

COMMISSIONING FOR CARERS

Good Practice in the East of England



This guide has been commissioned by NHS Midlands and East as a legacy document to demonstrate the excellent practice that has been developed in the East of England over the last 3 years.

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INTRODUCTION

The Government will be asking family carers to undertake more care at home than at any other time. They will not be able to do this unless we drive and direct partners in our region to support family carers in a cohesive manner. We need to make best use of a preventive approach to early identification and meaningful support for carers.

Between 2011 and 2015 and as part of the Government's Carers' Strategy an additional £400 million has been provided in allocation to Primary Care Trusts in England (and CCG's subsequently) to improve support for carers of all ages. Councils receive a Carers' Grant within their General Local Government Allowance Grant. Added together, this is a significant amount of money that could make a real difference to the lives of carers.

We are going through much change in the Health & Social Care sector, particularly in relation to the way in which carer support will be commissioned. This guide is therefore written for all commissioners of health or social care services. This guide aims to provide a summary of key national frameworks in which carer support is stipulated. However, we also hope to demonstrate the importance of commissioning support for carers for reasons other than meeting nationally set outcomes. After all, Carers save the government up to £119 billion a year in care costs, a very good reason to ensure support for carers is indeed a priority!

NHS Midlands and East have wholeheartedly implemented and funded regional support around the carers' agenda since August 2009. As a result, [Enable East](#) have successfully run a programme of work to improve leadership, skills and awareness of the carers' agenda. The aim was to improve efficiency, quality and consistency of services across Primary Health Care Trusts and Local Authorities. In no small way, this programme has contributed to a consistent and comprehensive approach to supporting carers in the East of England.

Acknowledgements

The Carers Trust, Princess Royal Trust for Carers and other national Carers organisations have produced highly effective guidance and support documents over recent years. We acknowledge much of their work in this guide. We wish to acknowledge the support of our Carer Leads from Local Authorities, Primary Care Trusts and Voluntary sector organisations across the East of England for their contributions to this guide.

Personal thanks go to Mavis Spencer (NHS Midlands and East), Jacqui Martin (Suffolk Family Carers) and Tim Angilogoff for their leadership over the last three years. Their support and contributions have ensured that East of England health and social care commissioners continue to offer a comprehensive approach to supporting carers.

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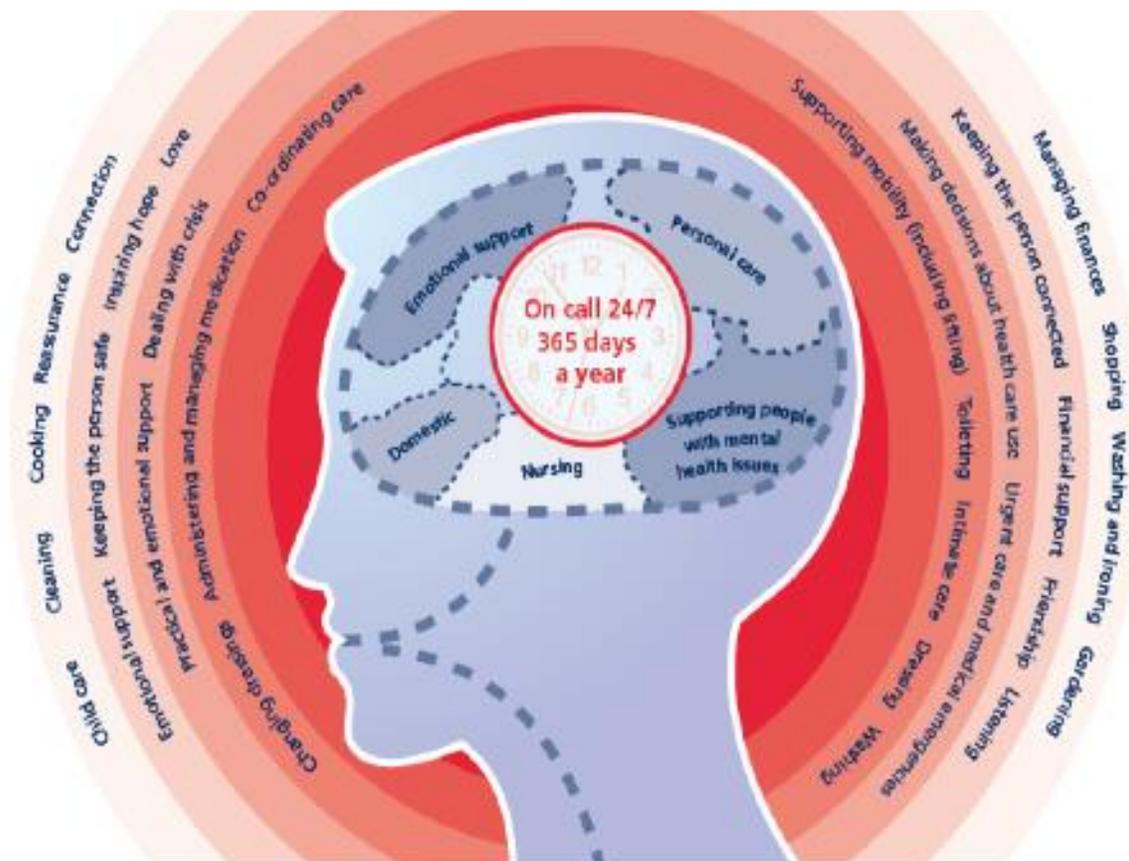
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What do Carers tell us they want?



The above picture is taken from the [national commissioning guidance](#) being produced by the Royal College of GP's.

The Standing Commission for Carer reported that carers wanted:

- ❑ **High quality care** (and a trained and competent workforce to deliver it). *'Why can't we be the trainers – that way we can improve access to mainstream community services?'*
- ❑ **Personalisation and individual budgets** – *'Individualised services matter – but where are the new 'outreach' personal assistants to come from? How will we balance choice, independence and control with safeguarding vulnerable people?'*
- ❑ **Planned regular breaks from caring**. *'But it's not all about beds! If we had community transport, we could use the local leisure facilities, have a social life.'*

- ❑ **Getting a life outside caring:** *'Family carers have rights too but too often we act as the unpaid broker, emergency carer and of course the chauffeur! We want to care but we want our contribution to be recognised and supported.'*
- ❑ **Assessment – fair, proactive and positive** (*'It's so humiliating - you shouldn't need to break down before you get support'*).
- ❑ **The Equalities agenda - Equal rights!** Balancing the needs of the carer and the person being supported (*'I had to give up work because the so-called domiciliary care was unreliable and poor quality. I think carers are sometimes treated like shadows not as people in their own right! We're expert partners really – but we need recognition'*)

GP surgeries should have a system of flexible appointments for carers. If you are trying to cope with your loved one, work and various other tasks, you need to be able to plan appointments. Often I explain that I am a carer but I am told that I have to phone on the morning of the appointment at 8 o' clock. It is not always possible to stand by the phone at 8 for at least half an hour as the line is constantly engaged so you give up. Unless you plan well in advance, it is unlikely you get an appointment with the doctor of your choice and then if you keep switching doctors, you waste time as they do not know your history and you can't be bothered to repeat yourself so you give up. Doctor's surgeries should make the system less stressful. It is already stressful enough caring and juggling life! I have been disappointed at the lack of support.

by josie200 (not verified) on 19th June 2012 (Carers UK website)

What do Young Carers want?

The Young Carer's Charter was drawn up by the Princess Royal Trust for Carers and sets out the rights young carers feel they're entitled to.

The Charter

'We are children and young people who are also carers. We want people to recognise this. We believe we should have the same rights as other children and young people, including the rights:

- to be children and young people as well as carers,
- to schools and colleges that give us the help we need to get an education,
- to fun, friends and time off from caring,

- to a well-supported family life,
- to practical help and support,
- to a safe environment and protection from harm, including any harm that our caring roles could cause us,
- to services that value our different backgrounds, culture, religion, race and sexuality,
- to be listened to,
- to an assessment of what we need as individuals,
- to be involved when people make decisions which affect our lives,
- to a wide range of information that would help us,
- to someone who will help us have a voice (advocacy),
- to understand how things work and how to complain if we want to,
- to choose how much caring we do, and
- to become independent adults.

Skills for Care

Skills for Care in partnership with Skills for Health have developed the national (England) *Common Core Principles for Working with Carers*. These principles describe the behaviours carers would like to see when professionals are working with them and provide a foundation for good practice and a benchmark for training.



Who is a Carer?

Understanding Who Is A Carer

A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance abuse.

Many carers who care for someone with a long term or terminal condition may be elderly or in poor health themselves.

Carers can be described as:

- Family carers
- Informal carers
- Parent carers
- Young carers - A **young carer** is under the age of 18, carries out significant caring tasks and assumes a level of responsibility for another person that is inappropriate for his or her age.

Key Facts:

- 12% of people are carers: 6% care for someone living in the same home and 6% care for someone living elsewhere¹
- 42% of carers are men; 58% women
- Around 1 million carers are children
- 1.2 million care for over 50 hours a week²
- 13 million people can expect to become carers in the next decade³
- Carers save the government up to £119 billion a year in care costs⁴

¹ NHS Information Centre, 2011

² UK Census 2001

³ HAS/The Princess Royal Trust for Carers research 2001

⁴ University of Leeds/Carers UK, 2011

- Carers have increased all cause mortality⁵
- Of carers caring for >50 hours a week:
 - 1 in 3 report depression
 - 1 in 2 report disturbed sleep
 - 1 in 4 report back and other strains⁶
 - 40% have significant stress levels⁷
- 3 in every 4 carers are worse off financially as a result of caring⁸

⁵ Schulz & Beach (1999)

⁶ National Statistics. (2003)

⁷ Pinquart & Sorensen (2003)

⁸ Carers UK (2007)

The national strategy for Carers "Carers at the heart of 21st century families and communities" (DoH 2008), offers this definition

"A Carer spends (or intends to spend) a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems."

Carers should not be confused with paid care workers, care assistants or with volunteer care workers. We use the term "carer" for clarity and UK legislation. Many people who care dislike the label "carer" altogether, believing it can detract from their identity as parent, child, partner or sibling to the person they care for.

Young carers are described as a child or young person under the age of 18 who take responsibility for the care of a family member, usually a parent or sibling, who suffers from an illness, disability, mental illness or problematic substance or alcohol misuse. The Princess Royal Trust for Carers describe young carers as "*carrying out significant caring tasks and assuming a level of responsibility for another person, which would normally be taken by an adult*¹". The caring role undertaken by young carers often impacts on their education, social development, and emotional and/or physical health.

Many local areas also work to support the specific needs of young adult carers (young people aged 16-25) to address the transition from young person to adulthood. Parent carers are those over the age of 18 caring for a child with a disability or illness. The child may not be under 18 (for example parents who are caring for a child with learning or other disabilities – it is important to consider that the parents themselves may be elderly).

Setting the Scene – National Frameworks

The following pages are extracts from National Health and Social Care frameworks in relation to how, health and social care providers are expected to support family carers. Many of these strategies and policies are driven by a 'care closer to home' philosophy. This inevitably results in an increased emphasis on the carer to provide much, if not all of that care. Support for the carer takes on even greater significance within this context.

The National Carers strategy "Recognised, valued and supported: next steps for the Carers Strategy" is owned and co-signed by seven Secretaries of State. Consequently the carer's agenda is reflected and referenced in a wide range of national policies, laws and frameworks. In this report we highlight some of the key measurement drivers that impact on carers.

National Carers' Strategy which states that by 2018 every carer should be:

1. **Recognised and supported as an expert care partner**
2. **Enjoying a life outside caring**
3. **Not financially disadvantaged**
4. **Mentally and physically well; treated with dignity**

and that:

5. **Children will be thriving, protected from inappropriate caring roles.**

In 2010, **Recognised, Valued and Supported: Next Steps for the Carers Strategy** 'refreshed' the original National Strategy for Carers and advised that supporting carers is in all of our interest. While the vision from the 2008 National Strategy for Carers remains, the Coalition Government identified four priority areas:

- ✓ Supporting early self-identification and involvement in local care planning and individual care planning
- ✓ Enabling carers to fulfil their educational and employment potential
- ✓ Personalised support for carers and those receiving care
- ✓ Supporting carers to remain healthy

The national strategy requires local authorities to

- ◆ incorporate carers into the personalisation agenda.
- ◆ improve the provision of information.
- ◆ provide co-ordinated integrated services.
- ◆ improve support for Young Carers.

The NHS to

- ◆ invest new money in respite care.
- ◆ undertake Carers' health checks.
- ◆ address the inequalities experienced by Carers in the healthcare system.

It is intended that these priorities underpin the approach taken by commissioners in their plans for supporting family carers. The following frameworks go some way to ensuring these priorities are addressed, but do not on their own fully embrace each priority area. It is important therefore that commissioners consider these priorities over and above the national requirements for reporting if they are to fully support carers to continue with their caring roles.

The NHS Mandate

The NHS Mandate to the NHS Commissioning Board sets out the Government's objectives for the Board. It considers this to be the formal mechanism for which it will hold the NHS Commissioning Board to account for its performance on behalf of patients and taxpayers.

The mandate has five main objectives:

1. preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age
2. managing on-going physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals
3. helping us recover from episodes of ill health such as stroke or following injury
4. making sure we experience better care, not just better treatment, so that we can expect to be treated with compassion, dignity and respect
5. providing safe care – so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores

These areas correspond to the five parts of the NHS Outcomes Framework and will be used to measure progress.

The Government has identified further priority areas where it is expecting particular progress to be made;

- (i) improving standards of care and not just treatment, especially for older people and at the end of people's lives;
- (ii) the diagnosis, treatment and care of people with dementia;
- (iii) supporting people with multiple long-term physical and mental health conditions, particularly embracing opportunities created by technology and delivering a service that values mental and physical health equally;

- (iv) preventing premature deaths from the biggest killers;
- (v) furthering economic growth, including supporting people with health conditions to remain in or find work.

The NHS Commissioning Board’s overall objective is to:

Ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment.

Achieving this objective would mean that by 2015:

Overarching Outcome by 2015	Carers - underpinning things to consider
Far more people will have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full:	How will commissioners ensure carers (as carers) and carers (as patients) are supported and informed about managing their own health and that of the person they care for?
Everyone with long-term conditions, including people with mental health problems, will be offered a personalised care plan that reflects their preferences and agreed decisions	How might such a personalised care plan involve carers (considering their expertise; supporting their need to understand the care requirements of the patient; outlining the respite or support available to them as carers)?
Patients who could benefit will have the option to hold their own personal health budget, subject to the evaluation of the pilot programme, as a way to have even more control over their care;	How might carers be involved in these kinds of decisions? How might the requirement for carers to access their own personal health budget in a way that supports both their needs and those of the person they care for be successful?
The five million carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care	How accessible is information and advice for carers in each local area? How do we ensure all professionals are aware of how to support carers and where to refer them to?

The remainder of the NHS Mandate is organised around the NHS Outcomes framework.

Outlined below are the areas in which carers support is identified within this framework.

The NHS Outcomes Framework 2012/13 has enhancing the quality of life for carers as an improvement area for the NHS, so Commissioners will be monitored on their performance in this area. Carers will be asked as part of the GP survey to feedback on their quality of life. The charts below demonstrate the outcomes where carers are specifically mentioned. In addition however, we have included other improvement areas and indicators where effective carer support will contribute to successful outcomes.

Domain 2

Enhancing the quality of life for people with long-term conditions

- **Improvement Area**
- Enhancing the quality of life for carers
- **2.4** Health related quality of life for carers

Domain 4

Ensuring that people have a positive experience of care

- **Improvement Area**
- Improving the experience of care for people at the end of their lives
- **4.6** An indicator to be derived from a survey of bereaved carers

**CARER
SPECIFIC**

Domains where effective carer support will contribute to successful outcomes

Domain 2

Enhancing the quality of life for people with long-term conditions
Reducing time spent in hospital by people with long-term conditions

- **Improvement Area - Ensuring people feel supported to manage their condition**
- **2.1** Proportion of people feeling supported to manage their condition
- **2.3** (i) unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (ii) Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Domain 3

Helping people to recover from episodes of ill health or following injury

- **Overarching Indicators**
- **3a** Emergency admissions for acute conditions that should not usually require hospital admission
- **3b** Emergency readmissions within 30 days from hospital
- **Improvement Area**
- **3.6** Proportion of older people (65 and over) who were (i) still at home 91 days after discharge into rehabilitation (ii) offered rehabilitation following discharge from acute or community hospital

The NHS Constitution

The NHS Constitution (2010)¹⁷⁴ pledges to 'work in partnership with you, your family carers and representatives' and lists seven key principles to 'guide the NHS in all it does', of which Principle Four is:

NHS services must reflect the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

Commissioning for quality and innovation (CQUIN)

GOAL:

To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.

Indicator Name: *Dementia – Supporting Carers of People with Dementia*

Indicator No. 3.3

30 per cent of funding for ensuring carers of people with dementia feel adequately supported.

Providers must also undertake a monthly audit of carers of people with dementia and report the findings to their Board at least twice per year. The content of this audit is for local determination but must include a question on whether carers of people with dementia feel adequately supported.

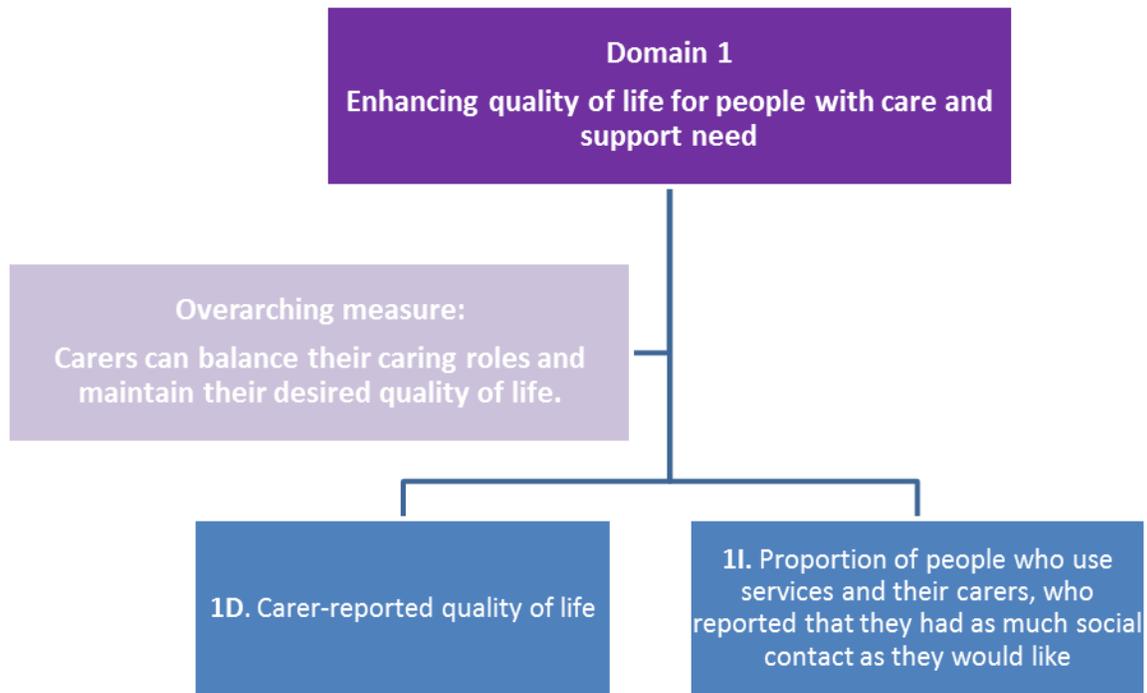
[Link to CQUIN Guidance here.](#)

Valuing People Now

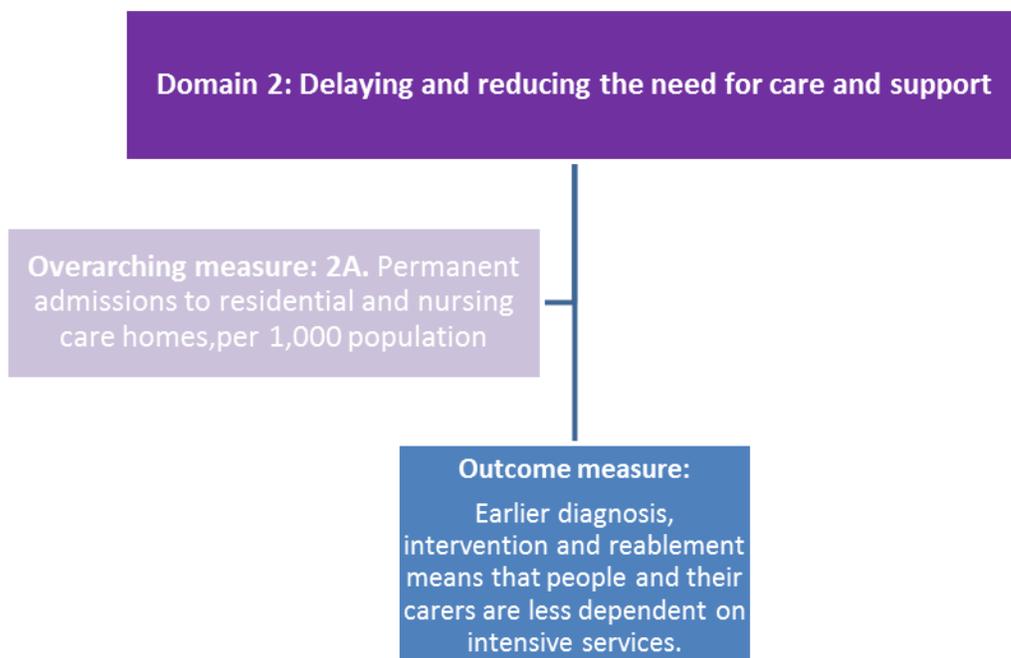
The 'Valuing People Strategy' was first published in 2001 with the aim of improving outcomes for people with learning disabilities. This document was updated in 2009 in 'Valuing People Now – Making it Happen for Everyone'. A section in this document is devoted to the needs of carers and makes a commitment to "increase the help and support carers received from all local agencies in order to fulfil their family and caring roles effectively". It recognises that carers of people with learning disabilities need:

- Better information and assessments of their needs
- Improved access to support services such as day services and short breaks (respite care) especially for those with more severe disabilities
- To be treated as valued partners by professionals and not as barriers to their dependent's greater independence

The Adult Social Care Outcomes framework



Note: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments
Once the full proposals for the zero-based review are implemented, Measure 1C will be strengthened by limiting its scope to people who only receive long-term support, for whom self-directed support is most relevant, to better reflect local authorities progress in delivering personalised services. The existing measure will also be replaced by two measures: one which focuses on users; and **another measure will be introduced which focuses on carers**. Each will have a sub-measure for users/carers in receipt of direct payments, showing progress made on personalisation for users and carers separately.



Domain 3: Ensuring that people have a positive experience of care

Overarching measure: People who use social care and their carers are satisfied with their experience of care and support services. 3B – overall satisfaction of carers with social services.

Outcome measure: Carers feel that they are respected as equal partners throughout the care process. 3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for.

Outcome measure: People know what choices are available to them locally, what they are entitled to, and who to contact when they need help. 3D. The proportion of people who use services and carers who find it easy to find information about support

Public Health Outcomes Framework – Health Lives, Health people: Improving lives and supporting transparency

Although there is, unfortunately, no direct reference to carers in this document, it is clear that carers are part of the audience to whom this framework is targeted. See Carers UK response to Public Health on page 20.

Young Carers

The Mandate from the Government to the NHS Commissioning Board (NHS CB) for April 2013 to March 2015 (published in November 2012) says:

"We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs."

Carers Trust has recently published an excellent **Guide for Commissioner-Commissioning Services for Young Carers and their families**.

In this guide they state that *"since effective commissioning for young carers and their families will straddle not only children's and adult social care and statutory and voluntary sectors, but also health, education and other areas such as housing, young carers are very much a touchstone for modern commissioning and particularly joint commissioning"*.

[Details of relevant national frameworks relating to Young Carers can be found in the full report.](#)

Every Child Matters

Launched in 2003 and underpinning the Children's Act 2004, Every Child Matters set out a programme of change to improve outcomes for children and young people. The aims of the Every Child Matters programme are to give children and young people the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Mental Health – No health without mental health

Families and carers section:

4.20 Families and carers, young and old, often receive limited help and too often report that they are ignored by health professionals on grounds that they need to protect the confidentiality, and respect the wishes, of the service user. However, families and carers, including children, have detailed knowledge and insight and are often best placed to advise health and social care professionals about what may help or hinder the recovery of the person for whom they are caring. If they are well supported and listened to, families and carers can continue their caring responsibilities for longer and participate fully in decisions about services and how care is delivered. The refreshed carers strategy, *Recognised, Valued and Supported: Next steps for the Carers Strategy*, sets out the actions that the Government will take over the next four years to ensure the best possible outcomes for carers and those they support.

NICE QUALITY STANDARDS relating to Carers

QS30 – Dementia

- **Statement 3** People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.

- **Statement 6:** Emotional, psychological and social needs of carers
- **Statement 10** - Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

QS2 – Stroke

- **Statement 11** - Carers of patients with stroke are provided with a named point of contact for stroke information, written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care.

-

QS 3 - Venous thromboembolism prevention quality standard

Statement – 2 – Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.

Statement 6 – Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process

QS 10 - Chronic obstructive pulmonary disease quality standard

Statement 13 - People with advanced COPD, and their carers, are identified and offered palliative care that addresses physical, social and emotional needs.

Key Legislation

The following legislation has been achieved as a result of successful campaigning by **Carers UK, Carers Wales, Carers Scotland** and **Carers Northern Ireland** and numerous local and national carers' organisations.

The [draft Care and Support Bill](#) will put carers on an equal basis with the people they are caring for. It will put into action some of the main principles of the White Paper, '[Caring for our future: reforming care and support](#)' and allow for provisions such as simplifying carers assessments, giving carers a legal right to support if they are eligible and setting the minimum level at which carers become eligible for support

Equality Act 2010

The Act consolidates existing anti-discrimination legislation, and for the first time extends protection against discrimination to carers. It means that it is now against the law to discriminate against, harass or victimise someone who is associated with a disabled person, in effect giving carers new rights in the workplace and in the provision of goods and services.

Work and Families Act 2006

This act gave carers the right to request flexible working from their employer, which came in to force on 6th April 2007. It will affect around 2.65 million carers and means that they can ask their employer to change their work pattern. It can only be refused if it will damage the business or have an impact on other employees.

Carers (Equal Opportunities) Act 2004 (England and Wales)

The Act came into force on 1st April 2005 in England and on 18th April in Wales. The principal aims of the Act are to:

- Ensure that work, life-long learning and leisure are considered when a carer is assessed
- Give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers
- Places a duty on local authorities to inform carers of their right to an assessment

The Carers and Direct Payments (Northern Ireland) Act 2002 and Community Care and Health (Scotland) Act 2002 provide similar provisions for Northern Ireland and Scotland.

Carers and Disabled Children Act 2000

The Carers and Disabled Children Act 2000 came into force in April 2001 in England and Wales. This Act provides:

- A right for a carer to request an assessment of their needs, even when the disabled person refuses an assessment. The carer has to be aged over 16 and has to be providing or intending to provide regular and substantial care for someone aged over 18
- A right for parents of children with disabilities to request an assessment
- The power for local authorities to provide carers with services which help them to care
- The ability for local authorities to provide direct payments (i.e. cash instead of care) to parent carers, carers for their own services and young disabled people aged 16 or 17
- The ability for local authorities to charge carers for their own services
- Vouchers for breaks services

Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act came into force April 1996. This Act:

- Gives carers who are providing 'regular and substantial care' the entitlement to request an assessment of their ability to care (a carer's assessment). Local authorities must take the carer's ability to care into account when looking at what support to provide the person in need of care.

Carers UK Facts about Carers – Policy Briefing – December 2012

The Public Services (Social Value) Act

Came into effect in 2012. This requires commissioners to adopt a particular procurement approach in terms of how they determine value and how they measure outcomes. All procurement work undertaken for support services for carers should recognise and reward social value.

For more information about see “Carers and Their Rights – The Law relating to Carers”

Carers have a number of legal rights to services and support. This includes the legal right to be offered a Carers Assessment and the right to have their views taken into account in any care plan for the person they care for.



Professor Luke Clements of Cardiff University is a recognised expert in community care law. His handbook “Carers and their Rights” is regarded as the seminal guide to carers legal rights and can be purchased from the link below.

<http://www.carersuk.org/professionals/order-publications/item/981-carers-and-their-rights-the-law-relating-to-carers-5th-edition-uk7508>

Commissioning for Carers – recommended resources

There are many excellent resources and guidance documents available, which outline clearly approaches to take when commissioning support for carers. We have selected some key documents below and offer further examples in Appendix 4.

[Commissioning Services for Young Carers and their Families](#)

(December 2012)

Carers Trust has published **a new guide** aimed at helping commissioners to develop local services for young carers and their families. Structured around the “**Understand, Plan, Do and Review**” phases of the commissioning cycle, this new guide gives an overview of the key areas for commissioning and offers examples of current young carer services, as well as some of the tools that are proving to be effective.

Quick reference suggestion – pages 54-62 A very comprehensive tool which offers suggested outcomes and interventions for service for young carers and their families.

[Commissioning for Carers 2013 RCGP – to be launched 30th April 2013](#)

This guide aims to provide a simple yet comprehensive route map towards great commissioning for carers. It provides commissioners with an easy to navigate approach, the essential insights that need to shape commissioning work and signposts to valuable sources of further information and best practice.

[The UK Care Economy: Improving outcomes for carers](#)

(November 2012)

Carers UK commissioned this piece of work from Professor Les Mayhew (Cass Business School) in order to look at the various challenges that families are currently facing, with large societal changes underway and new demographic pressures, Carers UK wanted an expert’s view on the various contexts and opportunities for improving outcomes for carers.

Quick reference suggestion - pages 65-68 – an excellent table outlining 10 key intervention types, rationale for using, these along with observations and comments.

Commissioning for Carers – developed by ADASS, Carers UK and Crossroads Care

(2009)

The World Class commissioning cycle helps to show how the process should be carried out by commissioners of carers' support services, with the needs and wishes of carers driving the procurement and evaluation of local services. This document is intended primarily for local NHS and council commissioners in England. It aims to cover the commissioning of adult services that impact upon adult carers.

Quick reference suggestion – Appendix A refers you to the appropriate section of this document based around World Class Competencies and carers

THE TRIANGLE OF CARE – developed by the National Mental Health Development Unit and Carers Trust

The Triangle of Care guide was launched in July 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit emphasizing the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health. The guide received further validation when it was included Carers Strategy refresh in November 2010 and No Health without Mental Health in February 2011. In addition the authors have had enquiries from as far away as New Zealand about how to go about adopting the Triangle of Care standards in their services.

Quick reference suggestion - Appendix 1 - Triangle of Care Self-Assessment Tool; Pages 10-20, clearly defined elements of support for carers in an Acute setting.

CARERS AS PARTNERS IN HOSPITAL DISCHARGE

Discharge from hospital is a process and not an isolated event. It begins with admission and all parts of the system [family, carers, hospitals, primary and community care services] should be working together to assure quality experience for patients and carers. The importance of identification, assessment and support of carers as expert partners in hospital discharge is well recognised. The key question raised by this short paper, however, is: Why is it, when we have so much good policy and practice advice to guide us across this care pathway, that some carers still feel unrecognised; say they are not treated as partners and processes don't work as well as they might for them and the person they support?

Quick reference suggestion – appendix D – a good practice checklist

Evaluation of the National Carers' Strategy Demonstrator Sites Programme (2009-2011)

- *Funded by the Department of Health*
- *Research team at CIRCLE: Sue Yeandle, Andrea Wigfield, Lisa Buckner, Christina Buse, Gary Fry, Viktoria Joynes, Margaret Stark*

***These Key Principles
of Practice are based
on the following
premise.***

A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her own emotional or physical well-being or educational achievement and life chances.

CIRCLE was awarded this major contract following competitive tender in summer 2009. The project ran from 1 September 2009 until November 2011. The team evaluated the impact and effectiveness of three types of interventions led by Primary Care Trusts and Local Authorities in England: health checks for carers; innovations in breaks and respite for carers; and enhanced NHS support for carers.

There were twenty-five Demonstrator Sites and the team mapped their activities, assessed the impact of the interventions on carers, and reviewed a range of costs, benefits and organisational impacts. In November 2011 the findings of this research were published in a report 'New Approaches to Supporting Carers' Health and Well-being: evidence from the National Carers' Strategy Demonstrator Sites programme'.

Young Carers, parents and their families: Key principles of practice – The Children's Society

Supportive practice guidance for those who work directly with, or commission services for, young carers and their families.

Authors: Jenny Frank and Julie McLarnon

Working together to support young carers and their families:

A template for a local memorandum of understanding (MoU) between Statutory Directors of Children's Services and Adult Services.

Carers UK – consultation response to "health lives, healthy people, Public Health in England"

This document outlines clearly how Carers UK responded to the consultation on the intended Public health outcomes strategy. The final strategy and subsequent outcomes framework, in our opinion does not necessarily reflect Carers UK's recommendations. However, we would stress that these recommendations were of the highest standard and therefore could support commissioners of public health services in their work.

VALUING CARERS IN THE HOSPITAL ENVIRONMENT

Highlights

- Developing and implementing Carers Charters
- The 3 'R's for Carer Support — Good Practice identified
- Resources for Carer Identification

Quick reference suggestion: **page 30 Appendix 1** - code of practice for carers - Lewisham Hospital NHS Trust

The Queen Elisabeth Hospital – Kings Lynn – Carers Policy

Have produced a very thorough Carers Policy. This has been adopted by a number of hospitals in our region including Ipswich Hospital. They state that.....

- The Trust is committed to working with carers to ensure that a partnership approach is taken in which the carer's role
- The Trust recognises that it has a responsibility to recognise the needs of the carer, particularly in relation to access to information, advice and training and to support to enable them to cope with their role as a carer.
- This policy also recognises that carers themselves may be admitted as patients and will require advice and support about their expected recovery, the implications that this may have for future caring responsibilities and support in making interim arrangements for the on-going care of the person for whom they are responsible.

Quick reference suggestion: *page 19 Information for Carers Leaflet*

THE TRIANGLE OF CARE- CARERS INCLUDED: A GUIDE TO BEST PRACTICE IN ACUTE MENTAL HEALTH CARE

The Triangle of Care guide was launched in July 2010 as a joint piece of work between Carers Trust and the National Mental Health Development Unit emphasizing the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health. The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

The Regional picture – East of England

The East of England – regional picture

Eastern Region Carers Profile

[Carers in the Region, A Profile of East England¹](#), published in November 2009 by the University of Leeds, aimed to provide better information about carers at a regional level.

The profile indicated over half a million carers in the region and:

- 517,000 carers in the region
- Over 4,500 people aged 85+ undertaking a caring role
- At least 17,000 young people aged under 20 who are caring for someone and 1200 aged between 5 and 9 years old.
- Over 96,000 people caring for 50+ hours a week
- Over 51,000 carers who considered themselves to be in poor health
- Over 270,000 people trying to combine work and a caring role
- 72% of carers worse off financially as a result of caring

The number of carers in the region is expected to increase by over 119,000 or 18% compared with 15% in England between 2008 and 2030.

[Carers in the Region, A Profile of East England¹](#) outlines in detail:

- Characteristics of carers in the East of England region
- Demand for care in the East of England
- Personalisation and local services in the East of England
- Carers' health and wellbeing in the East of England
- Support for carers in the East of England
- Employment characteristics
- Young Carers in the East of England
- Older Carers in the East of England
- Future Challenges.

Investment in carers support services has been proven to generate a substantial social return on investment; an investment of £5m in five carers' centres generated £73m in social return¹.

¹ Source: Clifford, J., Theobald, C., Mason S. (2011) *The Princess Royal Trust for Carers: Social Impact Evaluation of five carers' centres using Social Return on Investment*, London, The Princess Royal Trust for Carer

The Regional picture – Facts and Stats

Valuing carers - calculating the value of carers' support

A full paper written by Dr Lisa Buckner and Professor Sue Yeandle, University of Leeds and Carers UK can be found at:
<http://www.carersuk.org/professionals/resources/research-library/item/2123-valuing-carers-2011>

The paper updates the estimate of the value of carers' support published by Carers UK in 2007 in Valuing carers – calculating the value of carers' support.

There are over six million carers, family, friends and neighbours who provide unpaid care to someone who is ill, frail or disabled. The care they provide to help sustain people in their own homes and in their own communities is vital. Without it, society would collapse.

Key points:

- **The economic value of the contribution made by carers in the UK is a remarkable £119 billion per year**
- **£119 billion is considerably more than the annual cost of all aspects of the NHS - £98.8 billion – in the year 2009-2010**

This latest figure is **37% higher than the 2007** estimate.

This is equivalent to

- **£2.3 billion per week**
- **£326 million per day**
- **£13.6 million per hour**
- **£18,473 for every carer in the UK**

The estimate of the value of carers' contribution presented here (**see Table overleaf for the East of England**) is calculated using a methodology similar to that used in 2007⁹. Here, the unit cost replacement care for is taken as £18 per hour⁸, an official estimate of the actual cost per hour of providing home care to an adult. In addition, the data presented here include an estimate of the number of carers in 2011. These figures are calculated by applying the 2001 Census local carer prevalence rates by age, sex and amount of care to the 2011 population projection. The Standing Commission for carers report that:

- Every day another 6,000 people become 'new carers'!
- The number of people over 85 will double in next 20 years.
- 70% of carers providing high levels of care say they have poor health.

⁹Buckner, L. and Yeandle, S. (2007) 'Valuing Carers', London: Carers UK.

⁸Unit cost for adults and older people receiving home care - NHS Information Centre, PSS EX1 Return for 2009-2010

	Carers 2011	Change in carer numbers 2001-11	2007 value (based on £87 billion)	New value (based on £119 billion)	Change	
East of England	Numbers	%	(£millions)	(£millions)	(£millions)	%
Bedford	16357	13	191.4	270.0	78.5	41
Central Bedfordshire	24989	17	270.4	396.7	126.3	47
Cambridgeshire	58742	17	650.1	955.0	304.9	47
Essex	144179	12	1760.0	2462.8	702.8	40
Hertfordshire	106288	11	1215.1	1672.9	457.7	38
Luton	17156	7	238.7	317.4	78.7	33
Norfolk	91342	12	1169.3	1643.7	474.4	41
Peterborough	16726	14	217.9	308.7	90.8	42
Southend	17064	7	224.7	296.6	71.9	32
Suffolk	75811	15	909.2	1299.7	390.5	43
Thurrock	15430	16	201.4	289.6	88.2	44

Why has the value of care increased?

The value of carers has increased for two main reasons. First, the costs of replacement care have increased from £14 per hour to £18 per hour which is an increase of 24%. Secondly, the numbers of carers has gone up significantly.

Why is it important to quantify value?

Quantifying the value of carers' support is critical. It serves as an economic measure which, if it fluctuates, has significant implications for what the state may have to provide, or families have to fund themselves. For example, just 1% change in the number of carers providing care or the number of hours being provided would cost the state another £1 billion in care costs. This has an added significance given our ageing population and the need for people to work longer to build up pensions and other entitlements. This is the 'Tipping Point in Care' which we have nearly reached – where the number of people available to care is not sufficient for all those who need care. Either people become less able to care as they have to choose work over care, or they are forced to give up work which we know that 1 in 5 carers already do - risking lasting poverty as a result.

⁹Buckner, L. and Yeandle, S. (2007) 'Valuing Carers', London: Carers UK.

¹⁰Unit cost for adults and older people receiving home care - NHS Information Centre, PSS EX1 Return for 2009-2010

Carers UK 2011 Census: Health and provision of unpaid care, local authorities in the East of England

[Click here for full statistics provided by Carers UK](#)

Area name	Total number of carers	2011 Provides 1-19 hours unpaid care a week	2011 Provides 20-49 hours unpaid care a week	2011 Provides 50 or more hours unpaid care a week
Bedford UA	16084	10838	2055	3191
Central Bedfordshire UA	25835	18247	2702	4886
Luton UA	18256	10975	2836	4445
Peterborough UA	17690	10732	2616	4342
Southend-on-Sea UA	17682	11412	2131	4139
Thurrock UA	14606	8613	2712	3821
Cambridgeshire	60176	41313	6785	12078
Cambridge	9777	7146	1042	1589
East Cambridgeshire	8289	5725	927	1637
Fenland	10594	6154	1496	2944
Huntingdonshire	16525	11150	1911	3464
South Cambridgeshire	14991	11138	1409	2444
Essex	146211	96679	17592	31940
Basildon	17633	10776	2402	4455
Braintree	14830	10001	1700	3129
Brentwood	7796	5539	819	1438
Castle Point	9897	6100	1288	2509
Chelmsford	16750	11962	1720	3068
Colchester	16570	11121	2036	3413
Epping Forest	12809	8870	1439	2500
Harlow	8061	5025	1158	1878

Area name	Total number of carers	2011 Provides 1-19 hours unpaid care a week	2011 Provides 20-49 hours unpaid care a week	2011 Provides 50 or more hours unpaid care a week
Maldon	7161	4870	837	1454
Rochford	9421	6508	1033	1880
Tendring	17350	1081	2377	4892
Uttlesford	7933	5826	783	1324
Hertfordshire	108615	75691	12256	20668
Broxbourne	9071	5847	1124	2100
Dacorum	14874	10551	1554	2769
East Hertfordshire	12799	9361	1313	2125
Hertsmere	9855	6769	1266	1820
North Hertfordshire	12805	9076	1386	2343
St Albans	13374	9794	1378	2202
Stevenage	8550	5365	1053	2132
Three Rivers	8855	6404	934	1517
Watford	8062	5412	1066	1584
Welwyn Hatfield	10370	7112	1182	2076
Norfolk	94691	59858	11626	23207
Breckland	13925	8537	1811	3577
Broadland	14343	9925	1527	2891
Great Yarmouth	10905	5984	1572	3349
King's Lynn & West Norfolk	17412	10357	2261	4794
North Norfolk	12402	7959	1450	2993
Norwich	11884	7492	1523	2869
South Norfolk	13820	9604	1482	2734

Area name	Total number of carers	2011 Provides 1-19 hours unpaid care a week	2011 Provides 20-49 hours unpaid care a week	2011 Provides 50 or more hours unpaid care a week
Suffolk	77745	51507	9044	17194
Babergh	9716	6819	1020	1877
Forest Heath	4952	3110	634	1208
Ipswich	13062	8193	1730	3139
Mid Suffolk	10468	7418	1055	1995
St Edmundsbury	11059	7550	1187	2322
Suffolk Coastal	14837	10276	1642	2919
Waveney	13651	8141	1776	3734

Strategies & Good Practice in the East of England

Bedfordshire & Luton

*Luton Borough Council and NHS Luton recognise and value the contribution made by carers. By caring for people in their own time they help people to retain their independence and to live within the community. Therefore supporting carers' well-being is in everybody's interest. **Councillor Mahmood Hussain (Portfolio Holder Adult Social Care)***

The Carers strategy (currently in draft form) identifies four commissioning priorities based on the 2010 National Carers Strategy:

1. Identifying and recognising the contribution of carers
2. Enabling carers to fulfil their potential
3. Personalised support for carers
4. Supporting carers to be healthy

The full strategy can be found at:

<http://www.bedfordshireandluton.nhs.uk/publications/>

EXAMPLES OF EXISTING GOOD PRACTICE

Carers Health Checks Luton are working with a number of GP practices in the town to provide annual health checks for carers. The health check provides an opportunity for carers to have a more systematic and in-depth discussion about their health and social care needs in primary care.

Information and Advice

New web pages are available at NHS Bedfordshire for carers which contain useful information and contact numbers for carers support services, please see, www.bedfordshire.nhs.uk/your_health/information_for_carers.php.

Carers Emergency Worker The Emergency Planning worker's role is aimed at providing reassurance to carers about who will take on their caring roles in the event of an emergency. The key elements of this service are reaching and identifying carers who would benefit from the service, working with them to formulate contingency plans and ensuring that contingency plans are triggered when the carer contacts the Council's First Point of Contact and then through to the Referral Management Team (RMT). It is envisioned that this role could be transferred to the carers service as it does not have to sit within the Local Authority.

Raising Awareness of Young Carers

The engagement and development team in children's services have supported young carers to create three resources to assist other young carers and professionals in understanding and raising awareness of the needs of young carers.

- Undercover Heroes: Code Name Young Carer, film (20 minutes running time, available free while stocks last)
- Undercover Heroes: Code Name Young Carer, resource pack (available as a free PDF download)
- Time Out Cards (available free while stocks last)

The Undercover Heroes film was shown to staff in relevant settings for children and young people. It is also being shown to children and young people (in group work, PSHE lessons etc.) with the accompanying resource pack, which is full of information, guidance and activities aimed at staff and young people.

The Time Out Card, devised by young people, is given to young carers in school. It supports them to say when they are finding things difficult in class, to access support from teaching staff and to summarise their caring role so that they do not have to "tell the story" each time.

These resources can be used together, as individual resources or as a mix and match option dependent on need.

GP Information Pack

NHS Bedfordshire have produced a Carer's Pack for GPs in partnership with Bedford Borough Council, Central Bedfordshire Council, BRCC, Spurgeon's, Carers in Bedfordshire and Rethink. The pack is a 103 page information folder (loose leaf for easy updating) launched across primary care in May. It has 12 main sections including an A -Z of Carers Services, Planning for the Future and Top Tips By Carers For Carers

Assessing Carers Needs

In February the on-line carer's assessment and new assessment paperwork was launched. This means carers do not have to go to the building or call Bedfordshire Council to initiate a carer's assessment. They can self assess their needs and email their carer's assessment for a response within 2 working days. Training has been delivered to the older people's team and the hospital social work team which was well received and enables staff in those teams to work with Carers to identify their needs and outcomes.

Social Opportunities

In a typical month there will be over forty social or training events for carers. Several support groups of mental health carers organise all their own social activities. Smaller groups of friends within the groups have established themselves based on common interests e.g. walking groups, trips to the dog racing etc. The carers are supporting each other.

For young carers, Spurgeon's have facilitated activities such as horse riding, bowling and go-karting, activities chosen by the young carers themselves. Rethink also provide young carer's opportunities for socialising. The young carers decide what they want to do, where funding allows (recently ice skating and bowling).

Health Checks for carers are also being offered by NHS Bedfordshire. Monthly figures are typically -

- 19 health checks carried out
- Health advice given to all
- 1 referred to doctor for further checks due to abnormal results
- 37 carers attended
- 22 cared for
- 6 other family members
- Total 65 attendees

The plans for Carers in Norfolk have been explicitly developed with Carers and signed off by Norfolk County Council and Norfolk & Waveney PCT Cluster and are outlined in [The Strategy for Carers in Norfolk: 2011 – 2014](#). These plans continue to be developed and implemented as part of the Integrated Health & Social Care Commissioning Team, with the primary focus for 2012/13 of developing and delivering a co-produced and comprehensive Norfolk Carers Support service that is reflective of what Carers have told us they need to maintain them in their Caring role.

Extracts taken from the strategy

Examples of what's worked well so far...

- ✧ a yearly publication to inform Carers of the services and support available for Carers in Norfolk
- ✧ a Carers Helpline 8am-8pm Monday to Friday that gives information and support to Carers
- ✧ Commissioned organisations, like Norwich and District Carers forum and West Norfolk Carers, to provide information and support
- ✧ Set up short breaks at short notice to give carers access to a quick planned break
- ✧ Contracted with Crossroads Care Schemes to provide breaks to carers in their own homes
- ✧ Given direct payments to carers to have a break
- ✧ Worked with third sector partners to give Carers opportunities to socialise and relax
- ✧ Introduced a carers' café
- ✧ NHS Great Yarmouth and Waveney and Community Services jointly fund a support worker for Carers in GP surgeries
- ✧ NHS Norfolk and Community Services jointly fund MIND to provide support to Carers of people with mental health problems
- ✧ Created the Carers Council for Norfolk – a Carer-led group that oversees the development of services for Carers in Norfolk
- ✧ Commissioned with two Carers organisations, workers who will provide emotional and practical support after assessments
- ✧ Introduced 'In My Place' – a backup for Carers in emergency with a single contact number

Examples of future plans

- ✧ Ensure the professionals who come into contact with Carers are aware of and give Carers the information they need to help them and the person they care for by raising awareness and giving training
- ✧ Actively commit to developing personalisation for carers so they can directly buy the services they want to take a break for themselves or be assisted to have a break that meets their needs
- ✧ Through the Skilled Carer Project and Passport to Care programmes they will assist carers that wish to undertake training that could help them back into employment.
- ✧ Produce a plan of action to support young carers aged 18-24
- ✧ Develop integrated Health and Community Services needs assessments for Carers so that their needs are assessed in their entirety
- ✧ Offer Carers yearly health checks following their development by national pilots
- ✧ Identify ways of developing support to Carers and family members looking after a person at the end of life or with dementia who might need additional support

NHS Cambridgeshire and Cambridgeshire County Council have worked throughout the year to ensure that the Carers pathway is joined up and have promoted this further using the contracting process. The Joint Strategy includes mental health and voluntary sector partners and the Refreshed Strategy will see Cambridgeshire working together to address the key recommendations and priorities highlighted in the report of the Standing Commission for Carers in 2010 and are referred to in 'Recognised Valued & Supported: Next Steps for the Carers Strategy' (2010) These include:

1. supporting Carers to identify themselves early on,
2. helping with employment and education so that Carers are not disadvantaged,
3. personalising support; and,
4. providing advice and information and other support mechanisms to ensure that Carers themselves remain physically and mentally well.

[Read the full carers strategy](#)

EXAMPLES OF EXISTING GOOD PRACTICE

NHS Cambridgeshire has allocated funds to support 2 innovations that assist in completing a full Carers Pathway in Cambridgeshire. The objective is to ensure there is no wrong door and wherever a carer presents for the first time they will be identified and offered support.

NHS Cambridgeshire has ensured that all GP Practices can use **The Carers Prescription**. This award winning service, commended by the Standing Commission for Carers, ensures that Carers get a personalised service. See case studies overleaf. Crossroads care who provide this service will provide the carer, based on their individual circumstances, with all the information they need to access carers services throughout Cambridgeshire. Building on this success Crossroads are now piloting a service to identify Carers within Cambridgeshire's largest acute hospital, Addenbrookes and where the Prescription can also be made available.

Crossroads Care Cambridgeshire have produced an excellent Business Case for supporting carers, read more here.....



Financial case for
integrated health and

A couple of case studies are overleaf.

GP Prescription for Carers recommended as best practice by Parliamentary Standing Commission on Carers – Crossroads Care Cambridgeshire

GP quote

“It appeared to me that the patients who have now been identified as “being cared for” are regularly being seen by healthcare professionals, either nurses or GPs, typically at a frequency of once or twice per month. In other words, I suspect that although these patients are being seen, the fact that they had a carer and in particular that their carer may have particular needs had not been identified.”... GP

Most referrals were of people caring for someone with one or more complex conditions.

.....

The Parliamentary Standing Committee have said that NHS Cambridgeshire’s Carers Services Prescription service has shown that it can maintain carer’s health and wellbeing and that it could be considered, nationally, by the new groups of GPs who are taking over the buying of health services from primary care trusts in the future.

The scheme has been praised by carers and professionals for its flexibility and responsiveness and is available to all carers including young carers and parent carers. Centre for Social Justice case study (p112-113):

http://www.centreforsocialjustice.org.uk/client/downloads/20110629_AgeofOpportunity.pdf

On a visit to Cambridgeshire, the CSJ interviewed Dr Chris Grant, senior partner of the Yaxley centre, one of the 23 local practices to have participated in the scheme during the last year. ‘As GPs we’re in a good position to recognise the stresses and strains which arise for carers. We see carers when they bring their ‘cared-for’ to see us.’ Previously, though, all Dr Grant and his partners were required to do was to compile a carers’ register. ‘But what do you do with it? Now (with the social prescription) we’ve now got a real resource we can attach to it.’ The process is simple: instead of filling out a prescription for medication, the GP fills out a prescription for respite care; rather than faxing that prescription to the pharmacy, the surgery then faxes it to Crossroads, who then quickly contact the carer and arrange the respite.

Carers in Cambridgeshire have benefited from a new innovative service which enables them to get help and support through Crossroads Care Cambridgeshire. The service was initially piloted by sixteen GP practices in Cambridgeshire - and is the first of its kind in the country.

Carer quote

“Just wanted to thank you for all your help during my husband’s illness. He really appreciated the visits of A and C which enabled me to leave him in good care. I was so pleased and grateful I was able to nurse him at home where he died peacefully’.

This carer was refused an Individual carers Emergency Respite (ICER) assessment on the basis of not being a substantial and critical carer and there were difficulties in quickly initiating a care package until the GP wrote a prescription.

Carer quote

“Thank you for giving me a lovely break. All the ladies that came were absolutely wonderful. They were excellent with Ben, even providing him with cereal in the middle of the night.”

This Carer was very glad to be able to go to France with her son to visit a family member’s war grave whilst we cared for her very poorly husband, who she would not otherwise have been able to leave. On my follow up call she added that it was ‘so nice to be able to talk to someone who has so much patience’

The main feature of the scheme is that through the provision of a GP prescription, carers can directly access services that they need to help and support them. Already two hundred carers were supported across sixteen practices in Cambridgeshire, during the pilot phase of the project. The service is now being rolled out to all practices in Cambridgeshire.

Along with work developed by Cambridgeshire County Council, the pilot scheme has been commended by the Parliamentary Standing Commission on Carers as an example of good practice. The Parliamentary Standing Committee have said that the service has shown that it can maintain carer's health and wellbeing and that it could be considered , nationally, by the new groups of GPs who are taking over the buying of health services from primary care trusts in the future.

The scheme has been praised by carers and professionals for its flexibility and responsiveness. It was also featured as a best practice example on the Department of Health funded Carers Hub website and is recommended for national implementation in " Age of Opportunity" (2011), a national publication produced by the Commission for Social Justice

Richard O'Driscoll, Head of Older People's Services at NHS Cambridgeshire said:

"The health and wellbeing of carers can be overlooked. We know that carers often look to their GP for help and support. The scheme was developed following consultation with carers and GPs, and as consequence it was shaped with ease of access in mind.

We are delighted that the Carers Prescription Service has been so successful so far - and has been able to help so many carers already. We are pleased that we are able to open up the scheme across Cambridgeshire for all carers to benefit from in the future."

[See presentation attached](#)

Our contact details

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Carers really value planning for carer emergencies and it saves on unplanned admissions – Crossroads Care Cambridgeshire

Cambridgeshire's Individual Carers Emergency Respite (ICER) service provides up to 48h of free respite during a carers emergency, commissioned through Crossroads Care Cambridgeshire. It has proved very popular with carers and over 1550 carers are registered, with 5% having emergencies. The most frequent reason for activation is prevention of hospital admission and carer ill health. Many carers have been supported to arrange more sustainable support as this became appropriate for their situations. Cambridgeshire's Individual Carers Emergency Respite (ICER) service was launched with funding from the government in 2008-9 and has seen a year on year increase in registration. A recent review showed that over 90% of people having carers assessments registered for ICER.

Carer quote

Following an ICER activation:

"I am so impressed with the ICER Support Workers, they have done more for my mum than the care workers they have every day. Mum was happy with them all and Patsy made her lunch which mum enjoyed. Mum was feeling relaxed with the ICER Support Workers and would like to thank everyone on the ICER team for all their support"

As a result of the activation the carer has arranged additional on-going support to help in the longer term.

Our contact details

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Although most people do not experience an activation, when asked, the majority said they felt valued and reassured through having a plan. ICER provides up to 48hrs of free respite during a carers emergency, commissioned through Crossroads Care Cambridgeshire. Carers not eligible for social care are assisted to plan for emergencies and complete a Carers Card to carry with them. . The most frequent reason for activation is prevention of hospital admission and carer ill health. Many carers have been supported to arrange more sustainable support as this became appropriate for their situations.

Hertfordshire has a multi-agency carers strategy in place which focuses on the following outcomes for carers;

Carers should be able to;

- Carry on caring if they want to
- Work if they want to
- Have a life outside caring
- Stay fit and healthy and be safe
- Access full benefit entitlements
- Get good quality information when they need it
- Feel respected as carers, as partners in care

And that;

Young carers should be able to;

- Achieve their full potential in education
- Be supported to reduce their caring role
- Have a life outside of caring
- Stay fit, healthy and be safe
- Get good quality information when they need it
- Feel respected as carers, as partners in care

Read [Hertfordshire's Joint Carers Plan](#)

Hertfordshire have also produced an excellent Business Case for supporting carers – read more here....



Herts CC Supporting
Carers Business Case

EXAMPLES OF EXISTING GOOD PRACTICE

After a break from their caring role (delivered through the **Make a Difference for Carers** programme by Carers in Hertfordshire and funded by the NHS and LA), the risk of depression amongst carers decreased by 25%. The Make a Difference service has proved a great success since its launch last year. The service gives carers the chance to access Government funding, for a break from caring, which will have a positive impact on their health and wellbeing. The needs of each individual carer are discussed, before deciding together on the sort of break/relief that will make the biggest difference - it just has to be

something which has a positive health outcome. Over the past year carers have had gym memberships, physiotherapy sessions, counselling and even horse riding lessons.

What difference does it make? A carer's story

"Before I had this break (a gym membership) in my weekly schedule, I never got out of the house".

"I felt so isolated and could see no opportunity to refresh my perspective on problems or to get a breath of fresh air and socialise at all."

Commissioned HertsHelp – a new signposting service for the public of Hertfordshire helping to point them to sources of relevant support. **HertsHelp** is a network of over 200 organisations. It was launched in December 2011, and now receives about 200 calls per week. The third highest referral rate from Herts Help is to Carers in Hertfordshire.

Ensured CQUINS for carers were in place for all Hertfordshire major NHS providers

The Breakaway for carers service rolled out in Stevenage in September 2012. The service recruits and supports volunteers to give carers a break; the volunteer sits with the cared for, thereby enabling the carer to take a break from their caring role. Many carers give their time to support other carers through a peer support model. Carers in Hertfordshire support 325 volunteers, many of whom are carers or ex-carers themselves.

Carer Friendly Community and Hospital Projects

Hertfordshire County Council, Carers in Hertfordshire and East & North Hertfordshire NHS Trust are piloting a carer friendly community and carer friendly hospital. The aim is to measure the joint benefits – both financial and non-financial - of a carer friendly health and social care system.

Carer Friendly Community

Carers give a lot to the community; there are 110,000 family carers in Hertfordshire who, if paid, would be delivering £2.1 billion worth of care; almost as much as Hertfordshire's entire health and social care budget.

The carer friendly community pilot project is running in Stevenage until December 2013. A clear business case sits behind both the carer friendly community and hospital projects. By improving support for unpaid, family carers, we aim to reduce levels of carer breakdown, thereby reducing residential care and hospital admissions in the pilot area. Supporting eight additional carers to care in Stevenage, in comparison to the control locality, will pay back the investment in the two pilot projects. We will also be measuring the average time taken for carers to be identified in Stevenage in comparison to the control locality. Early identification is critical to ensuring carers get the right support, avoiding a crisis and ensuring the sustainability of the caring situation.

This will be achieved by;

- bringing together the Stevenage community – from the big public services like the NHS and the council, to the small lunch clubs run by volunteers – to identify and support carers. Caring often goes unnoticed, and many people do not understand the challenges carers face. We want to raise awareness of carers and the issues they face at every level – including amongst carers who don't know they are carers
- piloting a GP carer support prescription service, where GPs can directly refer carers at risk of breakdown to quickly access a break from their caring role and other support
- launching a Carers Passport in Stevenage which entitles carers to discounts at local businesses, including leisure centres and pharmacies. We hope to make carers' lives easier day-to-day, as well as during the difficult times, and to raise their status in the community
- involving carers in creating a carer friendly community, through a carer steering group which oversees the projects, but also through supporting peer support networks. This also involves bringing different agencies together to tackle the issues carers have raised as critical local issues in helping them to carry on caring.

The project will be evaluated in March 2014 and if successful we hope to extend it to the rest of the county.

For more information about the carer friendly community project, please contact Alex Daar, Carer Friendly Community Development Co-ordinator, alex.daar@carersinherts.org.uk

Carer Friendly Hospital

The hospital is a key trigger point in the caring journey. People may become carers in a hospital setting, or they may see their caring responsibilities increase following a hospital admission as a result of a fall or similar incident. The impact of caring on health also means that carers are more likely to be admitted themselves; for example, carers caring for someone for over 50 hours a week are at 23% higher risk of a stroke than non-carers. This leaves their cared for alone, vulnerable, with the potential outcome of a double admission to hospital or residential care.

The rationale for the carer friendly hospital project is that there is significant scope to deliver savings to both health and social care, as well as better outcomes to patients and carers, by improving support to carers in an acute setting. The pilot project is running in tandem with the carer friendly community project, and will run in Lister Hospital until March 2014. It will have an initial focus on the carers of stroke survivors. We will be measuring the impact of better support to carers on readmission rates, length of stay, and delayed transfers of care, as well as the carer experience and outcomes for carer and cared for.

Making Lister Hospital more carer friendly includes;

- the recruitment of a Carers' Lead role, based within the Integrated Discharge Team, with a remit to raise standards and challenge practice to ensure that carers are respected as partners in care
- the development and implementation of a Carers' Policy which will help staff to work with carers, as well as raising awareness of the issues carers face within the hospital setting

- involvement of carers in the development of the policy and improvements in practice, through regular 'tea and talk' sessions
- the promotion of a direct referral to Carers in Hertfordshire to ensure carers get the support they need early in their caring journey

Like the carer friendly community project, the carer friendly hospital project will be evaluated in March 2014 and if successful will be extended and rolled out to other areas of the county.

For more information about the project, please contact Leanne Welch, Carers' Lead at Lister Hospital, leanne.welch@nhs.net

A project with Age UK (home from hospital) supported carers for six weeks on the return of someone from hospital. 14 of the 17 carers who have so far received the service following discharge from hospital have continued to buy the service once the 'free' period ended. All 17 clients reported positive outcomes in terms of the service helping them continue to care.

The Breakaway for carers service recruits and supports volunteers to give carers a break; the volunteer sits with the cared for, thereby enabling the carer to take a break from their caring role. Many carers give their time to support other carers through a peer support model. Carers in Hertfordshire support 325 volunteers, many of whom are carers or ex-carers themselves.

Working to support the new clinical commissioning groups and National Commissioning Board in commissioning for carers' outcomes

Progress includes:

- ✓ Health and Wellbeing Strategy Draft Priority around carers
- ✓ Carers Champions in W Herts GP practices
- ✓ Regional Carers Champion GP (Sachin Gupta) working closely with us on the Herts
- ✓ Commitment to Carers, refreshed carers' strategy and carer friendly community and hospital pilots

A previous study of Hertfordshire pathways into residential care has indicated that 17% of permanent residential care admissions are due to carer breakdown.

The following work is planned to support young carers;

- ✓ The provision of resilience training to individuals and groups of young carers
- ✓ The continued development of young carers school groups and support in school
- ✓ We will monitor the effectiveness of support groups and provide training and resources

- ✓ On-going recognition and support of young carers, evidenced by increasing referrals to children's services (CS)
- ✓ We will monitor the effectiveness of CS support to young carers and their families
- ✓ We will gain feedback from young carers following support
- ✓ We will monitor the effectiveness of Carers in Herts contract
- ✓ We will ensure hospital staff identify and refer young carers

**Carers in Herts has a seat on the new Healthwatch board.
This helps to ensure carers' voices feed into the
Health and Wellbeing Board.**

Peterborough City Council intend to develop a joint strategy for both adult and young carers in May 2013. For more information contact hedda.lilley@peterborough.gov.uk

EXAMPLES OF EXISTING GOOD PRACTICE

- ✓ Carers packs made available to all new carers identified through our re-ablement team. People being discharged from hospital go through this service and we have enabled a number of 'new' carers to access services. The pack contains, carers leaflet, a carers diary which helps the carers to record who has visited, when, what was agreed and what questions to ask when professionals have booked appointments with them, carers directory, safeguarding for carers leaflet and leaflet on how to register for the Emergency Support for Carers service
- ✓ Working with the Adult City College to deliver 'Peterborough Caring with Confidence' Course funded by the Community Learning Trust. Our partners Crossroads Care will be delivering 8 week courses, 6 educational and one course moving and handling training and the final course complementary therapies for carers. The aim of the extra 2 weeks is to bring together the group of carers and encourage them to form a peer led carers support group
- ✓ Working with local Registered Social Landlords to confirm that carers can attend their social events and to use their premises as a meeting place. This has the advantage of being spread across the city for ease of access
- ✓ The Carers Support payment is linked to the carers assessment and if someone is doing a high level of care and the impact of that on the carer is high, they will be entitled to £250 which they can spend to help them in their caring role
- ✓ Peterborough City Council is soon to launch an on-line service directory and the carers page links directly to the council's comprehensive carers section
- ✓ Dementia Awareness Event in January 2013 had over 80 people attending; carers, professionals, Gp's, RSL staff etc., Carers told us that they found the event useful as they now understood more about the progression of the disease and also what triggers challenging behaviour. The Carers Conference in April will have a dedicated workshop with clinicians, psychologists and staff from the Alzheimer's Society to sit on a panel and answer specific questions from carers on specific behaviour issues. There will also be a mental health workshop delivered by Rethink
- ✓ Working with Public Health and Community Pharmacists throughout the month of February to identify carers that come into their premises and offer carers advice and support from the resources we provided for the campaign.

See case study overleaf.

CASE STUDY: SUPPORTING CARERS – NHS Peterborough

On Wednesday 1st February 2012, a joint Public Health and Commissioning campaign Supporting Carers across Peterborough commenced.

Community Pharmacists are required as part of their contact to participate in up to six public health campaigns a year. The Medicines Management team facilitates this for NHS Peterborough. They were approached with a view to collaborating with them to use the February campaign to reach out to 'hidden' carers.

Pharmacies can help by being an advisory resource for two vulnerable and socially invisible groups of people and to become a beacon of best practice for carers

"This campaign will enable Pharmacies to engage with Carers offering advice and support regarding health and the services commissioned by NHS Peterborough". *Ruth Kent Community Pharmacy Lead Medicines Management Team*

All of the forty two community pharmacies received a resources pack which contained a poster, Carers leaflets, and the Carers Directory. The Carers leaflet advertises services available to carers and how to access them. It also includes an application form which can be sent off so that a carer can be added to the carers register. This will enable them to receive mailed up-to-date information on changes to services and free events for Carers in Peterborough.

The pack also contained some Let's Get Moving leaflets, as these free keep fit courses are being offered to carers to improve their health and wellbeing. We also supplied some 'trigger' questions that should alert Pharmacists to the fact that the person they are dealing with may need some help. These questions typically included:

For all medicines

- Can you read the instructions on the medicines labels?
- Do you understand the instructions on the medicines labels?
- Do you sometimes forget to take or use your medicines?
- Do you ever get muddled about what medicines you need to take or use?
- Do you have help in organising your medicines?
- Have you found a routine that helps you to cope with taking or using your medicines?
- Do you have a carer? If so do they help you to take your medicines?
- Do you have any problems collecting a regular supply of your medicines?

Top Tips for effective commissioning of Carer Services• •

- Work with your local Medicines Management or Pharmacy team.
- Find out when the Public Health campaigns run
- Be prepared to put on an education event
- Evaluate how effective this campaign has been for future joint campaigns

We also provided some case studies

Case Study

- Mrs Smith asks you for some help with her father-in-law, she noticed on her last visit to his house that he has lots of duplicate medicines lying around. All the medicines were dispensed by you monthly to Mr Smith.
- Piroxicam 20mg caps 5
- Lactulose solution 500ml
- Slow-K tabs 56
- Furosemide 40mg 56
- Atenolol 50mg tablets 56

There is several months' worth of the first three medicines remaining. Mr Smith, 77 yrs., a widower of 6 months suffers from arthritis and has been buying co-codamol OTC recently. Mrs Smith asks you what there is available to help Mr Smith as she thinks she will now become her father-in laws carer and needs help.

Example of Pharmacist Support and/or Advice Unable to undo click lock caps - Supply all bottled medication with winged caps. Currently ok with blister packs

- Give out carers leaflet and explain that by filling in and sending back to the Freepost address, Mrs Smith can get a carers assessment, register for the Emergency Support Service and also get Mr Smiths needs assessed via Adult Social Care.

We wanted to make sure Pharmacists were aware of how much we appreciated working with them. They are an important frontline service who regularly interacts with vulnerable individuals and the 'invisible' workforce of carers. We said their support in this promotion has the opportunity to greatly enhance awareness and services for these people.

We held an educational event, and invited Community Pharmacists to attend. We had a number of speakers present to talk about carers issues and how services can support them. We also talked about how Pharmacists can help identify carers and explained the support services available to them. Already we are receiving Carers leaflets back that we can attribute to the campaign.

We plan to run a similar campaign next year, hopefully working with the National Commissioning Board.

CONTACT:

Hedda Lilley

hedda.lilley@peterborough.gov.uk

This Multi-Agency Strategy is a local response to the National Carers Strategy: **'Carers at the heart of 21st century families and communities'**.

This strategy links together the achievements to date; provides a document of intent that has commitment from a range of organisations across all sectors and informs Family Carers of what is happening in their county. The aim is to minimise the need for bureaucracy and to work towards providing high quality, Family Carer-focused supports that are accessible, appropriate, consistent and equitable. The Family Carers Multi-Agency Strategy in Suffolk 2009 to 2013 has developed through consultation with Family Carers, the Family Carers Partnership Board, Social Care, Primary Care Trusts, Health Managers, Commissioners, Family Carer Support staff and Voluntary organisations. Suffolk County Council have also produced an excellent guide of good practice for commissioning – see document



Good practice guide
for commissioning.pdf

Outcomes to be achieved from the Family Carers Multi-Agency Strategy

Action Plan:

All Family Carers, irrespective of their age, social circumstances or eligibility for statutory services:

1. Are treated with dignity and respect, and are recognised and valued for what they do;
2. Will be respected as expert care partners and have real opportunities to be involved and to influence the planning, development and delivery of support in their communities;
3. Receive a joined-up response from all agencies, who will work together to ensure people are not disadvantaged or vulnerable as a result of their caring responsibilities;
4. Are aware of their rights and opportunities and have access to a full range of information and support that is relevant, appropriate and accessible to assist them in making choices and taking control of their own lives;
5. Are confident that agencies have robust monitoring and evaluation systems to ensure they are meeting their responsibilities and that services are of a high quality;
6. Are supported to make choices and access opportunities which promote their own health and wellbeing;
7. Have the opportunity to take breaks from their caring role;
8. Have the opportunity, with support if required, to plan for and arrange replacement care should they experience an emergency or crisis;
9. Will not be forced into financial hardship because of their caring role and have the opportunity to access advice, information and support to maintain or return to learning, employment and/or leisure activities;

10. Children and Young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters* outcomes.

In Suffolk a range of services have been funded within Adult Community Services and the Voluntary Sector through the re-named Carers Budget:

- Family Carer Support Workers- various in Carers Centre, Age Concern, Alheimers Society, each hospital, mental health provider
- Large range of Family Carers groups across the County- specialist and generic
- Home based respite (Crossroads)
- Family Carers support courses and training
- Moving and Handling advice – Occupational Therapy
- Counselling services
- Complimentary therapies
- Flexible respite (home based/nursing home) across whole Family Carer Customer group
- One-off grant payments as a result of a Carers Assessment through the Area Teams (ACS)
- Young Carers Project
- Website and publications
- Emergency Planning Service
- Adult Placement Scheme
- Public involvement – in service development and consulting on services
- Best Practice Forum and advice to practitioners
- Training and Workforce Development
- Hospital Team based in James Paget, Ipswich Hospital, West Suffolk Hospital commissioned through Suffolk Family Carers
- Family Carers Centre Manager at centre in Claydon – Suffolk Family Carers

EXAMPLES OF EXISTING GOOD PRACTICE

SUFFOLK COUNTY COUNCIL - ADULTS AND COMMUNITIES- FAMILY CARERS 2012/13

ICAREBudget

In 2012/13, the ICAREbudget has been distributed to approx 2000 family carers throughout Suffolk. This is a small amount of money provided by Suffolk County Council and allocated to the family carer if they meet the basic criteria. This money is to be spent on a break from their caring role, which can include hobbies, spa treatments, membership to groups and respite care. Suffolk Family Carers have

been paid by Suffolk County Council to administer the iCAREbudget. Suffolk Family Carers information line also gives family carers guidance and knowledge about what other services are available for them in Suffolk.

Some examples of how the iCAREbudget has affected family carers in a very positive way:-

As I have severe back problems and being in the water is the only way I can do my physio, I am on a low income, and could not afford to go to the pool every week however with iCARE help I can go most days. The result is I am able to move better and it also helps improve my mood, this helps me cope with my dad's difficulties. Thank you so much'

'Positive, allows me to access a break and think about my situation in more detail. Also allows the children an opportunity to escape/respite. I feel that they have missed out as they have not done much in the summer holidays and have not had a break the same way their peers have. This means I experience less guilt'

Enhanced Carers Budget (ECB)

The Enhanced Carer's Budget is a small re-ablement budget and its aim is to provide short term intervention to **prevent** Family Carer breakdown and to enable them to continue in their long term caring role. This budget is **not** designed for an emergency situation.

The ECB is aimed at Family Carer's with the highest need but is not designed to replace statutory services for the cared for person.

- The cared for person must have had a recent Community Care Assessment or review
- The Family Carer must have had a recent Carer's Assessment or review

An Enhanced Carer's Budget NAQ and RAS is applied to ensure a fair allocation of funds. This is very different from the iCAREbudget and is not an entitlement. It is extra funding given to Teams to support Family Carers in greatest need. The ECB has been allocated to 447 Family Carers so far this year

New hospital based carer support in Suffolk hospitals

Suffolk County Council is nearing the end of a Tendering process to provide a new service in two hospitals in Suffolk. The aim of the service will be to identify those family carers where the caring role is most at risk of breaking down, or where there is a likelihood of the family carer having to leave their employment in order to care. A number of different models of provision have come in from bidders and we hope to award the contract before the end of March. The funding will last for two years, by which time we hope the projects will be able to evidence benefits to the whole

Health and Care system in prevention of readmissions and by enabling family carers to get the help they need when they need it.

Personal Budgets for alternative breaks and activities

Personal budgets are now being offered to Adults with Learning disabilities and their families either in addition to receiving respite nights in a building based service or as an alternative.

The budget awarded could be up to a maximum of £3000 and it is stipulated that this funding must be spent in order to give the family carers a well-deserved and needed break from their caring role and provide an activity or break that is meaningful to the person being cared for.

The Personal Budgets have enabled customers and carers to have more control over the choices they make regarding breaks and it recognises that different families need breaks in different ways. The personal budget reflects the need for flexibility when working with people with learning disabilities and their carers and has worked well for over 50 families so far.

Innovation Panel

The Innovation Panel invites bids for grant funding from organisations proposing new ways of supporting family carers in Suffolk and then decides on which projects/services to fund.

The Innovation Grant is for organisations/community groups who wish to provide innovative projects/services to family carers, over the age of 18 years, who care for someone over the age of 18 years. The Innovation Panel is made up of family carers who are currently caring, or who have recent experience of caring, with the support and input of Suffolk County Council officers.

There have been three funding rounds to date and 30 voluntary organisations and community groups have been funded, with some specifically targeting hard to reach groups and hidden carers. A few examples of what they are offering family carers in Suffolk:

- complimentary therapies
- support groups
- days out
- art sessions with the person they care for
- days out on care farms
- Mini-retreats
- Café for family carers to socialise and make friends

Many of the organisations funded have been greatly appreciated by family carers who have provided Suffolk County Council with excellent feedback on how the service has given them confidence, a way of meeting new friends and a chance for a break from their caring role.

Case study from Suffolk Family Carers: Support and advocacy for young adult carers

The Suffolk Family Carers will be refreshed in 2013. For more information contact: Lorna Small, Suffolk County Council (Lorna.Small@suffolk.gov.uk) or Jacqui Martin, Suffolk Family Carers (Jacqui.martin@suffolkfamilycarers.org)

For further case studies see overleaf.....

CASE STUDY

Fire and Carers Together - FACT – Suffolk Family Carers

FACT is a free service for Family Carers to receive a 'Safer Homes Check' and have risk information about the person(s) they care for held confidentially within the Fire Control - the information is only to be used in case of a fire, and to aid a safe rescue. **FACT is available to Family Carers of All Ages across Suffolk.**

Suffolk Family Carers and Suffolk Fire and Rescue Service started working in partnership to develop FACT in 2004/5 as part of the Fire Services Equality Working Group. The partnership work has developed extremely well over the past six years and we have seen many Family Carers register and receive information to protect them against the threat of fire in their home, as well as and having access to information from Suffolk Family Carers to support them in their caring role.

We regularly ask Family carers how they find the FACT service – 98% of those registered say that they have “peace of mind” in respect of fire safety in their homes since receiving the FACT service. We know this is due to the excellent service provided by Suffolk Fire and Rescue, including the installation of appropriate smoke alarms.

The FACT service is run by Suffolk Family Carers. Family Carers are referred to Suffolk Fire and Rescue Service, with their agreement. The referral process includes the Fire Community Safety Team as they instigate the Safer Homes Check, and the coded risk-data is sent directly to Control, based in Cambridge, to be added to the FACT risk database.

Contact Details

Esther Pacitti,
Suffolk Family Carers

Email:

Esther.pacitti@suffolkfamilycarers.org

Telephone:

Ipswich (01473 835403)

We asked Family Carers “Was the information you received from the Fire and Carers Together Scheme useful and appropriate?” some of the replies from Family Carers were:

“The fire officer took time & came up with emergency exits or safe areas in case of fire which all the family could use.”

“I really appreciate the contact with the fire and rescue team, especially as my wife is disabled with multiple sclerosis.”

“The firemen who inspected the house were very efficient and understanding. They explained the correct position for smoke alarms-ours were not in the correct places so now we know they are.”

Essex

[Essex County Council has a Commissioning Framework for Carers](#). Earlier this year, members of the Health and Wellbeing Board for Essex agreed to develop a common set of carer's commissioning intentions and arrangements across health and social care, using pooled budgets and lead commissioning arrangements. In order to develop the joint commissioning framework a project board was brought together to include health and social care partners from across Essex. Initially, this joint commissioning strategy **will not cover the Unitary areas of Southend and Thurrock** as work is already underway in these areas. 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

The Vision for the Carers' Joint Commissioning Framework 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 the aim is 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**

Take a look a Southend's Young Carers top tips for professionals – see document below.....



Young Carers - top
Ten tips - profession

Thurrock Carers Strategy 2012 – 2017
[For the full Strategy – click here](#)

What We Plan To Do

A description of how we currently support carers together with a summary of where we can improve and an action plan for change is included in the full strategy. The description, summary and action plans are each divided into nine themes which reflect what local carers are telling us they need. The priorities for carers are outlined below:

By 2017, carers in Thurrock will be:

- Respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Able to have a life of their own alongside their caring role
- Supported so they are not forced into financial hardship by their caring role
- Supported to stay mentally and physically well and treated with dignity and;
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Every Child Matters outcomes

EXAMPLES OF EXISTING GOOD PRACTICE

Single Point of Access

In Adult Social Care, the Community Solutions Team (CS) provides a single front door to information and services. CS helps the carer to identify and describe the outcomes they would like and in conjunction with the carer (and the cared-for person if necessary) they build up a Support Plan. Carer's Assessments can be provided jointly with the cared-for person or they can be provided separately even if the person they care for declines an assessment or services.

Information & Communication

The Who Cares? Website was launched by SEPT and NHS SW Essex in March 2010 and offers practical help, support and advice for carers looking after someone with a mental health illness, learning disability or physical illness. It includes a section for professionals working with carers to register and start a network with other professionals and to access latest government guidelines and publications relating to carers.

Training

Carer awareness training for key frontline staff is being provided in conjunction with NHS S Essex and SEPT and local carers themselves. This has already been attended by Council staff as well as those from SEPT and third-sector partners who are in contact with carers. It is anticipated that this will help the process of establishing carers champions or leads in the social care teams who will be able to cascade information about developments in carer services. The Workforce Development Team has developed a [free E-Learning course](#) which is available for carers but is also useful for employers and those who manage staff; staff and volunteers who work with carers; people who come into contact with carers.

Health and well-being

Therapeutic and health promoting schemes are organised from the Carers Centre on an ad-hoc basis. These are popular and well-attended and could be useful in encouraging new carers to the Centre, including those from under-represented groups such as younger adult carers, those in outlying areas, BME carers and those that might be lonely, isolated and at risk.

Dementia Awareness: Run from the Carers Centre, this provides support and guidance specifically for carers of people with dementia in order that they may better understand, prepare for and cope with this condition.

In 2009 NHS SW Essex and SEPT were successful in bidding for the Department of Health Demonstrator Site "Better NHS Support for Carers". The client focus was for adult and young carers of people with mental illness and/or dementia or learning disabilities based in South West Essex. This project finished in March 2012 but legacy continues under the banner of the "Who Cares?" project with the following workstreams:

1. Carer Recognition Workers worked with local authorities, Basildon and Thurrock University Hospital, GP Surgeries, Primary Care Teams, pharmacies and voluntary organisations such as the Alzheimer's Society and Carers UK training their staff to ensure that carers are recognised and supported as soon as possible after their first point of contact with services.

2. Mobile road shows resulted in the identification of carers not previously known and information about the support to which they are entitled was distributed.
3. A "Who Cares?" website was launched in March 2010 providing information and advice for carers and a carers' forum as well as an information section for professionals who are involved in supporting carers.
4. A workstream looked at carer pathways with the objective of integrating them into primary care, acute care and secondary care. This led to improvements in the early identification, recognition and support of carers across different agencies.
5. The project was underpinned by a workforce training programme delivered via e-learning, DVD's, workshops and on-site sessions.

A life of your own

A variety of short break options are available for carers enabling them to have a break from caring during the day, evening or at weekends, either in or away from their own home – here's just two of these:

- Older People's Day Care – currently managed by staff from the Carers Centre and comprises 5 centres, one specialising in working with people with advanced dementia, two work with people with milder dementia and two work with people with physical disabilities and very mild memory loss
- Weekend Day Support – carers take their relative/friend to the Carers Centre to be cared for by trained staff for up to 6 hours while they have a break

Emergency Planning

The Thurrock Carers Emergency Plan is under development and has been piloted. The aim is to ensure that carers can summon help if they become ill or have an accident or personal crisis and are unable to carry out their caring role. Carers complete an Emergency Plan which asks for information about them, the person(s) they care for and details of people who could step in if there is an emergency. It outlines what should happen and who will help to ensure the person they care for is safe. It is intended that this information will be held at the Carers Centre and by the Emergency Duty Team and the carer given a card or key fob with an emergency telephone number and identification number which links to their support plan and details which alert others to the fact that they are responsible for providing care for somebody else. In an emergency, the carer or someone else could ring the emergency telephone number and give the number of the Emergency Plan. The Plan would be read and the Carer's Plan followed.

If there are named people who can help in the plan, they are contacted by the Emergency Duty Team. If the named contacts cannot be reached, help will be provided by Social Care in line with the details given about what the carer does for the cared-for person contained in the Emergency Plan.

The strategy outlines many more areas of good practice organised under headings such as; Carers and Employment, Carers and Housing; Parent Carers of those with learning disability; end of life services; young carers; inter-agency working; partners in care etc.

**For more information contact: Alison Nicholls
(email: anicholls@thurrock.gov.uk)**

Health & Wellbeing Boards

Health & Wellbeing Boards in the East of England were recently asked to submit information to the NHS Midlands and East around their plans for supporting carers.

We asked all Boards the following questions:

1. How do you intend to ensure carer awareness is raised across all statutory and voluntary services likely to come into contact with carers in a way that the average length of time between becoming a carer and being identified as one is reduced?
2. What is the prominence and importance in your plans of access to appropriate levels of information, advice and support, from informal preventative support to formal service provision. How this will be accessed in an equitable and flexible manner which minimizes bureaucracy and maximizes impact, with all carers assessments being outcome focused and delivering improved sustainability of the caring relationship?
3. What is the approach being taken to ensure access to information and carer breaks when carers need them and how they need them?
4. How will providers ensure there is a plan for carer crisis and emergencies?
5. What are the arrangements for recognizing carer needs in acute settings i.e. at hospital discharge?
6. What are the cross departmental arrangements for young carer support & new carers i.e. early identification in schools & GP's?
7. How do you intend to ensure parents of disabled children and those with life limiting-conditions are fully supported?
8. How will you ensure the inclusion of carers views when preparing commissioning plans and strategies, particularly when taking final decisions?
9. How will you be integrating carers into the CCG PPI and Healthwatch agendas?
10. How do you plan to respond to the clear evidence of the health impacts of carers through commissioning to deliver public health outcomes?

The responses are summarised in the document below.



Health and Well
Being Boards & Carer

Appendix 1

Recommended guidance

General

[Supporting carers: current practice - Reported local innovation and good practice from the Carers' Rights in a Changing World event](#)

[Always on call, always concerned: a survey of the experiences of older carers](#)

[Carers and personalisation – this publication demonstrates how carers benefit from services and support based on their personal needs](#)

[Supporting carers: an action guide for general practitioners and their teams](#)

Acute sector

<http://www.lewisham.nhs.uk/pdf/Carers%20%20Report.pdf>

http://www.carerssupportcentre.org.uk/wp-content/uploads/2011/12/project_evaluation3.pdf

Young Carers

[Supporting young carers and their families Information for health care professionals](#)

[Princess Royal Trust Guidance: delivering Every Child Matters for young carers](#)

[Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children](#)

[Improving support for young carers – family focussed approaches](#)

Mental Health

[Caring for those that Care: A Strategy for Families and Carers 2010 – 2015 – South Essex Partnership Foundation Trust](#)

Key Resources

<http://www.carersuk.org/professionals/resources/briefings>
(Policy Briefings)