



BEDFORD
BOROUGH COUNCIL



Bedfordshire Clinical Commissioning Group

Joint Commissioning Strategy for Carers and Young Carers 2013-17

December 2013

Contents

Executive Summary	4
Introduction	5
Chapter 1 Context	6
Chapter 2 What we are doing now	13
Chapter 3 Outcomes	17
Action Plan 2013 – 14	28
Glossary	34

Foreword

As the population of Bedford Borough continues to grow and the number of people with health and social care needs also grows, so do the challenges to Bedford Borough Council and Bedfordshire Clinical Commissioning Group. We are responsible for commissioning good quality, efficient and personalised health and social care services for people in the Borough. We also have a duty to involve local people in decisions about how local services are delivered.

You are reading our Joint Commissioning Strategy for Carers in Bedford Borough. This builds on the previous 2010/13 strategy of BBC and NHS Bedfordshire (which Bedfordshire Clinical Commissioning Group has now replaced) in reviewing current services and planning for the future. The aim is to help carers have a life of their own as well as maintaining their ability to be carers.

We are grateful for the support of all the local people who helped drive this strategy through their involvement in the Carer's Partnership Board and consultation events. They helped us understand what is really important to carers in Bedford Borough.

We have produced this strategy in challenging economic times, both nationally and locally. It is therefore important that services are provided in the most effective and efficient way and resources are targeted upon investing in services which have proven outcomes and deliver a measureable improvement to the health and wellbeing of older people.

With challenge comes opportunity. We will take the opportunity to do things differently with the still significant resources that remain available to us and we will make changes to transform the way services are delivered over the next four years. This will mean concentrating more on prevention and early intervention when people need services.

This strategy is the result of extensive consultation with user and carer groups and the targets within this joint commissioning strategy underline our commitment to providing services which promote health and wellbeing, social inclusion and choice for people in later life.

Frank Toner
Executive Director
Adult and Community Services
Bedford Borough Council

John Rooke
Chief Executive
Bedfordshire Clinical
Commissioning Group

Executive Summary

This is the Joint Commissioning Strategy for Carers and Young Carers from Bedford Borough Council and Bedfordshire Clinical Commissioning Group. It will be delivered in line with the Strategic Action Plan on pages 28 - 32. Over the five years of the strategy we will review the Strategic Action Plan annually to incorporate any changes to government policy and/or local priorities. We will continue to invite feedback from local stakeholders.

This strategy demonstrates our continuing commitment to supporting carers to maintain their role and have a life of their own. It will drive commissioning, planning and decision making processes for carers in both Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG).

Many carers are older people with health needs of their own. Some are children and young people who must manage the demands of caring with the pressures of growing up and succeeding in life. Young carers need to be protected from inappropriate caring and have the support they need to learn, develop and thrive. Parent carers of children with disabilities often need support to continue to provide care well into the adult life of their sons or daughters.

In Bedford Borough, our vision is that carers will be able to have a life of their own alongside their caring role. They will be supported to stay mentally and physically well and treated with dignity by integrated and personalised services. They will be recognised as expert partners in care and not forced into financial hardship by the caring role.

Carers, together with the people they support, will help drive our social care and health strategy and implementation plans, in the context of national policy, guidance and resources.

We will bring this vision closer by improving outcomes for carers in the four national priority areas.

1. Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
2. Enabling those with caring responsibilities to fulfil their educational and employment potential.
3. Personalised support both for carers and those they support, enabling them to have a family and community life.
4. Supporting carers to remain mentally and physically well.

Information about outcomes for carers is improving but increasing our understanding in this area remains a priority, especially for carers in Black and Minority Ethnic groups. We will be implementing this strategy for all carers in our Borough and will monitor carefully the difference it is making for them.

Introduction

This Joint Commissioning Strategy for Carers and Young Carers will be delivered in line with the Strategic Action Plan on pages 46 – 53. Over the five years of the strategy we will review the Strategic Action Plan annually to incorporate any changes to government policy and/or local priorities. We will continue to invite feedback from local stakeholders.

A Carer is a person who spends a lot of their time supporting a family member, friend or neighbour because they are ill, old or disabled or have a mental health or substance misuse problem. They don't get paid. Anyone of us can become a carer and it is not usually a conscious choice.

Carers are essential members of the Bedford Borough community. They deliver care to with out pay for up to 24 hours a day, 7 days a week. We do not have specific figures for Bedford but nationally it has been estimated that the value of the contribution of unpaid carers in the UK is £119 billion (Valuing Carers 2011, University of Leeds and Carers UK).

Vision

In Bedford Borough, our vision is:

‘That carers will be able to have a life of their own alongside their caring role. They will be supported to stay mentally and physically well and treated with dignity by integrated and personalised services. They will be recognised as expert partners in care and not forced into financial hardship by the caring role. Young carers will be protected from inappropriate caring and have the support they need to learn, develop and thrive.

In the context of national policy and guidance, the views of carers and the people they support will drive our strategy and implementation plans.

Chapter 1: Context

Definition of Carers

- 1.1 'A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.' (Carers at the heart of 21st century families and communities, DOH 2008).
- 1.2 People often find it difficult to see themselves in this role and may not want to be called a carer, seeing themselves primarily as a son, daughter, husband or wife.
- 1.3 In law, the Carer's Recognition Act (1995) defines a carer as someone who:
 - provides, or intends to provide, a substantial amount of care on a regular basis for another individual aged 18 or over, or
 - with parental responsibility for a disabled child who provides, or intends to provide a substantial amount of care on a regular basis for the child.
 - 'Parent carers' are parents or guardians providing support over and above that provided by other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant effect on the other children in the family.
 - 'Young carers' are children and young people under 18 who meet the definition of Carer above. They carry out significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.
- 1.4 The time that carers put into caring ranges from a few hours a week to 24 hours a day.

Carers Legal Rights

- 1.5 Carers have the legal right to an assessment of their needs. This is contained in the Carers (Recognition & Services) Act 1995 and the Carers & Disabled Children Act 2000.
- 1.6 This applies to carers in all circumstances - whether the carer is living with, or away from the person they are caring for, caring full time or combining caring with paid work. The right to a carers assessment still applies.
- 1.7 Carers have the right to an assessment even if the person they care for does not want an assessment or service.
- 1.8 The right to an assessment also applies to people who intend to become carers. This could happen when someone is going to be a carer following their friend or relatives discharge from hospital.

- 1.9 Parent carers of disabled children do not have to be biological parents to have a carers assessment. So long as they have formal parental responsibility towards the child, they have the legal right to an assessment of their own needs as carers.

National Strategic Framework

- 1.10 Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG) completely endorse the findings of the Standing Commission on Carers which prompted identification of the four national government priorities for carers (Recognised, valued and supported: next steps for the Carers Strategy, Department of Health, 2010):

1. Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
2. Enabling those with caring responsibilities to fulfil their educational and employment potential.
3. Personalised support both for carers and those they support, enabling them to have a family and community life.
4. Supporting carers to remain mentally and physically well.

- 1.11 The NHS Operating Framework 2012/13 stated that -

Carers play a vital role in our system and must receive help and support from local organisations. Following a joint assessment of local needs, which should be published with plans, (the NHS) need to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets.

We can expect similar statements in future annual NHS Operating Frameworks.

Local Agencies and Structure

- 1.12 To deliver the national priorities above, this Bedford Borough Joint Commissioning Strategy covers health, education, social care and employment matters.
- 1.13 The strategy requires a joined-up approach across all agencies with a role in the health and well being of the Borough. The Bedfordshire Clinical Commissioning Group and Bedford Borough Council have key roles in driving this forward.
- 1.14 The full range of public, private and voluntary organisations need to work more effectively together to tackle the challenges facing the Borough in economically challenging times. A wide-range of stakeholders act together as the **Bedford Borough Partnership** to identify what needs to be done and take action to make sustainable improvements.
- 1.15 Bedford Borough's Sustainable Community Strategy (2009-2021) outlines a series of goals organised around seven themes to make a step change in people's quality of life.

1.16 One of the themes, 'A Healthy Borough', sets out the following goal:

“A Borough where everybody has access to high quality health and social care services when they need them and the help they need to lead healthy and independent lives”

1.17 Translating the aims of 'A Healthy Borough' into better outcomes for carers is what this strategy is all about. It combines the national priorities identified above together with our understanding of local needs and resources. It is one of a several strategies that should be considered in the round including our Corporate Plan, Sustainable Community Strategy, the Healthier Bedford Strategy, the Bedford Borough Adults Services Plan and the Bedford Borough Children and Young Peoples Plan.

1.18 Carer's Strategy development, consultation and implementation is the responsibility of the Bedford Borough Carer's Partnership Board. The Carers Partnership Board produces annual action plans to progress this strategy and makes public progress reports to the Bedford Borough Health and Wellbeing Board who hold the Carer's Partnership Board to account.

Local Population - Overview

1.19 Bedford Borough covers an area of 476 sq. km and is home to 157,800 people living in approximately 64,000 households. Just under two-thirds live in the urban areas of Bedford and Kempston, with almost 36% in the surrounding rural areas. Significant new residential development is planned in the Borough with the population forecast to rise to more than 170,000 by 2021

1.20 On most social and economic measures the Borough is broadly similar to national and East of England averages. However the most deprived areas of the Borough experience significantly lower life expectancy, with a difference of up to 14 years in life expectancy between the most deprived and least deprived areas.

1.21 Bedford Borough is experiencing major growth in the numbers of older people. The ageing of the Borough's population will accelerate in future years with the 65+ and 80+ age groups both rising by nearly 30% between 2011 and 2021. The 85+ population will rise by almost 47% in that period which will represent a significant ageing of the Borough's population.

1.22 Bedford Borough has an ethnically diverse population and is home to people from an estimated 60 countries, including large Italian, Polish and Asian populations. Black and ethnic minority groups formed 28.5% of the Borough's population in 2011 compared to 20.2% nationally (or 13.9% if London Boroughs are excluded).

1.23 The BME population is concentrated in the urban areas, with 58% of Queens Park and 44% of Cauldwell residents from BME groups.

- 1.25 Health in Bedford Borough is generally similar to the England average but the urban areas of the Borough have a greater proportion of people suffering a limiting long term illness or disability.
- 1.26 New statistics will emerge throughout 2012/13 as data from the 2011 census is released. This section of the strategy will be refreshed as new information is released but that is not expected to overturn our planning assumptions.

Local Population – Carers

- 1.27 The data that follows is all from 2001 and needs to be treated with caution pending update from the 2011 census.
- 1.28 The 2001 census reported there were 14,429 unpaid carers in Bedford Borough, about 10% of the household population, very similar to the average for England.
- 1.29 Allowing for population growth since 2001 we now estimate 15,600 carers in the Borough. By 2013 we project another 1,200 carers will be living in the Borough making a total of 16,800.
- 1.30 An urban/rural divide in the distribution of carers is apparent. Eight out of ten wards with the highest levels of carers are rural, but nine out of ten wards with the lowest levels are urban.
- 1.31 There is a stark difference between the 15,600 carers estimated to be in the Borough today and the 1060 currently receiving a specific carers service.
- 1.32 While we wouldn't expect all carers to be in receipt of a carers service, it seems clear we need to identify and support more carers.

Hours of Care

- 1.33 Most carers (almost three quarters) provide 1-19 hours of care. One in ten provide 20-49 hours, and almost one in five provide very high levels of care, more than 50 hours a week.
- 1.34 Among older carers nearly one in three provide more than 50 hours care per week. This is a huge amount of care being provided by older members of our community, many of whom have health and well-being issues of their own.

Age Profile

- 1.35 Almost two-thirds of carers in the Borough are between 35 and 64 which includes about one in five carers between 55 and 64.
- 1.36 There were 2,544 carers aged over 65 in 2001, accounting for 17.5% of all carers in the Borough. We estimate this number will increase to 3,369 by 2015 and to almost 4,000 by 2025.

Gender of Carers

- 1.37 There are more female (57%) than male (43%) carers in the Borough and there is also a gender gap in the numbers claiming Carer's Allowance. Almost 80% of claimants are female, which is thought to reflect the conditions attached to the benefit rather than a reluctance of males to claim but this should be investigated further.

Ethnicity of Carers

- 1.38 Robust analysis of the levels of care provision by ethnicity in the Borough is not currently possible due to the small numbers known.
- 1.39 The 2001 Census did not indicate that any ethnic group had significantly more or less carers than would be expected. We cannot draw any conclusions from this as the data is extremely limited.

Economic Activity

- 1.40 Those providing care for up to 20 hours per week have similar economic activity rates to those who provide no care.
- 1.41 Those providing care for 20-49 hours per week had significantly lower economic activity rates than non-carers. The difference for those providing more than 50 hours a week is even more pronounced with 37% being economically active compared to 71% of non-carers:

(Source: 2001 Census, ONS, Table S026 (household residents only))

Relationship to Deprivation

- 1.42 There is a general trend of more carers living in the more affluent areas. However, the average number of hours provided by carers in the less well off areas is greater.
- 1.43 So, people living in less well off areas are statistically less likely to be carers but when they are, caring is more likely to be at an intensive level.

Young Carers

- 1.44 Young carers are children and young people who provide, or intend to provide, care, assistance or support to a family member or other person they are close to. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility which would usually be associated with an adult.
- 1.45 There were 434 young carers (3% of all carers) in 2001. Included in that figure are 270 under 16. 39 of them provided care for over 20 hours a week.
- 1.46 Nationally, the 2001 Census reported that 4.8% of young adults aged 18-24 were carers. This was slightly exceeded in Bedford Borough where 624 young adults provided care (5.1%), including 67 who provided over 50 hours each week.

1.47 The under 19 population in Bedford Borough is estimated at 39,400. Our estimates of the number and location of young carers in the borough are in the table below.

Bedford Young Carers	5-7 Years	8-9 Years	10-11 Years	12-14 Years	15 Years	16 Years	17 years	18-19 Years	Total
1-19									
Hours	14	10	42	103	62	133	0	117	481
20-49									
Hours	0	0	3	11	6	21	0	18	59
50+ Hours	3	0	6	4	6	10	0	17	46
Total	17	10	51	118	74	164	0	152	586

1.48 The highest numbers of young carers are found in the following areas;

- Queens Park
- Cauldwell
- Kempston East
- Kingsbrook
- Kempston North

1.49 This highlights a link between wards that score higher on the indices of multiple deprivation and the location of young carers.

Key priorities

1.50 The Borough has established the following key priorities for young carers

- Improve the local evidence base of need for children, young people and families undertaking caring responsibilities
- Raise awareness of carers issues with staff across the Children's Trust
- Ensure services for parents and carers of children with disabilities are able to meet identified need
- Children's and Adults Services to work in partnership and develop a 'Think Family' approach to supporting young carers
- Ensure a managed transition for carers between Adults & Children's Services
- Ensure we improve community and school based services for young carers

Census Update: December 2012

1.51 Comparison of Unpaid Carers: 2001 Census and 2011 Census

2001 Carers Hours/Week	Bedford Borough		England	
	Number of Carers	% of Household Population	Number of Carers	% of Household Population
1-19	10,498	7.2	3,347,531	6.9
20-49	1,497	1.0	530,797	1.1
50+	2,425	1.7	998,732	2.1
Total	14,420	9.9	4,877,060	10.1
2011 Carers				
1-19	10,838	7.0	3,452,636	6.6
20-49	2,055	1.3	721,143	1.4
50+	3,191	2.1	1,256,237	2.4
Total	16,084	10.4	5,430,016	10.4
Difference 2001-2011	Number	Change in %	Number	Change in %
1-19	340	-0.2	105,105	-0.3
20-49	558	0.3	190,346	0.3
50+	766	0.4	257,505	0.3
Total	1,664	0.5	552,956	0.3

1.52 The changes 2001 to 2011 are statistically significant. Part of the increase is due to a growing population. The increase in 20-49 and especially, 50+ hours also reflect an ageing population. We will get many more insights from the detailed data that will be released over the next 6 months.

Chapter 2: What we are doing now

Current services

2.1 Care and support for carers and young carers is arranged on a personalised basis through social workers and colleagues in Adult Social Care, Children's Services, local NHS organisations, Carers in Bedfordshire and other voluntary organisations. It includes the provision of information and advice as well as the assessment of needs eligible for funded assistance and delivery of services to meet those needs.

2.2 Information and Advice

Thirty five Bedford Borough Council leaflets are available at the Borough Hall reception and other suitable premises in the community including libraries and Bedford Hospital. The leaflets are also available on the Council website and can be provided in a range of languages and formats on request. NHS information and advice is also available on the Bedfordshire Clinical Commissioning Group website. It includes useful information and contact numbers for carers support services. Web addresses for carer's information and advice are provided at Appendix 1. The 2011-12 service user and carer surveys produced a result of 69.7% respondents saying information was easy to find.

Web addresses for Carer's Information and Advice

Bedford Borough Council Information and Advice for Carers:

http://www.bedford.gov.uk/health_and_social_care/carers.aspx

Bedfordshire Clinical Commissioning Group Information and Advice for Carers:

www.bedfordshire.nhs.uk/your_health/information_for_carers.php.

Web address for Carers in Bedfordshire:

<http://www.carersinbeds.co.uk/>

2.3 GP Carer's Pack

Bedfordshire Clinical Commissioning Group produced a Carer's Pack for GPs in partnership with Bedford Borough Council, Central Bedfordshire Council, Bedfordshire Rural Communities Charity, Spurgeon's, Carers in Bedfordshire and Rethink. The pack is a 103 page information folder (loose leaf for easy updating) available in doctor's surgeries. It has 12 sections including an A –Z of Carers Services, Planning for the Future and Top Tips by Carers for Carers. Each surgery in the Borough has a pack for staff and public reference. Several surgeries have nominated a carers champion and improved information for carers on notice boards and websites.

2.4 Identifying and Assessing Carer's Needs

Bedford Borough Council's on-line carer's assessment means that carers can self assess their needs and email their carer's assessment for a response within 2 working days. 14 people have used this route so far in 2012 – 13. Adult service's staff are trained to support carers to make a self assessment of their needs and help them find appropriate support. All staff offer carers an assessment of their needs as part of the initial assessment process concerning their service user. The

provision of carers assessments and services is a key performance indicator (NI135). The target has been met for the last 2 years with achievement rising from 36.6% to 43.4% in that time. So far in 2012 – 13, 850 carers have had a service and the target should be met again this year.

2.5 Identifying Young Carers and helping them at school

'Undercover Heroes' is a film made by young carers to raise awareness of young carers in Bedford Borough. Raising awareness is important because without awareness, needs go unrecognised. A local 'Time Out Card' is used by young carers in schools. It supports young carers to say when they are finding things difficult in class, to access support from teaching staff and to summarise their caring role so that they do not have to 'tell the story' each time. From February 2013 new peer support groups for young carers will be starting in local schools.

2.6 Respite Care

Respite care is short-term care to give carers and young carers a break from caring. It is important that carers have breaks and are able to recharge their batteries. Respite care may also be needed in specific situations, for example if the carer has to go into hospital or cannot miss other important commitments. There are different options for how respite care can be made available which include breaks that run from a couple of hours to a couple of weeks.

2.7 Respite care at home

Respite care in the person's home is suitable when the person finds it preferable to remain in familiar surroundings. It usually involves adult services arranging for an agency carer to go the person's home which leaves the unpaid carer free for the allocated time. Respite for a couple of hours is typical under this arrangement although overnight or longer (one or two weeks) is possible if needed. A variation on this theme is when the person or carer has a direct payment and arranges their own paid carer.

2.8 Respite care away from home

A number of options fall under this heading. Firstly respite care in a day service. Here the person attends a day service such as Goldington Road or Conduit Road Day Centre and the carer is free for the time they are there, usually about 5hrs. The Goldington Road service has recently been extended to include Saturday opening in addition to Monday to Friday. Kempston Day Centre is a Council centre for people with learning disabilities, Beds Garden Carers and Sadlers Farm serve the same client group in the non-statutory sector. The Day Resource Centre and Barford Avenue Centre (Both South Essex Partnership Trust) are available for people with mental illness. Oakley Day Centre is available for older people in the Oakley area. Rivermead Day Centre is attached to one of our residential homes for older people. Headway is available for people who have had head injuries.

2.9 Secondly, Gadsby Street Centre for Independent Living offers a new concept compared to the typical day centre. At Gadsby Street, people with learning disabilities are able to meet up and plan their days with support from staff. The big difference is that the day is not spent at Gadsby Street but in local community facilities based on each person's developmental needs.

- 2.10 Thirdly, respite arrived at by the cared for person and carer undertaking an activity away from each other. Under this option the carer has free time because the cared for person receives support to be somewhere without their carer. This includes going to the gym, college or leisure activities. For young carers, Carers in Bedfordshire facilitate activities such as horse riding, bowling and go-karting where funding allows. This is important 'time out' for young carers (schoolchildren) from their caring role. It allows them to be young and promotes their social development.
- 2.11 Fourthly, adults with learning disabilities are able to use the Council's 'Shared Lives' service. A person with learning disabilities is matched with a family who want to offer long or short term care in their home. Shared Lives is a registered service with the Care Quality Commission, most recently inspected on 14th January 2013 and deemed fully compliant with Care Quality Commission standards in all areas inspected. 3 people with a Learning Disability use Shared Lives for respite (another 6 use it for long term care).
- 2.12 Fifthly, respite care in a residential care home or nursing home. This is not always easy to arrange, as it depends on a place being vacant at a specific time. However, some homes allocate places for respite care enabling carers to plan ahead. People using the same care home for regular respite get to know it and look forward to their break which usually ranges from a couple of nights to a couple of weeks. So far in 2012 – 13 we have arranged breaks like this for 252 people.
- 2.13 **Carers in Bedfordshire Services**
As well as services provided by adult services to individual carers on the adult services caseload, a general Carers Support Service is jointly commissioned by the Council in partnership with Bedford Clinical Commissioning Group and Central Bedfordshire Council. Carers do not have to be known to adult services to be able to use the Carers in Bedfordshire services listed below, although many are.
- 2.14 **Carers training**
160 Carers have attended training courses during the last nine months. The courses have included:- Understanding Dementia, Understanding Autism, First Aid, Mixed Media, Photography, Stress Relief and Developing Self Esteem.
- 2.15 **Professional training**
60 health, social care and related professionals have attended the 'Carers Awareness' training programme in last nine months. All feedback has been positive.
- 2.16 **Carers Café Bedford**
This a Café specifically for carers that runs on the fourth Saturday of every month, 1pm to 5pm at Goldington Road Day Centre. The regular attendance is from 70 to 100 and all feedback is positive. Activities include creative art, chair based exercises, games and creative activities for children, chiropody and foot care, relaxation therapy, manicure, hairdressing, benefits advice and general advice on hand all afternoon. All therapies are fully booked at each café and carers say it is a monthly lifeline. The peer support is also valued and transport provided is essential for older carers with severely disabled relatives in wheelchairs.
- 2.17 **Carer's Lounge at Bedford Hospital**

This is a new development (May 2012) at Bedford Hospital where Carers in Bedfordshire are providing on-site support to carers. Many people first become carers following hospital admission of a family member and having the lounge at the hospital allows early identification and preventative help to be put in place.

- 2.18 Carers in Bedfordshire are promoting the lounge on the Hospital's Dementia Awareness training program and Discharge Pathway Stakeholder Events to encourage more staff (especially ward staff) to signpost more carers to the lounge. Carers (including some hospital staff who are also carers) come to the lounge for emotional support and practical advice on issues like the hospital discharge system and form filling. 475 contacts have been made from May to December 2012 and 101 new carers have been identified at the Carers Lounge.
- 2.19 **Choices for Carers NHS Grant**
Carers who have a long term health condition, or whose health is affected by caring (for example back injury or stress related illness) can apply to Carers in Bedfordshire for a 'Choices for Carers' NHS grant. The grant can pay for things that improve the carer's health or ability to manage their own health needs, for example transport to GP and hospital appointments, counselling, training, massage or other stress relieving therapy, a holiday with (or without) the person they care for to get a complete break. One application per year is allowed and the grant will not fund something that would otherwise be funded by social services or health. 259 grants have been made from April to November 2012.
- 2.20 **Services for Ethnic Groups**
Bedford Race Equality Council is encouraging people from ethnic groups to become more involved and take up services they are entitled to. A spot check of ethnic group's engagement with Carers in Bedfordshire services showed a good take up. This is a good reflection of the diverse needs served by carer's services in the Borough.
- 2.21 **Benefits Advice Surgeries**
Following successful applications to the Big Lottery Fund and Lloyds TSB Foundation, fortnightly Benefits Advice surgeries are now being held at the Carers Lounge Bedford Hospital and Carers in Bedfordshire, Head Office, Brickhill Drive, Bedford.
- 2.22 **End of Life Services**
Carers in Bedfordshire now go into hospices at Moggerhanger and Keech Cottage to help carers complete various application forms and signpost as appropriate.
- 2.23 All these services are subject to regular review. Service specifications are reviewed annually and checked to ensure services are providing good outcomes in the most cost effective manner. The commissioning of services between Bedford Borough Council and Bedfordshire Clinical Commissioning Group is increasingly co-ordinated and will continue in that direction.

Chapter 3: Outcomes

- 3.1 In this chapter we look more closely at the national priority areas, add in what we know locally and propose outcomes that we want to achieve.

Priority Area One: Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

Early Identification

- 3.2 Most people with caring responsibilities do not identify themselves as carers. They see themselves mainly as a parent, spouse, son, daughter, partner, friend or neighbour. The concept of caring is assumed but not recognised in some families in ethnic minority communities.
- 3.3 Many carers do not realise that they are a carer until they have been caring for a number of years. This is understandable when the caring role develops gradually, for example with the onset of dementia. When a family member or friend is suddenly in need of support, such as after a stroke, it can be difficult to find the time and energy to think through what the future may hold in terms of a caring role.
- 3.4 The onset of mental health problems and the process of seeking help can be particularly traumatic for families. Those supporting people with mental health, personality disorder or substance misuse problems can be wary of seeking help outside the family because of the stigma, discrimination and bullying that are still too often associated with these conditions.
- 3.5 Many young carers remain 'hidden' from health, social care and education services – partly as a result of those services needing to do more to identify them but also because of family fears that they will be taken into care or because the young people themselves are concerned about the reactions of others and bullying by their peers. Parents of children with long-term conditions or a disability often feel 'invisible' and that they are just seen as parents.
- 3.6 Many carers are not offered or do not seek early access to information and advice on the specific illness or condition of the person they are supporting to help them care effectively and safely. They may also find it hard to know how to access information and advice on how to balance a caring role with other responsibilities and opportunities in their lives. Decisions about education and employment, support from the welfare and benefits system, and their own health and well-being may be overlooked. Many older carers can be socially isolated, especially if they are looking after someone with dementia, have health problems themselves or find it difficult to access public transport.
- 3.7 Access to relevant and timely information and advice is vital throughout the caring career. This is especially important at times of significant change, for example when parent carers have to undertake the transition from children's services to adult

health and social care services, or when the person being cared for is approaching the end of life.

- 3.8 Bedford Borough Council, BCCG, Carers in Bedfordshire and other voluntary organisations help to provide information, advice and support to carers every day of the year. In addition, events are organised for Carers Rights Day, and Carers Week. Carers UK organises Carers' Rights Day every December and a consortium of seven national voluntary organisations organises Carers Week every June.

Recognition

- 3.9 Carers often do not feel valued or recognised as expert and equal partners in care. Yet so many carers of all ages have developed an expert knowledge of the condition of the person they are supporting and have a close understanding of that person's own aspirations and needs.
- 3.10 Involving carers in planning and designing hospital discharge arrangements and individual care packages is common sense as they are key partners in ensuring effective delivery of care at home. The breakdown of hospital discharge arrangements can lead to readmissions that are both costly in terms of resources and stressful for the individual, carers and families concerned.
- 3.11 Assumptions should not be made about who will provide care and to what extent. A whole family approach in assessment, enabling both the individuals who need support and those who will support them to identify their own needs and desired outcomes, is much more likely to result in individual care packages that can be sustained effectively.
- 3.12 A whole family approach will also minimise the risk of young carers feeling forced into undertaking inappropriate caring roles. Many carers will be supporting more than one person, i.e. inter-generational or multi-generational caring, or providing a lifetime of care, for example when supporting someone with learning disabilities. With changing family structures and more mobile communities, many families will be 'distance carers', unable to provide regular day-to-day care although providing significant support to their relative.

Involvement

- 3.13 There are many groups working to champion the voice and rights of carers in Bedford Borough, and the Council is committed to working with these groups.
- 3.14 The chance to be involved and consulted about services for carers should not be limited to people who are officially 'service users'. Planning future services and getting existing services right is relevant to everyone and not just those people who are currently in need of support.
- 3.15 Increasing demand and economic pressures highlight the value of looking first at what channels for involvement and engagement already exist and work well within the community, while also thinking creatively about new ideas. There is a great

resource to be tapped into of local services, good practice and expertise, in some cases developed over many years and already involving carers. Good communication and proper partnership working can capitalise on this for everyone's benefit.

- 3.16 The knowledge and experience of carers is invaluable in helping to design local services. Bedford Borough Council and BCCG routinely involve carers in their Joint Strategic Needs Assessment and development of local strategies to ensure that the needs of carers of all ages within the local population, including carers within ethnic minority communities, are adequately reflected.
- 3.17 It is important that not only health and social care services, but also schools, voluntary organisations, faith and community organisations and employers are alert to the benefits that can be gained by supporting carers of all ages.
- 3.18 Local organisations can play a crucial role in helping people identify themselves as having a caring role and signpost them to relevant sources of information and advice as early as possible. Carers already contribute to the Big Society by supporting people to remain living in their local community. It is important that local organisations provide reciprocal support to carers and ensure that they do not feel isolated.
- 3.19 Outcomes-based commissioning should ensure that carers have the information and advice they need to make confident decisions about their own care and support. Carers should have the opportunity to play active roles in the design, development, delivery and review of innovative and personalised care and support arrangements in order to maximise choice and independence and to utilise the widest range of resources.
- 3.20 Co-production with carers should be integral to the delivery of all care services. In 2011/12 we put this philosophy into practice when selecting care providers for our extra care housing scheme at Sir William Harpur House. We continued this approach in 2012/13 when commissioning the emergency replacement care service and we will continue in the future for all carer's service developments.

Our Commitments

Priority Area One: Outcomes for identification, recognition and involvement.

1. More carers identified at an earlier stage of their caring career
2. More carers involved in service planning and development.
3. More GPs and other primary care staff trained in recognising carers and how to support them
4. More carers accessing more information and advice
5. More health and social care workers (including voluntary sector) trained in recognising carers and how to support them
6. More systematic collection of carers data to populate the JSNA

Priority Area Two: Enabling those with caring responsibilities to fulfil their educational and employment potential.

Enabling young and adult carers to fulfil their educational potential

- 3.21 Inappropriate caring roles or long hours of caring have a detrimental impact on young carers' lives, including their health and educational achievement. Young carers need support to achieve their potential and have the same opportunities as other young people.
- 3.22 Adult carers should also be supported to pursue education, training, work or leisure activities if they wish and their support needs should be identified in their carer's assessment.

Enabling those with caring responsibilities to fulfil their employment potential

- 3.23 Providing more jobs and better jobs is a key aim of the Bedford Borough Partnership. Together we are supporting businesses in the Borough to grow and encouraging other businesses to re-locate here. We are promoting new employment sites such as the Innovation Park and providing facilities to support business innovation and start-up. We are also working to deliver the investment in infrastructure such as the Bedford Western bypass that will support future employment growth. These initiatives should lead to more opportunities for carers to gain paid jobs if they want to.
- 3.24 A carer's caring responsibilities impact seriously on his or her ability to hold down paid employment. This is reflected in the employment data for carers. Those providing care for 20-49 hours per week had significantly lower economic activity rates than non-carers. The difference for those providing more than 50 hours a week was even more pronounced with only 37% being economically active compared to 71% of non-carers: (*Source: 2001 Census, ONS, household residents only*)
- 3.25 We must place a much higher priority on supporting people of working age with caring responsibilities to remain in work, if they wish to do so. We want to empower carers to fulfil their work potential, to protect their own and their family's current and future financial position and to enjoy the health benefits and self-esteem that paid employment or self-employment can bring. Yet many carers currently feel forced to give up work because they feel they have no other options available to them.
- 3.26 Carers who are looking to return to paid work cite flexible working, as the most important component in their job search. Opportunities for flexible working vary across different types of organisations, sectors and job levels.
- 3.27 "As employers we have learned from our employees' experiences that, where caring responsibilities have happened – or increased – suddenly, there is often a critical period of around 6 weeks where the carer will need time and support to deal with the immediate situation. This may involve flexibility around leave in order to

access information and establish caring arrangements and flexibility about working patterns in order to continue to work and care.”

(Quote from Employers for Carers, a membership forum providing a service to employers seeking to develop and deliver workplace support to carers. It is chaired by BT, and supported by the specialist knowledge of Carers UK, www.employersforcarers.org)

- 3.28 The Equality Act 2010, recognising the vital role that carers play and the disadvantage this role can bring with it, has strengthened carers’ protection against discrimination both in the workplace and when accessing services.
- 3.29 *A vision for adult social care: Capable communities and active citizens* identifies the importance of developing a plural market that matches a variety of needs, including those of carers who need high quality, reliable and affordable replacement care to enable them to continue to work. Councils have a key role to play in stimulating and shaping this market within their local communities.
- 3.30 There are also opportunities for economic gain in supporting carers of working age back into employment. People who have taken time out of work to care should be encouraged and supported to pursue what they would like to do, which might include returning to the same work they were doing before or making use of caring skills they have developed to help others in their local communities. Others may wish to access training to refresh their skills, to make a career change or develop other interests.
- 3.31 Unemployment can lead to deteriorating emotional and mental health. Work is a key mechanism for promoting equality of opportunity and social inclusion, as well providing the more obvious material, psychological and social benefits.
- 3.32 In the light of current economic climate and demographic changes it is vitally important that we place a priority on retaining the skills and experience of valued employees within the workforce so that both businesses and the wider economy can benefit from them. There is great potential for both telehealth and telecare to enable people to balance their caring responsibilities with paid employment, for example by reducing the number of hospital appointments for routine monitoring and by making home environments safer and more secure.
- 3.33 In her introduction to ‘Care and Technology in the 21st Century’ (Carers UK, 2011), the Chief Executive of Carers UK notes that
- ‘Just as online tools, social media and ‘apps’ have revolutionised how many of us plan our lives, socialise and enjoy entertainment – technology has the capacity to bring about a radical shift in care services and change how families care for ill, frail or disabled people alongside work, family, community and social lives.’
- 3.34 We have an Assistive Technology Strategy in Bedford Borough but it needs to develop further. It needs to be more joined up between health and social care and it needs broader support from major employers in the Borough. The health and social care workforce needs to fully understand the potential of new technology and be empowered rather than threatened by it.

- 3.35 Demand for care will increase over the next 20 years. Demography also means people are going to have to work longer. Giving up work to become a carer is not something a person should feel forced to do and it will not be good for the economy either. The fact of shrinking resources available to health and social care means we have to look to technology to transform how health and care is delivered.
- 3.36 Technology has to be taken on board by employers to enable people to combine work and care. The peak age for taking on caring is 45 – 64 when employees are often at the height of their working lives in terms of knowledge, skills and experience. Replacing that is expensive. This means substantial savings are available to employers who are able to support carers to carry on working.
- 3.37 'I have recently decided to give up my job in London [...] employers seem to be compassionate with employees in respect of childcare needs but not with employees who have responsibility for an elderly parent.'
Carer, Caring at a Distance: Bridging the Gap (2011), Carers UK, Employers for Carers and Nomura

Our Commitments

Priority Area Two: Outcomes for enabling carers to fulfil their educational and employment potential.

1. More carers benefiting from voluntary and community groups in the Borough that provide activities for carers e.g. social clubs, lunch clubs, day services, village help and community transport schemes.
2. More carers sharing their expertise with other carers.
3. More parents carers of children with disabilities benefiting from support
4. More carers able to find or stay in paid employment for as long as they wish to do so.
5. More carers having advice and support on benefits and debt.
6. More carers to re-entering education, training or employment.
7. Bedford Borough Council Adults and Children's Directorates sign up to ADASS 'Working together to support young carers' (model joint memorandum)
8. Review schools young carer policies
9. Evaluate young adult carers support

Priority Area Three: Personalised support for carers and those they support, enabling them to have a family and community life.

- 3.38 Personalisation means that all services and support available to carers should be tailored to their specific needs as far as possible and that universally services should be flexible in their approaches so that citizens with caring responsibilities can best be supported.
- 3.39 Personalisation can provide individuals, carers and families with more choice, more control and more flexibility in the way that care and support is provided. No assumptions should be made about a carer's ability and willingness to care.

- 3.40 Personalisation and a whole-family approach are complementary. It is important to look at a family's needs as a whole but also to make sure that individual carers' and users' views are sought and cultural expectations are clarified when considering how best to support a family. A whole-family approach is particularly relevant where young carers and inter-generational carers are involved.
- 3.41 Personalisation offers the opportunity to think creatively about using a wide range of community services (including mainstream housing, leisure, transport and other provision) and for carers to become the 'expert partners in care'.

Carers Assessments

- 3.42 Carers and young carers have a legal right to an assessment of their needs (for more information see chapter 1). In Bedford Borough the carer's assessment is normally completed by a social care worker or in a few cases the carer completes a self assessment.
- 3.43 Some councils have developed a system for training people in the voluntary sector as trusted assessors for carers to speed up response times and enable access to a wide range of support. This is an innovation we will investigate bringing to Bedford Borough. Further details are provided in *Carers and Personalisation: improving outcomes*.

Information Advice & Guidance

- 3.44 Consultations with carers in the Borough frequently raise the issue of improving information, advocacy and advice.
- 3.45 When there is a lack of clear information available about care services, individuals can easily become disempowered. Our consultations suggest this process applies to services like adult education, leisure opportunities, benefits, and transport as well as social care services.
- 3.46 Providing improved information that informs, assists and supports carers to access universal and specialist services and enables them to participate in their communities is therefore a 'must do'. For more information please see our separate strategy for 'Advice, Information and Advocacy'.

Personal Budgets

- 3.47 Carers must have greater control over how their needs are met. Everyone who is eligible for services should know how much the council has allocated to meet their needs and be able to take that amount as a direct payment. They can then direct how their personal budget is used to meet their needs.
- 3.48 Carers using personal budgets to buy their support should stimulate the social care market to provide the services people actually want and help shift resources away from services which do not meet needs and expectations.

- 3.49 It is important that carers do not have to manage a direct payment unless they want to. They can use intermediaries such as a voluntary organisation or other models such as individual service funds or trusts. There is still anxiety among carers, particularly older carers, about money management and concern that there may be no suitable services to buy. Advocacy and brokerage services, provided by carers' centres and other user-led organisations, are in place to help support people with the new opportunities.
- 3.50 Personal health budgets are based on an individual knowing how much NHS money is available to meet specific health needs. They allow individuals and their carers more choice and control over the way this money is spent.
- 3.51 In 2011, the Princess Royal Trust for Carers and Crossroads Care conducted a review of personal budgets for Carers. The findings indicate areas that should be clarified in a local authorities Carer's Policy and we will be reviewing our policy to make sure it is up to standard.

Our Commitments

Priority Area Three: Outcomes for personalised support for carers and those they support, enabling them to have a family and community life.

1. All eligible carers have a personal budget.
2. More carers take their personal budget as a direct payment.
3. More carers benefit from wellbeing activities
4. More carer's assessments are completed.
5. More choice of breaks for Carers.
6. More choice of suitable day opportunities for people being cared for.
7. More information, advice and advocacy available to carers and, in particular, to people who are 'hard to reach'.
8. More support available out of hours for carers.
9. Clearer public information about how carers can access assistance when safeguarding concerns arise.
10. Carer's policy is updated.
11. Investigate potential of 'trusted assessors' to complete carer's assessments.

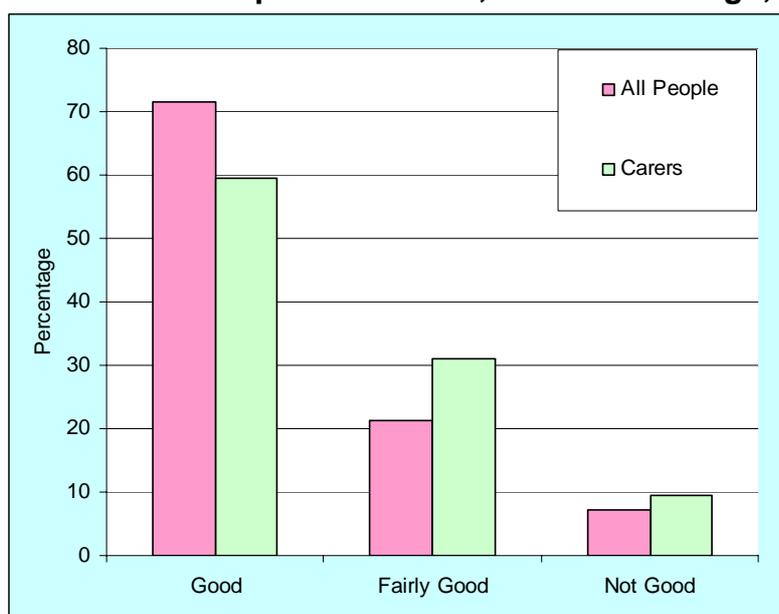
Priority Area Four: Supporting carers to remain mentally and physically well.

- 3.52 There is a clear relationship between poor health and caring that increases with the duration and intensity of the caring role. Those providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities (Carers UK, 2004, In poor health: The impact of caring on health).
- 3.53 Young adults caring for a child with physical or mental/emotional problems are more likely to have ill health than non-carers of the same age. Caring for people with dementia can exact a heavy toll on the carer, many of whom are older people, over the course of the illness
- 3.54 Carers can neglect their own health because they are so busy supporting someone else and health problems can arise that are directly associated with the caring role.

Stress and anxiety can be related to concerns about the person who is being cared for, stigma related to their condition, frustration about a lack of information or advice and 'battling' with systems and organisations to obtain help and services.

- 3.55 Depression can be related to financial worries, relationship problems, social isolation, loss of self-esteem and confidence. Poor physical health including high blood pressure and heart problems can be attributed to anxiety associated with caring. Musculoskeletal problems can arise from inappropriate lifting and moving. Bereavement sometimes leads to declining mental and physical health and increased use of health services.

Health of All People and Carers, Bedford Borough, 2001



Source: 2001 Census, ONS, Table S025. Household Residents only.

- 3.56 Carers in Bedford Borough have worse health than the general population in the Borough. Much of this ill health is avoidable or can be minimised. Supporting carers to remain physically and mentally well is therefore a key part of the prevention and public health agenda. Employers, health and social services, voluntary organisations, families, neighbours and friends can contribute in many different ways to support carers' health and well-being and this is particularly important for older carers and carers of children with complex, long-term disabilities.
- 3.57 In the early stages of caring, relevant interventions include advice and equipment to assist with lifting and moving, or assistive technology which supports service users to maximise their independence as well as enabling carers to continue to work and to engage in social and leisure activities.
- 3.58 Emerging evidence shows that timely, flexible and quality support can help those with caring responsibilities to look after their own physical and mental health at the same time as supporting others. In addition, any carer who is experiencing depression or anxiety disorder – whether as a result of their caring or not – can access approved treatment from local services set up under the Step by Step

programme (previously known as Improving Access to Psychological Therapies (IAPT)). We will seek to expand access to psychological therapies for carers.

- 3.59 Direct payments to support a break have been much appreciated by carers and used for a wide range of activities and interests, for example developing computer skills, gym membership, swimming lessons or a family holiday.
- 3.60 The Government is committed to the future of the national NHS Health Check programme. As part of the programme, 40 to 74 year olds will be offered a free NHS Health Check that will help carers, among others, stay well for longer. Everyone receiving an NHS Health Check will receive a personal assessment and individually tailored advice and support to help them manage their risk of heart disease, stroke and diabetes.
- 3.61 The assessment can be carried out in pharmacies and other community settings, to help to ensure that the service is accessible to all those eligible. Carers should be encouraged to take up their offers of a free NHS Health Check when they receive them.

Supporting parent carers of disabled children

- 3.62 The Government places importance on the provision of short breaks for parent carers of disabled children.

Supporting carers in military families

- 3.63 We support the Ministry of Defence in recognising that a growing number of military family members are becoming carers supporting service personnel who have been injured in military operations overseas. The Ministry of Defence provides emotional and practical support to carers as well as the people they support through their welfare and medical staff. Service charities also offer a wide range of support to families whose relatives have been injured while serving in the Armed Forces.

Promoting health and well-being in local communities – Healthwatch Bedford Borough

- 3.64 We want carers to be key contributors in joining up services across the NHS, social care and public health. This will be through Healthwatch Bedford Borough's seat on the Health and Wellbeing Board. Healthwatch Bedford Borough will be a key means of engaging with local communities to agree priorities for health improvement, encouraging more involvement of local voluntary and community organisations, and helping local people, including carers, to hold providers and commissioners to account.

Quality, Innovation, Productivity and Prevention (QIPP)

- 3.65 The NHS needs to realise up to £20 billion of efficiency savings across England by 2014-15. This is to be reinvested in front-line clinical services while simultaneously improving quality.

- 3.66 NHS commissioners can help providers to focus on improving support for carers by including quality improvement goals relating to carers in CQUIN (Commissioning for Quality and Innovation) schemes and expecting reference to carers in providers 'Quality Accounts'. These are reports published annually by each NHS healthcare provider on the quality of the services that they provide.
- 3.67 The QIPP work on long-term conditions emphasises personalised care planning and supportive self-care in order to maximise independence and minimise unnecessary stays in hospital. It is a holistic process with a strong focus on helping people, together with their carers, to achieve the outcomes they want for themselves, for example to live independently or return to work.
- 3.68 The QIPP work on end of life care has focused on improving the identification of people who are approaching the end of life, as well as care planning and advance care planning. This will help to ensure that discussions about people's preferences for end of life care take place, and that the right packages of care and support are made available to those at the end of life, and their carers, to make their choices about care a reality.
- 3.69 Our QIPP plans also include work on supporting carers in mental health because it is such a significant area of spending.
- 3.70 Successful delivery on the QIPP work on end of life care, long-term conditions and mental health requires the needs of carers to be fully considered in the development and implementation plans.

Our Commitments

Priority Area Four: Outcomes to support carers to remain mentally and physically well.

1. More carers benefit from health improvement programmes.
2. Improve carer's wellbeing through courses in understanding stress, anxiety and depression.
3. More carers participating in sport and physical activity.
4. Introduce a home-based replacement care service for carers who are suddenly unable to care.
5. More carers able support the person they are caring for to die at home.
6. More carers supported to support the person they care for following hospital discharge.
7. More carers receive health information and advice.
8. More carers making plans for the future in case the time comes when they are unable to provide practical care any longer.

This is the Joint Commissioning Strategy for Carers and Young Carers Strategic Action Plan. It is reviewed annually to incorporate any changes to government policy and local priorities.

Joint Commissioning Strategy for Carers 2013-17

Strategic Action Plan

Outcomes for identification, recognition and involvement	Objectives	Due date	Responsible
1. More carers identified at an earlier stage.	1. Support each GP practice to identify a carer's lead, to have carer's information displayed as well as the carer's pack, carer's page on their website and processes in place to capture new carers such as a question on the practice registration form.	October 2013	BCCG Carers Lead
	2. Offer practices the opportunity to host a carer's awareness event to identify new carers. This would be in partnership with Carers in Beds.	April 2014	BCCG Carers Lead
	3. Raise the number of carers self assessments completed as a result of SEPT Intermediate Care Team providing carers self assessment booklets to households on their home visits.	April 2014	Head of Performance, Policy & Practice (JMc)
	4. Introduce immediate Carers self-assessment when identifying a new carer at the Carers Lounge, Bedford Hospital.	June 2013	Chief Executive, Carers in Bedfordshire (YC)
2. More carers involved in service planning and development.	1. Support development of the carer co-chair of the Carer's Partnership Board.	April 2014	Personal Budget Support Officer (AH)
	2. The co-chair will be able to set agenda items and ensure carer's priorities are addressed by the board.		Personal Budget Support Officer (AH)
	3. Carer's representatives will continue being involved in other partnership boards to ensure the needs of carers in each client	Continuous	Chief Executive, Carers in Bedfordshire (YC)

	group are addressed.		
3. More GPs and other primary care staff trained in recognising carers and how to support them	1. Continue to provide carers awareness training to GP practices to help them recognise and identify more carers.	April 2014	BCCG Carers Lead
4. More carers accessing more information and advice	1. Ensure carer's sections on CCG and BBC websites are up to date. 2. Publicise relevant events and training for NHS and BBC staff/professionals who may work with carers.	Continuous Continuous	BCCG Carers Lead/Personal Budget Support Officer (GA)
5. More health and social care workers (including voluntary sector) trained in recognising carers and how to support them.	1. Provide Carer's Awareness training to staff and volunteers from relevant organisations.	April 2014	Strategic Commissioning and Development Manager for Social Care (JS)
6. More systematic collection of carers data to populate the JSNA	1. Review the results of the 2011 census as they are released and update the JSNA accordingly. 2. Develop a local data base of known carers and take information yielded into the JSNA.	October 2013 April 2014	Intelligence Analyst (PG) Chief Executive, Carers in Bedfordshire (YC)

Outcomes for enabling carers to fulfil their educational and employment potential.	Objectives	Due date	Responsible
1. More carers benefiting from voluntary and community groups in the Borough that provide activities for carers e.g. social clubs, lunch clubs, day services, village help and community transport schemes.	1. Increase attendance at Carer's Cafes. 2. Promote relevant activities in the Carers in Bedfordshire Newsletter. 3. Record participation in relevant activities and provide case studies of benefits achieved.	April 2014 Continuous April 2014	Chief Executive, Carers in Bedfordshire (YC)
2. More carers sharing their expertise with other carers.	1. Identify local priority topics where peer support is likely to be most beneficial.	April 2013	Chief Executive, Carers in Bedfordshire (YC)

	<ol style="list-style-type: none"> 2. Identify carers who are willing to share their expertise. 3. Support those carers to share their expertise. 	<p>October 2013</p> <p>April 2014</p>	<p>Personal Budget Support Officer (GA)</p>
3. More parents carers of children with disabilities benefiting from support	<ol style="list-style-type: none"> 1. Increase the number of parent carers having a carer's assessment. 2. Increase the number of parent carers having information and advice or a community support plan. 	<p>April 2014</p> <p>April 2014</p>	<p>Commissioning Manager Family Support (MH)</p>
4. More carers able to find or stay in paid employment for as long as they wish to do so.	<ol style="list-style-type: none"> 1. Review what support for carers is made available to BBC employees and make recommendations. 2. Carers schemes at Job Centre Plus are fully utilised. 	<p>October 2013</p> <p>April 2014</p>	<p>HR officer</p> <p>Partnership Manager Jobcentre Plus (GM)</p>
5. More carers having advice and support on benefits and debt.	<ol style="list-style-type: none"> 1. Increase access to the benefits advice worker for carers. 	<p>April 2014</p>	<p>Chief Executive, Carers in Bedfordshire (YC)</p>
6. More carers to re-entering education, training or employment.	<ol style="list-style-type: none"> 1. Promote the NHS carers training grant to enable carers to re enter education, training or employment. 	<p>April 2014</p>	<p>BCCG Carers Lead/ Chief Executive, Carers in Bedfordshire (YC)</p>
7. Bedford Borough Council Adults and Children's Directorates sign up to ADASS 'Working together to support young carers' (model joint memorandum).	<ol style="list-style-type: none"> 1. Review the joint memorandum and propose any locally required amendments. 2. Complete the action plan to support the implementation of memorandum of understanding (appendix 1) 3. Provide a draft memorandum of understanding for the approval of the Directors. 	<p>June 2013</p> <p>October 2013</p> <p>December 2013</p>	<p>AD Business Support & Operational Housing (SW)</p>
8. Review schools young carer policies	<ol style="list-style-type: none"> 1. Check which schools have young carer's policies. 2. Identify those which are particularly good. 3. Share best practices across schools in the Borough. 	<p>June 2013</p> <p>October 2013</p> <p>December 2013</p>	<p>Commissioning Manager Family Support (MH)</p>
9. Evaluate young adult carers support	<ol style="list-style-type: none"> 1. Review and improve provider's performance 	<p>Continuously</p>	<p>Commissioning</p>

	information. 2. Identify opportunities for improvements in performance. 3. Monitor performance against new contract.	Quarterly Quarterly	Manager Family Support (MH)
--	--	----------------------------	-----------------------------

Outcomes for personalised support for carers and those they support, enabling them to have a family and community life.	Objectives	Due date	Responsible
1. More carer's assessments are completed.	1. Achieve the target for Carer's Assessments. 2. Increase the number of Carer's Self Assessments received.	April 2014 April 2013	Service Manager Older People (JS)/Service Manager Learning Disability (KW)/Head of Care Standards & Review (GB)
2. More carers take control by taking their personal budget as a direct payment.	1. Promote carers direct payments via staff and written material. 2. Provide case studies of good outcomes. 3. Exceed the 12/13 numbers.	June 2013 December 2013 April 2014	Personal Budget Support Officers (AH & GA) Service Manager Older People (JS)/Service Manager Learning Disability (KW)/Head of Care Standards & Review (GB)
3. More carers benefit from wellbeing activities	1. Promote relevant activities via the Carer's in Bedfordshire Newsletter, Carers Cafés, GP Carers Pack, BBC and NHS websites and other relevant channels. 2. Promote and increase uptake of carers' breaks. 3. Promote and increase attendance to the 'Understanding Stress, Anxiety and Depression' course and other courses provided by Carers in Bedfordshire.	October 2013 April 2014 April 2014	BCCG Carers Lead Chief Executive, Carers in Bedfordshire (YC)
4. More choice of breaks for carers.	1. Ensure good availability of information leaflet	June 2013	Personal Budget

	giving examples of breaks that carers could chose from.		Support Officer (AH)
5. More choice of suitable day opportunities for people being cared for.	1. Ensure good availability of information leaflet giving examples of day opportunities people being cared for could choose from.	June 2013	Personal Budget Support Officer (AH)
6. More information, advice and advocacy available to carers and, in particular, to people who are 'hard to reach'.	1. Review and improve advocacy contract. 2. Ensure successful launch of Healthwatch Bedford Borough. 3. Evaluate pilot drop in advice centre for deaf / hard of hearing.	June 2013 April 2013	Head of Commissioning (GH) Personal Budget Support Officer (AH)
7. Clearer public information about how carers can access assistance when safeguarding concerns arise.	1. Review and improve public safeguarding information. 2. Test clarity of advice for assistance. 3. Change as required.	April 2013 June 2013 October 2013	Personal Budget Support Officer (GA) Safeguarding Team Leader (VM)
8. More support available out of hours for carers.	1. Review out of hours helpline for young carers and change as required. 2. Review home-based replacement care service for carers who are suddenly unable to care and change as required.	June 2013 October 2013	Chief Executive, Carers in Bedfordshire (YC) Commissioning Officer
9. Carer's policy is updated.	1. Review current policy. 2. Make recommendations for change, consult and take through policy group.	December 2013 April 2014	Head of Commissioning (GH)
10. Investigate potential of 'trusted assessors' to complete carer's assessments.	1. Check the legal position. 2. Consult and make proposals for approval of SMT. 3. Work with Carers in Bedfordshire to implement.	June 2013 June 2013 October 2013	Head of Commissioning (GH)

Outcomes to support carers to remain mentally and physically well.	Objectives	Due date	Responsible
1. More carers benefit from health improvement programmes.	1. Promote relevant activities via the Carers in Bedfordshire Newsletter, Carers Cafés, GP Carers Pack, BBC and NHS websites and other relevant channels. 2. Promote and increase uptake of carers' breaks.	April 2014 April 2014	BCCG Carers Lead AD Community Care Services (JB)
2. Improve carers wellbeing through courses in understanding stress, anxiety and depression.	1. Evaluate current pilot course and make recommendations regarding the commissioning of new courses.	June 2013	BCCG Carers Lead/Chief Executive Carers in Bedfordshire (YC)
3. More carers participating in sport and physical activity.	1. Promote relevant activities via the Carers in Bedfordshire Newsletter, Carers Cafés, GP Carers Pack, BBC and NHS websites and other relevant channels. 2. Promote GP Exercise Referral Scheme and increase uptake by carers.	October 2013 April 2014	BCCG Carers Lead
4. More carers able support the person they are caring for to die at home.	1. Review and improve end of life care pathways. 2. Ensure home care providers are available who can cope with end of life.	October 2013 October 2013	Commissioning Officer BCCG End of Life lead
5. More carers supported to support the person they care for following hospital discharge.	1. Review and improve the support given to carers during the hospital discharge process. 2. Support carers in discharge planning through the Carer's Lounge at Bedford Hospital.	June 2013 October 2013	Commissioning Officer/BCCG Carers Lead
6. More carers making plans for the future in case the time comes when they are unable to provide practical care any longer.	1. Review and improve the support available for forward planning. 2. Provide a check list of things to think about and document templates to help carers plan effectively. 3. Help fill in the forms for those that need help.	June 2013 October 2013 Continuous	Commissioning Officer/BCCG Carers Lead Chief Executive Carers in Bedfordshire (YC)

Glossary

Advocacy	Support for people in making their own decisions and ensuring that their views are properly represented
Bedfordshire Clinical Commissioning Group (BCCG)	Bedfordshire Clinical Commissioning Group (BCCG) is a new organisation, run and led by local clinicians, including GPs, nurses and hospital doctors. We have come together to take over responsibility for planning, organising and purchasing NHS funded healthcare for the people of Bedfordshire. This includes hospital services, community health services (such as district nursing, health visiting and various therapies) and mental health services.
Commissioning	Planning, buying and reviewing of health and social care services
Co-production	Working together, involving and sharing responsibility with the people we work with, including service users and carers, in the design, commissioning and provision of support and services to meet people's needs.
Direct payments	Money paid to you by your local Council so that you can buy your own care and support.
Joint Strategic Needs Assessment (JSNA)	NHS Bedfordshire and Bedford Borough Council working together to understand the future health, care and well-being needs of the community
Personal budget	This is the money you get from Bedford Borough Council, Adult Services.
Personal health budget	A personal health budget makes it clear to someone getting support from the NHS and the people who support them how much money is available for their care and lets them agree the best way to spend it.
Personalisation	Personalisation means making the support you receive personal to you giving you more choice, more control and more flexibility in the way that care and support is provided.
Stakeholder	Any individual or organisation with an interest in health and social care services.

Strategy	Describes the services we have now and how we will develop these services over the coming years.
-----------------	--