

“A carer-conscious community, working together to create innovative and sustainable support for carers, where carers are viewed as ‘everybody’s business’ and feel valued.”

CARING TOGETHER

**A Carers’ Strategy for
Barking and Dagenham**

2015 - 2018

Logos to be added following approval

Contents

1.	FOREWORD	3
2.	INTRODUCTION.....	4
3.	THE CARE ACT	6
4.	THE BETTER CARE FUND.....	7
5.	HOW WE DEVELOPED THE CARERS' STRATEGY.....	8
6.	CARING IN BARKING AND DAGENHAM	11
7.	WHAT CARERS CAN EXPECT IN FUTURE.....	16
8.	HOW WE WILL GET THERE IN 2015/16	22
9.	HOW WE WILL KNOW WE HAVE HAD AN IMPACT	30
10.	HOW WE WILL OVERSEE THIS WORK.....	31
11.	HOW YOU CAN TELL US WHAT YOU THINK	32

Foreword

1

**Carers play a vital role in Barking and Dagenham.
We want to put better support in place to help them in their caring role.**



The health and social care system simply couldn't function without carers. Through their commitment to their loved one, and the work that they do, they contribute an enormous amount to the safe and sustainable delivery of care. They are our partners in the delivery of health and social care services.

Around 16,000 people reported in the Census that they provide some level of informal care. Nationally, it is estimated that 1 in 9 people in the workforce are also caring for

someone who is ill, frail or has a disability. It is therefore not just the right thing to do to ensure carers get the support that they need, it has an important impact on our local economy.

Everyone has a role to play in ensuring that carers are given support to keep on caring. This is why the London Borough of Barking and Dagenham and Barking and Dagenham Clinical Commissioning Group have worked with nationally-recognised charity Carers UK to develop a set of plans for improving the support offered to carers locally. We have

worked with carers themselves, managers and frontline practitioners from across social care, health, and the voluntary sector to set out the things we think need to improve, and how we will get there.

The Care Act comes into effect on 1 April, recognising carers' right to support with new rights to good provision of information and advice, an assessment of their needs, and the services required to meet those needs. With our partners in the health service, we agreed a set of plans, called the Better Care Fund, that aim to keep people well and at home and avoid them going into hospital. Our work with carers is a crucial part of those plans.

Fundamentally, however, providing informal care for a loved one is a challenging – as well as rewarding – activity. The people that do it deserve all the support we are able to give them, and I am pleased to set out here how we think this should operate in the years ahead. I want to continue to hear your views on how things could get better, and there are details at the back on how you can feed back on your experience.

Our Vision: **“A carer-conscious community, working together to create innovative and sustainable support for carers, where carers are viewed as ‘everybody’s business’ and feel valued.”**

Introduction

2

Across the UK today, 6.5 million people are unpaid carers; around 16,200 in Barking & Dagenham.

This means that 1 in 8 adults spend a 'significant proportion' of their lives providing unpaid support to family or friends, for example those who are ill, frail, disabled, with mental health or substance misuse problems.¹ These carers play a hugely important role in our society. Research has shown that carers save the state billions of pounds each year by providing much-needed care to help sustain people in their own homes.² In a ward audit of our local hospitals it was identified that 75% of patients lived alone with no informal support and were not known to health or social care service. 76% of these had a chronic condition which could have been managed in an alternative and more cost-effective way.

It is vital that carers are supported as individuals to ensure that their caring responsibilities do not impact negatively on their own quality of life, for example, leading to the high levels of social isolation that carers report.

The specific needs of carers vary enormously. For example, 62% of all female and 73% of all male carers undertake their caring responsibilities alongside paid employment³, and may require support to ensure that they can continue to do so effectively. Some carers have care needs themselves; 51% of elderly carers (aged 85+) care for more than 50

hours per week, often despite illness or frailty.⁴ 2013 figures from the Office for National statistics suggest 244,000 people under 19 are carers, with about 23,000 under nine years old. Among 15-to-19-year-olds, about 5% of girls are carers and about 4% of boys.⁵

This is one of the reasons why the government passed the **Care Act** in 2014, which introduces significant changes to health and social care, with enhanced rights for carers. This strategy sets out how we will implement these new changes, as well as other improvements that we have identified through our discussions with local carers and those who work with them, such as social workers, GPs and voluntary sector organisations. This is our current assessment of how we will meet the new Care Act requirements, but we will need to keep it under review in the first year to be sure that we are adequately responding to local carers and their need for support.

This Strategy has been led by the Clinical Commissioning Group and the council working together under the Better Care Fund. However, it is intended to be a partnership strategy that drives activity across a wider set of partners: service providers, the voluntary sector, the private sector and other statutory agencies. We will work to continue to build the consensus around the actions and aspirations it identifies.

¹ Dept of Health (2008), *Carers at Heart of 21st Century Families & Communities*

² Carers UK (2011), *Valuing Carers*

³ Carers UK and the University of Leeds (2007), *CES Report*

⁴ Office for National Statistics (2006)

⁵ Office for National Statistics (2013), *2011 Census*

Definitions and terminology

There are various definitions of 'carer' which apply through this document. In general, we use the term 'informal carer', to refer to people who provide care for relatives, friends and loved ones, and to distinguish them from the formal service provision that may be arranged through care agencies, either by the service user or the Council.

In our Better Care Fund we referred to 'family carers', which identified that the emphasis was on supporting hospital discharge and keeping people well at home, and that this may be more disproportionately a family role. However, it was not intended to be exclusive, and the term informal carers could often be taken to include family carers, and family carers should not necessarily be taken to exclude other caring arrangements, such as for friends or neighbours.

A note on Young Carers

The Care Act gives clear guidance on how the transition of young carers to adulthood should be approached. A separate document setting out the partnership's approach to support for young carers is in development, although the vision remains the same. Overall changes to assessment systems and information and advice must take account of the specific needs of young carers as they are developed.



The Care Act

3

Major changes are being introduced in how social care is delivered, and what support carers can expect



The Care Act introduces significant and welcome measures to improve the rights of adult carers. These measures include:

- A duty on local authorities to promote the physical, mental and emotional wellbeing of carers and their participation in work, education and training;
- Clearer information, advice and access to a range of preventative services which reduce carers' need for direct support;
- New assessments which put carers on an equal footing with the person they care for;
- Giving carers, for the first time, a clear right to receive services, via a direct payment if they choose;
- A national eligibility threshold, bringing greater clarity around entitlement for carers and those they care for;
- Processes in place to ease the transition between child and adult services.

Improving the lives of carers runs beyond the health and social care system. The emphasis on preventing need for direct support means

that employers, schools, faith groups, local communities and service providers all have a role to play.

Whilst there has been a strong emphasis on the new rights to assessment and services to meet the needs that are identified, we believe that there is just as much importance in the duties around the provision of good information, advice and preventive support. Currently, we know that around £4m of Carer's Allowance goes unclaimed in the borough, and help to claim the financial support that carers are entitled to is just one of the ways in which the caring role can be made more manageable. We want to see more peer support available so that carers can help each other, based on the expertise that they have built up through their own caring role and experiences of our local health and social care system.

Where assessment and a formal package of support is appropriate, we want this process to be as supportive as possible. The Care Act is clear on the eligibility for services, but again our emphasis would be on ensuring that preventive support is in place alongside anything more structured to assist a carer in balancing their responsibilities and their wider aspirations and life choices.

The Better Care Fund

4

Health and social care services have agreed ambitious plans to prevent people going into hospital unnecessarily. Support to carers is an important element of our plans.

It is crucial that everyone works together to improve the lives of carers in Barking and Dagenham. The partnership between health and social care is of particular importance. Because of this, the government has announced the £3.6bn Better Care Fund (BCF), which locally will bring together £21m of investment to get services working together more closely, particularly to help prevent people having unnecessary stays in hospital. Some of this will be through work to better support carers.

One of the key aims of the local plan is to improve support for family carers, and this strategy captures the approach we are taking. In particular, the BCF plan sets out that we will:

- Improve the support available to carers and recognising their key role in helping people to remain in their own homes, which will in turn support planned reductions in rates of avoidable admissions to hospitals and care homes;
- Identifying additional services required for carers and supporting commissioning activities to develop these services;
- Targeting carers at risk of breakdown and positively increasing the number of carers supporting people in their own homes for as long as possible;

- Meeting the requirements of the Care Act – specifically to improve information and advice available to carers, and to improve the market to support the delivery of individual purchasing decisions through personal budgets;
- Improving the experience of carers and service users by ensuring that their needs and priorities are reflected in provision. This will also align with our improvements to end of life care, dementia and mental health support outside of hospital, with an increased number of people able to have their choices and wishes supported.

Barking and Dagenham's Health and Wellbeing Strategy (HWBS) also brings together health and social care services (alongside other partners) to improve overall health outcomes through better integrated services. A key action within the HWBS is to improve the quality of life of carers of highly dependent people through a range of measures, such as annual carer health checks.

The development of the new Carers' Strategy will therefore contribute towards the wider improvements required within health and social care services across Barking and Dagenham.

How we developed the Carers' Strategy 5

It was critical that we heard from carers themselves, as well as frontline professionals, in the development of this strategy. Carers UK conducted the research exercise for us.

During the development of our new joint strategy we worked with Carers UK to undertake engagement with the local community. They combined this with an extensive analysis of the data around caring in Barking & Dagenham to produce a set of recommendations on which this strategy is based.

The engagement involved:

- 48 individual carers, providing care to people with a range of different care needs;
- Social workers;
- GPs;
- Hospital staff;
- Voluntary sector and local support groups including Carers of Barking and Dagenham;
- Commissioners;
- North East London Foundation Trust;
- Health and Wellbeing Board.

The engagement approach combined individual interviews, participation in focus groups and presentations. Key areas of discussion were:

- How current services impact upon carers – what is working well and what would benefit from improvement;

- Challenges and barriers to improvement;
- Implications of the Better Care Fund and increased integrated working between health and social care;
- Views on the Care Act and its implications for organisations;
- Solutions to improve support for carers in the future.

What we found out through our research

Together with the demographic data, we heard that particular at-risk groups of carers (where there is a risk that their ability to care will break down, or they are experiencing significant detriment to their personal wellbeing) will include:

- High intensity carers;
- Older carers;
- Carers of people with dementia, mental health problems or at the end of their life;

It will also be necessary for us to think about service provision for carers living in wards in the borough with high levels of income deprivation and poorer health outcomes, as well as groups based around gender, ethnicity, religious belief etc. who appear not to be currently accessing support.

Through speaking to carers, we found that many of the support services available to carers work well. For example, Carers of Barking and Dagenham run very popular and respected services such as Memory Lane, which has helped people to live independently away from nursing care and supports carers through a range of services from advocacy to employment issues. In addition, the work of the Integrated Care Team and DABD was praised by many.

However, we also found some significant areas for improvement. For example, carers' assessments can be disjointed and carers do not always have support plans. Even where support plans are in place, they are often not specific enough.

What works well

The following were identified as elements of effective support for carers in our borough:

- **Carers of Barking and Dagenham:** supports a large number of carers, including young carers, with a varied service offer, and deliver flexible services that any carer can access regardless of eligibility;
- The carers section on **council website**;
- Work being conducted in conjunction with East London Solutions to help **micro-providers** (new small businesses) get a place in the market;
- **Carers Networking Group** for statutory and voluntary sector providers;
- Health systems like Care Applications and Health Analytics which **support integrated care**.

Areas for improvement

A summary of some key areas identified for improvement includes:

- **Current services:** support groups are often held during the day meaning that working carers cannot attend; these also rely upon professionals and may not sufficiently draw upon and utilise 'experts through experience' and address the social isolation which many carers feel.
- **Care-planning:** service users and carers are often not involved enough in care-planning sessions; Planning also needs to take into account emergencies or when things might go wrong
- **Information provision:** there is a lack of clarity regarding how personal budgets work for carers and how they can access them, with one carer commenting '**you don't know what you don't know**'. It is also difficult to access specific information about mental health;
- **Health:** GPs don't always understand the benefits of carers' assessments and the potential clinical benefits of referring carers to community support, despite often being the first point of contact for carers; carers are also people who often put their own needs last when talking with GPs
- **Future opportunities to support carers:** there should be more ways to support carers without face-to-face groups. Carers should also be more involved in integrated care meetings.
- **Identifying young carers:** there are challenges in identifying young carers, particularly those under 9 years of age.

Links to other strategies and plans

We have already set out how the Better Care Fund and the Care Act will change the way we support carers. A number of other key national and local policies will have an impact on the development of carers' support in the London Borough of Barking and Dagenham. They are set out below:

- **The Council's Corporate Plan:** this sets out the Council's overall aspirations for the borough under the heading '*One borough; One community; London's growth opportunity*'; one of the three key priorities is enabling social responsibility through which the Council aims to protect the most vulnerable while supporting residents to take responsibility for themselves and their families, a key driver for improved support to carers. In addition, the priority around 'growing the borough', will be facilitated by better support for working carers.
- **The Clinical Commissioning Group's 5 Year Plan:** this sets out how the CCG will achieve its vision of "improving health and health outcomes for local people through clinically led commissioning of sustainable, safe, high quality local services" with a range of improvements to primary care, urgent care, planned care, and mental health services. Improvements in support for carers are threaded through all of those areas of activity, and are expressed through this strategy.
- **Integrated Care Case for Change in Barking & Dagenham, Havering & Redbridge: (2012)** developed by the Integrated Care Coalition which works to 'join up' care across the three boroughs, including ours, this sets out how partners will shift the emphasis towards early intervention, improved focus on outcomes and upon the promotion of self care and greater integration of services. It doesn't reference carers specifically, but this strategy should be taken as part of the delivery of those wider aims.
- **Children & Families Act 2014:** this Act seeks to improve services for vulnerable children and support strong families, by introducing greater protection to vulnerable children, and better support for children with special educational needs and disabilities.. A Local Authority must assess whether a young carer in their area has needs for support, and if so, what those needs are.
- **Joint Strategic Needs Assessment:** this local assessment of health and social care need gives a direction in terms of numbers of carers and their need for support; it is being updated and will reflect the work that Carers UK has undertaken to inform this strategy;
- **The Health & Wellbeing Strategy:** currently being refreshed, this strategy sets out the high-level aspirations of the Health & Wellbeing Board to improve health across the life cycle and to improve access to health and social care services; it is grouped under headings of Prevention, Protection & Safeguarding, Improvement & Integration, and Care & Support.
- **The Adult Social Care Market Position Statement:** in July 2014, the Council set out its first 'Market Position Statement' in which it described how it thinks the market of available social care services should develop. There was no separate section for carers, which this strategy seeks to correct in time for the refreshed MPS in the summer of 2015.
- **Think Local Act Personal:** the Council has signed up to implement 'Making it Real' under the 'Think Local Act Personal' banner, which seeks to move away from service-driven responses to carers to a greater emphasis on personalisation, with services more proactively tailored to individual needs and an emphasis good quality information and advice being available.

Caring in Barking and Dagenham

5

What we know about carers, their needs and aspirations in Barking and Dagenham.

During the development of the strategy we gathered a lot of information to ensure that we understand local need, local experience of caring and priorities. We have done this by analysing demographic data, undertaking consultation with residents, and building on our previous strategies.

There were around 186,000 people living in Barking and Dagenham according to the 2012 population projections, but we know that the borough population continues to grow. Just under one in ten residents (16,200) are estimated to be unpaid carers, supporting relatives, friends or neighbours. Our partner voluntary organisations currently have approximately 2,600 local carers registered for support and advice, suggesting that an extremely large number of carers are not receiving any support services. By 2021, the overall population of Barking and Dagenham is projected to grow by 22.7%, suggesting that there will be an even greater number of unpaid carers in the future.

We know that identifying carers can be difficult for a variety of reasons. For example, people may be struggling to cope but unwilling to ask for support because they do not understand what support is

available or they are concerned that it may affect their relationship with the person they care for. A key aim of the new Carers' Strategy is to improve the information available to carers and to support carers in local communities to help one another and 'spread the message', to ensure that all residents know where to turn if they are struggling to care for someone.

The needs of carers are many and varied, and we know that it is vital to focus on carers as individuals in order to meet these needs. Many factors can influence outcomes, such as age, ethnicity, gender and health and income inequalities. In many cases, a combination of these can place individuals at risk of higher breakdown.

For example, older carers are more likely to be in a high-intensity caring role, with two-thirds providing more than 20 hours of care per week.

There are 69,681 households in Barking and Dagenham. Of these, 60% are families, with a further 27% being one-person households. 4 in 10 people aged 65 and over are living alone. This ranges from 31% of older people in River ward living alone, to 46% in Gascoigne ward.

Carers make up 8.7% of the total population in Barking and Dagenham, compared to 8.4% of the population in London and 10.2% across England⁶. Nearly 500 young people in the borough have been identified as having caring responsibilities for a sibling or parent.

However, this is estimated to be under-representative of the true picture.

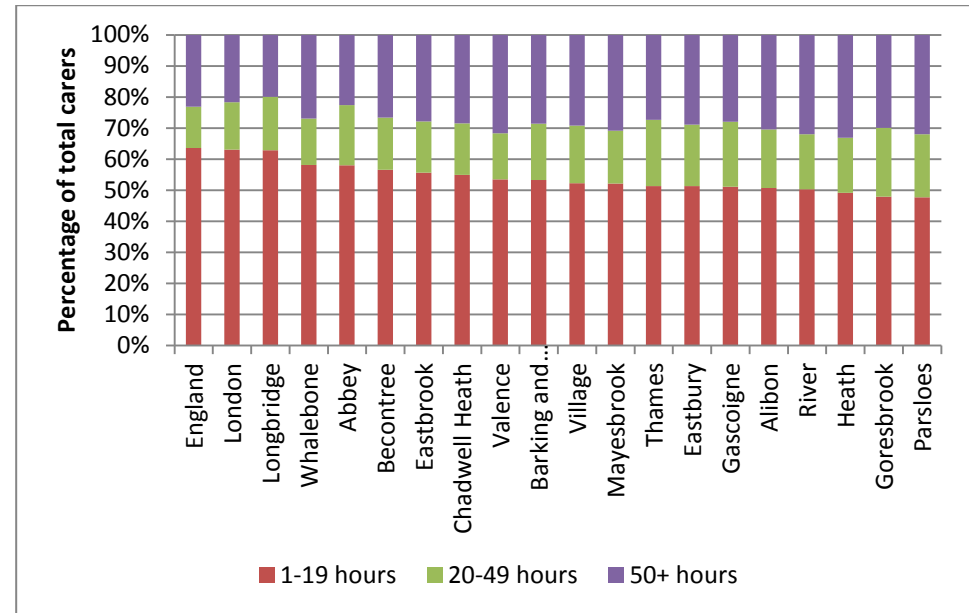
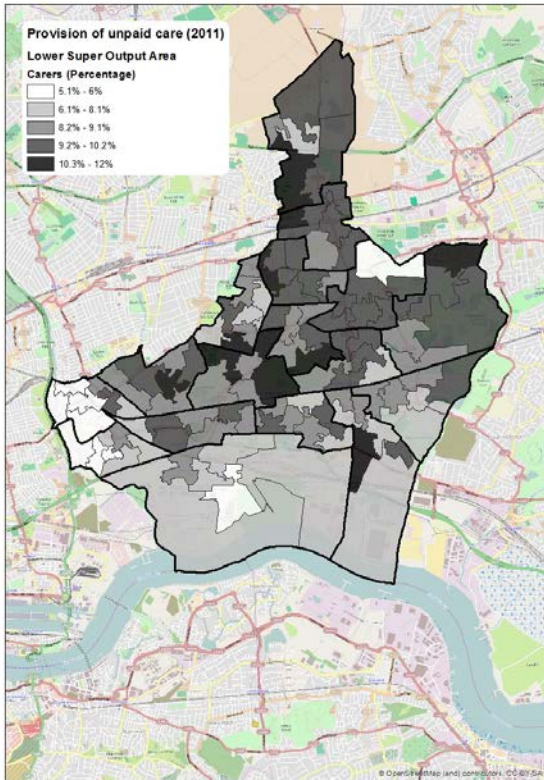
Intensity of care

The map on the left highlights the provision of unpaid care provided by Barking and Dagenham residents by area.

Parsloes ward has the highest proportion of carers in a high-intensity caring role, with 52% of carers providing more than 20 hours of care per week and 32% providing more than 50 hours of care per week.

The graph on the right shows

the balance of hours of care provided per week by carers in each of the wards in Barking and Dagenham; London and England are also included for comparison purposes.



Hours of care provided per week by unpaid carers in Barking and Dagenham; Source: Census (2011)

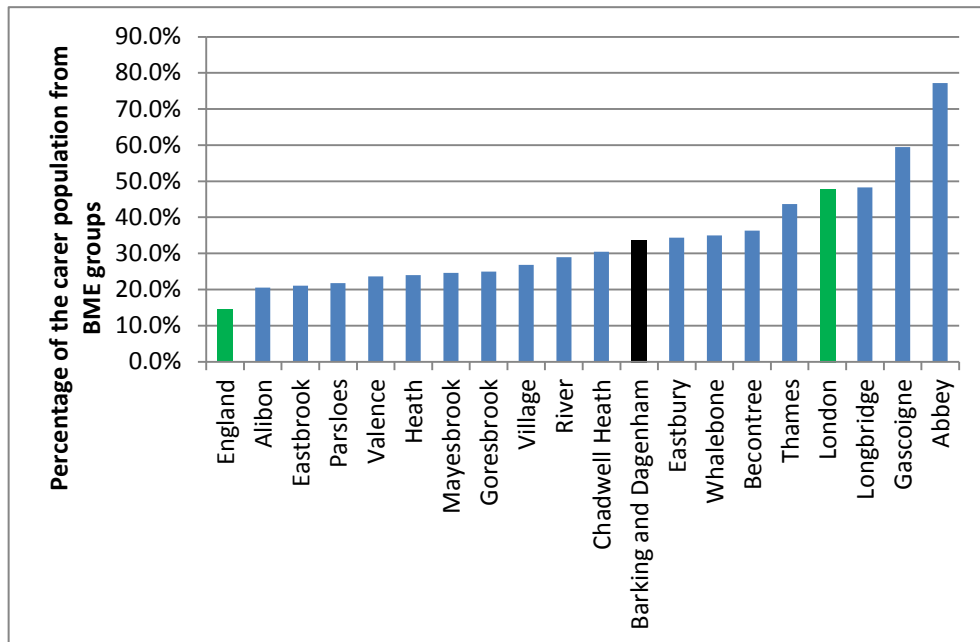
Ethnicity

Research⁷ has shown that nationally, BME carers provide proportionately more high-intensity unpaid care than White British carers, putting them at greater risk of ill-health, isolation, loss of paid employment and social exclusion. There are also likely to be higher numbers of hidden carers in BME communities. This may be due to language and literacy barriers, stigma attached to certain conditions, cultural barriers that hinder access to services (e.g. notions of duty to care), or misconceptions about extended family support.

⁶ Carers UK (2014), *Development of a Joint Carers' Strategy – Support to Family Carers: Evidence Report*

⁷ Carers UK (2011), *Half a Million Voices: Improving Support for BAME Carers*

In Barking and Dagenham, 34% of the carer population who identified as such in the 2011 Census comes from BME groups. The graph below shows that this ranges from 20% of the carer population in Alibon ward to 77% of the carer population in Abbey ward. Across London, 47.8% of the carer population are from BME groups and across England, 14.4%.

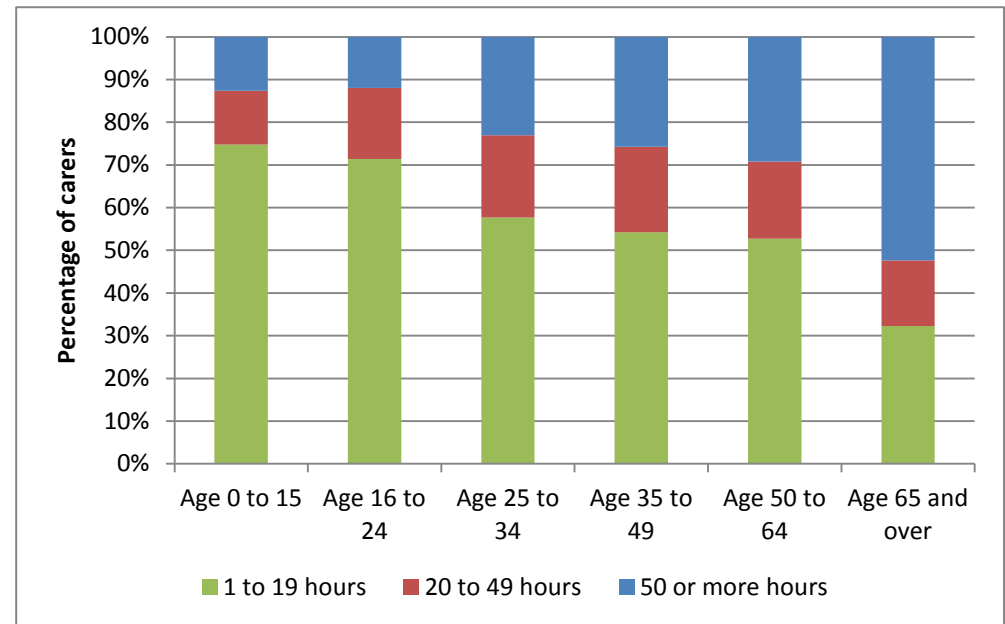


Proportion of Barking and Dagenham carer population who are from BME groups; Source: Census (2011)

Age

The graph above, right, shows how the intensity of the caring role changes in Barking and Dagenham as carers get older. More than half of carers aged under 65 (57%) are providing 1 to 19 hours of care per

week; for carers aged 65 and over, two thirds are providing 20 or more hours of care per week (67%).



Intensity of the caring role by age in Barking and Dagenham; Source: Census (2011)

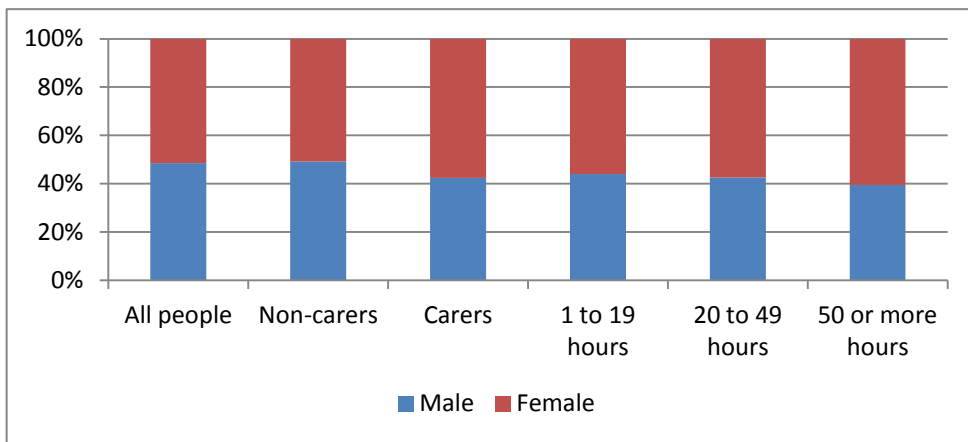
The 2011 Census identified 1,651 people aged 65 and over providing 20 or more hours of unpaid care per week in Barking and Dagenham, including 1,276 who are providing 50 or more hours. It is also often the case that as the cared-for person gets older and their level of support need gets higher, so the carer is in a similar age bracket and may develop their own greater need for support.

Gender

Caring is often viewed as a female role, but that perception is not borne out in the data. We also have evidence that male carers are generally less likely to seek support. The Census shows that more

than 4 in 10 carers in England and in Barking and Dagenham are male. The graph below shows the distribution of carers and non-carers in Barking and Dagenham by gender, breaking down the overall figures that 42% of carers are male and 57% are female.

6 in 10 carers who are providing unpaid care for more than 50 hours per week are female. This evens out for older carers; 50% of carers aged 65 and over and providing care for 50 or more hours per week are male.



Distribution of Barking and Dagenham population and carer population by gender; Source: Census (2011)

Education, employment and training

Nationally, nearly two thirds (65%) of carers in work have used annual leave to fulfil their caring responsibilities and nearly half (47%) have worked overtime to make up for taking time off to care. One in seven carers (15%) have taken a less qualified job or turned down promotion because of caring responsibilities.

In Barking and Dagenham, the proportion of carers aged 16 and over in full-time employment is 32%, lower than the 39% of non-carers in the same age group. Carers are more likely to be in part-time employment; 15% against 13% of non-carers.

758 residents in Barking and Dagenham provide unpaid care for more than 50 hours per week alongside being in full-time employment.

LGBT carers

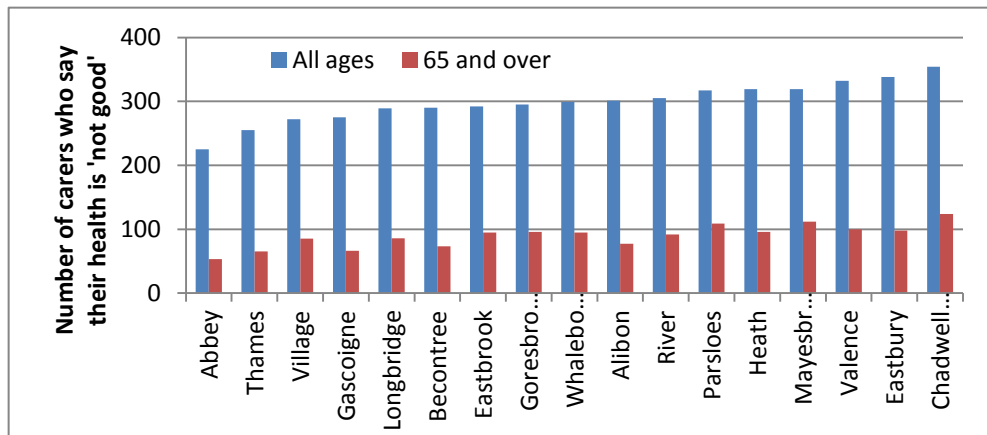
For lesbian, gay, bisexual or transgender (LGBT) carers, feelings of isolation or worry about services not being LGBT-friendly may lead to them staying hidden and not accessing support. There can also be issues with partners not being recognised, or discrimination from other family members, cultural or religious groups.

LGBT carers and people who require care may feel out of place in traditional support groups or be anxious about accessing services due to fears of homophobia or not having their specific needs met. Older LGBT people are more likely to be single, live alone and have less of a family support group. We have relatively little data about LGBT carers in Barking and Dagenham, further suggesting that they are likely to be 'hidden' carers.

Health

3 in 10 carers report being in poor health compared to 2 in 10 non-carers. Carers are more likely to suffer from high blood pressure, arthritis and long-term joint problems, and anxiety or depression. 61% of carers report a long-standing health condition compared to 46% of non-carers; this rises to 73% of carers who are providing over 50 hours of unpaid care per week.

More than 5,000 carers in Barking and Dagenham (including more than 1,500 aged 65 and over) declare their health to be 'not good'. This includes more than 1,400 carers (almost 500 aged 65 and over) who declare their health to be 'bad or very bad'. The graph below shows the numbers of carers and older carers in 'not good' health in each ward. This shows that those with the poorest self-reported health outcomes are resident in Chadwell Heath. Almost two-thirds of carers say that they are missing out on social contact or feel isolated, and almost 1,400 carers are missing out on over £4m Carers' Allowance.⁸



Number of carers who say their health is 'not good' by ward; Source: Census (2011)

Key messages from the demographic data analysis

The analysis of data has suggested the following key actions:

- to improve **identification of carers** – particularly those at higher risk of breakdown and in order to reduce numbers of 'hidden' carers; and carers at critical points in the care journey such as at hospital admission and discharge.
- to improve services for carers from **diverse groups**, particularly different **ethnic groups, cultural and religious groups**;
- to improve the availability of services at times that **people who are working, or would like to return to employment**, can access them;
- to improve support for **carers to remain in work**;
- to improve **identification of health problems** and preventative screening and checks in carers;
- to consider what services might be needed for **male carers**;
- to consider what **geographic and condition specific-targeting** might be needed.

⁸ All statistics from Carers UK (2014), *Development of a Joint Carers' Strategy Support to Family Carers, Evidence Report*

What carers can expect in future

7

This is our vision of how carers can expect to be supported in the future, starting with a proactive and comprehensive information and advice 'offer', with a more diverse range of support services available.

The values and aims that underpin this strategy

As we implement this strategy, we want some clear values to be evident to carers and cared-for people. They are:

- Carers will feel valued and respected for the massive contribution they make to the communities of Barking and Dagenham;
- Carers will feel that they are treated with dignity and respect by professionals, and as equal partners in care;
- Our staff will demonstrate the behaviours that make carers feel this way.

The *Think Local Act Personal* programme has tried to capture the essence of good health and social care services in a series of statements that express what service users would like to see, and begin "I..." We have adopted this principle for this Carers' Strategy, and will expect to see services developing to deliver the following experience for carers:

- I want friendly staff who understand my role as a carer and listen to me;
- I want to have the information I need, when I need it;
- I want the space to be someone other than a carer and to engage in activities in my community;

- I want to receive support in ways that help me to live my life whilst still caring for my loved-one;
- I want to know that there is help available if things go wrong and that I can access the support I need to get on with my life without worrying;
- If I receive a direct payment, I want a clear understanding about how to use the money well, and support to help me to make it work for me.

The world is increasingly 'digital', and we will seek to make good use of all the opportunities that this presents for getting timely information out to carers, and for supporting them to remain 'connected' to their communities. Community Checkpoints will be sites in various accessible locations which will allow people to get online and connected to sources of help and support. We need to ensure that these deliver for carers, alongside the more general information and advice offer.

Changing how we assess carers' needs

Currently, Carers of Barking and Dagenham undertake carers' assessments on behalf of the Council, as well as some assessment activity forming part of the professional social work assessment of the cared-for person, where they both agree that this is acceptable. This position was agreed by respondents to the consultation to be disjointed,

with difficulty in using and analysing the information about carers' needs, so that we are less able to plan for future carers' services.

The requirements of the Care Act, not least the new eligibility criteria and the requirement to ensure information and advice provision is clearly documented, mean that the decision has been taken to bring carers' assessments back into the Council. In future, assessments will be undertaken by social workers and recorded on the Council's social care information system so that they are more consistently documented, better able to inform individual support planning with carers, and better able to inform future carers' service development.

The Care Act sets out clear eligibility criteria which will determine access to services, which can include a personal budget. Outside of this, there will be a strong emphasis on ensuring wider support for carer wellbeing, information and advice, so ineligibility for services as described in the Care Act will not mean that no support is provided. Under the Care Act, eligibility for services is determined by confirming that the carer's needs for support:

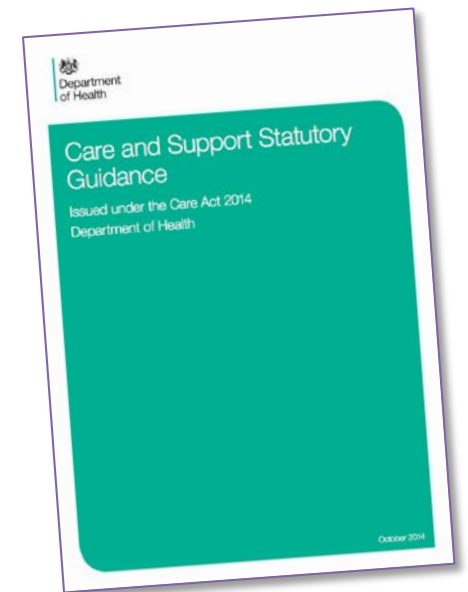
- (1) arise as a result of providing necessary care;
- (2) that the carer's mental or physical wellbeing is at risk of deteriorating and/or they are unable to achieve any particular list of 'outcomes'; and
- (3) that as a consequence, there is likely to be a significant impact on their wellbeing.

You can find out more about the determination of eligibility in the Care Act statutory guidance, the details are at the end of this strategy. As part of delivering this strategy, we will be reviewing the published information on how carers' assessments work, so everyone can be clear on the new system.

Changing the way we commission services

We took two clear messages out of the consultation with carers and frontline professionals. Firstly, that there needed to be greater diversity of support services provided to carers, not just across different 'care groups', but availability at different times of the day and tailored for different demographic groups. Secondly, that information and advice provision was disjointed and needed more focused planning.

We are therefore proposing to review the approach to commissioning carers' services, recognising that the starting point is good, comprehensive information and advice, and that this requires management across the range of statutory and voluntary sector providers of services. The contract we intend to develop for carers' services in future will focus heavily on the successful organisation being the first point of contact for carers, with strong and clear signposting and support to understand the system, as well as a key role in managing the information and advice offer across local partners so that it is consistent and clear. We want to harness the range of opportunities for communicating with and connecting carers that the modern, digital world presents, with social media and other options fully utilised.



In addition, personal budgets should increasingly mean that the block contracting of a central carers' agency gives way to a diverse market of services providing support, including short breaks, 'sitting' services,

personal assistants, as well as a more traditional offer based around support groups for those that continue to find that support valuable. Recognising the role of the expert-by-experience, however, we will be looking to stimulate more peer-led approaches to those groups, freeing up professionals to focus on more complex and tailored support. In addition, provision for young carers is to be distinct to ensure greater focus and clearer accountability around services for young people.

Our 'messages to the market'

In July 2015 we will refresh our Market Position Statement, and include a dedicated section describing the services we think need to be available to support local carers' needs. Starting with this strategy, we are seeking views on the information that we give to the providers of support to carers. These 'messages to the market' are intended to support the development of local care businesses as they look for opportunities

to support carers in the future.

Currently, we think that the following is the basis of our message to providers of support to carers:

- All carers' support services should be designed to provide **maximum flexibility** so that they can fit in with the complex demands of caring and other responsibilities;
- We need more services to provide support to carers in the maintenance and **development of their careers**, alongside their caring responsibilities, with focused support to build skills and get

into employment – and, in order to cater for **carers who currently work**, or who would seek to do so, there needs to be more evening and weekend provision;

- The **range of different care groups** provided with support options needs to be expanded, particularly (but not limited to) carers of those with mental health problems, whilst recognising the fact that there will always be a significant proportion of service provision which carers for older people, many of whom are in varying stages of dementia;
- **Information and advice provision** has to have regard to the wider borough offer, and be consistent and clear with innovative use of online communications - we would welcome working in partnership to refine the offer;
- As a particular subset of information advice, we need provision of good quality, **independent financial advice** to carers;
- More support for **young carers** reaching adulthood should be available, and any agency working with a young carer should be clear on the pathway to assessment of needs and provision of support for transition; support for young carers must focus on outcomes and move beyond respite, ensuring that young carers are enabled to reach their full potential;
- A clear message from carers was that more services are needed that **provide practical support**, such as short breaks or 'sitting' with the cared-for person for a period, which may be provided to the carer or through the care plan of the cared-for person;
- Services need to be able to **work positively in times of crisis**, planning with carers and strong communication will be required with others involved in the carer or cared-for person's care plan – in particular, good collaborative work with the Joint Assessment & Discharge Service, General Practice and the wider Integrated Care cluster teams will be important for those coming out of hospital or managing long-term conditions.

Our vision for support for carers, supported by seven outcomes

A carer-conscious community, working together to create innovative and sustainable support for carers, where carers are viewed as 'everybody's business' and feel valued.

1. Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for;
2. Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break and supports improved resilience;
3. Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised;
4. Carers are supported to improve and maintain good physical and mental health and wellbeing;
5. Carers are supported to improve their individual social and economic wellbeing, reduce social isolation and fulfil their potential in life;
6. Carers are supported to cope with changes and emergencies and to plan for the future;
7. Carers are supported when their caring role is coming to an end and to have a life after caring.

"I want friendly staff who understand my role as a carer and listen to me."

"I want the space to be someone other than a carer and to engage in activities in my community."

"I want to have the information I need, when I need it."

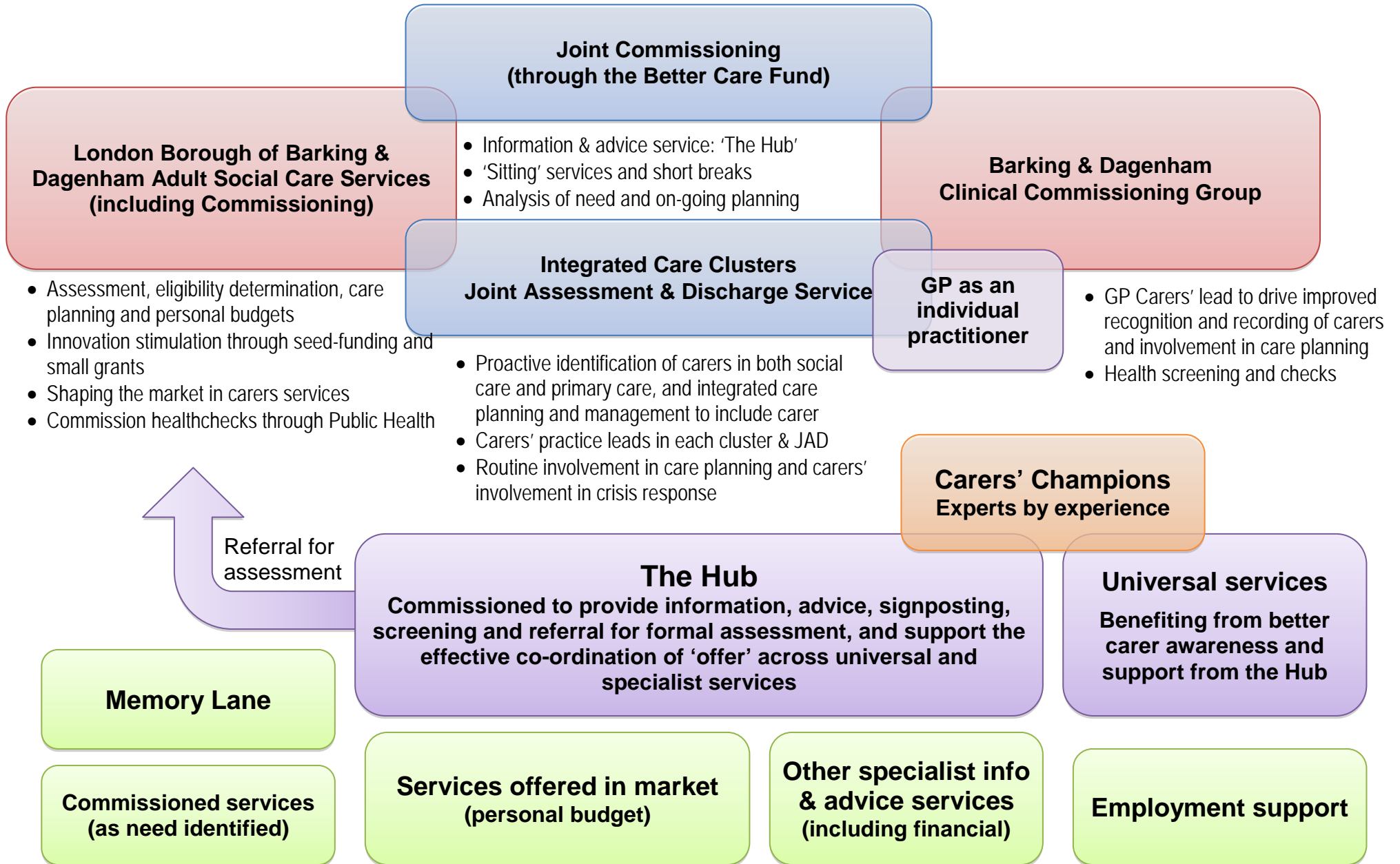
"I want to receive support in ways that help me to live my life whilst still caring for my loved-one."

"If I receive a direct payment, I want a clear understanding about how to use the money well, and support to help me to make it work for me."

"I want to know that there is help available if things go wrong and that I can access the support I need to get on with my life without worrying."

Overleaf, we set out how the overall 'system' for supporting carers will look as we develop the approach described in this strategy.

The action plan is set out in the next section, and describes what we will develop and by when, in order to see these aspirations delivered.

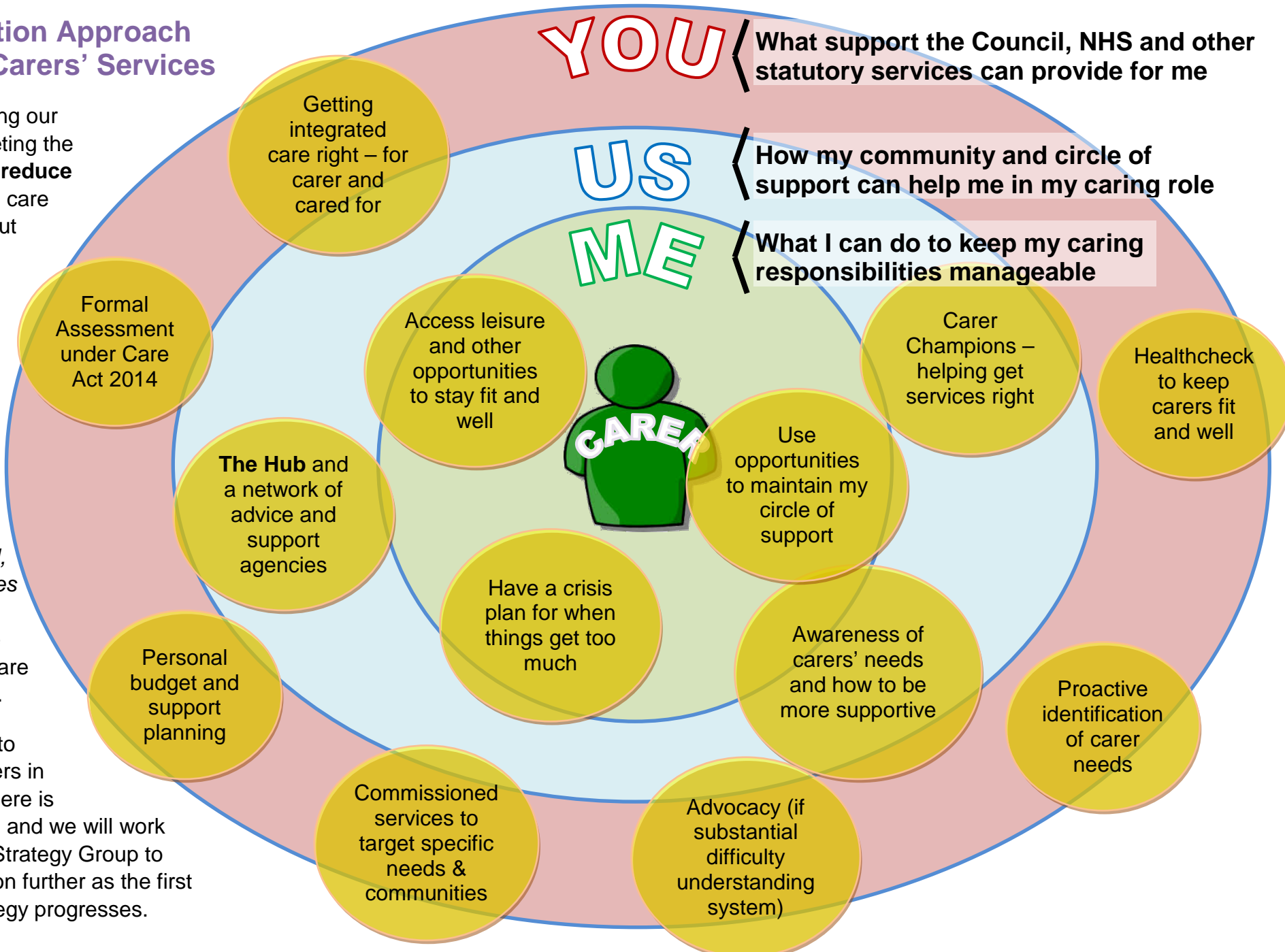


SERVICE MAP FROM APRIL 2016
And informing service development through 2015/16

Our Prevention Approach Applied to Carers' Services

We are developing our approach to meeting the duty to **prevent, reduce and delay** social care needs – as set out in the Care Act 2014. We are basing this on an approach that looks at *what people can do to support themselves, what they can do with their community, and what the Council, and other services can do for them* that prevents the need for social care becoming worse.

We have begun to apply this to carers in this diagram. There is more work to do, and we will work with the Carers Strategy Group to develop this vision further as the first year of the Strategy progresses.



How we will get there in 2015/16

8

We are setting out clear actions to improve services in line with the vision we have set out. In the 2015/16 action plan that follows we are focusing on getting the essentials of our model in place. We will review it as the year progresses to shape future years' activity.

The Care Act will bring unprecedented change to adult social care in the year ahead, and much of the first year is adapting to this change. Reforming our assessment systems, communicating the changes and ensuring that they 'bed in' effectively is crucial. In addition, we will focus on improving early identification of carers and their involvement in care planning, introducing carer champions and leads within organisations to push this work forward.

There are a number of links across the action plan that is set out below, around such issues as the development of the assessment system, workforce development and information and advice provision. We will continue to refine the actions set out to ensure that they capture the priorities that we have to deliver. The first action of the Carers' Strategy Group will be to review and strengthen this plan, and they will lead its implementation working together with the Health & Wellbeing Board subgroups and the Joint Executive Management Committee for the Better Care Fund.

Developments for the longer term

The first year's actions, set out over the next few pages, describe the priorities for 2015/16. Delivery of this plan will see address many of the areas for development identified through our work with CarersUK. During 2015/16 the Carers Strategy Group will be charged with considering the actions that will be necessary in 2016/17 and 2017/18 to continue to improve services and to deliver the longer-term aspirations we set out in the strategy and that have been scoped for us by CarersUK. In doing so, they will support further decisions taken by the Joint Executive Management Group for the Better Care Fund, and the Health & Wellbeing Board itself.

1

Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for

Activity	Milestones	Dates	Lead agency/officer
Develop more focused information and advice offer to support carers	Publish information on assessment, eligibility, services available, personal budgets, through Care & Support Hub	April 2015	LBBD GM Integration & Commissioning
	Refresh Care & Support Hub to have clearer 'one-stop' carers' information	May 2015	
	Scope information available through Community Checkpoints/Community Hubs and develop options	June 2015	
Commission new 'Hub' to provide focal point for revised information and advice offer	Extend current contract, agree development plan with current contractor	April 2015	LBBD GM Integration & Commissioning
	Agree specification of new service, and consult where relevant; current 'Hub' begins to take on these functions	July 2015	
	Initiate tender process	Sept 2015	
	New service operational	April 2016	
Public promotion campaign of the importance of recognising carers in all walks of life, and where to signpost	Campaign planned	May 2015	LBBD GM Integration & Commissioning with Public health and CCG
	Campaign launch/run time	July-Dec 2015	
Identify CCG Clinical Director lead on carers to work with practices	Clinical Director identified for role, and define scope and role	April 2015	CCG Chief Operating Officer
Implement mechanisms to promote visibility of carers' issues through General Practice	Agreed through CCG Governing Body	April 2015	CCG Chief Operating Officer, GPs
	Communicated to practices and partners	May 2015	
Promote early identification in general practice (other activities to be identified CCG Clinical Director lead, e.g. double appointment slots, prompts in proactive care incentive scheme)	Confirmed set of improvement priorities agreed by Clinical Director lead	May 2015	CCG Chief Operating Officer, GP clinical lead and identified Carers' Champions
	Protected Time Initiative: development	June 2015	
	Campaign materials for GP surgeries	July 2015	

2

Carers are provided with personalised, integrated support that is tailored to their assessed needs and aspirations, gives them choice and control and allows them to take a break

Activity	Milestones	Dates	Lead agency/officer
Revised arrangements for carers' assessments in place	Develop and publish care pathway for assessment to staff, third sector with Carers referral protocol	April 2015	LBBD DD Adult Social Care
	Complete IT systems redesign to ensure recording is established	May 2015	
	Develop and publish referral materials for info and advice providers	May 2015	
	Training/workforce development	April-June 2015	
Activities to develop the market in support for carers, including diverse carer groups, widened access and different models of support	Consultation activity to develop carers section of revised Market Position Statement	June-July 2015	LBBD GM Integration & Commissioning
	MPS revision published	Sept 2015	
	Develop innovation grant programme and invite bids, based on emerging gaps in provision	Sept 2015	
Specific service commissioning initially carers' breaks and respite	Make available personalised breaks through Direct Payments; simplify information and access	May 2015	LBBD GM Integration & Commissioning
	Review access to respite to follow up on issues identified in consultation process	July 2015	
Develop commissioning plans for a more diverse carer base looking for opportunities to integrate improved carer support as part of the contracting of all commissioned services	Review of need as new systems develop; joint commissioning intentions agreed through BCF Joint Executive Management Group (JEMG)	Oct 2015	LBBD GM Integration & Commissioning CCG Chief Operating Officer

3

Carers are involved and consulted in the care and support provided to their loved ones, treated with respect and dignity and have their skills and knowledge recognised

Activity	Milestones	Dates	Lead agency/officer
New assessment and eligibility systems for service users promote involvement of their carer and are recording such involvement <i>(linked to new carers' assessment systems, referred to above)</i>	New assessment and eligibility training underway, including carer assessment	April 2015	LBBD DD Adult Social Care
	Complete IT developments in order that recording system supports improved practice	May 2015	
Develop 'Carers Champions' programme and ensure influence on commissioning and service development	Scheme scoped and links to commissioning systems agreed	June 2015	LBBD GM Integration & Commissioning with CCG Chief Operating Officer
	Invitation to participate issued	July 2015	
	Appoint Carers Champions	Sept 2015	
	Initial meeting to 'kick off' programme and shape work programme	Oct 2015	
Develop arrangements across services commissioned by CCG to support carers identification and review needs – for example through integrated case management meetings and networked links across borough where carer not at same practice as cared for	Review detail of current position and system blocks	July 2015	CCG Chief Operating Officer
	Proposals for change agreed (JEMC)	Sept 2015	
	New systems in place	Jan 16	
Workforce development programme to include working with carers as part of on-going delivery <i>(will provide an opportunity for a number of the issues raised throughout this action plan to be addressed)</i>	On-going programme beyond the Care Act implementation – scoped based on early months of Care Act	Aug 2015	LBBD GM Integration & Commissioning CCG Chief Operating Officer and Clinical Director lead <i>[link to Health Education North Central London]</i>
	Roll out across health and social care workforce	Sept 2015 on	

4

Carers are supported to improve and maintain good physical and mental health and wellbeing

Activity	Milestones	Dates	Lead agency/officer
Improve take up and provision of preventative health checks and screening through revision to the health offer and active promotion	Public Health to review current uptake and contracting of healthchecks for this group	May 2015	LBBD Public Health CCG Chief Operating Officer, Clinical Director lead
	Promotional campaign developed and launched with support from Carers of Barking & Dagenham	June 2015	
	Targeted work with particular practices where uptake needs to be improved	Sept 2015	
IAPT referral pathway for carers experiencing mental health problems	Mental Health subgroup to review uptake of IAPT by carers and develop actions to address any shortfall	Sept 2015	Chair, Mental Health Subgroup of HWBB
Promotion of Big White Wall resources (or similar as London-wide retender goes ahead) to carers	Develop information offer in partnership with Carers of Barking & Dagenham	June 2015	LBBD Public Health
	Publish, targeting groups at most risk	July 2015	
Promotion of Mental Health First Aid training to organisations working with carers	Plan specific courses for carer organisations, publicise and deliver	July 2015	LBBD Community Safety & Integrated Offender Management

5

Carers are supported to improve their individual social and economic wellbeing, reduce isolation and fulfil their potential in life

Activity	Milestones	Dates	Lead agency/officer
Clear information and advice on employment support options, and links to JobCentre Plus	<i>Linked to information and advice review, set out in priority 1.</i>	<i>As above</i>	LBBB GM Integration & Commissioning LBBB GM Employment & Skills JobCentre Plus
Develop improved range of employment support options, and work with local major employers to improve workplace support	Task and finish group to review options for improvement in services To include review of steps to paid employment through the provision of 'Carers' Champions'	May 2015	LBBB GM Employment & Skills JobCentre Plus
Monitor assessments received by carers of working age to ensure they take account of right to work, training (including vocational) and education	First review undertaken by service managers	Sept 2015	LBBB GM Integrated Care LBBB GM Integration & Commissioning

6

Carers are supported to cope with changes and emergencies and to plan for the future

Activity	Milestones	Dates	Lead agency/officer
Maintain shared information on carers 'at risk'	Develop approach to risk assessment, plan risk mitigation and agree approach through Integrated Care Subgroup, scope information governance and ensure 'fit' to integrated care management 'cluster' arrangements	Oct 2015	LBBD GM Integration & Commissioning CCG Chief Operating Officer
Widen options for carer support in crisis	Review service availability and priorities	July 2015	LBBD GM Integration & Commissioning CCG Chief Operating Officer
	Develop commissioning intentions including the development of an Emergency Planning Scheme with existing out-of-hours and emergency providers	Sept 2015	
	Revised commissioning steps finalised through governance	Dec 2015	
	Implement	Jan 2016	

7

Carers are supported when their caring role is coming to an end and to have a life after caring

Activity	Milestones	Dates	Lead agency/officer
Through development of more focused 'peer support' offer, provide opportunity to maintain engagement in social care system	Convene group to develop proposals, including LBBD, Carers of B&D	June 2015	LBBD GM Integration & Commissioning
	Develop proposals and plan for delivering, including commissioning intentions if necessary	Sept 2015	
Develop volunteer opportunities	Volunteer programme to be established for those moving on from a caring role – scope involvement of 'Hub' service and existing volunteer support arrangements	June 2015	LBBD GM Integration & Commissioning
Develop materials to support the transition into residential care	Materials agreed and published	Nov 2015	LBBD GM Integration & Commissioning, working with Carers' Champions

How we will know we have had an impact 9

The measures that we will use to track our progress and to understand whether our strategy is improving the experience of carers in the borough.

We will use three types of information to track our progress. One will be to ensure that we have done the things that we set out to do, described in the plan, as well as our commitments to convene, enhance and run the Carers' Strategy Group. We will also keep our investment in carers' services under review to ensure that BCF commitments have been delivered.

We will also ensure that we have regular contact with carers and hear from them how the support and services that they receive are helping them. Drawing on the 'I' statements in Section 7, in particular we will:

- Ensure that we keep track of information and advice being requested, so that we can be sure that we have the right information available to people;
- Review care plans to understand the choices being made and to ensure that services are in place in sufficient quantity to meet those needs;
- Use our 'spot check' system (in the Commissioning team) to ensure that we ask carers about their experience of services, drawing on the 'I' statements that we set out earlier;
- Use surveys and our engagement with peer support groups periodically to hear direct about the experience of carers.

We will also use data that we gather along the way. In particular, we will look to measure:

- Information and advice 'hits' on the Care & Support Hub;
- Information and advice, signposting and support throughput in the services that are commissioned to provide this support;
- Carers' assessments undertaken;
- Support plans agreed with carers;
- Data on the diversity of carers and of the provision that they access to get their support;
- Carers identified through general practice and other universal services;
- Numbers of health checks undertaken for carers;
- Numbers of carers accessing the mental health support that we have identified as available;
- Number of carers identified as such on GP surgery lists
- Number of carer and ex-carer volunteers engaging with our volunteering programmes;
- Numbers of carers identified as 'at risk' and, despite complexities, some assessment of admissions to hospital and residential care that have been avoided through support to carers.

How we will oversee this work

10

Working together has developed this strategy, and will underpin the approach we take to improving it and seeing it delivered in 2015/16 and beyond.

The Health & Wellbeing Board is primarily responsible for promoting the health and wellbeing of residents, and promoting integration amongst local health, health-related and social care services. It is ultimately responsible for the delivery of the commitments in this strategy.

It is supported by five subgroups, working on Children & Maternity Services, Integrated Care, Mental Health, Learning Disability and Public Health Programmes. They will all be expected to contribute to the delivery of this strategy and its on-going development through shaping the understanding of needs and putting in place plans to deliver the needs of the respective care groups for which they are responsible.

The Better Care Fund is 'overseen' by the Integrated Care subgroup, but at a more detailed operational level, both finance and performance are managed by the Joint Executive Management Group. They will be responsible for ensuring that the commitments are delivered and that the resources are made available from within the overall 'pot' that was agreed in the BCF submission to NHS England.

Finally, we will ensure that the Carers' Strategy Group is refreshed, strengthened and becomes the place where this strategy is taken forward in practice. Their deliberations will shape the future of carers' services, providing the source of advice for these other groups, and ultimately the Health & Wellbeing Board, to act upon.



How you can tell us what you think

11

The publication of this strategy is not the end of the process. It needs to be delivered and, as the work rolls out, there will be opportunity to further develop our understanding of what is needed.

It's important we hear from as many people as possible when planning work of this nature. If you have views that you would like to contribute to the future development of carer services, please contact us.

You can email us at adultcommissioning@lbbd.gov.uk

You can write to us at **Carers' Strategy
Integration & Commissioning
Adult & Community Services
Barking Town Hall
1 Town Square
Barking
Essex IG11 7LU**

There will be a number of public events, as well as provider and service user forums, during the first year of the strategy – keep an eye out for details and come and talk to us there.

Produced by the Adult & Community Services Directorate of
the London Borough of Barking & Dagenham, following consultation

March 2015

www.careandsupport.lbbd.gov.uk