

# **Caring Matters – Think Carer**

**A Joint Carers' Strategy for the Bradford District  
2011 – 2014**

**Final Draft – July 2011**

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## Foreword

Giving people more choice and control is at the heart of adult health and social care and we recognise that in the future more people in Bradford District will be called upon to contribute to caring for a family member, partner or friend.

Caring is a role that can come unexpectedly out of a crisis; it is a role that can develop more gradually; being a carer can provoke a complex mix of emotions; it can be both rewarding and frustrating. It can also be costly in terms of life chances, financial security and health

Our vision is for carers in the Bradford District to be recognised and valued as being fundamental to strong families and stable communities and have opportunities to live healthy, fulfilling and enjoyable lives.

Caring Matters – Think Carer is a joint Bradford Council and NHS Bradford and Airedale strategy which will help to achieve the vision by setting out the types of services needed by carers and how these will be provided in the future.

However, for this vision to be truly achieved, supporting carers must be recognised as everybody's business and not solely the responsibility of those working in health and social care. There will be a potentially wide ranging role for the new Carers Partnership to ensure carers are part of mainstream social, community and economic life and can access local community and universal services.

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## Section 1 Executive Summary

Caring Matters – Think Carer will help to ensure that carers are recognised and valued as being fundamental to strong families and stable communities and have opportunities to live healthy, fulfilling and enjoyable lives.

***‘The needs of carers must, over the next ten years, be elevated to the centre of family policy and receive the recognition and status they deserve’.***

*National Carers Strategy*

Demographic change is a significant challenge both to our society and to our economy; people are living longer, more people are living with long term health conditions and we have rising aspirations to maintain maximum independence and control over our own lives.

Consequently, an increasing number of people are and will be taking on a caring role at some point in their lives. By 2017, the number of older people needing care could outstrip the numbers of working age family members available to meet the demand.

Attitudes and expectations – of quality, choice and control – are rightly changing. The circumstances of every carer are unique and that is why it is important to personalise support to fit around individual and family preferences.

***‘Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. But carers need to be properly identified and supported’.***

*A Vision for Adult Social Care*

We have made a good deal of progress in the ways we support carers since our Carers’ Strategy was published in April 2009. The Carers Information Service provides a ‘one-stop’ information and advice service helping carers to identify and access the right services and support and the Emergency Planning Service is helping carers to feel reassured.

Carers are having more of a say in service development; new partnership arrangements are underway, a Carers Reference Group has been established and carers are being involved in the development of other strategies, for example the Autism Strategy.

We are also testing out new ways of working with carers, for example carers of people with dementia, carers who are looking after someone who is dying and carers from black and minority ethnic communities, and we have been successful in working with local voluntary organisations to bring regional funding in to support local development work.

This strategy defines four commissioning priorities based on the 2010 refresh of the National Carers Strategy:

- ◆ Identifying and recognising the contribution of carers
- ◆ Enabling carers to fulfil their potential
- ◆ Personalised support for carers
- ◆ Supporting carers to be healthy

Under each priority we identify areas for development. The strategy will have an action plan, regularly tracked and updated to ensure we achieve our aims.

Councils face significant budget reductions over the next four years. The NHS has been afforded some protection in the Comprehensive Spending Review but there are nevertheless significant changes to structures and budgets. Locally we will need to ensure that the value of investment in supporting carers is considered alongside other service priorities, find ways of doing things in more cost effective ways, and make carers partners in helping to identify where money is not being used wisely.

However, we need to recognise as a society that supporting carers is not just the job of staff working in health and social care. All services, organisations and indeed people can contribute by recognising the role and contribution carers make to society and by making sure that they think about and include carers in the way they design and provide services or go about their daily lives.

***'Big Society is also about encouraging people from all walks of life to play a more active part in society – developing a society that is more responsive and accessible to the needs of carers should be a key strand'.***

*Recognised, Valued and Supported, Next Steps for the Carers Strategy*

***Caring Matters – Think Carer*** urges everybody in society to  
**THINK CARER!**

## Section 2 Vision and outcomes

We want carers in the Bradford District to be recognised and valued as being fundamental to strong families and stable communities and have opportunities to live healthy, fulfilling and enjoyable lives. Based on what carers have told us are the most important things, we want Bradford to be a place where carers can achieve the following outcomes:

### Choice and Control

- Carers are involved in planning, commissioning decisions and service design
- Carers are involved in the training of health and social care staff
- Carers have relevant and timely information and advice that helps them to care safely and sustainably and to pursue their own life choices
- Carers have their own needs assessed and are supported to plan for their own lives including planning for the future and for emergencies
- Carers have individual accounts<sup>1</sup> and are designing and directing their own support
- Carers have appropriate support when involved in planning and managing individual accounts for the cared-for person

### Health and Wellbeing

- Carers are well informed about and use the health and wellbeing services that they need themselves to enjoy good physical and mental health
- Carers have opportunities to have a break from caring
- Carers have good emotional support and feel less stressed about caring, and less isolated
- Carers are enabled to maintain better relationships and provide better support for the person cared-for

### Economic Wellbeing

- Carers are well informed about benefits and financial choices
- Carers are supported to find work and/or retain their employment status

### Safety and Dignity

- Carers identify themselves as carers at an early stage
- The contribution carers make is valued by all services
- Carers are valued as care-partners and involved in care planning, e.g. hospital discharge, end of life care and individual care packages
- Carers are supported and trained to be skilled in the caring role

### Enjoy and Achieve

- Carers are able to balance their caring role with paid work, education and training
- Carers are able to take part in activities with other carers, to access community services (e.g. leisure) and / or to volunteer
- Carers who are children and young people are protected from inappropriate caring and have the support they need to learn, develop and thrive

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<sup>1</sup> "Individual account" is the Council's standard term to describe a sum of money allocated to meet assessed needs, which can take different forms, eg. a Direct Payment, or a notional budget managed with support. In the future, individual health budgets will be introduced in the NHS.

## **Section 3 Introduction**

### **3.1 Who are Carers?**

A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Anyone can become a carer. Carers come from all walks of life, all cultures, and can be of any age. Many feel they are doing what anyone else would do in the same situation; looking after a parent, a child, a best friend and just getting on with it.

Yet, carers play a vital role which, if anything happened to them, would more than likely have to be provided by statutory services in some form. From the hours that carers say are spent caring, and the average hourly rate for care provision, it is estimated that nationally carers contribute work to the value of £87 billion per year<sup>2</sup>. Using the same method of calculation we can estimate that the 47,995<sup>3</sup> carers in Bradford District contribute work to the value of £712 million per year.

This in itself should be reason enough to support them. However carers must also be recognised as an 'at risk' group in health and social care terms because:

- Of their vulnerability to physical ailments such as back strain caused by lifting
- Of their vulnerability to stress-related conditions
- They can become isolated
- They are often forced into financial hardship, either through loss of earnings or caring related costs
- They frequently do not get enough sleep or rest

### **3.2 What is the aim of this Strategy?**

This strategy sets out a vision of what we want life to be like for carers in Bradford, based on what carers have told us themselves, and priorities for how to achieve it. The overall aim of the strategy is to ensure that carers are recognised and valued as being fundamental to strong families and stable communities and have opportunities to live healthy, fulfilling and enjoyable lives.

The strategy helps to achieve this by setting out the types of services needed by carers and how they will be provided in the future.

### **3.3 Working together commissioning principles**

People who need help and use services may not recognise the formal divisions between health, social care and support services and we should not allow organisational boundaries to get in the way of delivering excellent services. Commissioners will work with providers across voluntary, private and statutory sectors to help shape the market to deliver the personalised support that carers need.

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<sup>2</sup> Valuing Carers – Calculating the value of unpaid care, Carers UK and University of Leeds, September 2007

<sup>3</sup> 47,995 is the number of carers in Bradford identified in the 2001 Census

To achieve this, the following principles will guide how the NHS and the Council commission services for carers:

- Carers will be supported by a variety of methods that value their role within the district
- We see our role as 'place-shaping', working creatively with citizens, community groups and service providers to improve the experience of living in the Bradford District
- We will ensure that people have real, increasing choice and control over how to use individual accounts for social care and individual health budgets, including people who self-fund for social care; this includes good information and support, assuring quality of services and the safeguarding of vulnerable people
- Services will be commissioned and delivered in partnership between the local NHS and the Council's Adult and Community Services; we will, as appropriate, use pooled budgets, joint commissioning and align all commissioning activity to ensure a joined-up approach and to prevent gaps developing across the health and social care system
- Where joint commissioning is not appropriate (e.g. NHS commissioning of hospital services), commissioning will still be undertaken in partnership to ensure a coherent approach
- We will ensure that services are effective and efficient, making the best use all of our resource and providing value for money
- Commissioning decisions will be based on evidence about the needs of the local populations, as described in the Joint Strategic Needs Assessment
- We will commission for good health and well-being, investing in prevention, independence and to reduce health inequalities

### **3.4 What is the scope of this Strategy?**

This strategy is concerned with direct support for carers and carers' services, and influencing all health and social care services and the wider world to understand and respond to the needs of carers. It directly addresses investment in carers' services, whilst recognising the importance of, and investment in, carer breaks provided when older and disabled people use services such as day care, residential respite, sitting services, or play-schemes for children with disabilities.

Therefore, each of the strategies for 'service-user groups' (e.g. Older People, Physical Disability and Sensory Need, Learning Disability, Mental Health, Substance Misuse) address the needs of carers. This again underlines the importance of working together across service and organisational boundaries, and for everyone to recognise that *Caring Matters - Think Carer*.



### **3.5 Making this strategy a success**

We will monitor and measure the success of this strategy through an action plan. This will make clear who will be responsible for the work that is needed to implement the strategy and the outcomes will be tracked and reported through our partnership and senior management within health and adult and community services.

## **Section 4 What Carers Say**

There have been a number of surveys and other opportunities for carers to share their experiences and aspirations in recent years. The following views, expressed by carers in Bradford District, are taken from:

- National Carers Strategy Refresh, Call for Evidence (September 2010)
- Carers Experience Survey (November 2009)
- Carers Joint Strategy Team Annual Consultations (2003 to 2007)
- Carers Resource, Top Ten Needs of Carers (February 2009)
- Care and Support for Older People and Carers in Bradford (March 2010)

In summary carers tell us they want:

- Better recognition of the role and contribution they make
- Up to date, relevant and accessible information
- To be included in care planning and to have their own needs assessed
- To be involved in shaping future service developments
- Access to and support to manage personal budgets and direct payments
- Training to support them in their caring role
- To be involved in training of health and social care staff
- To be able to plan ahead and plan for emergencies
- To be able to have breaks and time where they can relax
- High quality peer and community support
- High quality emotional support – someone who will listen to them
- Support to maximise their income
- Health checks and to be able to use health and wellbeing services
- To be able to continue to work or get help to find work
- To be able to plan for when they cannot care any longer
- A service for the person they care for that they can trust, so they can work, have a break or do something for themselves

## **Section 5      The Big Picture**

### **Recognised, Valued and Supported – Next Steps for the National Carers Strategy**

The National Carers Strategy, published in June 2008, sets a vision that by 2018 *“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual needs, enabling carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen”*.

The outcomes set out in the National Strategy are:

- Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and be treated with dignity
- Carers who are children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive

Over the summer of 2010, the Department of Health sought views on what the priorities over the next four years should be for the National Carers Strategy. The Department of Health also asked the Standing Commission on Carers, the Government's expert advisory group, for its views on future priorities. Drawing on the Standing Commission's advice and the responses, four priority areas are identified in 'Recognised, Valued and Supported – Next Steps for the National Carers Strategy':

- Supporting carers to identify themselves as carers at an early stage and involving them in designing local care provision and in planning individual care packages
- Enabling carers to fulfil their educational and employment potential
- Personalised support both for carers and those they support
- Supporting carers to remain healthy

### **Equity and Excellence – Liberating the NHS**

The Government are proposing to restructure the NHS in England. Some of the proposals will require changes in legislation which means the changes will happen over a period of time rather than immediately.

The new structure of the NHS will have three key elements:

- **Putting patients and public first** through an information revolution and greater choice and control
- **Improving health outcomes** through services that are focused on outcomes and the quality standards that deliver them
- **Empowering professionals and providers**, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at the local level

The Operating Framework for the NHS 2011/2012<sup>4</sup> outlines the business and planning arrangements for the NHS in 2011/12, building on the foundations set out in Equity and Excellence: Liberating the NHS.

The framework recognises that it has not always been apparent how funding to support carers has been used in each Primary Care Trust (PCT) and states that for 2011/12, PCTs should agree policies, plans and budgets to support carers with local authorities and local carers' organisations, and make them available to local people.

## **A Vision for Adult Social Care: Capable communities and active citizens**

The Government are also committed to reforming the system of social care to provide much more control to individuals and their carers. The Government's new vision for adult social care is based on three values:

- **Freedom** achieved by providing personal budgets, preferably as direct payments, to everyone who is eligible
- **Fairness** achieved by creating a lasting settlement on how care is paid for and by whom
- **Responsibility** achieved by communities and the wider society having a responsibility for the well-being of the whole community and the promotion of independence

The vision is based on seven principles – *prevention, personalisation, partnership, plurality, protection, productivity, and people*. It will lead to a White Paper late in 2011 and a Social Care Reform Bill in spring 2012, which will take into account other important work, eg. the long-term funding of care and support.

Carers are recognised in the vision, as “the first line of prevention”, emphasising the importance of supporting and sustaining carers, and the costs of failing to do so.

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<sup>4</sup> The Operating Framework for the NHS in England 2011/12; DH/NHS Finance, Performance and Operations; 15 December 2010

## Carers and Personalisation: Improving Outcomes

The personalisation of services must promote choice, control and independence for carers as well as for the people they care for.

There will be circumstances where either the views of the carer and the person they care for are at odds, or where an individual chooses to purchase a service that leads to additional caring responsibility (e.g. fewer hours or days).

Getting personalisation right for carers means making sure the personalised support for the cared-for person does not lead to additional caring challenges as well as making sure that personalised support, including individual accounts for carers, is provided to carers.

The short DH paper, *Carers and Personalisation: Improving Outcomes*<sup>5</sup> recommends ways to improve practice and outcomes for carers and includes examples of how personalisation and been applied in different parts of the country. The paper recommends:

- Recognising the expertise of, and working in genuine partnership with, carers at all levels of service design and delivery
- Enabling carers to design and direct their own support, have access to direct payments and be engaged in the support plan of the person they care for and the assessment where appropriate
- Establishing whole family approaches that ensure there is integrated support planning that benefits everyone involved
- Recognising the differing social and emotional impacts of providing support to another person and that these do not necessarily correlate to the number of hours spent, or the tasks undertaken in providing care
- Developing a range of support options and opportunities to match the diverse needs of carers and the outcomes they wish to achieve in their lives

### Carer Profile (National)

The latest figures on carers are from the 2001 Census which showed there were nearly 6 million carers in the UK, approximately 10% of the population.

Women are more likely to provide care than men; 58% of carers are women compared to 42% who are men. Caring varies between ethnic groups with Bangladeshi and Pakistani men and women three times more likely to provide care compared with their white British counterparts.

The number of people aged over 85 in England is set to double by 2025 and the number of carers is set to soar from 6 million to 9 million by 2037. Three in five people will be carers at some point in their lives.

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<sup>5</sup> Carers and personalisation: improving outcomes; Social Care Policy, DH; 25 November 2010

Prior to the Census, UK estimates for carers were based on the General Household Survey. A clear trend over time has been the increase in the numbers of carers caring for more than 20 hours per week (from 1.5 million in 1985 to 1.9 million in 2001) and the number of carers caring for 50 hours per week (750,000 in 1985 to 1.25 million in 2001).

## **Carer Profile (Regional)**

*Carers in the Region, A Profile of Yorkshire and The Humber*<sup>6</sup>, published in November 2009 by the University of Leeds, aimed to provide better information about carers at a regional level. The profile indicated over half a million carers in the region and:

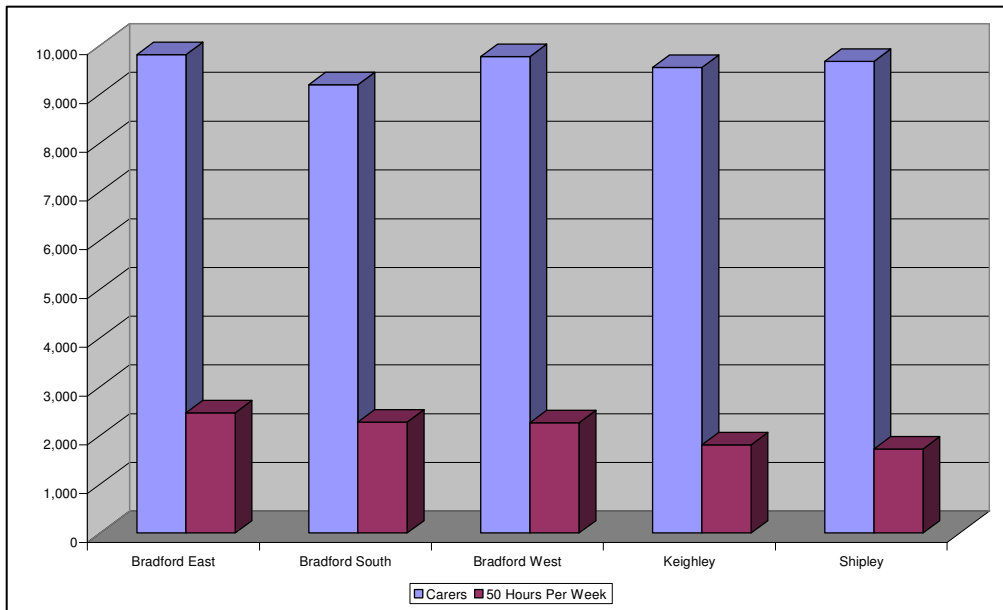
- One in five men and one in four women aged 50-64 are carers
- Almost half of carers aged 75 or over provide 50 hours or more of care per week
- Carers who provide more than 20 hours of care per week were considerably more likely to live in social housing and/or in a household with no working adult
- Carers up to the age of 50 are more likely to be in poor health than non-carers of the same age
- Carers who care for more than 50 hours per week are more likely to be in poor health than other carers
- Working age carers are much less likely to be in employment or to have formal educational qualifications than non-carers
- Young carers are more likely than other young people to live in workless households and/or be in lone parent families
- Young adult carers are much less likely to have any qualifications or be in employment or education than other people of their age
- People aged over 85 are less likely to be carers than other age groups but those who are carers are more likely to provide 50 hours or more care per week

## **Carer Profile (Local)**

The 2001 Census identified 47,995 carers in the District, 10.3% of the population. 10,539 of those carers (21.9%) were providing more than 50 hours of care per week. The table below shows the 2001 population of carers in each of the 5 area committee areas of the District and suggests a relatively even spread of carers across the District.

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<sup>6</sup> Carers in the Region, A profile of Yorkshire and the Humber; University of Leeds; November 2009



Distribution of Carers by Locality

Consistent with national trends we expect the number of carers in the District to increase. This will be at least in line with growth in the general population<sup>7</sup>, but in reality the picture is likely to be much more dramatic, with the numbers of older and disabled people as a percentage of the population increasing and therefore the percentage of carers in the district increasing too. The profile of carers in Yorkshire and the Humber cites population projections that indicate the number of carers in the region is likely to increase by 18% by 2030. This increase is supported by local information such as:

- There will be 85% more people over the age of 85 in the District by 2030
- There will be approximately 32,900 more people over the age of 65 living in the District by 2030
- The numbers of older people of Asian origin aged 65 and over will double in the next 15 years, from around 5,000 to 10,000 in Bradford District. The number aged 85 and over will more than double, from 300 to 750.
- The number of working age people with disability in the district is on the increase
- There will be 20% more people aged over 65 with dementia in the District by 2020 rising to 65% more people by 2030
- Bradford has higher than average rates of illness and disability among children<sup>8</sup>, which will lead to more carers of children with disabilities, and caring relationships which continue as children reach adulthood. These carers are very often the parents but may include grandparents, sibling young carers, and other family, neighbours and friends

<sup>7</sup> This is the assumption built into the Dept of Health forecasting tools, Projecting Adults Needs and Service Information System ([www.PANSI.org.uk](http://www.PANSI.org.uk)) and The Projecting Older Peoples Population System ([www.POPPI.org.uk](http://www.POPPI.org.uk)).

<sup>8</sup> The Born in Bradford study, <http://www.borninbradford.nhs.uk/pdf/BiBdocument%20FINAL.pdf>

## **Section 6      What's on offer for Carers in Bradford?**

Services to support carers have historically been funded either by specific grants paid by the government to the local authority (e.g. Carers Grant), or as part of wider support packages for disabled children, disabled adults and older people (e.g. Continuing Healthcare, Aiming High for Disabled Children) and mainstream services such as home care, day care, short breaks in care homes. The local NHS commission carer support services both from the statutory NHS sector and from voluntary and community sector providers.

### **6.1      Current services**

#### **Carer support workers – linked to primary care**

Both Carers Connection, which is part of Bradford and Airedale Community Health Services (BACHS), and Carers Resource provide primary care based support services to carers. Carers Connection provide this service for carers living in the former Bradford North, City and South and West Primary Care Trust areas, while Carers Resource provide the service in the former Airedale Primary Care Trust area.

#### **Carer support workers – specialist**

A number of condition-specific voluntary sector organisations (e.g. Alzheimer's Society, Making Space, Mencap, Project 6, Bridge Project, Stroke Association, Cancer Support) provide carer support, including information and advice, peer support groups, activities and organising short breaks for carers.

#### **Carers information and emergency planning services**

The Carers Information Service and the Emergency Planning Service, both commissioned by the Council and provided by Carers Resource, officially opened in October 2009. The services aim to ensure they are as well known as possible to both statutory and voluntary sector organisations as well as to places and community services that carers use which are not related to health and social care.

#### **Services that provide a break for carers**

The Councils 'Shared Lives' and 'Time Out' Services harness the skills and commitment of people living in the Bradford District and offer family based placements and sitting services to older and disabled people which provide a break for carers.

In addition there are many voluntary and community sector organisations that provide a range of services for older and disabled people which provide a break for carers. Many of these organisations are small local organisations and they receive their funding from a variety of sources.

#### **Small grants for carers**

The Carers Small Grant Scheme and the Carers Holiday Scheme provide one-off payments to carers either to promote their own health and well-being, or in the case of the holiday scheme, to provide a holiday grant.

## **Support for young carers**

Barnardos provide a Young Carers service which includes individual work with young carers, time-limited groups and activities, signposting young carers to relevant services and supporting young carers through advocacy.

## **6.2 Where the funding comes from**

### **Carers Grant**

In 2010/2011 Bradford Council's Department of Adult and Community Services received, via the Area Based Grant, the Carers Grant. Bradford Council spent around £1.15 million in 2010/2011 funding a range of Community and Voluntary Sector schemes and services that supported carers or disabled children, young carers, carers of working age adults and carers of older people.

The majority of these schemes and services receive modest funds of between £5,000 and £50,000. However, larger contracts are:

- District Wide Carers Information Service and Emergency Planning Service for Carers provided by Carers Resource
- Holiday Grants for Carers administered by Disability Advice Bradford
- Carers Small Grants Scheme administered by Carers Connection

The future from April 2011 of the funding allocated via Carers Grant is considered in section 7 below.

### **NHS Bradford and Airedale – Voluntary and Community Sector Commissioning**

Since April 2008, NHS Bradford and Airedale has commissioned Voluntary and Community Sector organisations to directly address health improvement and health inequality reduction activities. In 2010/2011 approximately £250,000 has been invested in projects specifically to support carers and many other commissioned services can be said to have a carers' element to them (e.g. support for people with cancer and their carers).

A re-commissioning process has been undertaken with voluntary sector providers of services which recognises the positive contribution that voluntary and community sector providers can make to addressing health inequalities and that allows NHS Bradford and Airedale to agree contracts with providers within available resources. As a result of the re-commissioning process, services that specifically support carers (e.g. primary based carer support) have been re-commissioned alongside a number of services which can be described as having a carers element to them (e.g. support for people with cancer and their carers, equipment services)

### **NHS Bradford & Airedale Community Health Services**

Bradford and Airedale Community Health Services host the Carers Connection service. The service currently employs 4 part-time Carer Support Workers, an Information Officer, an Activity Coordinator and a service manager.



As part of the Transforming Community Services<sup>9</sup> agenda which aims to enhance community services, Carers Connection, along with other services which principally support long-term conditions and the maintenance of patients in the community, will transfer to Bradford District Care Trust on 31<sup>st</sup> March 2011. There is a commitment to review the service as soon as is possible following its transfer.

## **6.3 Local Progress and Achievements**

### **Carers Information Services**

The Carers Information Service, commissioned by the Council and provided by Carers Resource, officially opened in October 2009. The service aims to ensure they are as well known as possible to both statutory and voluntary sector organisations as well as to places and community services that carers use which are not related to health and social care.

The district wide service provides information, in a variety of formats, about the range of services, support and advice available to carers. The service helps carers who may be at risk of social isolation, need practical or emotional support, or are experiencing problems regards income, education or employment.

Carers Connection also provide an information service for carers as part of their primary based carer support service. Although both services are valued by the carers they serve, there remains confusion among staff (e.g. GPs) and carers as to 'who does what'.

As part of implementing this strategy we will look at the strengths of both services to ensure that we make best use of the resources available for carers information services and avoid any duplication or 'double-funding'. This may mean re-specifying the roles and expectations of both the Carers Information Service and Carers Connection.

### **Carers Emergency Planning Service**

The Emergency Planning Service, also provided by Carers Resource, aims to provide reassurance to carers about who will take on their caring role in the event of an emergency. The key elements of this service are reaching and identifying carers who would benefit from the service, working with them to formulate contingency plans and ensuring that contingency plans are triggered through a working agreement with Careline.

### **Partnership Arrangements for Carers**

This includes the setting up of a multi-agency Carers Partnership Group which will meet for the first time early in 2011, a Carers Reference Group for carers and a Provider Forum for organisations who support carers. These arrangements mean that carers are contributing to service planning and influencing service design and that there will be early engagement with providers in developing strategies and testing out new types of working.

It is envisaged that this will lead to better quality services that in turn lead to outcomes that are important to carers as well as individual and policy decisions being more carer focussed. There will also be greater awareness of the needs and aspirations of carers and a greater understanding across all services and sectors of why and how services need to change.

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<sup>9</sup> Transforming Community Services: <http://www.dh.gov.uk/en/Healthcare/TCS/index.htm>

A Professional Bulletin has been introduced to raise carer awareness and to provide up-to-date information for staff in both the statutory and voluntary sectors.

### **Carers Health Checks**

A number of GP practices in the district have been 'incentivised' to provide annual health checks for carers. The health check provides an opportunity for carers to have a more systematic and in-depth discussion about their health and social care needs in primary care and each carer is given an 'information prescription'. The results will be evaluated and will help us to understand the next steps in terms of providing health checks for carers.

### **Small Grants and Holiday Grants**

The Carers Small Grant Scheme and the Carers Holiday Scheme provide one-off payments to carers either to promote their own health and well-being, or in the case of the holiday scheme, to provide a holiday grant.

In 2009/2010, 562 carers received a Small Grant of up to £200, many of whom wrote to say how they have spent the money and the satisfaction and enjoyment they have had from putting themselves first for a change. The letters reflect the general gratitude of carers that someone is thinking of them and gives them a boost to go on caring.

- *"It felt so special to think that someone had thought about me"*
- *"It was a very welcome break away from home and a nice change"*
- *"I definitely benefited from the reflexology which left me feeling relaxed"*
- *"I feel you have given me the world"*
- *"Having just a couple of hours a week to myself is priceless and I believe it gives me the energy to put more into caring"*

The Carers Holiday Scheme provided 147 carers with a grant of up to £320 to take a holiday with or without the person they care for. Feedback from carers is also encouraged.

- *"Thank you for the marvellous holiday grant we received, we have had a wonderful time in St Annes; our daughter didn't want to come home!"*
- *"Many thanks for arranging the Lego-Land trip. The boys loved it. It has been a difficult time for us and the trip has given us something happy to remember."*

While recognising the value of providing one-off payments to carers, we also recognise that there is a discrepancy in the amount of money available for carers through the two services, that the small grants scheme is not available all year round, and that payments to carers are not sufficiently aligned to carer assessment and individual accounts for carers.

We will look at the strengths of both services and how they can be built upon in the context of personalised support for carers. We also need to look at the costs of administering the services to ensure that we are using resources effectively and efficiently.

## **Bradford East Carers Project**

Bradford East Area Committee have provided funding to support partnership working between the Thornbury Centre and Carers Resource. The one year project will promote the involvement of carers in the development of formal and informal carer networks that will promote health and wellbeing for carers, predominantly older carers from south Asian communities, living in the Bradford East area.

## **Carers and Dementia**

Three separate pieces of work are being carried out that support both the National Carers Strategy and the National Dementia Strategy. The work includes:

- Supporting improved and increased access to Telecare by carers of people with dementia
- A local Dementia Awareness Raising Campaign
- A pilot initiative managed by Relate to support carers of people with dementia through relationship counselling

These pieces of work will be evaluated in spring 2011 and this will help us to better understand their impact in terms of supporting both carers and the person they care-for.

## **Carers as Partners in Hospital Discharge**

We have started to look at how we can best support carers as partners in hospital discharge. Staff from Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust, Bradford District Care Trust, Carers Resource and Bradford Council are involved in writing an action plan that will set out the things that need to happen and who is responsible.

Key issues from the work have been carer identification and recognition, information for carers in the hospital setting and emotional and practical support.

## **Carers and End of Life Care**

Most of us would wish to die, when the time comes, at home, but it is more likely that people die in a hospital or care home. Enabling more people to experience a 'good death' in the place of choice, will require improvements in support and training for carers.

We have started to look at how we can best support carers who are caring for someone who is dying. A similar group has been established to the group looking at hospital discharge and similar issues have been identified.

The Yorkshire and Humber Improvement Partnership has awarded funding to Carers Resource to improve carers experience of caring for someone who is dying. The funding will contribute to the costs of dedicated carer support in the hospital and hospice setting and will help us to better understand how this type of support can lead to better outcomes for carers.

## Carers Rights Day and Carers Week

We have held successful events for carers to mark both Carers Rights Day and Carers Week. The events, which have been run in partnership with Carers Resource and other Voluntary and Community Sector organisations, have attracted a large number of carers and service providers, and carers have had the opportunity to find out new and up-to-date information, meet with other carers and be pampered.

- *“A great day”*
- *“A very enjoyable and relaxing day”*
- *“Enjoyed having a right good laugh”*
- *“Its been absolutely fantastic, really enjoyed myself, lots of good information and good food too”*
- *“Very helpful - I've just moved to the area and found lots of useful information”*
- *“I am happy and de-stressed. I have thoroughly enjoyed it”*
- *“This has been a fabulous day with a lot going on, a lovely buzz in the air”*

Quotes from Carers following Carers Week Event in June 2010

## Carers Assessment and the Self Directed Questionnaire

Often, both staff and carers are not aware of the purpose or potential benefit of carers assessment, or what might be available for carers as an outcome of assessment. With this in mind, work has started to look at how we can integrate the carers assessment and the “self directed questionnaire”<sup>10</sup> (SDQ) used in Adult and Community Services.

Integrating the carers assessment and the SDQ would mean both that carers views are taken into account when planning the support for the cared-for person, and that carers own needs are being assessed and a carer support plan completed.

This strategy also suggests that we consider the options for developing ‘trusted assessors’ who will be able to carry out carers assessments on behalf of the Council. The advantage for carers would be that conversations already held with one worker (e.g. when seeking information or planning for an emergency) would require minimum repetition or formality to be recognised as, or included in, a carers assessment.

Our revised programme of Carers Awareness training for front line staff continues and will be updated as a way of ensuring that carers are recognised as partners in care. The training includes the legal framework, working with carers as expert partners, carers needs and what resources there are to support carers.

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<sup>10</sup> The SDQ is an important information-gathering stage of a social care needs assessment. This is important because it is the starting point for accessing services and individual accounts to meet needs

## **Meri Yaadin and SAHELI Group**

The Yorkshire and Humber Improvement Partnership has awarded funding to the Meri Yaadain project working in partnership with the SAHELI group and the Alzheimer's Society. The project will see the development of good practice messages for carers and staff, predominantly those caring for and working with people from South Asian communities who have dementia.

There will also be a series of five week (one day a week) information sessions for carers to help raise awareness of the services and support available to them.

The learning from this short-term project will help us to better understand and improve the way we provide information from carers from different communities.

## **Carers Activity Projects**

Both Carers Resource and the Carers Connection provide a range of activities for carers. Some of the activities help carers to learn new skills either as a hobby or with a view to moving back into further education or employment.

Activities are usually free to carers and are held in a variety of locations to minimise the amount of travel. Some established groups are now carer-led with some carers taking it in turns to organise an activity, meal or trip.

## **Changing Lives Programme – Carers Cafes**

Carers Cafes provide informal local support for carers of adults with learning disabilities with an emphasis on fun and advice on how to maintain wellbeing. They also provide opportunities for carers to meet and support other carers for mutual 'peer support'.

The cafes are currently coordinated by Mencap and have funding to March 2011. We will need to look at how effective the cafes are in achieving good outcomes for carers and work with the Changing Lives Programme for people with learning disabilities, to establish the future for the cafes.

## Section 7 Opportunities and challenges

### Money

The big picture nationally is a 25% average reduction in the expenditure of most Government departments over the next four years and local government faces an average 28% reduction in its budget over the same period. For the forthcoming year alone (2010-11 into 2011-12) Bradford Council faces a reduction of its overall spending power of 8.8% taking into account government grant and Council Tax income.

However, the Comprehensive Spending Review has made available additional funding in PCT baseline budgets from April 2011 (£400 million nationally over 4 years) to support the provision of breaks and support for carers. Although this funding is not 'ring-fenced' the NHS Operating Framework states that PCTs should pool budgets with local authorities to provide breaks for carers, as far as possible, via direct payments or personal health budgets.

From April 2011, The Carers Grant will, along with other funding streams, become part of local authorities' overall revenue funding. This means that local authorities will have greater flexibility to make best use of the reduced resources. The Care Services Minister has stated that the funding previously paid as Carers Grant will notionally be maintained<sup>11</sup>. This is consistent with policy messages to prioritise carers and preventive support, but must be seen in the context of cuts to local government expenditure in Bradford District and increasing populations of vulnerable people.

All this presents a challenge for the Council and local NHS to ensure that the value of support to carers is recognised, receives due consideration alongside other service priorities, and that we commission jointly. We will look at all the services we commission and provide for carers, alongside the importance of carer breaks funded from service budgets, to make sure we are making the best use of resources as well as achieving the best possible outcomes for carers.

### Equality & Diversity

This strategy recognises the full diversity of carers, and aims to ensure that services for all carers are improved. This includes taking due regard of the equality strands but recognises that diversity of carers covers more than this, e.g. education and employment, health of carers, diversity of the people cared-for, income and finance and the impact of caring for more than 50 hours per week.

However, there are some groups of carers who experience multiple disadvantage and isolation, for example carers who are disabled, black and minority ethnic carers, gay, bisexual and transgender carers. It follows that these groups of carers may be least likely to access appropriate information and support.

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<sup>11</sup> Paul Burstow, Care Services Minister, response to a question asked to parliament on 21<sup>st</sup> December 2010. <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm101221/text/101221w0008.htm>

The 2010 Equality Act<sup>12</sup> includes measures regarding discrimination by association in relation to disabled or older people. The Act has the potential to reduce the strain on some carers, particularly when fitting caring responsibilities around employment, as they will have greater protection from discrimination as a result of their caring responsibilities.

## **Demographic Drivers**

Demographic change is one of the greatest challenges facing our society and our economy. Carers UK 'Tipping Point for Care'<sup>13</sup> report suggests that by 2017 we will reach the 'tipping point' for care when the numbers of older people needing care will outstrip the numbers of working age family members currently available to meet that demand. This is due to a range of demographic drivers:

- An ageing population and more people living longer with disability as a result of advances in medical technology
- An ageing workforce, with fewer young people entering the job market and later retirement ages
- More people needing to balance work and care longer
- The number of working age people with disability is on the increase
- Increasing numbers of people and over the age of 65 with dementia

## **Expectations from Carers**

Attitudes and expectations are also changing and quite rightly carers should expect excellent services that they have control over. The expectations of carers in the next 10 to 20 years are likely to be different to carers now.

People are much more socially mobile than before and have generally experienced a wider exposure to different goods, services and life experiences than ever before. People now and in the future will expect more from their local authority and care providers in terms of the range and quality of services on offer.

## **Place Shaping and Market Facilitation**

The Council, as the lead commissioning organisation for carers, has a key role to play in shaping the health and social care market to make sure that the right amount of the right services are available for carers and the people they care for. It is essential that strong partnerships are developed with current and potential providers in all sectors and of all sizes, to ensure excellent services are available that achieve good outcomes for carers.

Place-shaping for carers means that Bradford District becomes a better place for carers to live and that commissioners use influence creatively to ensure that carers become less dependant on services by enabling a range of community facilities to be in place to help carers quickly and effectively when necessary. This includes a potentially wide-ranging role for the Carers Partnership, to ensure carers are part of mainstream social, community

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<sup>12</sup> [http://www.equalities.gov.uk/equality\\_act\\_2010.aspx](http://www.equalities.gov.uk/equality_act_2010.aspx)

<sup>13</sup> Tipping Point for Care, time for a new social contract; Carers UK; February 2010

and economic life and can access universal services. It means shaping the market for services and support, in ways that improves quality of life for carers.

It is important that health and social care services, schools, voluntary organisations, faith and community organisations, employers and the wider community recognise and act to secure the benefits that can be gained by supporting carers of all ages. All these organisations, whether local or national, have a crucial role in helping people to identify themselves as having a caring role and signposting them to the relevant sources of information and advice to ensure that they are not isolated, financially disadvantaged and so their health is not adversely affected as a result of their caring role

The Market Position Statement<sup>14</sup>, written by Bradford Council and shared with service providers in October 2010 serves as an introduction to the discussions that need to be had between the Council and providers about how they provide services now and how they might think about changing for the future. The market for carers well-being and support is a wide-ranging one, not limited to traditional health and care provision. This is shown by the ways that carers choose to spend the small grants referred to earlier in this strategy.

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<sup>14</sup> [http://www.bradford.gov.uk/bmdc/health\\_well-being\\_and\\_care/adult\\_care/market\\_development](http://www.bradford.gov.uk/bmdc/health_well-being_and_care/adult_care/market_development)



## Section 8      The way forward

### **Priority Area 1: Identifying and recognising the contribution of carers**

*We want to support carers to identify themselves as carers at an early stage, to recognise the value of the contribution carers make to society and ensure that carers are involved from the outset, both in designing local care provision and in planning individual care packages.*

#### **Areas for development**

- Carers partnership arrangements, making sure we recognise the expertise of, and work in genuine partnership with carers at all levels of service design and delivery and including those carers who are often overlooked
- A Carers Bulletin for Professionals and a network of Carer Champions to help health and social care services, schools, voluntary organisations, faith and community organisations and employers to be aware of and act to support carers of all ages
- An annual carers conference and supporting organisations and carers throughout the district to be involved in Carers Week and Carers Rights Day
- Workforce development including options for carers awareness e-learning packages and carer involvement in training health and social care staff
- Training for carers to support their involvement and participation in designing local care provision and planning individual care packages

#### **What this means for carers**

- Carers are involved in planning, commissioning decisions and service design
- Carers are involved in the training of health and social care staff
- Carers identify themselves as carers at an early stage
- The contribution carers make is valued by all services
- Carers are valued as care-partners and involved in care planning, e.g. hospital discharge, end of life care and individual care packages
- Carers have relevant and timely information and advice that helps them to care safely and sustainably and to pursue their own life choices
- Carers are supported and trained to be skilled in the caring role

## **Priority 2: Enabling carers to fulfil their potential**

*We want to make sure that young carers and adult carers are supported to pursue their education, training, work and volunteering aspirations, to fulfil their potential and to protect their own and their families current and future financial position.*

### **Areas for development**

- Implement the Working Together to Support Young Carers protocol
- Support for carers to find work and/or to retain their employment status including supporting employers to understand the business case for employing carers and retaining carers in the workforce
- Support for carers and the person they care for to ensure they are accessing the full range of welfare benefits they are entitled to
- Effective 'carer-proof' policies in the Council and NHS and ensure they are leading by example in employing carers

### **What this means for carers**

- Carers who are children and young people are protected from inappropriate caring and have the support they need to learn, develop and thrive
- Carers are able to balance their caring role with paid work, education and training
- Carers are supported to find work and/or retain their employment status
- Carers are well informed about benefits and financial choices

### **Priority 3: Personalised support for carers**

*We want carers to have their own needs considered, where possible alongside the person they care for, to have access to services tailored to their own needs, for example advice and information, and have access to individual accounts and personal health budgets so they are able to design and direct their own support.*

#### **Areas for development**

- A redesigned carers assessment with options for how best to integrate it with the Self Directed Questionnaire
- An 'overview' carers assessment and arrangements for 'Trusted Assessors' across partner organisations
- Consider the options for a friendly and simple approach to individual accounts for carers who are eligible so carers can design and direct their own support
- A wide range of support options and opportunities, both generic and specialist, that match the diverse needs of carers and the outcomes they wish to achieve, e.g. information and advice, advocacy, brokerage, peer support, activities for carers, linking carers to communities, benefits advice, volunteering for carers
- A range of jointly commissioned services that provide carer breaks
- Targeted interventions e.g. the use of tele-health and tele-care

#### **What this means for carers**

- Carers have their own needs assessed and are supported to plan for their own lives including planning for the future and for emergencies
- Carers have relevant and timely information and advice that helps them to care safely and sustainably and to pursue their own life choices
- Carers have individual accounts and are designing and directing their own support
- Carers are able to take part in activities with other carers, to access community services (e.g. leisure) and/or to volunteer
- Carers have opportunities to have a break from caring
- Carers have appropriate support when involved in planning and managing individual accounts for the cared-for person

#### **Priority 4: Supporting carers to be healthy**

*We want to make sure that carers can look after their well-being, and avoid neglecting or damaging their own health because they are caring for someone else or following bereavement.*

#### **Areas for development**

- Getting the right balance of Carers Support Worker capacity in Primary Care settings (e.g. GP Practices), in hospital and hospice settings to support carers in safe and timely discharge and end of life care and linked to specialist (or condition based) third sector organisations
- Carers health checks including reaching out to carers who are often overlooked
- A range of training opportunities for carers to ensure that carers can care safely and sustainably
- Bereavement support, including 'aftercare' when the cared-for person has received end-of-life care

#### **What this means for carers**

- Carers are well informed about and use health and wellbeing services that they need themselves to enjoy good physical and mental health
- Carers have good emotional support and feel less stressed about caring, and less isolated
- Carers are enabled to maintain better relationships and provide better support for the person cared-for

## Key Documents

*Carers at the heart of 21<sup>st</sup> – century families and communities*; HM Government, June 2008

*Recognised, valued and supported: Next steps for the Carers Strategy*; HM Government, November 2010

*A Vision for Adult Social Care: Capable Communities and Active Citizens*; Department of Health, November 2010

*Equity and Excellence: Liberating the NHS*; Department of Health, July 2010

*The Operating Framework for the NHS in England 2011/12*; Department of Health; December 2010

*Carers and personalisation: improving outcomes*; Department of Health, November 2010

*Tipping Point for Care; time for a new social contract*; Carers UK, February 2010

*Commissioning Better Outcomes for Carers and Knowing of you have*; Princess Royal Trust for Carers and ADASS, May 2010

*Supporting Carers – Early Interventions and Better Outcomes*; Princess Royal Trust for Carers and ADASS, May 2010

*Commissioning for Carers*; Princess Royal Trust for Carers et al, May 2009

*Putting People First without Putting Carers Second*; Princess Royal Trust for Carers and Crossroads, May 2008

*Carers as Partners in Hospital Discharge*; ADASS, 2010

*Carers in the Region, A Profile of Yorkshire and The Humber*; University of Leeds, November 2009

*Care and support for older people and carers in Bradford*; Joseph Rowntree Foundation; March 2010

*Market Position Statement: Autumn 2010*; City of Bradford Metropolitan District Council, Adult and Community Services, October 2010

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