South Gloucestershire
Joint Strategy for Carers

2011 - 2014
Executive Summary

This is the second Joint Carers strategy for South Gloucestershire and builds upon the good work that has been done over a five year period. It has been produced by a partnership of carers’ representatives, local organisations and agencies. Ensuring effective support for families and the person being cared for is at the heart of the South Gloucestershire Joint Carers Strategy.

Within the Strategy the definition of a carer is taken from the Government’s National Carers Strategy:

“A carer spends 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”
(DoH, 2008)

There are three types of carer:

- Adult carers - adults caring for adults over the age of 18, this includes parents caring for their adult children.
- Parent carers - parents caring for a child or young person under the age of 18 who is disabled.
- Young carers – children or young people under the age of 18 who are caring for another child or young person or an adult.

For the first time partners have decided to integrate outcomes for young carers within the Joint Carers Strategy. This shows the local recognition that the agencies in contact with adult and young carers are often the same. More can be achieved by working together to improve awareness, develop systems and support for the cared for person and the carer of all ages. It reflects the commitment locally to protect children from inappropriate caring through active prevention and a whole family approach.
The sections of the Strategy are summarised here:

Section 1. Introduction:
The broad aims and expectations of the Strategy are outlined. The Strategy introduces a new emphasis on developing a whole family approach, central to which are joint whole family assessment processes that focus on:

- How the assessment can support the person who needs care, including any parenting support needs
- Recognising the needs of any young carer
- Recognising the needs of the whole family
- Strategic and consistent implementation of the ADASS/ADCS Memorandum of Understanding “Working Together to Support Young Carers”

This is followed by the presentation of the 5 key priorities of this Strategy:

- Aim 1: Carers will be supported to identify themselves as carers at an early stage and carers 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, enabling them to have a family and community life.
- Aim 2: Carers will be able to have a life of their own alongside their caring role and are enabled to fulfil their educational potential.
- Aim 3: Carers will be supported so that they are not forced into financial hardship by their caring role and are enabled to fulfil their employment potential.
- Aim 4: Carers will be supported to stay mentally and physically well and treated with dignity.
- Aim 5: Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life. Information needs to be supplied in a timely manner.

Section 2. Legislation and National and Local Policy:
Demonstrates the wide range of both legislative and strategic support for a more joined up and robust approach to supporting carers of all ages. This is followed by an explanation of how this Joint Carers Strategy fits in with other key South Gloucestershire Strategies. Further details can be found in Appendix 1.
Section 3. Demographics:
The need for an effective Joint Carers Strategy is further demonstrated in this section, which outlines local data indicating that there are more than 24,000 carers in South Gloucestershire, at least 4,054 of whom are providing unpaid care for 50 hours or more, per week. As 65% of carers do not identify themselves as such in their first year of caring, and many never do, this number is likely to be a huge underestimate.

A 2010 BBC national survey of 4000 secondary school pupils across the UK found that 1 in 12 pupils (8%) have moderate or high levels of personal caring responsibility, such as dressing or bathing family members.

Section 4. How the Strategy was developed:
This section outlines the process of development and consultation preceding the publication of this Strategy, including representatives from statutory and voluntary sector organisations and consultation with over two hundred carers.

Section 5. Priorities identified by carers:
This core section of the Strategy reveals the key actions that carers identified as most important during the consultation process. The suggested actions are grouped under headings corresponding to the 5 key priorities outlined in Section 1, and one key action to improve outcomes for young carers is included under each heading.

Section 6. Strategy Implementation and Monitoring:
This section explains how the aims and suggested actions of the Strategy will be implemented, through the Adult Carers Action Plan (included at Appendix 4) and the Young Carers Implementation Plan (available on the South Gloucestershire Council website or by request). The Strategy and respective Adults and Young Carers Plans have clear monitoring and reporting arrangements which are outlined towards the end of this section.

Appendix 2 is a Glossary of the terms used in this document and Appendix 4 is an Action Plan describing how the partners involved in developing the strategy plan to respond to the issues raised by carers and outlined in Section 5. These responses are grouped under the 5 Aims described above and in Section 1 of this strategy.

To achieve these objectives we will be making changes in the way health and social care services are commissioned to enable carers to have a life of their own outside their caring responsibilities and to be able to take greater control over meeting their own needs.
The strategy is consistent with the government’s programme with an emphasis on freedom, fairness and responsibility.

This document is a joint strategy owned by carers, organisations working with carers, Avon and Wiltshire Partnership Mental Health Trust, South Gloucestershire Council and NHS South Gloucestershire. This partnership involves a large number of voluntary organisations working with and representing carers and those they care for. This Strategy reflects all partners’ ideas for continuing to improve services and support for carers and we will continue to work together to implement it and keep carers informed about the progress made.

The strategy is consistent with the government’s programme with an emphasis on freedom, fairness and responsibility. Getting support for carers’ right will help to build the mutually supportive and capable communities that the Big Society aspires to. Local communities concentrating on carers can make a positive difference to their lives.

The draft of this strategy was the subject of a public consultation between 1st July 2010 and 1st October 2010. We have listened to your ideas and priorities and they have helped to shape our plans for the future.
Introduction

Our vision mirrors the national Carers’ Strategy vision that:

“By 2014, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

And

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

In South Gloucestershire we aim to enable services for carers which:

• promote independence for them and the person they “care for”
• ensure carers are able to make choices about when, where and from whom they receive support and services
• improve the quality of services that we commission on behalf of carers and that carers commission for themselves

Carers have told us that it is important to recognise that every carer is unique; one size does not fit all.

Aims and Expectations

This Strategy will be a key mechanism for the continuous improvement of support and services available locally for carers. It will also be a key tool to assist in shaping and influencing the local community and all aspects of wider society in their approach to carers.

Partners in this Strategy are committed to developing a local protocol based on the ADASS/ADCS Memorandum of Understanding. A local Memorandum of Understanding (MoU) will provide detailed information of what measures are required to ensure young carers do not slip through the gaps between services. It will include working in a ‘whole family’ way, ensuring all adult assessments look at the whole family’s needs, including consideration of sibling carers. Effective implementation of the
MoU at practitioner level is a key factor which underpins the delivery of all other priorities and addresses the gap between adult and children's services. Implementation of the Memorandum of Understanding will also support the personalisation agenda in meeting the needs of the whole family.

Implementing the Strategy will help to ensure that individuals, agencies and organisations are increasingly “carer aware”. We acknowledge that carers’ issues are not the sole responsibility of South Gloucestershire Council and NHS South Gloucestershire. Other individuals, organisations, agencies and council departments can and do improve carers’ lives. This is reflected in this Strategy. The equalities duties in recent legislation will also assist in improving the quality of carers’ lives.

- **Aim 1**: Carers will be supported to identify themselves as carers at an early stage and carers 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, enabling them to have a family and community life.

- **Aim 2**: Carers will be able to have a life of their own alongside their caring role and are enabled to fulfil their educational potential.

- **Aim 3**: Carers will be supported so that they are not put into financial hardship by their caring role and are enabled to fulfil their employment potential.

- **Aim 4**: Carers will be supported to stay mentally and physically well and treated with dignity.

- **Aim 5**: Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life. Information needs to be supplied in a timely manner.

**Who is the Strategy for?**

This strategy is for all carers, including children and young people, living and working within South Gloucestershire. It is also for professionals and others whose business will bring them into contact with carers.

**Successes of the last strategy**

In South Gloucestershire we believe that it is vital to have a robust carer’s strategy. We are confident that it will bring about significant improvements in support and services for carers. We saw many key developments result from the previous carers’ strategy such as;

- The Emergency Carers Relief Service
- The Carers Card
- Carers Befriending Service
Legislation and National and Local Policy

Legislation that has a significant impact on carers includes:

**Children Act 1989 and 2004**
- restates the principle of the welfare of the child being paramount and stresses the importance of family support services for children in need. The definition of children in need includes disabled children and children unlikely to have the opportunity to achieve or maintain a reasonable standard of development without provision of services or support.

**Carers (Recognition & Services) Act 1995**
- this requires a local authority as part of the assessment of a service user, to assess needs of a carer, who is providing or intends to provide a “substantial amount” of care on a regular basis.

**Carers & Disabled Children Act 2000**
- this extends carers’ rights to assessment in circumstances where a cared for person user refuses assessment or services and empowers local authorities to provide services to carers.

**Carers (Equal Opportunities) Act 2004**
- this confirms the duty to inform carers of their rights to an assessment. It requires the local authority to consider a carers’ need or wish to work or undertake education, training or leisure activities.

Nationally, this strategy responds to 2008 National Carers Strategy and 2010 Recognised, valued and supported: Next steps for the Carers strategy. The NHS Operating Framework and the NHS Outcomes Framework for 2011/12 make explicit reference to:

- The national priorities in Recognised, valued and supported
- Earlier announcements of breaks for carers monies
- The use of the Health Survey in England and the GP patient survey to assess “enhancing quality of life for carers” as per indicator 2.4, in domain 2 of the Outcomes framework.

Locally, this strategy builds on the Joint Strategic Needs Assessment (JSNA and the NHS South Gloucestershire Strategic plan 2010/11 - 2014/15.
Carers will have access to a wide range of advice and information to support them to carry out their caring role.

The strategy is also developed with reference to the Sustainable Community Strategy for South Gloucestershire and the Strategic Framework adopted by Community Care & Housing in 2008 which identifies:

- The shift towards a stronger focus on value for money service models
- The need to ensure services are personal around the needs of the individual and to provide choice
- An emphasis on local services where people access opportunities close to their own homes and in their own neighbourhoods
- An ambition to make sure that access to Community Care and Housing services is fair for all
- Measures to shape a well skilled workforce which can deliver modern services within our communities
- The need to make services easy to access to provide up to date, good information

Whilst this strategy specifically focuses on carers we have recognised the needs of carers in other strategies; *Valuing Experience* and *Better Support for Older People* as well as in our approaches to implementing key policy areas locally, for instance *Valuing People Now*, National Autism Strategy, New Horizons, End of Life Care, Stroke, Older Peoples Mental Health and *Transforming Lives, our joint health & social care transformation programme*.

The strategy is consistent with the government’s programme with an emphasis on freedom, fairness and responsibility. Getting support for carers’ right will help to build the mutually supportive and capable communities that the Big Society aspires to. Local communities concentrating on carers can make a positive difference to their lives.

Further detail on relevant legislation, national and local policy is listed in Appendix 1.
Demographics

National Figures
The 2001 Census reports that there were 5.67 million carers in Great Britain (around 5.2 million carers in England and Wales and almost 500,000 in Scotland). Of these:

- 58% of carers were women and 42% were men
- 68% of carers provided care for up to 19 hours a week
- 11% for 20–49 hours
- 21% for 50 or more hours

The Government’s strategy “Building a society for all ages” is designed to help Britain prepare for an ageing society, it states that over-65s account for around a third of all those carers providing more than 50 hours of care a week.

The population of South Gloucestershire
By 2013 the South Gloucestershire population is expected to have risen to 271,700. People aged 65 and over are the fastest growing age group in South Gloucestershire. There are also an equally fast growing number of older and disabled people in our black and minority ethnic communities which include communities from Eastern Europe and Somalia.

The Joint Strategic Needs Assessment (JNSA) is a review of the need for health and local authority services developed by South Gloucestershire Council and NHS South Gloucestershire. It indicates that the percentage of people providing unpaid care across the area is slightly less than the national average. However, there are more than 24,000 carers in South Gloucestershire and 4,054 of these are providing unpaid care for 50 hours, or more, per week. About 14,000 of the carers identified in the Census are in full and part time work. The turnover in numbers of carers each year is in excess of 37%. In South Gloucestershire, this means that 8,900 people move into and out of caring each year. About 58% of carers are female and 42% are male. Under the age of 65 the percentage of female carers is well in excess of 65%. After the age of 65 the numbers of male and female carers become much closer to a 50% split.

South Gloucestershire has a population of 40,402 aged between 7 and 19 years of age. (Census 2001) In the last census, 24,092 people identified themselves as people who provide unpaid care.

- 581 of these were children and young people under the age of 18.
- 524 provided between 1-19 hours each week
- 31 provided between 20-49 hours each week
- 26 provided more than 50 hours each week

7 Census 2001
8 Carers UK In the Know 2006
Sixty-five per cent of carers do not identify themselves as carers in their first year of caring.

These low numbers of families identifying young carers contrast with a 2010 BBC national survey of 4000 secondary school pupils, which found that 1 in 12 pupils (8%) have moderate or high levels of personal caring responsibility, such as dressing or bathing family members.

There are no reliable figures for the number of carers from Black and other minority ethnic communities in South Gloucestershire. Given that approximately five per cent of South Gloucestershire’s population is from different minority ethnic communities it is reasonable to estimate that there are between 900 – 1,000 Black and minority ethnic carers living in South Gloucestershire.

The value of the care that carers provide in South Gloucestershire has been calculated at £311,000,000 per annum. Sixty-five per cent of carers do not identify themselves as such in their first year of caring.

The bulk of caring relates to age related issues. Although South Gloucestershire has a lower proportion of older people than the UK average, people aged 65 years and over is the fastest growing age group. Longer term projections suggest that there will be an extra 23,200 people aged over 65 in South Gloucestershire by 2028 compared to 2008 figures - an increase of 60%. The biggest rise is in the over 85 age group which is expected to more than double in the next 20 years, from around 4,900 to 11,100.
How the Strategy was developed

The strategy has been developed by a Project Team comprised of representatives from statutory and voluntary sector organisations, and carers. A reader’s group with similar representatives was also set up to comment at different stages of the development of the strategy and particularly as the different strategy drafts were prepared.

Commissioning intentions were developed from the existing carer’s strategy action plan, Joint Strategic Needs Assessment (JSNA) and update, the consultation, carers workshops during other recent consultations, the Carers Open Meeting and a Black and other Minority Ethnic communities (BoME) event. More than 200 carers attended meetings, raised issues and suggested solutions that might make a difference. 74 carers contributed to the data collection in the JSNA (28% of all JSNA respondents). During formal consultation we received back over 76 questionnaires and had feedback in many other ways including phone messages, emails, social networking sites, group responses and feedback at events.

The strategy is based largely on the discussions at the carers open meeting and BoME event. The Project Team has subsequently made amendments and additions. The strategy was continuously refined and developed during the formal three month consultation process. The public consultation was a very important part of this process.

The public consultation was a dynamic process where people had the opportunity to bring to the attention of the Project Team the issues that are important to them. Project group members continue to meet with representative groups and individuals to gather views that will inform the action plan.

The strategy has to be capable of implementation by 2014. The final version takes account of the current economic climate and the need to provide high quality services that offer value for money.

All partners are seeking to develop a strategy which is challenging and dynamic, one which fully embraces personalisation, choice and control. Through the consultation we were seeking to raise the aspirations of carers living and working in South Gloucestershire, striving to identify innovative and creative solutions that will enable them to have a “life of their own” alongside their caring role.

The final version of the strategy was approved by South Gloucestershire Council and NHS South Gloucestershire in early 2011.
Priorities Identified by Carers

In addition to the carers priorities listed under the aims below there were three cross cutting themes identified by all carers as key to the future development of support and provision of services;

- Support and services must be accessible to all recognising every carer as an individual, giving consideration to age, disability, gender, sexual orientation, race and ethnicity, religion or belief as well as language and communication needs;
- An approach which promotes access to preventative services with a focus on enabling carers to sort out the simple things can make a huge difference to their lives;
- Recognition of carers as expert care partners.

Aim 1 Carers will be supported to identify themselves as carers at an early stage and carers 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 enabling them to have a family and community life.

Actions suggested by carers;

- GP practices and community nursing have a key role to play if support for carers is to be improved. Awareness to be raised of their potential contribution. Ways to be sought to encourage Practices to continue populating their Carers Registers and to use them to achieve this objective.
- Carers recognised, valued and acknowledged as true partners in care and are informed and involved in the decision making process concerning the person they care for,
- Promote the carers assessment and assist carers to access the service,
- Develop and expand programmes of carer awareness training for staff whose work will impact upon carers lives,
- Ways must be sought to improve the identification of carers, and the sensitivity with which services are offered. A particular need is for identification of:
  - Carers who are hospitalised
  - People who become carers as a result of the hospitalisation of the person they care for
  - Carers when the person they care for has a health crisis or change in circumstances resulting in hospital admission
Aim 2 Carers will be able to have a life of their own alongside their caring role and are enabled to fulfil their educational potential.

Actions suggested by carers;

- Continue with the provision of short breaks but enhance the flexibility and quality of services, provide services that are bookable. Provide information on the range of short breaks available for carer and cared for person both individually and together,
- Promote the use of direct payments and personal budgets to purchase short breaks, giving carers the flexibility they need to take breaks to fit in with their personal circumstances,
- Support carers to develop resilience, develop self help resources and 
peer support networks to build the capacity of carers. To use a variety of approaches including short break activities and outings, social networking sites and social prescribing,
- Increase access to equipment and assistive technology to enable carers to access a better quality of life. Carers say that it is often the simple things that make the biggest difference.
- Choice and support to continue to care at home if the carer wishes. Ensure that there is improved carer awareness in housing advice teams and that carers can access information about their housing options, including extracare.
- Systems and support services are put in place to ensure that young carers achieve their full educational potential and enjoy age-appropriate activities

Aim 3 Carers will be supported so that they are not forced into financial hardship by their caring role; and are enabled to fulfil their employment potential.

Actions suggested by carers;

- Enable carers to access employment support. Work with employers to enable carers to remain in or resume work. Work with partners to support carers to become self employed,
- Improve access to carer assessments with support to complete them if required. Assessment forms to be readily available from South Gloucestershire Council offices, surgeries, hospital wards and carer support organisations,
Carers will supported to stay mentally and physically well.

- Ensure good access to welfare benefits and money advice to ensure carer’s incomes are maximised,
- Ensure good access to advice and advocacy for carers to support them to get information on issues related to their caring role, e.g. power of attorney, advance directives, role of appointee and employment
- Provide support for carers through Housing options and Housing Benefit advice.
- Systems and support service will be put in place to ensure that young adult carers (aged 16-25) have equal opportunities to achieve their educational and economic potential

**Aim 4** Carers will be supported to stay mentally and physically well and treated with dignity;

Actions suggested by carers;

- Develop annual health checks (both physical and emotional) for carers; so that they feel supported and remain healthy, in order to maintain their caring responsibility, if that is what they want to do,
- Carers support to be available through GP surgeries,
- Improve access to carer assessments and support to complete them if required. Self Assessment forms to be readily available from South Gloucestershire Council offices, surgeries, hospital wards and through organisations supporting carers,
- GP and hospital appointment times and waiting areas must recognise the carers circumstances, priority appointments to be allocated where possible;
- Hospital care and discharge procedures need to involve carers as active partners from point of admission; an initial standard question at admission stage must ask if a person has anyone looking after them or if they have a dependent child. This would trigger the relevant assessments and referrals
- Ways must be sought to improve the identification of carers, and the sensitivity with which services are offered. A particular need is for identification of:
  - Carers who are hospitalised
  - People who become carers as a result of the hospitalisation of the person they care for
  - Carers when the person they care for has a health crisis or change in circumstances resulting in hospital admission
- Improve identification of carers to ensure the appropriate support is available to carers.
• Tailored support to be available for children and young people who are carers
• Partner organisations to work in a “whole family” way ensuring adult assessments consider whole family needs

Aim 5 Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life Information needs to be supplied in a timely manner.

Actions suggested by carers;
• Ensure that information and advice about services and support is widely available, is age appropriate and addresses the equality, diversity and communication needs of individuals.
• Partners will be proactive in giving out information and supporting carers to find out about support and services available,
• Partners will ensure information is available in a range of formats e.g. electronic, paper and audio and that it can be personalised to an individual’s circumstances,
• Carers rights and legal entitlements will be promoted by partners,
• Information about brokerage and Direct Payments for carers to be widely available,
• Establishment of a single point of access to support and services,
• Carers want specific “Drop-in” sessions in GP surgeries and other public places to be developed.

“Carers will have access to a wide range of advice and information to support them to carry out their caring role.”
Strategy Implementation and monitoring

There are two key workstreams coming out of this Strategy:
1. Adult Carers Action Plan
2. Young Carers Implementation Plan

Specific actions that the relevant organisations are committed to are identified in the Adult Carers Action plan (attached as Appendix 4) and the Young Carers Implementation Plan (available on the South Gloucestershire Council website).

“Recognised, valued and supported” was published late in 2010. Our plans are fully consistent with its direction of travel but it also refers to future national developments and expectations that we are not yet in a position to respond to. Further work is required in the future to develop the Action Plan in the following areas:

- Further developments of personalisation and personal budgets in both social and health care
- Increased expectation that the statutory sector will share responsibility for service delivery with a wider range of groups and organisations. For example, the private sector could make a greater contribution as employers;
- The use of the NHS allocation for breaks for carers. This money is in PCT baselines and more guidance is expected from the Department of Health. The GP commissioning consortium will inherit the PCT’s allocation in 2012/13.
- The providing of Health Checks for carers. The NHS 2011/12 Operating Framework requires PCTs to consider the findings of the piloting of Health Checks for Carers due to be published in 2012. This work will inform our planning in 2013.
The statutory agencies and service providers will work with the Project Implementation Team and representative groups of carers and the local statutory and voluntary sector agencies, to monitor implementation of this strategy and plan progress. Partners to this strategy will encourage service development that offers beneficial outcomes to carers and performance management will be increasingly outcome focused. Progress against the strategy’s stated goals will be recorded and all partners will work towards achieving the outcomes of the national and local carer strategies.

In order to achieve the above it is important that Carers involvement continues to be co-ordinated and led effectively. It is vital that implementation of the Action plan continues to link into both NHS South Gloucestershire and South Gloucestershire Council’s strategic systems via the Carers Advisory Network, Young Carers strategy Implementation group, and any future monitoring and consultation arrangements. This will ensure that regular reporting requirements, and scrutiny of the progress of the implementation of the strategy, will happen as a matter of course. This is vital if the strategy is to have a life beyond its approval. Carers and all partners involved in the development of this strategy welcome it as a further opportunity to make improvements to the quality of lives of carers living and working in South Gloucestershire. Providing carers with greater choice and control over support and services that they wish to access to enable them to undertake their caring roles. The life of this strategy is four years but it contributes towards the longer term visions and challenges set out in the JSNA document and the National Carers Strategy that cover the next 10-20 years.
Appendix 1 - Legislation and National and Local Policy

Recognised, valued and supported: Next steps for the Carers Strategy 2010
2011/12 NHS Operational Framework 2010
2011/12 NHS Outcomes Framework 2010
Fulfilling and rewarding lives: the strategy for adults with autism in England 2010
National Carers Strategy: Carers at the heart of 21st-century families and communities 2008
National Dementia Strategy 2009
Working Together to Support Young Carers - A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services ADCS/ADASS, December 2009
Putting People First 2007
The Government White Paper, Our Health Our Care Our Say 2006
Work and Families Act-2006 Flexible working for Carers
The Carers (Equal Opportunities) Act 2004
Carer and Disabled Children Act 2000
The National Carers Strategy ‘Caring for Carers’ 1999
The Carers Recognition of Services Act 1995
The Children Act 1989 and 2004

Local Policy -
South Gloucestershire Sustainable Community Strategy 2008 –2026
Community Care & Housing Strategic Framework 2008
South Gloucestershire Joint Carers Strategy 2005-2010
South Gloucestershire Disabled Parents Policy 2009
South Gloucestershire Young Carers Strategy
NHS South Gloucestershire's Strategic Plan for 2010 20115
Appendix 2 - Glossary of terms

Carer:
“A carer spends 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” (DoH, 2008).

Commissioning:
IPC definition of commissioning- “Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which: Deliver the best possible health and well-being outcomes; Provide the best possible health and social care provision; within the best use of available resources”. It is the strategic activity of assessing needs, resources and current services and developing a strategy to make best use of available resources.

Joint commissioning:
Is the process in which two or more commissioning agencies act together to coordinate their commissioning activity, taking joint responsibility for translating strategy into action.

Social prescribing:
Counsellors ‘prescribing’ actions to help people with psychosocial issues to make change, achieve goals and find support or meaningful occupation within the local community. As offered by DHI (Developing Health and Independence) as part of walk in centre at the Orchard Medical Centre, Kingswood, South Gloucestershire.

Substantial amount of care:
None of the Carers Acts define what is meant by the word ‘substantial’ and so to a degree the decision rests within individual social services departments … in deciding how to interpret this phrase, authorities must take into account the relevant guidance. Local authorities will, therefore need to adopt a flexible approach to this question and focus on the ‘impact of caring’. It follows that what may not be a substantial amount of care to a 25-year-old carer may be otherwise if provided by a seven or 87-year-old carer…..It is not only the time spent each week caring that has an impact on carers. For some, such as those caring for adults with learning disabilities, the caring role can have the additional impact of being a life long commitment. Any assessment of the carer’s need for support has to look at the impact of the whole caring situation.”

11 DOH, Commissioning Framework for Health and Wellbeing Services, 2007
12 Carers and their rights-the law relating to carers-Luke Clements
Appendix 3 - Services we provide now

In this appendix we identify many of the services and forms of support or assistance that is currently available to carers within South Gloucestershire funded by South Gloucestershire Council, NHS South Gloucestershire and other sources. It is not an exhaustive list:

Over the four year life of the strategy it is expected that some services and support to carers will change and that there may be revised levels of financial support available to support more flexible and innovative ways of working with carers to address the needs identified. Together we will ensure that carers have greater choice and control and can meet the challenges they face such as balancing employment and caring responsibilities. The use of Direct Payments will continue to increase throughout this period and this shift will influence commissioning priorities.

South Gloucestershire Council

South Gloucestershire Council commissions services for carers. Those commissioned in 2010/11 are shown in the table below;

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Type of service</th>
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<tbody>
<tr>
<td>Princess Royal Trust Carers Centre</td>
<td>Provision / arrangement of a range of home based and community based breaks and support. Telephone support lines to provide information, advice and support for carers, monitor &amp; promote Emergency Card, GP practice based information and advice service for carers, volunteer sitting service, support to older carers of people with a learning difficulty, newsletter and carers events, training for carers</td>
</tr>
<tr>
<td>Carers Centre Young Carers Worker</td>
<td>Support for young carers and their families</td>
</tr>
<tr>
<td>Dhek Bhal</td>
<td>Home based sitting service and breaks for Asian carers</td>
</tr>
<tr>
<td>South Gloucestershire Crossroads</td>
<td>Breaks in the home for carers of adults needing personal and practical care</td>
</tr>
<tr>
<td>Rethink</td>
<td>Breaks and support for carers of people of working age who have mental health needs</td>
</tr>
<tr>
<td>Bristol &amp; Avon Chinese Women's Group (BACWG)</td>
<td>Home based and outing type breaks for Chinese carers</td>
</tr>
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### Service Provider | Type of service
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**Joint Learning Difficulties Service (Adult Placement)** | Community placements with host families enabling carers of people with a learning difficulty to have a break.

**Community Care & Housing Dept. (CCHD) Learning Difficulties, Mental Health, Community Care teams including Individual Budgets** | Breaks and carer’s services to be purchased by adult care teams following assessment including breaks in the home for carers of people living with a dementia. Individual Budgets & spot purchase arrangements to be investigated.

**NHS South Gloucestershire** | Provision of emergency night sitting service to avoid short term hospital admission for carer or cared for.

**Emergency Breaks - Emergency Duty Team** | Provision of drop in and sitting services to cover emergencies and crises where carer temporarily unable to care.

**Alzheimer’s Society** | Support services for carers of people with dementia; ongoing regular support for carers of people with dementia; and dementia cafe which provides information and signposting for people living with dementia, their carers and professionals.

**Time for Carers working with South Gloucestershire Council** | User led organisation that organises a programme of sports, leisure and social opportunities for carers.

**Bristol Area Stroke Foundation (BASF) / PRTCC** | Stroke Café-Support group for carers and stroke survivors

**Carers Week** | Support for specific events

**CCHD, Strategy and Grant Admin and Consultation** | Funding for officer support

**Assistive Technology** | Provision / arrangement of services and equipment to support carers in their roles and to enable the people they care for to remain in their own homes.

**Family support service** | Support for families of people with substance misuse issues

**Families Also Matter** | Developing Health and Independence (DHI), as the substance misuse treatment provider in South Gloucestershire, also offer support for families and carers whose lives are affected by someone else’s drug and/or alcohol use. Families Also Matter (FAM) currently based in Warmley, Yate and Thornbury provides information and advice.

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### NHS South Gloucestershire

NHS South Gloucestershire commissions the following services for carers in 2011.

### Service Provider | Type of service
--- | ---
**Church House** | Church House provides overnight short breaks for up to 8 children or young people, aged between 9 and 18. The service is for children and young people who have a severe learning disability and/or behaviours which challenge, or who have complex health needs. The service is accessed via the Local Authority's Child Health and Disability 32 Team, and can provide emergency breaks in some circumstances.

**Re-think** | Informal support for mental health service users. A proportion of this service supports carers.

**Crossroads** | Grant for the provision of services, joint with South Gloucestershire Council, as well as providing their Vassals Centre accommodation. Plus additional sums for supporting people with continuing health needs.
Other services available for carers in South Gloucestershire in 2010/11:

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Type of service</th>
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</thead>
<tbody>
<tr>
<td>Carers Hospital Link Worker</td>
<td>Part time worker in Frenchay Hospital supporting carers and signposting them to other services, and encouraging hospital workers to take account of carers needs and potential contribution. A member of the PCT’s Discharge Pilot Project.</td>
</tr>
<tr>
<td>Carers Practice Link Worker</td>
<td>Part time worker supporting GP practices to systematically address the needs of carers. This one year post will start in 2011 and join the NHS Bristol funded Carers Centre team working across primary and secondary care.</td>
</tr>
<tr>
<td>Parkinson’s Disease Nurse</td>
<td>Specialist nurse supporting people with Parkinson’s and their families and other carers. Supports and refers patients and carers to other relevant services (social, health and voluntary sector). Education resource for other professionals and organisations.</td>
</tr>
<tr>
<td>Princess Royal Carers Centre</td>
<td>Wide range of services described in table above, joint funded with South Gloucestershire Council</td>
</tr>
</tbody>
</table>

NHS South Gloucestershire’s Strategic Plan for 2010/11 -2014/15 identifies eighteen priorities for this period. One directly benefits carers in response to the need identified in the Joint Strategic Needs Assessment. This highlighted the needs of carers of people who are mental health service users. Avon and Wiltshire Mental Health Partnership Trust have agreed that they will ensure that more carers each year receive an assessment of their own needs and that the resulting care plans will be completed within four weeks of the assessment.
## Appendix 4 – Action Plan

### Aim 1 - Carers 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

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<tr>
<th>Ref</th>
<th>Action</th>
<th>How will it be tackled</th>
<th>Partners</th>
<th>Timescale</th>
<th>Lead Responsibility</th>
<th>Indicators of improvement</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Supporting those with caring responsibilities to identify themselves as carers – directly</td>
<td>By an annual programme of events focused on Carers Week in June and Carers Rights Day in November via local events, flu vaccination sessions, media coverage and links with any national campaigns. AWP have an event in Carers Week which invites carers from across the Trust area.</td>
<td>Carers Centre, South Gloucestershire Council, Public Health and NHS Commissioner</td>
<td>Annual programme of events/initiatives every year from 2011 to 2014</td>
<td>Carers Centre</td>
<td>Events held, Attendance at events, Media coverage, Items shown on Life channel, GP practices, Carers self assessments in following months, Carers on GP registers in following months.</td>
</tr>
<tr>
<td>1.2</td>
<td>Supporting those with caring responsibilities to identify themselves as carers - through local community groups</td>
<td>Carers and carers organisations encouraging local community groups especially those that might benefit from the £1m. Reaching Out to Carers Innovation Fund</td>
<td>Carers Centre, South Gloucestershire Council, NHS Commissioner and patient led and condition specific groups</td>
<td>To be confirmed by patient led and condition specific groups</td>
<td>Carers Centre</td>
<td>Events held, Attendance at events, Media coverage, Number, scope and scale of local initiatives by community groups especially the patient led and condition specific groups.</td>
</tr>
<tr>
<td>1.3</td>
<td>To support Carers to become expert care partners</td>
<td>To seek opportunities to fund and provide places on Caring with Confidence and equivalent courses, as previously funded by central government.</td>
<td>NHS Commissioner South Gloucestershire Council, Carers Centre</td>
<td>2011 to 2014</td>
<td>NHS Commissioner, South Gloucestershire Council</td>
<td>Number of places funded and taken up, Courses provided for specific groups within the community</td>
</tr>
<tr>
<td>1.4</td>
<td>To improve carer awareness in GP training, both initial and continued professional development</td>
<td>DH to provide additional resources for GP training to increase their awareness of carers potential contribution and need for support as announced in ‘Recognised, Valued and Supported’.</td>
<td>Department of Health, Severn Deanery</td>
<td>2012 to 2014</td>
<td>NHS Commissioner</td>
<td>Training about carers potential contribution and need for support may be included in i) the programme of education for new GPs and ii) the options for their continued professional development</td>
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<tr>
<td>1.5</td>
<td>Greater awareness amongst Community Care and Housing staff and SGC staff from other departments</td>
<td>Southern Brookes Community Partnership will be hosting a series of network meetings for carers and professionals to raise awareness of issues facing carers and also to give carers a better insight into personalisation. Carers to take more involvement in training staff from statutory sector re carers issues.</td>
<td>SGC- CC&amp;H, SBCP, Carers, Carers Centre</td>
<td>Networks to be held by summer 2011</td>
<td>Training of staff by carers to be ongoing</td>
<td>SGC- CC&amp;H Networks will be held and outcomes of the meeting can be evaluated. The involvement of carers in ongoing training can be monitored.</td>
</tr>
<tr>
<td>1.6</td>
<td>Ensure that carers are identified and involved in the treatment and care of the person cared for, from admission to discharge from hospital</td>
<td>i) identifying each patient’s carer(s) when their admission is booked (planned admission) or soon as they are admitted (emergency admission). ii) ensuring that this information is entered on the patients notes. iii) clinical staff to use this information to ‘trigger’ the involvement of carers in the care and treatment of the person they care.</td>
<td>Carers Centre project funded by NHS Bristol NBT AWP UHB Carers</td>
<td>Rolling programme of actions 2011 to 2014</td>
<td>Carers Centre project funded by NHS Bristol</td>
<td>i) NBT, AWP and UHB hospital systems include mechanisms for capturing this information and sharing it with other clinicians. ii) increase in the number of people identified as carers in their hospital records. iii) hospital and its partners procedure for following up this information as appropriate with informal carers or relevant services agreed between the relevant partners.</td>
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**Aim 2 - Carers will be able to have a life of their own alongside their caring role.**

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<tbody>
<tr>
<td>2.1</td>
<td>Maximise use of the funding available to the local NHS to support carers, recognising competing demand for these resources.</td>
<td>By seeking to maintain the current level of investment and utilise any new monies to provide breaks for carers. The 2011/12 NHS Operating Framework confirms that any new carers breaks money is in PCT baselines. NHS investment will be pooled with local authority monies and employed to ‘spot buy’ breaks for carers.</td>
<td>NHS Commissioner, South Gloucestershire Council, Carers, Carers breaks providers Commissioning GPs</td>
<td>2011/12 to 2014/15</td>
<td>NHS Commissioner</td>
<td>Investment in carers breaks by the NHS. Carers benefiting from such breaks.</td>
</tr>
<tr>
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<td>2.2</td>
<td>Provide comprehensive information about the different types of short breaks that are available to carers and the organisations/companies that provide them. Encourage carers to think imaginatively about what a break means to them.</td>
<td>Enhanced information on the partners websites. A brokerage /co-ordinator role to be considered to signpost people to available resources and consider carers options. Information gathered from demonstrator sites to learn from national good practice.</td>
<td>South Gloucestershire Council, NHS South Gloucestershire, Carers Organisations, Community organisations, Sports and leisure services.</td>
<td>Within 18 months</td>
<td>South Gloucestershire Council - Community Care and Housing.</td>
<td>Variety of short breaks available. No's of carers accessing short breaks. No's using broker service. Carer evaluation of the difference that the break has made to them.</td>
</tr>
<tr>
<td>2.3</td>
<td>Work towards developing a system whereby carers can book care for the person they care for well in advance to enable them to plan ahead and protect their own health and wellbeing.</td>
<td>Consider and research the use of the Well aware system to hold information for carers re range of breaks available information to enable bookings to be made directly.</td>
<td>South Gloucestershire Council - Community Care and Housing, Care forum, Care Providers</td>
<td>End of 2013</td>
<td>South Gloucestershire Council and Care Forum.</td>
<td>Number of online bookings to be monitored. Carers will express improved satisfaction when asked about availability of bookable breaks.</td>
</tr>
<tr>
<td>2.4</td>
<td>Ensure that carers are given a choice about whether to have the money to be able to arrange breaks for themselves or to have breaks arranged for them.</td>
<td>Training for carers and professionals about personalisation and carers breaks so that they are better able to make informed choices about arranging breaks for themselves including network meetings arranged by Southern Brookes Community Partnership.</td>
<td>South Gloucestershire Council - Community Care and Housing, Carers services, NHS South Gloucester Carers.</td>
<td>End of 2011</td>
<td>South Gloucestershire Council - Community Care and carers organisations</td>
<td>Evaluate with carers whether training has met their expectations and they feel well informed and able to arrange breaks themselves. Network meetings will have taken place and been evaluated.</td>
</tr>
<tr>
<td>2.5</td>
<td>Promote and advise carers about the use of direct payments and personal budgets to enable carers to have greater choice and control over how/when breaks are taken.</td>
<td>Publicity materials to be produced promoting the use of direct payments and personal budgets. Providers and Care Management staff to be trained to ensure they can give accurate information to carers and promote take up.</td>
<td>Transformation publicity Carers services.</td>
<td>End of 2011</td>
<td>South Gloucestershire Council - Community Care and Housing PRTCC.</td>
<td>Nos. of carers accessing a Direct Payment will increase. The variety of breaks taken up by carers will increase. Carers will be better informed about Direct payments and aware of their options for exercising choice and control.</td>
</tr>
<tr>
<td>2.6</td>
<td>Develop a variety of ways for carers to share the knowledge and expertise that they have gained e.g. Social groups, networks for carers, discussion forums, befriending.</td>
<td>Carers are to be involved in the developing &amp; promotion of networks, medium for information exchange. Partners to effectively engage with carers to find out what they require to support them and assist them with day to day issues. Existing networks and communication opportunities to be promoted to carers.</td>
<td>Provider organisations Community based organisations PRTCC PCT AWP Staff training</td>
<td>April 2012</td>
<td>South Gloucestershire Council - Community Care and Housing, Children and Young Peoples Services and carer organisations</td>
<td>A range of Informal &amp; formal networks &amp; medium for sharing information will exist. Carers will express less feelings of isolation and feel more supported. Carers will share useful information through discussion forum and networks such as the Princess Royal Trust discussion forum and SGC facebook pages.</td>
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<tr>
<td>2.7</td>
<td>Find out what different types of social support are in place and working both locally and in other parts of the UK and develop successful models locally, sharing good practice and successes.</td>
<td>Ongoing research to be carried out on what is happening elsewhere via networks, conversations, meetings and shared information.</td>
<td>Carers SGC CC&amp;H Carers centre</td>
<td>End of 2012</td>
<td>South Gloucestershire Council and carer organisations</td>
<td>Carers will bring new ideas forward when meeting with commissioners that will inform future design of support and services</td>
</tr>
<tr>
<td>2.8</td>
<td>Provide an advocacy service for carers</td>
<td>South Gloucestershire Council now commissions a generic advocacy service that meets the needs of all including carers. Carers centre to promote the use of the service JCP Advisors “signpost” carers to a range of organisations for advice and assistance. They also provide information and useful links on carers pages of the internet. Locally, the JCP has produced a carers support pack. AWP to continue to have a support pack for mental health carers. AWP PALS service signpost to advocacy services.</td>
<td>South Gloucestershire Council CC&amp;H</td>
<td>April 2011</td>
<td>End of 2011</td>
<td>South Gloucestershire Council Community Care and Housing Carers centre</td>
</tr>
<tr>
<td>2.9</td>
<td>Involve carers at an early stage in all aspects of the planning &amp; development of Supported Living, Extra Care and other types of housing support in line with Think Local, Act Personal</td>
<td>Involve carers at an early stage in all aspects of the planning &amp; development of Supported Living, Extra Care and other types of housing support in line with Think Local, Act Personal.</td>
<td>South Gloucestershire Council CC&amp;H Registered Social Landlords Carers Carers centre</td>
<td>2011 ongoing</td>
<td>SGC –CC&amp;H Enabling Team RSLs</td>
<td>Carers identified as a priority in RSL strategic plans Carers needs addressed by RSL Community Action Groups Carer membership on strategic housing boards Carers identified in Housing Related support annual action plan (Action 8)</td>
</tr>
<tr>
<td>2.10</td>
<td>Keep carers updated on developments in Supported Housing and the better support for Older People Programme.</td>
<td>Initially would use existing forum later aligning communication methods with emerging methods of community engagement that are currently being reviewed and improved. Carers centre advisors and CC&amp;H staff to ensure they upskill themselves to keep informed about changes in Housing provision.</td>
<td>South Gloucestershire Council CC&amp;H Registered Social Landlords Carers Carers centre</td>
<td>2011- 2014</td>
<td>Carers Centre RSLs SGC CC&amp;H</td>
<td>Carers will feel more aware of developments in housing and this can be evaluated by discussion with carers</td>
</tr>
<tr>
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<tr>
<td>2.11</td>
<td>Advice and support to be available to help people remain in their own homes</td>
<td>Improve the housing knowledge of workers interacting with carers through training, shadowing etc. Upskill carers centre staff. Upskill RSL staff knowledge of issues affecting carers.</td>
<td>RSLs, Carers Centre, SGC CC&amp;H</td>
<td>2011-2014</td>
<td>RSLs, Carers Centre</td>
<td>Staff at RSLs will have greater awareness of issues relating to carers. Nos of staff trained can be monitored. Staff at the Carers Centre will have greater awareness of housing issues. Nos of staff trained can be monitored. Housing staff will have carried out a specific number of training sessions. Shadowing arrangements will have taken place.</td>
</tr>
<tr>
<td>2.12</td>
<td>Ensure welfare benefits advice and support for carers is linked with housing options and housing benefit advice</td>
<td>Liaise with Revenues and Benefits section to ensure Carers issues are incorporated into the Benefits Take Up Strategy. Ensure that carers views are reflected in the Housing Strategy.</td>
<td>South Gloucestershire Council, Housing and Council Tax benefits, Job Centre plus Housing associations, Home Choice</td>
<td>Ongoing</td>
<td>South Gloucestershire Council- FAB team, South Gloucestershire Welfare Advice Partnership</td>
<td>Carer related benefits will be targeted by Welfare Advisors. Take up of carer related benefits to be monitored to see if anticipated increase occurs.</td>
</tr>
<tr>
<td>2.13</td>
<td>Ensure carers issues/needs are included in the development of the Assistive Technology Strategy at an early stage</td>
<td>Work with carers to discover how technology can best provide support. Raise awareness of carers issues with Occupational Therapy Team Managers and members via awareness training and targeted attendance at team meetings. Work with carers to discover how technology can best provide support to carers e.g. to enable them to remain in or resume employment.</td>
<td>South Gloucestershire Council, Community Care and Housing, South Gloucestershire PCT</td>
<td>End of 2012</td>
<td>SGC- CC&amp;H</td>
<td>An increased use of assistive technology can be measured. “Good news” stories on the difference that assistive technology can make to carers to be published in local publications.</td>
</tr>
</tbody>
</table>
## Aim 3 - Carers will be supported so that they are not put into financial hardship by their caring role.

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<tr>
<th>Ref</th>
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<tbody>
<tr>
<td>3.1</td>
<td>JCP Care Partnership Manager (CaPM) will ensure JCP operational staff are aware of advisory support, work focussed support for carers and the provision of replacement care for carers</td>
<td>Through attendance at Office Communications Meetings</td>
<td>N/A</td>
<td>2011/14</td>
<td>JCP Care Partnership Manager</td>
<td>No negative feedback from Carers via Carer Support Organisations. Any feedback received is passed onto JCP CaPM for action</td>
</tr>
<tr>
<td>3.2</td>
<td>JCP Care Partnership Manager will ensure JCP Operational staff are aware of Carer initiatives and changes/updates to support for Carers including National Carers Week and National Carers’ Rights Day</td>
<td>JCP staff will be involved in National Carers Week and National Carers’ Rights Day JCP staff to be offered carer awareness training</td>
<td>N/A</td>
<td>2011/14</td>
<td>JCP Care Partnership Manager</td>
<td>Advisers are informed of changes and are able to support Carers appropriately. Any negative feedback received from Carer Support Organisations is acted upon</td>
</tr>
<tr>
<td>3.3</td>
<td>JCP to sustain their links with the NHSSG and the SGC to ensure involvement in new initiatives for carers</td>
<td>JCP CaPM attends events and meetings, where appropriate and possible, to maintain and update knowledge on current policy</td>
<td>Local Authority Voluntary Sector Organisations</td>
<td>As appropriate</td>
<td>JCP Care Partnership Manager</td>
<td>JCP CaPM maintains up-to-date knowledge of Carer Policies. JCP is linked into local carer initiatives</td>
</tr>
<tr>
<td>3.4</td>
<td>Ensure that carers are aware of the support that can be offered by JCP</td>
<td>JCP CaPM to attend and support Carer events to provide information as appropriate about jobsearch, training and other sources of help and advice available, signposting Carers to other sources of employment and benefit related support</td>
<td>Local Authority Voluntary Sector Organisations</td>
<td>2011 to 2014</td>
<td>JCP Care Partnership Manager</td>
<td>Positive feedback from carers. Positive feedback from LA and Voluntary Sector Organisation Colleagues.</td>
</tr>
<tr>
<td>3.5</td>
<td>Work with JCP and carers to put together a fact sheet to include carer rights in employment and the impact of full and part time employment on benefits and allowances.</td>
<td>Carers Centre to co-ordinate small group of carers and specialists to develop fact sheet</td>
<td>Carers Centre Carers JCP SGC Revenues and Benefits</td>
<td>End of 2011</td>
<td>Carers Centre</td>
<td>Carers Rights fact sheet will be produced</td>
</tr>
<tr>
<td>3.6</td>
<td>JCP to serve as a good practice employer</td>
<td>i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
<td>Not applicable</td>
<td>2011 to 2014</td>
<td>JCP Senior Management Board</td>
<td>Evidence of organisation: i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
</tr>
<tr>
<td>3.7</td>
<td>SGC to serve as a good practice employer</td>
<td>i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
<td>Current commissioner and provider and their successors</td>
<td>2011 to 2014</td>
<td>SGC Corporate HR</td>
<td>Evidence of organisation: i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
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<tr>
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<tr>
<td>3.8</td>
<td>NHSSG commissioner and provider to serve as good practice employer</td>
<td>Current and successor organisations to: i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
<td>Current commissioner and provider and their successors</td>
<td>2011 to 2014</td>
<td>Current commissioner and provider and their successors (each organisation responsible for their own practice)</td>
<td>Evidence of current and successor organisations: i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
</tr>
<tr>
<td>3.9</td>
<td>Carers Centre to serve as good practice employer</td>
<td>i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
<td>Not applicable</td>
<td>2011 to 2014</td>
<td>Carers Centre Board of Trustees</td>
<td>Evidence of current and successor organisations: i) providing information and support ii) having or developing the relevant policies iii) implementing those policies</td>
</tr>
<tr>
<td>3.10</td>
<td>Carers and Employment</td>
<td>i) JCP to provide advisory support, current vacancy information and employment advice and information to Carers who are looking for employment to help them find work ii) JCP Advisors to signpost Carers to the appropriate sources of training advice and guidance to help them to move closer to the labour market and into a position where they are able to apply for jobs</td>
<td>Not applicable</td>
<td>2011 to 2014</td>
<td>JCP Advisers</td>
<td>1) JCP to report on numbers of carers worked with and assisted to find employment 2) JCP to report on number of carers assisted to find training advice 3) JCP monitoring data will indicate an increase in the no. of carers accessing their services, support and information</td>
</tr>
<tr>
<td>3.11</td>
<td>Carers and carer assessment</td>
<td>Carers assessments to take full account of individuals educational and employment commitments Diagnosis of Autism to trigger a Carers assessment</td>
<td>Not applicable</td>
<td>2011 to 2014</td>
<td>SGC- CC&amp;H CYP</td>
<td>1) Carers will express greater satisfaction that their needs are being met 2) A higher percentage of carers will be assisted to combine work and caring commitments 3) A higher proportion of carers of people with autism would receive a carer’s assessment</td>
</tr>
<tr>
<td>3.12</td>
<td>Carers and volunteering Carers to be supported to access volunteering opportunities within community organisations and employment settings to aid social inclusion and assist with employment opportunities</td>
<td>i) Carers to be supported to access volunteering opportunities ii) Information on volunteering opportunities to be made available to carers</td>
<td>Carers centre JCP advisers Community Groups</td>
<td>2011 to 2014</td>
<td>Carers Centre</td>
<td>Nos of carers accessing volunteering opportunities may increase Carers will be aware of the support and advice available relating to volunteering</td>
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### Aim 4 - Carers will be supported to stay mentally and physically well and treated with dignity.

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<td>4.1</td>
<td>Ensure people are asked when admitted to hospital whether they look after someone and what arrangements need to be made for the person cared for and the impact on the carer’s health</td>
<td>i) Identification of each patient’s caring responsibilities when their admission is booked (planned admission) or soon as they are admitted (emergency admission). ii) Contact made with other informal carers or relevant services to ensure that the person cared for is supported throughout their carers hospital admission and after their discharge if appropriate</td>
<td>Patients and those they care for Carers Centre project, funded by NHS Bristol North Bristol Trust Avon and Wiltshire Mental Health Partnership Trust Inpatient services University Hospitals Bristol</td>
<td>Rolling programme of actions 2011 to 2014</td>
<td>Carers Centre project funded by NHS Bristol project</td>
<td>i) NBT, AWP and UHB hospital systems include mechanisms for capturing this information and sharing it with other clinicians ii) Increase in the number of people identified as carers in their records of hospital admissions iii) Procedure for following up this information as appropriate with other informal carers or relevant services agreed between the relevant partners</td>
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<td>4.2</td>
<td>To provide carers with clear information about their right to an assessment of their needs as a carer by South Glos Council</td>
<td>Providers to continue to promote carer assessment amongst carers SGC and local health service commissioner websites to include more clear information about carer assessment Carers Centre to ensure clear accessible information about carers assessment is available</td>
<td>SGC-CC&amp;H Carers Centre All carer providers</td>
<td>By end of 2011</td>
<td>SGC-CC&amp;H Carers Centre</td>
<td>Nos of carer assessments will increase Clear information will be available via websites and literature re the right to a carers assessment</td>
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<td>4.3</td>
<td>Ensuring greater awareness of Carers needs in GP surgeries in 2011</td>
<td>Appointment of part time Carers Practice Link Worker to assist local surgeries and: i) increase awareness amongst GPs, practice; nurses and receptionists ii) increase the number of carers on carers registers; iii) confirm whether people on Carers registers are flagged up as such in GP surgeries, and if not develop proposals to ensure that they are; iv) GP practices offer carers appointments at times Carers and the person they care for can manage v) easy availability in GP surgeries of information in the languages spoken locally (in 2009/10 the interpreters most frequently requested for were Polish, Kurdish, Mandarin, Bengali, Turkish, Somali, Portuguese, Farsi and Cantonese) vi) develop mechanisms by which these developments can be maintained after this funding ends AWP to continue to have carer leads in Community teams and on Inpatient units</td>
<td>Local Authority Voluntary Sector Organisations</td>
<td>As appropriate</td>
<td>Carers</td>
<td>JCP CaPM maintains up-to-date knowledge of Carer Policies JCP is linked into local carer initiatives</td>
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<td>4.4</td>
<td>Maintaining and building upon earlier initiatives and the work of the Carers GP Link Worker</td>
<td>Ongoing arrangements to maintain and enhance as far as practicable the work described above under 1.3 possibly including: i) measures to encourage the use of the carers register to support carers ii) identifying a named Carers Lead in each practice iii) developing a mechanism to support those Carers Leads and share good practice, maybe involving other people working with carers in South Glos iv) continuing the Carers Practice Link Worker role if it proves successful, to support those carers leads</td>
<td>GP practices, Community Nurses Carers Centre NHS Commissioner</td>
<td>2012 to 2014</td>
<td>NHS Commissioner</td>
<td>Number of training events held, people attending and actions agreed by them Carers added and taken off GP practice carers registers i) number and % of the practices with Carers leads ii) agreement of mechanisms with interested practices v) ‘good practice’ examples of using the Carers register in each locality</td>
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<td>4.5</td>
<td>Greater awareness amongst NHS community staff</td>
<td>i) inclusion in Carers Practice Link Worker events (2011) ii) input by managers and the Carers Centre to raise awareness (2011 to 14) iii) involvement in the network of primary care Carers leads to be set up by the Carers GP Link Worker (2012 to 2014)</td>
<td>Community Nurses, school nurses and health visitors, Carers Centre</td>
<td>2011 to 2014</td>
<td>NHSSG provider North Bristol Trust</td>
<td>i) attendance at events for relevant GP practices ii) materials and other awareness raising initiatives iii) involvement in the network of primary care Carers leads</td>
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<td>4.6</td>
<td>Consider the possible provision of regular Health Checks for carers</td>
<td>i) review the findings of the piloting of health checks for carers, due to be published in 2012. (ii) assess the benefits and the costs in the broadest sense, to help decide whether to implement regular Health Checks for carers locally</td>
<td>NHS Commissioner GP practices</td>
<td>2013</td>
<td>NHS Commissioner</td>
<td>i) review of the findings and their possible application locally (ii) business case for consideration by the South Gloucestershire Consortium</td>
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<td>4.7</td>
<td>Practical training for carers to be developed and promoted</td>
<td>i) carers to be made aware of condition specific training available through specialist partners ii) Training on areas such as manual handling, first aid, assertiveness to be promoted for carers via the Carers Centre iii) Analysis will be undertaken by carers to establish what the gaps are in available training</td>
<td>SGC - CC&amp;H,CYP NHSSG Specialist partner organisations-St Johns Ambulance Service, Parkinsons Society, National Autistic Society, Carers Centre</td>
<td>2011 to 2014</td>
<td>Coordination by SGC and NHS commissioners</td>
<td>Information re condition specific training will be publicised and promoted on WellAware Targeted training will be offered to carers to meet identified needs</td>
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**Aim 5 - Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life**

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<td>5.1</td>
<td>Develop a working group to consider all aspects of making information available to carers in a range of languages and formats via DVD, community radio etc</td>
<td>Multi agency working group to be established and to continually assess and create different options in response to identified needs Apply learning from the work of the Link Fresh look at the resources available to ensure good use of available medium e.g. community radio, podcasts, you-tube etc</td>
<td>Carers Carers Organisations BME communities</td>
<td>Working Group to be established in 2011 Work of the group to continue 2011-2014</td>
<td>Carers Centre</td>
<td>Hidden carers identified &amp; communication methods established Outputs created- radio broadcasts,</td>
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<td>5.2</td>
<td>Ensure that information about carers services and support is recorded on Well Aware system and kept up to date</td>
<td>Care Forum and Carers Centre to work together to ensure information stored is accurate and up to date Carers to mystery shop and be critical friends to the Well Aware system checking if they can access relevant information</td>
<td>All carers providers Carers networks Voluntary and Statutory services</td>
<td>2011 to 2014</td>
<td>Carers Centre Care Forum</td>
<td>“Hits” on Wellaware Carers evaluation through mystery shopping of the quality of the information</td>
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<td>5.3</td>
<td>Publicise the Well Aware system to carers and providers to ensure it is well used and there is wide awareness that there is one point of contact</td>
<td>Use of SGC CC&amp;H, NHSSG &amp; Carers Centre websites and publicity materials to emphasise the role of Well Aware</td>
<td>Carers centre SGC CC&amp;H NHSSG All providers</td>
<td>2011 to 2014</td>
<td>Carers centre SGC CC&amp;H</td>
<td>“Hits” on the Well Aware system can be monitored Carers can be surveyed to ensure they have wide awareness of the system</td>
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<td>5.4</td>
<td>Work with GP surgeries to ensure that information about carers services and support is available throughout South Gloucestershire</td>
<td>GP Link worker to ensure that Surgeries have up to date information</td>
<td>Carers Centre- GP Link Worker GP surgeries</td>
<td>2011 to 2014</td>
<td>Carers Centre- GP Link Worker</td>
<td>Role of the link worker will be subject to monitoring- NHSSG will ensure worker is disseminating information re carers support and services to GP Surgeries</td>
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<td>5.5</td>
<td>Create and support a carers lead officer in every Community Care and Housing team and work with them to maintain and develop information and support for carers</td>
<td>Operational teams to nominate a carers lead to champion carers issues amongst colleagues</td>
<td>SGC – CC&amp;H</td>
<td>By end of 2011</td>
<td>SGC- CC&amp;H</td>
<td>Carers leads names will be available to carers centre and other provider organisation</td>
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<td>5.6</td>
<td>Specific targeted information for carers regarding brokerage, personal budgets and direct payments</td>
<td>Information to be developed and linked to carers pages on South Gloucestershire Council website and carers centre web pages Information also to be made available through GP Surgeries, One Stop Shops etc Carers Assessment to identify individual needs for further information regarding personalisation</td>
<td>SGCCC&amp;H/ Chief Exec &amp; Corporate resources Carers Centre Community organisations</td>
<td>By end of 2011</td>
<td>SGC- CC&amp;H</td>
<td>SBCP network meetings will take place Content of carer awareness training to be reviewed to ensure that it covers personalisation issues</td>
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<td>5.7</td>
<td>South Gloucestershire Council to deliver training sessions for carers and organisations on the above training to be open and accessible</td>
<td>Southern Brookes Networking sessions for carers and organisations to explore issues on personalisation Carer Awareness training to continue to cover issues on personalisation</td>
<td>SBCP SGC- CC&amp;H</td>
<td>By end of 2011</td>
<td>SGC- CC&amp;H</td>
<td>SBCP network meetings will take place Content of carer awareness training to be reviewed to ensure that it covers personalisation issues</td>
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<td>5.8</td>
<td>Representatives from Community Care and Housing and NHSSG to attend Carers Open Meeting on an annual basis to update carers on current issues</td>
<td>Delegates will be booked to attend regular meetings to ensure carers are up to date with current issues.</td>
<td>SGC –CC&amp;H NHSSG Carers Centre</td>
<td>2011 to 2014</td>
<td>SGC –CC&amp;H NHSSG</td>
<td>Attendance at the meetings by the representatives can be monitored</td>
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<td>5.9</td>
<td>Ensure that carer support is embedded in the single point of customer access arrangements</td>
<td>CSO staff fully trained in Carer Awareness issues</td>
<td>SGC CC&amp;H</td>
<td>2011 to 2014</td>
<td>SGC CC&amp;H</td>
<td>Carers can evaluate how well they feel they are dealt with and how smoothly customer access arrangements work</td>
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<td>5.10</td>
<td>Carers surgeries to be held in ‘one stop’ shops, libraries and community buildings etc</td>
<td>Carers representatives to give talks to raise awareness of issues surrounding being a carer</td>
<td>Carers Carers Centre SGC-CC&amp;H</td>
<td>2011 to 2014</td>
<td>Carers Centre</td>
<td>Carers will be trained to give talks on their experiences Workshops &amp; surgeries will be held in public buildings such as libraries and one stop shops</td>
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This information can be made available in other languages, in large print, Braille or on audio tape. Please phone 01454 868007 if you need any of these or any other help to access council services.