employers charter mark for carers, linked to health at work awards. Enable carers to consider their learning and work needs, develop relationships with Job Centre Plus, job clubs, Employers for Carers and other forums which may support carers to identify and access learning and work opportunities.</p>
Evidence of Impact	<p>Organisational support and advice as well as peer support have been suggested by carers to help them either stay in appropriate employment or re-enter employment. This will enable them to maintain independence and achievement in their own life.</p> <p>The Changing Lives project offers fun and motivating courses from computer skills and interview techniques to confidence building and individual interests, aiming to build confidence and find new training and employment opportunities. The courses are run at times and places that suit carers. The scheme is funded on a 'payment by results' basis. It has supported more than 700 carers in its lifetime, with over 100 learners currently taking courses. The project has helped 25 carers into full/part-time or voluntary work and has provided skills coaching and Next Step services to 250 carers. Referrers include Jobcentre Plus and community mental health teams.</p> <p>PIE (People into Employment) is a long established partnership between Sunderland Carers Centre, the PCT, hospital trust, adult services, a local physical disability alliance and a local not-for-profit training organisation. It works with employers to improve awareness, policy and practice and to promote the Carers in Employment Charter. It enables carers to prepare for and remain in paid employment. PIE's main focus is to help carers identify training needs and access existing local support and training. It covers interview skills and confidence building and works with local employers to offer carers guaranteed interview schemes. Whilst the project has been replicated elsewhere, its staff stress that its success lies in an approach built on an understanding of the local employment situation, through relationships with regional development agencies and local employers.</p> <p>The Action for Employment Partnership found at <a href="http://www.employersforcarers.org.uk">www.employersforcarers.org.uk</a>. A number of schemes tailor breaks and services to enable carers to stay in employment. Gwynedd Crossroads and Anglesey /Anglesey/Ynys Môn Crossroads, both serving very rural areas of Wales, found that many carers were working in farming and tourism, and so the project restructured to provide more care at particular times, such as during the tourist season or at lambing time. Swansea Neath Port Talbot Crossroads aimed to reduce the incidence of cancelled services for working carers and Wirral Crossroads built an effective partnership with a major local employer. Further research could be carried out to ascertain the needs for Essex.</p>
Expected Benefits	<p><u>Social Care Benefit</u></p> <ul style="list-style-type: none"> <li>• Supporting carers to maintain quality employment and education will enable them to fulfil their financial requirements without additional social care or government funding.</li> </ul> <p><u>Health Benefit</u></p> <ul style="list-style-type: none"> <li>• Poverty impacts on health, carers or the people they care for are less likely to need health support if some investment is</li> </ul>

made by targeting carers in greatest need

Carer Benefits

- Reduction of stress and anxiety around financial pressures
- Confidence and self-esteem building
- Independence

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## **10 Action Plan**

Carers have been involved in developing the objectives and the actions. Views and experiences have been gathered using:

- Local and national surveys (2012 Caring For Others Survey, 2009/10 Carers Experience Survey, 2009 Carers Assessment Survey)
- Consultation events through a range of agencies and groups (Southend Carers Forum, Trustlinks, Southend Older People's Assembly, Voluntary Sector agencies)
- Feedback from Southend Health and Wellbeing Forum and Southend Carers Forum
- 'Carers Need Care Too' Southend Borough Council's 2008/2009 In-Depth Scrutiny Report

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Strategic Objective	What	How	Who	When
1, 2	Gain feedback from carers in Southend-on-Sea about the nature of their caring role and how they rate the support available.	<ul style="list-style-type: none"> <li>• Undertake national Caring for Others survey every two years. This is a Government designed survey.</li> <li>• Undertake tracker survey for the years when the Caring for Others survey is not undertaken. This is survey designed by Southend-on-Sea Borough Council.</li> <li>• Check the results against those for other local authorities.</li> <li>• Identify and recommend actions based on the findings.</li> <li>• Ensure that quarterly report from commissioned services contain case studies.</li> </ul>	Performance	Annually
1, 2	See whether health professionals could undertake carers' assessments. (Many carers may be in contact with health services but not social care).	<ul style="list-style-type: none"> <li>• Departmental Management Team proposal to be written.</li> <li>• If agreed then proposal to be discussed with SEPT.</li> </ul>	Health and Strategy and Planning	29.12.17

## Joint Commissioning Strategy: Carers

Strategic Objective	What	How	Who	When
1, 2, 4, 5	Promote Prescribed and Flexible breaks.	<ul style="list-style-type: none"> <li>At least 40 new referrals to be made for prescribed and flexible breaks.</li> <li>At least 90 people to have used the service.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and Carewatch.	31.3.13
1, 2, 4, 8, 10	Promote carers services commissioned from the Alzheimer's Society.	<ul style="list-style-type: none"> <li>At least 270 carers to have contacted the service.</li> <li>At least 250 carers to have used one-to-one service.</li> <li>At least 90 carers to have attended a group meeting.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and the Alzheimer's Society	31.3.13
1, 2, 6	Promote the Carers Emergency Respite Scheme.	<ul style="list-style-type: none"> <li>450 carers to have asked for information about the service (for example at an exhibition or by phone).</li> <li>270 carers to be registered in the Carers Emergency Respite Scheme.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and Ashley Care	31.3.14

Strategic Objective	What	How	Who	When
1, 2, 4	Promote the Southend Carers forum.	<ul style="list-style-type: none"> <li>• 1,260 Southend carers to be registered members.</li> <li>• 170 new Southend carers to attend a session.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and Southend Carers forum.	31.3.13
1, 2, 8, 10	Promote the Hospice at Home carers service to support carers looking after loved ones with life threatening or life limiting conditions.	<ul style="list-style-type: none"> <li>• 900 carers to have contacted the service.</li> <li>• 80 carers to have used the service.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and SPDNS Nursecare.	31.3.14

## Joint Commissioning Strategy: Carers

Strategic Objective	What	How	Who	When
1, 2	Promote the Trustlinks services for carers of people with mental health problems.	<ul style="list-style-type: none"> <li>• 130 carers to have made contacts.</li> <li>• 90 carers using one-to-one counselling listening sessions.</li> <li>• 10 carers using yoga / relaxation sessions.</li> <li>• 18 carers using support groups.</li> <li>• 12 carers using book groups.</li> </ul>	C.T.P.L.D., Locality Teams, Strategy and Planning and Trustlinks.	31.3.14
1, 2	Increase number of carers in receipt of a direct payment.	[Awaiting figures] carers to be in receipt of a direct payment.	C.T.P.L.D. and Locality Teams	31.12.13

Strategic Objective	What	How	Who	When
1, 2	Review carer support for hospital discharge.	<ul style="list-style-type: none"> <li>• Meet with a representative from the Hospital Discharge Team to ascertain the current procedure.</li> <li>• Meet with representatives from Southend Hospital Carers Group and Carers Action Group to review procedure.</li> <li>• Any proposed changes to be made in a Departmental Management Team report.</li> </ul>	Health and Strategy and Planning	31.12.15
1, 2	Review carers support at doctor's surgeries	<ul style="list-style-type: none"> <li>• Meet with carers lead from SEPT to find out current carer arrangements at doctor's surgeries.</li> <li>• Review processes with Carers Action Group.</li> </ul>	Health and Strategy and Planning	26.12.14
1, 2	Look at feasibility of peer support networks. These are groups of carers who can provide advice and emotional support to other carers.	Undertake feasibility study with Carers Support Group and Carers Forum.	Strategy and Planning and Carers Action Group	30.6.14

## Joint Commissioning Strategy: Carers

Strategic Objective	What	How	Who	When
1, 2	To encourage take-up of Telecare that can support carers.	[Awaiting figures] people to be in receipt of Telecare equipment.	C.T.P.L.D. and Locality Teams	31.12.13
1, 2	Give carers access to online support.	Ensure that useful carers websites are included on Southend's Health and Wellbeing Information Point at <a href="http://www.southendinfopoint.org">www.southendinfopoint.org</a> .	Strategy and Planning	30.6.14
1, 2	Give carers clear online information about the support available from Council.	<ul style="list-style-type: none"> <li>• Conduct a consultation with carers about current website.</li> <li>• Redesign website using carers suggestions.</li> </ul>	Strategy and Planning and Web Services Team	31.12.14

Strategic Objective	What	How	Who	When
1, 2, 6	Promote Advantage cards for carers. These are free for carers in receipt of carer's allowance.	<ul style="list-style-type: none"> <li>• Advantage Card leaflets to be made available at four carers' events during the year.</li> <li>• A supply of leaflets to be kept by Southend Carers' Forum.</li> <li>• Include an article about the Advantage Card in the 'What's O'Caring' newsletter.</li> <li>• Ensure that staff who administer the card ask whether applicants are carers.</li> </ul>	C.T.P.L.D., Locality Teams and Strategy and Planning	31.12.14

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Strategic Objective	What	How	Who	When
1, 2, 6	Improved services for carers of people with dementia	<ul style="list-style-type: none"> <li>• Integrate the Carers Strategy with the Dementia Strategy.</li> <li>• Expand dementia carer services.</li> <li>• Undertake a dementia carer consultation event.</li> <li>• Develop specific dementia carer literature.</li> <li>• Raise the profile of support services in Southend for carers and how to access them.</li> <li>• Establish specialist carer support services.</li> </ul>	Strategy and Planning, Alzheimer's Society and Carers Forum	31.3.14

Strategic Objective	What	How	Who	When
1, 2, 6	Identify more carers.	<ul style="list-style-type: none"> <li>Consult with members of the Carers Forum about how they were identified as a carer.</li> <li>Use the information to write a Departmental Management Team report suggesting a strategic approach to identifying more carers.</li> </ul>	Strategy and Planning, Carers Forum	31.12.14
1, 2, 7	Ensure that care plans continue to contain information about contacting out-of-hours Emergency Duty Team	Carefirst support plan template will contain contact details for the Emergency Duty Team.	C.T.P.L.D. and Locality Teams	Ongoing (reviewed annually)
1, 4, 6	<p>Keep in regular contact with contacts to promote joint working between</p> <ul style="list-style-type: none"> <li>Health and Social Care</li> <li>Adult and Children's services</li> <li>Private, voluntary and statutory sector services</li> </ul> <p>This will reduce duplication of effort, share good practice, co-ordinate services and identify and minimise gaps.</p>	<ul style="list-style-type: none"> <li>Meet at least twice a year with a carers lead from Health.</li> <li>Attend at least 50% of the bi-monthly Young Carers Development Group.</li> <li>Attend the six yearly review meetings for all contracted services.</li> </ul>	Strategy and Planning	31.12.18

Strategic Objective	What	How	Who	When
1, 8	1. Design a carer pathway with other commissioning agencies and the voluntary sector. This is an agreed process where support is provided by appropriate agencies at certain stages.	<ul style="list-style-type: none"> <li>• Meet with the Carers Action Group to identify the different caring stages.</li> <li>• Produce a draft document.</li> <li>• Discuss this document within a Health and Wellbeing Board meeting.</li> <li>• Make and requirement amendments and then make this available online.</li> <li>• Amend the Council's carer's information on the website to follow the Carers' Pathway.</li> </ul>	Strategy and Planning, Health and Carers Action Group	31.12.14
2	The Council will support carers of people with drug and alcohol problems.	<p>Southend-on-Sea Borough Council's Drug and Alcohol Commissioning Team to commission new drug and alcohol services that:</p> <ul style="list-style-type: none"> <li>• Consults carers when designing the service</li> <li>• Provides support for carers</li> </ul>	Drug and Alcohol Action Team	31.12.14

Strategic Objective	What	How	Who	When
2	Review carers' information for accuracy and clarity.	Review the following: <ul style="list-style-type: none"> <li>• Seven Carers fact sheets</li> <li>• Carers information on Council website</li> <li>• Carers Emergency Scheme leaflet</li> <li>• Application forms for prescribed breaks and Carers Emergency Respite Scheme.</li> </ul>	Strategy and Planning	31.12.13 (reviewed annually thereafter).
2, 8	Start a Carers Action Group to work on the actions assigned in this plan.	<ul style="list-style-type: none"> <li>• Invite carers and members of the Carers Forum who have previously attended to consultation events to join a Carers Action Group.</li> <li>• The Carer's Action Group will meet four times a year and will work on the actions assigned in this action plan.</li> </ul>	Strategy and Planning, Carers Forum and Volunteers	31.12.14

Strategic Objective	What	How	Who	When
3	Identify availability of local training for carers.	<ul style="list-style-type: none"> <li>• Undertake a gap analysis within the Carers Action Group to identify unmet training needs.</li> <li>• Identify how these unmet needs can be addressed in a separate action plan.</li> <li>• Incorporate the action plan into the refreshed Carers Strategy action plan.</li> </ul>	Strategy and Planning and Carers Action Group	31.12.15

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Strategic Objective	What	How	Who	When
4, 11	Support Southend-on-Sea Borough Council staff with caring responsibilities.	<ul style="list-style-type: none"> <li>• Liaise with the Council's Disability and Carers Staff Forum to identify issues around caring responsibilities.</li> <li>• Analyse the data from the annual Employee Engagement Survey for staff who identify themselves as carers. Compare these responses with staff who do not identify themselves as carers. Address any issues with Human Resources.</li> <li>• Look into feasibility of introducing Carers' Passport. These are used in the civic service and in several local authorities. They provide line managers, with information about how the individual's responsibilities impact their work. It includes any solutions agreed between the carer and his or her line manager, for example flexible working.</li> </ul>	Strategy and Planning, Disability and Carer's Staff Forum, Human Resources.	<p>Ongoing</p> <p>Annually</p> <p>31.12.15</p>

Strategic Objective	What	How	Who	When
6	Raise awareness of carers by promoting the Carers Aware Internet-based training	The Carers Aware webpage will have been viewed 220 times between January and December 2014.	Strategy and Planning, C.T.P.L.D. and Locality Teams	31.12.14
6, 12	Find out why there are low numbers of young carers being identified as adult carers when they turn eighteen years old.	<ul style="list-style-type: none"> <li>• Compile a list of young carers who have recently turned 18.</li> <li>• Compile a questionnaire to find out whether they have continued to access carer support and if not then why.</li> <li>• Report the findings to the Young Carers Development Group and formulate a strategic response to ensure young carers who continue their caring role receive the appropriate response.</li> </ul>	Strategy and Planning and Integrated Youth Support Services	31.12.14

Strategic Objective	What	How	Who	When
9	Ensure that carers services are promoted to people from a black and minority ethnic background.	<ul style="list-style-type: none"> <li>• Ensure that providers provide information about the number of people from black and minority ethnic people who use their services in their quarterly returns.</li> <li>• Compare the usage against a baseline for expected usage by people from a black and minority ethnic background.</li> <li>• Review the findings and produce a plan to address any inequalities found.</li> </ul>	Strategy and Planning	31.12.15



Strategic Objective	What	How	Who	When
9	<p>Look at the uptake of carers' services amongst people from lesbian, gay, bisexual and transgender communities.</p> <p>Review the findings and put plans in place to address any inequalities found.</p>	<ul style="list-style-type: none"> <li>• Ensure that providers provide information about the number of people from lesbian, gay, bisexual and transgender people who use their services in their quarterly returns.</li> <li>• Compare the usage against a baseline for expected usage by people from lesbian, gay, bisexual and transgender people.</li> <li>• Review the findings and produce a plan to address any inequalities found.</li> </ul>	Strategy and Planning	31.12.15
9	<p>Ensure that Carers are not discriminated against by Southend-on-Sea Borough Council.</p>	<p>Ensure that carers for people with protected characteristics are recognised within the Council's equality and diversity policy.</p>	Corporate Equality Steering Group	31.12.15

Strategic Objective	What	How	Who	When
10	Support older carers.	<ul style="list-style-type: none"> <li>• Hold a series of focus groups with older carers to identify particular caring challenges related to age.</li> <li>• Identify a plan that will address these challenges.</li> </ul>	Strategy and Planning, Locality Teams, Carers Action Group	29.12.17
11	Share and learn from good local employment practices with regards to staff with caring responsibilities.	<ul style="list-style-type: none"> <li>• Conduct a survey for Southend Carers who are in employment to find out the level of support they receive for their caring role.</li> <li>• Identify positive responses and meet with human resources representatives from organisations.</li> <li>• Prepare a report suggesting changes through the Disability and Carers Staff Forum.</li> </ul>	Strategy and Planning, Carers Action Group, Disability and Carers Staff Forum.	30.12.16

## Joint Commissioning Strategy: Carers

Strategic Objective	What	How	Who	When
12	Support carers to access education and work.	<ul style="list-style-type: none"> <li>• Hold a series of focus groups with carers to identify particular caring challenges related to combining a caring role and employment / education.</li> <li>• Identify a plan that will address these challenges alongside local education and providers and employers.</li> </ul>	Strategy and Planning	29.12.17
1, 2, 4, 6, 8	Investigate and make recommendations regarding carers support through condition specific services e.g. Autism, Stroke, Parkinson's Disease, COPD	<ul style="list-style-type: none"> <li>• Hold a series of focus groups with carers to identify particular caring challenges related to specific conditions.</li> <li>• Identify a plan that will address these challenges.</li> </ul>	Strategy and Planning	31.12.14
Not applicable	Ensure this action plan is up to date.	Review the action plan annually.	Strategy and Planning and Carers Action Group	31.12.14