

Carers Caring for Others

Slough's Joint Carers' Commissioning Strategy Refresh
2014-2017

DRAFT

Table of Contents

Table of Contents	2
1.0 Foreword.....	4
2.0 Introduction	5
2.1 Executive Summary.....	5
2.2 Vision	5
2.3 Aims of the strategy	5
2.4 Priorities.....	7
2.5 Outcomes	7
3.0 Purpose of commissioning.....	8
4.0 Agreed Approach	9
4.1 How this strategy was developed.....	10
4.2 Local consultation.....	10
5.0 Definition of a Carer.....	13
5.1 Definition of a Young Carer	14
6.0 Value of Carers.....	15
7.0 Impact of Caring	15
8.0 National Context	17
8.1 Key Legislation and Guidance.....	17
8.2 The Government's four key priorities for Carers	20
8.3 Health and Social Care Act 2012	20
8.4 The Care Bill 2012.....	21
8.5 The Children and Families Bill 2013.....	23
9.0 Local Context.....	23
9.1 Local drivers	23
9.2 Overview of Slough's Population.....	24
9.3 Health Profile of Slough.....	25
10.0 Profile of Carers	26
10.1 National Picture	26
10.1.1 Black, Asian and Minority Ethnic (BAME) Carers	26
10.1.2 Young Carers	27
10.2 Local Picture.....	29
10.2.1 Adult Carers in receipt of services.....	31
10.2.2 Parent Carers in receipt of services	31
10.2.3 Young Carers	31
11.0 Local Commissioning Activity	32
11.1 Slough Borough Council Support for Carers	33
11.1.1 Adult social care activity	33
11.1.2 A range of support for Carers is currently in place. This includes:.....	33
11.1.3 Children's services activity	34
11.2 NHS support for Carers.....	36
11.3 Combined expenditure on activities to support Slough Carers	38
11.4 Summary of services.....	39

12.0 Summary update of local and national priorities	40
13.0 Delivering the Strategy.....	48
13.1 Commissioning Intentions	48
13.2 Monitoring our progress.....	52
13.3 Quality Assurance	52
Appendix 1 - Summary responses to questionnaires (adult Carers).....	53
Appendix 2 Summary responses to questionnaires (young Carers).....	63
Appendix 3 Slough's Joint Carers' Commissioning Strategy 2014- 17 Action Plan	65

DRAFT

1.0 Foreword

Caring for a relative, friend or partner is a role that many of us will take on at some point in our lives. The number of Carers is growing as more people have complex support needs, many of whom are living longer. Carers make an essential contribution to the local community, providing practical, emotional and financial support to others. The role they undertake can all too often lead to isolation, poverty, ill health and loneliness. It is therefore crucial they are appropriately supported to enable them carry out their caring duties. To achieve this, it is necessary to commission high quality and personalised support responsive to the diverse needs of Slough Carers.

Slough Borough Council and NHS Slough Clinical Commissioning Group have joined forces by a shared commitment to work together to continue to seek out and improve the lives of carers. This refreshed joint Carers strategy sets out the future vision and priorities for the health and wellbeing of Carers within the Borough over the next three years. It will look at opportunities to jointly commission and develop services as well as work in partnership with the voluntary and private sector. Only by working together will meaningful and sustainable developments continue for the benefit of Carers in Slough.

We would like to thank all our stakeholders for their contribution in the development of this strategy and in particular Carers groups within the Borough. We are committed to making changes to ensure services are delivered that improve the quality of lives for local Carers.

Jane Wood

Director, Wellbeing

Dr Jim O'Donnell

Chair Slough Clinical Commissioning Group

2.0 Introduction

2.1 Executive Summary

This refreshed Joint Carers Commissioning Strategy sets out the shared vision and commitment by Slough Borough Council and the newly formed NHS Slough Clinical Commissioning Group (CCG) to support the health and wellbeing of Carers (including young carers) living within the Borough of Slough over the next three years.

It has been developed within the context of a changing population and financial climate. People are living longer with growing numbers having long term illnesses and complex disabilities. As a consequence, the numbers of Carers are also increasing as well as the demands on them to meet these needs. Growing financial pressures within the public sector coupled with the recent major overhaul in the commissioning of NHS services require new ways of working. There is an ever increasing requirement to demonstrate value for money in all aspects of health and social care including provision for Carers. It is therefore important this strategy is both realistic and sustainable. Commissioned services must demonstrate value for money and effective outcomes for Carers.

2.2 Vision

At the heart of this strategy is a commitment to Carers to support them in their caring role. It recognises the essential role Carers provide within Slough's diverse community, promoting and maintaining the wellbeing of others. It is therefore crucial they are valued as expert and equal partners and are supported to lead as full a life as possible alongside their caring role. This will be achieved through the delivery of more integrated and personalised support. It will focus on what Carers have said will help them to continue in their caring role.

To realise this vision, strong and creative partnerships are necessary between the statutory, private and voluntary sector in order to maximise resources and opportunities to Carers. This collaborative approach will help meet the needs of Carers, including those from Slough's diverse community, get equal access to support for which they are eligible.

2.3 Aims of the strategy

This refreshed strategy responds to what Carers are now telling us is important as local and national policy directions. It will:

-
- Involve Carers as equal partners in the planning and delivery of future commissioned services.
 - Empowering parents of disabled children to be involved in decisions that will improve the lives of their child and whole family.
 - Ensure Carers receive timely and accessible information including benefits entitlements.
 - Ensure Carers are aware of their own unique entitlements, including a Carers assessment and annual review focusing on their individual needs.
 - Ensure access to personalised services and direct payments.
 - Ensure young Carers are identified, appropriately supported and able to meet their own potential. This includes enabling them to have the same opportunities as other young people without caring responsibilities.
 - Maximise resources by promoting creative and strong partnerships between Slough Borough Council, health, the voluntary and private sector.
 - Stimulate the market to enable personalised, flexible and innovative services for Carers.
 - Ensure where Carers may themselves be Vulnerable Adults, they are appropriately protected through the Berkshire Safeguarding Adults Policy.
 - Ensure Young Carers, are appropriately safeguarded through the Slough Local Children Safeguarding Board.
 - Raise awareness regarding the range and quality of locally based short breaks, emergency respite and community support.
 - Provide access to training for Carers on issues such as dementia, stroke, assistive technology and moving and handling.
 - Increase awareness and understanding about the needs of Carers by delivering training to health, social care and other key staff.
 - Ensure Carers are signposted to training and employment opportunities.
 - Ensure Carers have access to advocacy as well as other support to meet their emotional needs.

-
- Ensure high quality service provision through robust quality monitoring arrangements.
 - Ensure Carers who share relevant protected characteristics including race, disability, gender reassignment, religion and belief, sexual orientation, gender; marriage and civil partnership and age are supported and signposted to relevant groups and networks.

2.4 Priorities

This refreshed Carers Strategy sets out the six new priorities to focus on for the next three years. These have been developed as a response to:

- The views of local Carers and other key stakeholders.
- The most recent updated four Government national priorities.
- Forthcoming changes in legislation in light of the Care Bill and the Children and Families Bill.
- Reviewing progress since the previous Carers' Commissioning Strategy.

Slough Carers have identified a number of areas where they would like to see changes. A challenging financial environment means resources have to be targeted efficiently and effectively. Therefore by engaging with Carers we have a greater understanding about the services which are most valued as well as providing value for money. These new priorities are:

Local Priority Area 1: Improved Health and Wellbeing

Local Priority Area 2: Primary Health Care Services

Local Priority Area 3: Hospital and Carers

Local Priority Area 4: Improved support for Young Carers

Local Priority Area 5: Training and Information for Professionals

Local Priority Area 6: Involving Carers

2.5 Outcomes

The Carers' Hub is a model developed by the Princess Royal Trust for Carers and Crossroads Care¹ (now merged to form the Carers Trust), following the refreshed National Carers Strategy². It adopts a personalised approach to meet the needs of

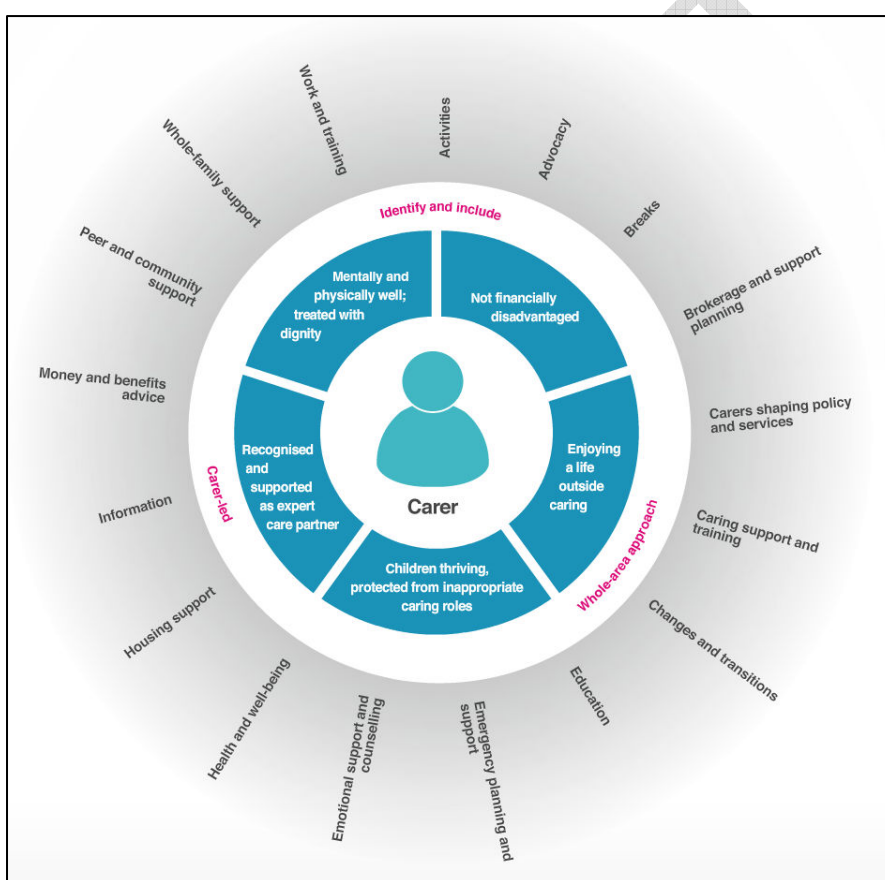
¹ 'Commissioning better outcomes for Carers –and knowing if you have'. Princess Royal Trust and ADASS 2010

² 'Recognised, Valued and Supported: next steps for the Carers strategy'. Department of Health, November 2010

Carers through having a range of services in place. The model places the five outcomes from the refreshed National Strategy at the core (illustrated in blue in the diagram below). It then identifies the types of support required on the outside of the circle to help meet these outcomes.

The priorities within Slough’s refreshed Strategy will be working towards meeting these outcomes. It recognises the need to give a high priority to the needs of overlooked Carers experiencing barriers to accessing support.

Whilst it will be necessary to provide some specialist Carers services, these outcomes will not be met by this activity alone. Instead the needs of Carers have to be integrated in the commissioning and development of preventative and other services including health, social care, leisure, housing and employment.



3.0 Purpose of commissioning

“Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- Deliver the best possible health and well-being outcomes, including promoting equality.

-
- Provide the best possible health and social care provision.
 - Achieve this within the best use of available resources.”³

4.0 Agreed Approach

In line with the commitment by Slough Borough Council and Slough CCG to work collaboratively, opportunities will be sought to jointly fund and commission services in order to improve outcomes for Carers. The strategy will be reviewed over the next three years and Carers will continue to be consulted on the implementation of it. If the agreed actions cannot be met within timescales, this will be communicated with reasons. This will take place through the Slough Older People’s and Carers Partnership Board, other Slough Carers forums, including the Early Help Board and SEND Strategy Group which feed into the Children and Young People’s Partnership Board. It has been agreed that:

- The strategy will be for a three year period commencing in February 2014 .
- The priorities, vision and outcomes outlined in this strategy will shape and steer the commissioning and delivery of services to support Carers
- There is a need to review historically funded health care Carers services. These service reviews will be undertaken collaboratively.
- There will be a continued investment in preventative services.
- Strong partnerships with the private and voluntary sector are essential in order to widen opportunities.
- It will respond to any demographic changes within Slough as well as both local and national policy and legislative changes.

“As providers of social care and now public health, the council has a key role to play in integrating services to both improve the quality of care and support that people receive and help find new ways of addressing the long-standing concerns around the future funding of care services” Sir Merrick Cockell, Chair of the Local Government Association. Partnerships and integrated working are most successful when priorities and outcomes are identified and agreed and when resources and activity are targeted to meet those outcomes.

It is our intention to ensure Carers and the people they support are given every opportunity to remain as independent as possible. We are committed to working with partners to design and deliver flexible and high quality local services. Services

³ Commissioning framework for health and well-being Department of Health 2007

need to be wide ranging and universal, preventative or targeted where appropriate. We will use partnership engagement through our Local Healthwatch, Slough Wellbeing Board and Clinical Commissioning Group whose key role is bringing together local commissioners to agree integrated ways of improving local health and well-being.



4.1 How this strategy was developed

The strategy was developed through a partnership approach between Slough Borough Council, Slough CCG, the private and voluntary sector and importantly Carers. This included:

- A series of consultation events with local Carers and other key stakeholders.
- A sample survey being undertaken to seek the views of some existing Carers.
- Reviewing local responses to the National Carers Survey.
- Priorities agreed with local Carers at consultation events as well as other key stakeholders including the Slough Older People's and Carers Partnership Board and the Children and Young People's Partnership Board prior to this final version being approved.

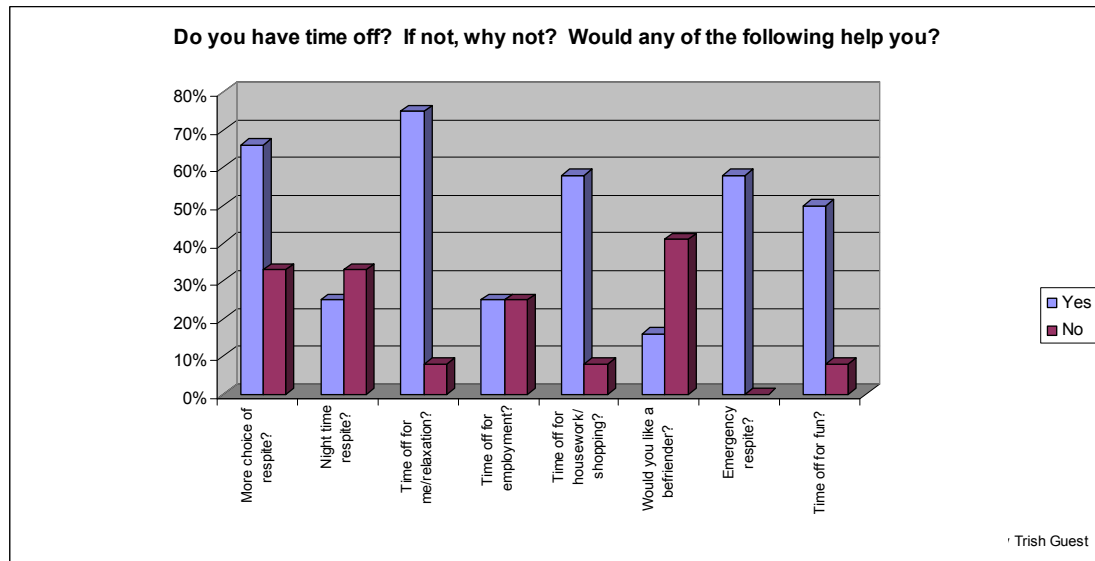
4.2 Local consultation

The extensive consultation with local Carers included an event held in the town centre developed in partnership with Carers UK Slough and District Branch and Slough Borough Council. This was jointly funded by the Council and NHS Berkshire East and attended by 125 Carers.⁴ Carers were given the opportunity to discuss the

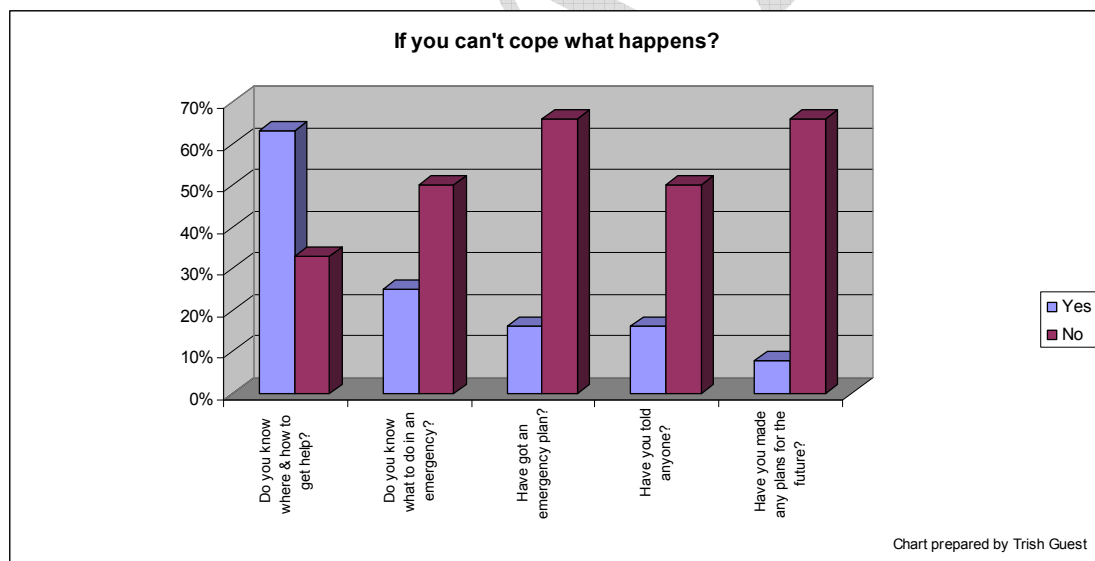
⁴ Full report available on request; 'Report on Carers Event in Slough'. Carers UK Slough, November 2012.

services they would like to see available in Slough. A summary of responses to four key areas are summarised in the tables below;

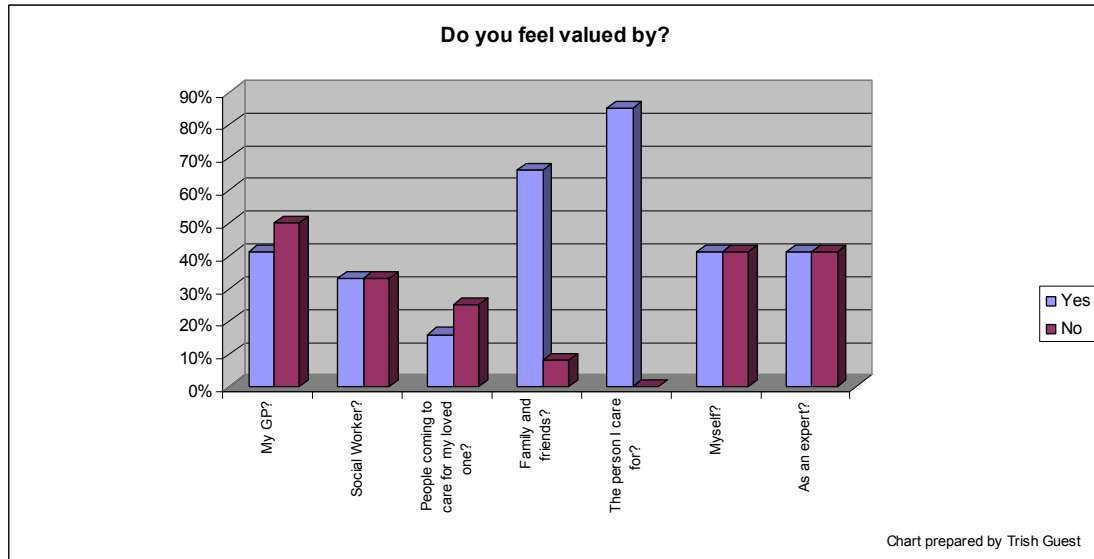
Question 1



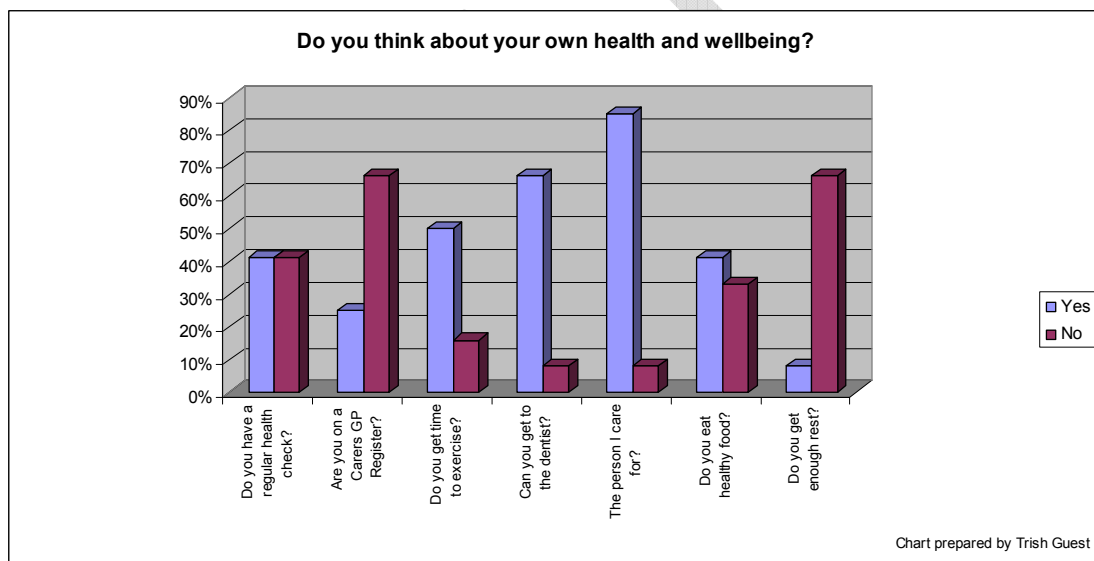
Question 2



Question 3



Question 4



In addition engagement events were held with established local Carers supports groups including Carers of Mental Health Coffee Morning, Langley Carers Support Group, Cippenham Carers Support Group, and Stroke Survivors Carers Group. Consistent themes that emerged from these events included:

- The need for increased access to and awareness of flexible respite opportunities.
- More choices for 'time off 'opportunities providing Carers with time for rest and relaxation.

-
- Emergency planning, short breaks and respite.
 - Increased staff awareness of the needs of Carers including social workers, health professionals and schools.
 - General Practitioner (GP) recognition of Carers.
 - Re-instate GP Carers register.
 - Enable respite for Carers directly from GPs through Direct Payments.
 - Carers receiving support from health services/professionals.
 - A programme of courses available to support Carers in their caring role. This included first aid, dementia awareness, safeguarding, stress management, assistive technology and safe moving of people.

Slough Carers were also invited to complete a questionnaire about what was important to them. It focused on eight areas, cutting across national priorities. A copy of the questionnaire, completed by 37 Carers, is available on request. The findings from the questionnaire are illustrated in the Appendices (1) document which supports this strategy.

An additional event was held with a group of young Carers at Crossroads 'Friday night club'. This group was also encouraged to complete a questionnaire designed specifically around their needs. Again a summary of the responses (20 returned), is included in the Appendices. The themes that emerged included:

- The need for agencies including schools to work more closely to increase support to young Carers and their families.
- The need for increased support for young Carers including from schools to help them in their caring role.
- Involving young Carers in decision making including hospital discharges.
- Involving young Carers in developing awareness raising material.

A further event was held to enable Carers to comment and agree local priorities for this strategy.

5.0 Definition of a Carer

The term "Carer" refers to someone who looks after or provides regular unpaid help to family members, neighbours or friends who are elderly, sick, disabled, have mental health or substance misuse problems or other special needs. They include

parents of children with disabilities. Carers will be from any ethnic, faith, social background or sexual orientation.

Carers help and support the people they care for to deal with and manage a range of problems including illness disability, dementia, and substance or alcohol abuse. They help in keeping others safe by giving physical, practical and emotional support. Their responsibilities may be for short periods of time or, in many cases, for a lifetime. Responsibilities may vary over time and be difficult to predict on a daily basis. Carers may also carry out their responsibilities from a distance. Anyone can become a Carer. It might happen suddenly or a gradual process which grows over time with a slow deterioration in the health of the cared for person.

A parent Carer of a disabled child will be providing substantial and regular care beyond what is usually expected for a child of a similar age. When a disabled young person reaches age 18, the parent Carer does not stop being a parent, but in legal and policy terms is considered to be the Carer of an adult.

The role of the “Carer ” should not be confused with “care worker” or “care staff” who are either undertaking a caring role as part of paid employment or as volunteers attached to a voluntary organisation. This distinction is made in law through the Carers (Recognition and Services) Act 1995.

5.1 Definition of a Young Carer

Children or young people who undertake caring responsibilities are often referred to as ‘Young Carers’. These are children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances The most commonly adopted definition of young Carers are:

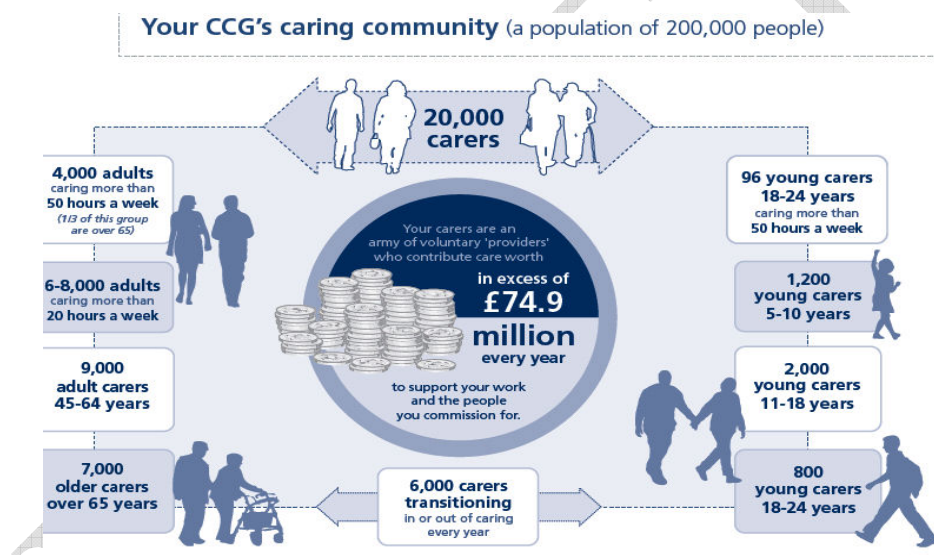
“... children and young people who assume inappropriate responsibilities to look after someone who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young Carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.”⁵

Tasks undertaken by young Carers vary considerably according to the nature of the illness or disability of the person they support, the level and frequency of need for their care as well as the structure of the family as a whole. The key issues for a young Carer are that they can become vulnerable when the level of care-giving and responsibility to the person receiving the care becomes excessive or inappropriate for that child. This can impact on their emotional or physical well-being or educational achievement and life chances. It can impact on their childhood.

⁵ Commissioning for Carers, Royal College of General Practitioners 2013

6.0 Value of Carers

Carers make a vital contribution to communities providing emotional and practical support, including enabling people they care for to remain in their own homes for much longer. They also make a significant economic contribution. A recent estimate⁶ is that this amounts to £119 billion per year in the UK. This is higher than the annual cost of all aspects of the NHS, which, in 2009-2010, was £98.8 billion. Carers help reduce the ever increasing pressures on both health and social care budget by limiting numbers of hospital and residential admissions. Therefore there are economic benefits to support Carers as well as legal and moral duties. A recent report by the Royal College of General Practitioners (RCGP)⁷ estimates in a population of 200,000 people, the average number of Carers is 20,000. The diagram below, taken from this report illustrates the average age of Carers, the hours of care provided as well estimated annual savings they deliver.



The Public Services (Social Value) Act 2012 requires public bodies to consider how the services it commissions improve the economic, social and environmental well-being of the area. Commissioning services to support Carers is clearly complying with this legislation.

7.0 Impact of Caring

Caring can be very rewarding but it can also be both financially and emotionally demanding, tiring and stressful. The impact on Carer's lives varies depending on a number of factors including the amount of caring undertaken, the age and health of the Carer, their other responsibilities as well the individual needs of the person they are supporting.

⁶ Valuing Carers - Calculating the value of Carers' Support Carers UK 2011

⁷ Commissioning for Carers, Royal College of General Practitioners 2013

Carers may not always identify themselves as Carers and thus remain “hidden” from services that may advise, help and support them in their role. Often Carers ignore their own financial, health and emotional needs, putting the needs of those they care for before themselves. Caring can impact on many aspects of their lives including:

- Accessing and staying in employment.
- Financial, health and emotional wellbeing.
- Accessing social and recreational activities.
- Family relationships.
- Achieving educational potential.

The RCGP report ⁸ referred to above summarises the health impacts on Carers. These include:

- 40% of Carers experiencing psychological distress or depression. Those caring for people with behavioural problems experience the highest levels of distress.
- 33% of Carers providing more than 50 hours of care a week report depression and disturbed sleep.
- Carers providing more than 20 hours of care a week over an extended period have double the risk of psychological distress over a two year period compared to non-Carers.
- 44% of Carers suffer verbal or emotional abuse and 28% endure physical aggression or violence from the person they care for.
- Older Carers who report ‘strain’ have a 63% higher likelihood of death in a four year period.

In a guidance report produced by ADASS ⁹ focusing on Carers and safeguarding, it lists situations when the Carer, often when isolated, is at increased risk of harm. These include when the person they support:

- Have health needs that exceed the Carer’s ability to meet them.
- Treats the person with a lack of respect.

⁸ Commissioning for Carers, RCGP 2013

⁹ Carers and Safeguarding Adults- Working together to produce outcomes April; 2011

-
- Rejects help and support from outside.
 - Has a history of substance misuse, unusual or offensive behaviours.
 - Refuses or is unable to be left alone at night.

The report also considers the importance of preventing abuse in cases where the Carer becomes overloaded, which may then result in them becoming abusive or neglectful of the person whom they care for. The report differentiates between unintentional and intentional harm. In the former, it stresses the importance of ensuring the Carer is adequately supported to minimise risks.

The impact of caring for a child with disabilities often causes additional long term worries and responsibilities.

“Having a child brings a lifelong commitment, but with an expectation that when your child grows up, they'll need less care from you. When your child is disabled things can be very different. You are both a parent and a carer. Accessing the help and support you need can be a battle”.¹⁰

The local Carers survey 2012-13 conducted as part of a national exercise included questions focusing on the impact of caring. The sample of 165 Slough Carers resulted in a 34% response rate (56 Carers). Of these respondents:

- 25% indicated that they were unable to continue with paid employment because of the caring responsibilities.
- 23% felt they sometimes could not look after themselves well enough.
- 18% felt they had insufficient time so were neglecting themselves.
- 42% indicated they themselves had health conditions including long-term illnesses.

8.0 National Context

8.1 Key Legislation and Guidance

Over the last two decades various Governments have recognised the essential and vital contribution Carers make in maintaining the wellbeing and independence of older people as well as those with disabilities or illness in local communities. This is demonstrated in key legislation, guidance and strategies including the land mark

¹⁰ <http://www.carersuk.org/help-and-advice/who-do-you-care-for/item/960-caring-for-your-disabled-child>

National Carers Strategy¹¹. All of these have increased the entitlement of Carers to be involved and informed about decisions impacting on those they care for as well receive services in their own right.

The Carers (Equal Opportunities) Act 2004 was a landmark as it gave Carers new rights to information. It placed a duty on Local Authorities to inform Carers of their right to a Carers Assessment. The Act also gave Local Authorities powers to work with housing, health, education and other Local Authorities in supporting Carers to work, learn and enjoy leisure opportunities.

The Equality Act 2010 is also significant as it consolidates existing anti-discrimination legislation and for the first time, extended protection against discrimination to Carers. It gave new rights to Carers in both the workplace and in the provision of goods and services.

The previous Government's National Carers Strategy¹² and the further Coalition Government's refreshed strategy¹³ set out 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 individuals' needs, enabling Carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.'

Personalisation¹⁴ is one of the overarching drivers of change within social care. This is based on the principles of enabling individuals to have greater choice, independence and control over their lives including the type of support they receive. Preventative services, stronger communities, and active citizenship are integral within this approach. This increased choice and independence should benefit not only the cared for but also the Carer.

A personalised approach to supporting Carers¹⁵ relies on:

- Carers being recognised as experts and genuine partners in all levels of service design and delivery.

¹¹ Carers at the heart of 21st-century families and communities: "A caring system on your side. A life of your own." (June 2008) Department of Health

¹² Carers at the heart of 21st-century families and communities: "A caring system on your side. A life of your own." (June 2008), Department of Health

¹³ Valued and supported next steps for the Carers Strategy (November 2010) Department of Health.

¹⁴ Putting People First (2007) Department of Health

¹⁵ Carers and Personalisation: Improving Outcomes (2010) Department of Health.

-
- Carers being able to design and direct their own support, access direct payments and being involved in the assessment and support planning of the person they care for where appropriate.
 - Integrated support planned around a whole family approach.
 - Recognition of the emotional and social impact of caring.
 - The development of a range of support for Carers which reflects the diverse needs of Carers and the outcomes they want to achieve.

The 2013/4 NHS Operating Framework builds upon the earlier Framework set within the context of changes with health provision. It again outlines the five high-level national outcomes, of which the overarching focus is to improve health and reduce health inequalities. Enhancing the quality of life for Carers is one of the areas included within the second outcome, enhancing the quality of life for people with long-term conditions.

The Breaks for Carers of Disabled Children Regulations 2010 came in to force in April 2011 and require the Local Authority to:

- (a) have regard to the needs of those Carers who would be unable to continue to provide care unless breaks from caring were given to them; and
- (b) have regard to the needs of those Carers who would be able to provide care for their disabled child more effectively if breaks from caring were given to them to allow them to:
 - (i) undertake education, training or any regular leisure activity,
 - (ii) meet the needs of other children in the family more effectively, or
 - (iii) carry out day to day tasks which they must perform in order to run their household.

The Local Authority must provide services designed to assist individuals who provide care for disabled children to continue to do so, or to do so more effectively, by giving them breaks from caring. This must include, as appropriate, a range of:

- (a) day-time care in the homes of disabled children or elsewhere,
- (b) overnight care in the homes of disabled children or elsewhere,
- (c) educational or leisure activities for disabled children outside their homes, and
- (d) services available to assist Carers in the evenings, at weekends and during the school holidays.

There is also a duty to publish a Short Break Statement setting out details of the services and how these are accessed, including eligibility criteria, and how these services will meet the needs of parent Carers in Slough. This Statement was written with contributions from parent Carers and is published on the Slough Borough Council website.

8.2 The Government's four key priorities for Carers

The Coalition Government has refreshed the vision in the National Carers Strategy by publishing 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' 2010. This document sets out four key priorities upon which the Government, working in partnership with Local Authorities, the NHS, employers, the voluntary sector, local communities and Carers will focus.

Priority area 1: Identification and recognition

Supporting those with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them in designing local care provision and planning care packages.

Priority area 2: Realising and releasing potential

Enabling those with caring responsibilities to fulfil their educational and employment potential.

Priority area 3: A life outside of caring

Personalised support both for Carers and those they support, enabling them to have a family and community life.

Priority area 4: Supporting Carers to stay healthy

Supporting Carers to remain mentally and physically well.

8.3 Health and Social Care Act 2012

This is a very significant Act as it introduces changes designed to make the NHS more responsive, efficient and accountable. These include;

- Introducing the NHS Commissioning Board and the clinical commissioning groups which directly commission services for local populations including Carers.
- Establishing the local Healthwatch and Health and Wellbeing boards, working across agencies Local Authorities and the NHS. These bodies are positioned to be the new health and social care consumer champion, providing a strong forum for the views and experiences of patients and Carers to be heard. Slough has established 'Healthwatch Slough' and the 'Slough Wellbeing Board'.

The newly established NHS Commissioning Board is required to report annually on progress. The Department of Health produced a mandate setting out the requirements for the newly established NHS Commissioning Boards to report on progress. In it, it states:

“NHS England’s objective is to ensure the NHS becomes dramatically better at involving patients and their Carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. By 2015 five million Carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.”¹⁶

The Act requires more joined up care and support for individuals, with the aim of maintaining health and wellbeing and preventing as far as possible conditions deteriorating. Improvements are expected in the way that care is coordinated around the needs, convenience and choices of patients, their Carers and families. By March 2015 NHS England is required to make measurable progress, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their Carers.

8.4 The Care Bill 2012

The Care Bill is still awaiting Royal Assent and may be subject to further changes. However it will be a very significant piece of legislation for Local Authorities and Carers. The Bill defines a Carer as “an adult who provides or intends to provide care for another adult“. A major focus of the Bill is on the ‘impact of caring’ and the ‘outcomes that a Carer wants to achieve’. It adopts a whole family approach as well as ensuring a more effective delivery of personalisation.

The Bill enshrines the right for Carers to receive support from Local Authorities and introduces a duty on them to meet eligible Carers' support needs. Currently Carers have to show they provide substantial care and on a regular basis in order to request a Carers assessment. Local Authorities then have the power to respond to Carer’s eligible needs.

The Government has said the Bill will mean;

“Carers will no longer be treated as an extension of the person they are caring for. They will have the right to have an assessment to decide if they need support. The

¹⁶ A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015’ Department of Health November 2012

main difference from the current rules is that Carers won't have to be providing a substantial amount of care regularly to be entitled to an assessment. " ¹⁷

It has also stated that the changes in legislation will ensure;

"Carers who are eligible for support will be legally entitled to a personal budget, just like the people they care for". ¹⁸

Another significance of this Bill is the test for triggering when a person is deemed to be a 'Carer' will change as follows:

- The Carer will no longer have to demonstrate that they are providing 'regular and substantial' care to trigger the need for an assessment and services.
- Local Authorities will have to assess anyone for whom they have the power to provide services. However they will be able to carry out balanced and proportionate assessments.

The Bill does not provide guidance to Local Authorities about a minimum threshold of care to trigger an assessment. However the anticipated impact of this Bill is that Local Authorities will be required to undertake an increased number of Carers assessments and therefore resources will be required to carry out this duty. The Government has committed to providing additional funding to Local Authorities to support increased duties to undertake these additional assessments and the duty to address Carers' needs.

The Government is clear in the draft legislation about the distinction between Adult and Young Carers. The focus within this Bill is about improving the rights of Adult Carers. It is clear that it does not believe children should receive adult care and support before they are 18. However in line with the 'whole family approach', it states;

"it is of course crucial that adult and children's services work well together so that young people do not carry out inappropriate caring roles, are not disadvantaged in their education, and do not lose their childhood because of caring"¹⁹

It is also requiring Local Authorities to increase the focus of the needs of Young Carers by improving the recognition and support to them as they move from Children's to Adult services. ²⁰ Clauses 55 to 63 within the Bill aim to support

¹⁷ <http://caringforourfuture.dh.gov.uk/what-the-changes-will-mean/carers/>

¹⁸ Ditto

¹⁹ Ditto

²⁰ <http://www.official-documents.gov.uk/document/cm86/8627/8627.asp> The Care Bill explained: including a response to consultation and pre-legislative scrutiny on the draft Care and Support Bill

smoother transition arrangements. They also allow Local Authorities to assess a young person's needs through adult care systems when they are nearing adulthood. This can help the young person to understand whether they and their carer are likely to be eligible for care and support when they turn 18 years of age, as well as what might be available to them.

8.5 The Children and Families Bill 2013

The Children and Families Bill takes forward the Coalition Government's commitments to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Bill will make significant reforms including adoption, looked after children, family justice and special educational needs.

In order to ensure Young Carers receive equal treatment to adult Carers the Lords Amendments inserted a new clause relating to Young Carers. This clause outlines that the authority must undertake an assessment of the child and their needs as a carer; provide support to meet the needs in order to safeguard and promote the child's welfare; consider whether the adult being cared for is eligible for assessment under the Care Act 2013; where a child is caring for a child, assess whether the child being cared for requires an assessment under the Children Act 1989 and the authority must consider what is in the best interests of safeguarding or promoting the child's welfare.

This new legislation will require Local Authorities to ensure an improved focus on the needs of Young Carers as well as greater collaboration between Children and Adult services in line with the Government's 'whole family approach'.

Guidance will be issued as to how these new responsibilities should be implemented.

It is important to note at this time however, that both the Care Bill and the Children and Families Bill omit the duty to provide support and services to parent carers. This issue is currently being taken forward by Carers UK and discussions are taking place with central government to address this.

9.0 Local Context

9.1 Local drivers

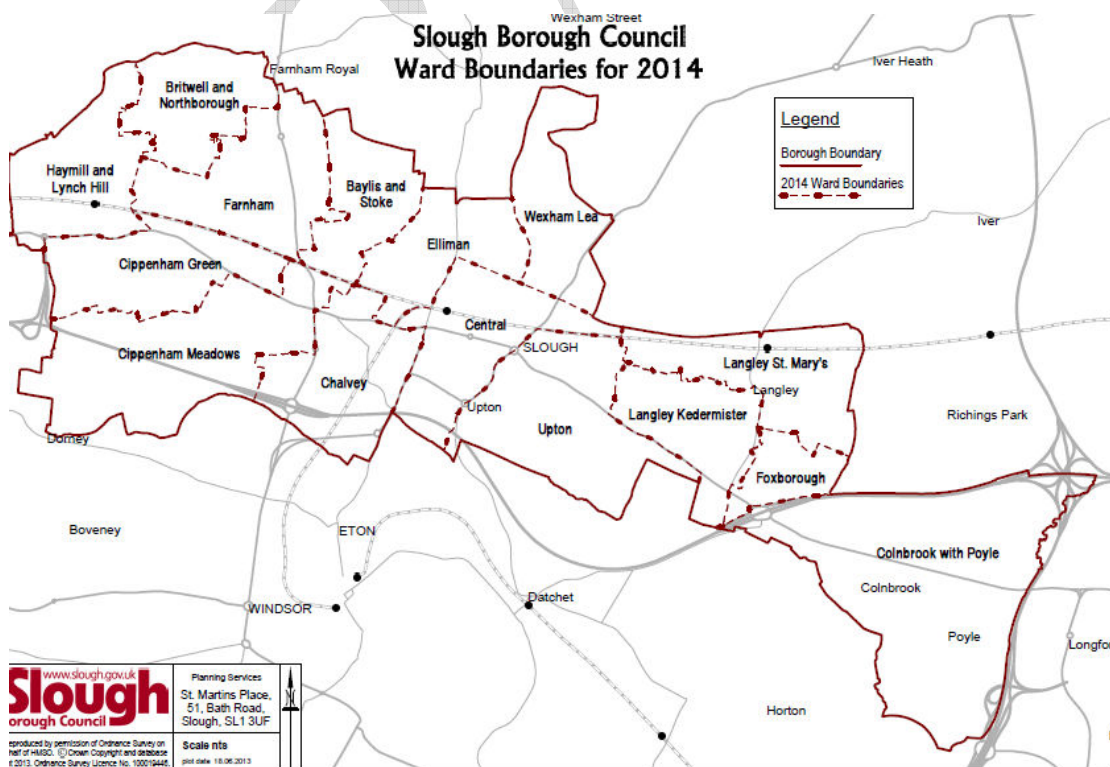
Slough has a number of key local strategies / policy documents which include:

- Slough Joint Wellbeing Strategy 2013-16
- Slough Joint Strategic Needs Assessment 2013.

- East Berkshire Dementia Plan 2009-14
- Berkshire Adults Safeguarding Policy and Procedures.
- Berkshire Local Safeguarding Children Board Child Protection Procedures.
- Adult Social Care Local Account 2013/14.
- Slough Supported Accommodation Strategy 2011-16
- Sloughs Putting Me First Strategy 2010 (Personalisation Strategy)
- Aiming High Short Breaks Strategy 2013
- Slough short breaks statement 2012-13
- Slough Clinical Commissioning Group Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Strategy 2013/14
- Children and Young People's Partnership Board Commissioning Plan Refresh 2013-15
- Early Help Strategy 2013
- Slough's Economic Development Strategic Plan 2013-16

9.2 Overview of Slough's Population

Map of Slough's Wards



Slough is an urban area situated 25 miles to the west of Central London. It is a densely populated area, only 7 miles long and 3 miles wide and has a population of around 141,838 (Office of National Statistics Carers – ONS Mid-Year Estimates 2012). This produces a population density of approximately 4,359 people per square kilometre. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries who live and work together harmoniously. 39% of our population were not born in the UK.

Slough is a multicultural town with approximately 48 per cent of its adult residents from a black or minority ethnic background (Census 2011). It has the highest percentage of Sikh residents across England and Wales, making up 10.6% of Slough's population, more than any other local authority. It also has the seventh highest percentage of Muslim (23.3%) and tenth highest percentage of Hindu residents (6.2%) across England and Wales.

Slough thrives as an exciting and diverse town with people from all around the world who choose to live and work here and whilst we can all be proud of the success the town achieves we are also right to be concerned about the social and economic challenges this diversity brings.

9.3 Health Profile of Slough

In terms of future planning of health and social care services, the following key themes are identified in the Joint Strategic Needs Assessment 2013.

- The general health of many local people is poor and many people in Slough experience more years of ill health and disability than average.
- There are high rates of coronary heart disease and pulmonary disease (chest and lungs) and this is the single most common cause of all premature death.
- Diabetes is significantly above national rates.
- There is a higher than average number of people who are HIV positive or have AIDS and there has been a rise in the rate of TB.
- There are high numbers of people with mental health problems with rising numbers of people with problems of misuse and addiction to drugs or alcohol.
- There are high rates of obesity and people who smoke and these factors will impact on health and disability.

Many of the above factors will affect both Carers and the cared for. This will present significant challenges in how people are being supported to manage their conditions.

10.0 Profile of Carers

10.1 National Picture

The 2011 national census for England, Wales and Northern Ireland concludes a significant increase in the number of Carers since the last census in 2001. The findings were summarised in a recent report produced by Carers UK²¹. It indicated numbers rose from 5.22 million to 6 million, an increase of 629,000 in the ten year period.

The same report states 2.2 million people in England, Wales and Northern Ireland are now undertaking caring responsibilities in excess of 20 hours a week and that 1.4 million people are providing care for more than 50 hours per week. This research suggests the numbers of Carers are likely to increase in the future. An earlier report by Carers UK²² state that demographic changes, coupled with the direction of community care policy, will see a 40% rise in the number of Carers by 2037. It also estimates that 3 in 5 people will be Carers at some point in their lives.

58% of Carers are female compared to 42% who are male. The age profile shows the peak age for caring is 50 to 59 and that one in five people in this age group (1.5 million across the UK) are providing some unpaid care. Of this one in four are women compared with 18% men²³.

The group of Carers increasingly referred to as the 'sandwich generation' are most likely to be middle-aged people. Often they have dependent children in addition to their caring responsibilities for older or disabled adults. The peak age for such dual-caring is 40-44 for women, and 45-49 for men. Women are more likely to be dual-Carers than men.

10.1.1 Black, Asian and Minority Ethnic (BAME) Carers

The detailed analysis including statistical commentary about the ethnicity of Carers from the 2011 census will be available later this year and this strategy will be updated in light of this information. Caring varies between ethnic groups. Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts²⁴. This analysis of the 2001

²¹ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

²² 'It could be you' Carers UK 2002

²³ ²³ Referred to in 9 citing NHS Information Centre for Health and Social Care (2010)

²⁴ Carers UK 'The facts and figures about Carers' Policy briefing December 2012

Census also showed that black and minority ethnic (BAME) Carers are also more likely to be providing between 20-49 hours of care a week.

BAME Carers who care for at least 20 hours a week are less likely to be in employment than those without caring responsibilities. BAME respondents to Carers UK's 'State of Caring' survey highlighted the challenges often faced by BAME communities in accessing support. The study concludes that this group of Carers are less likely to be consulted about hospital discharge or receive additional support from their GP around caring. They are also more likely to miss out on financial support. In addition they are more likely to be caring without any practical support from services, friends or family.²⁵

A 2011 report²⁶ focusing on BAME Carers highlight additional difficulties they face including language barriers, accessing culturally appropriate services and stereotyping around caring. As a consequence they are at greater risk of ill health, poverty, loss of employment and social exclusion.

10.1.2 Young Carers

Recent analysis²⁷ of the 2011 census relating to young Carers comment:

“There is growing evidence pointing to the adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young Carers”.

In 2011, there were 177,918 young unpaid Carers aged between 5 to 17 years in England and Wales. Of these, 54% were girls and 46% were boys. Within England, the North West had the highest proportion of young Carers providing unpaid care at 2.3%, whereas the South East had the lowest proportion at 1.9%. Overall, Wales had the highest proportion of young Carers providing unpaid care, at 2.6%. An increase in the number of unpaid Carers aged 5 to 17 was observed in all regions between 2001 and 2011. In England and Wales the number of young unpaid Carers increased by almost 19% during this period. The South East had the largest increase of 41.2%, which equates to an additional 7,282 young unpaid Carers, while the smallest increase was seen in the North East at just 1.7%, an additional 135 young unpaid Carers.

The report looked at the needs of young Carers and concludes numbers identified from the 2011 census figures are “the tip of the iceberg” as it fails to capture those caring for family members with mental illness or substance misuse. It also states

²⁵ State of Caring Carers UK 2013

²⁶ Half a million voices: Improving support for BAME Carers: Carers UK. March 2011

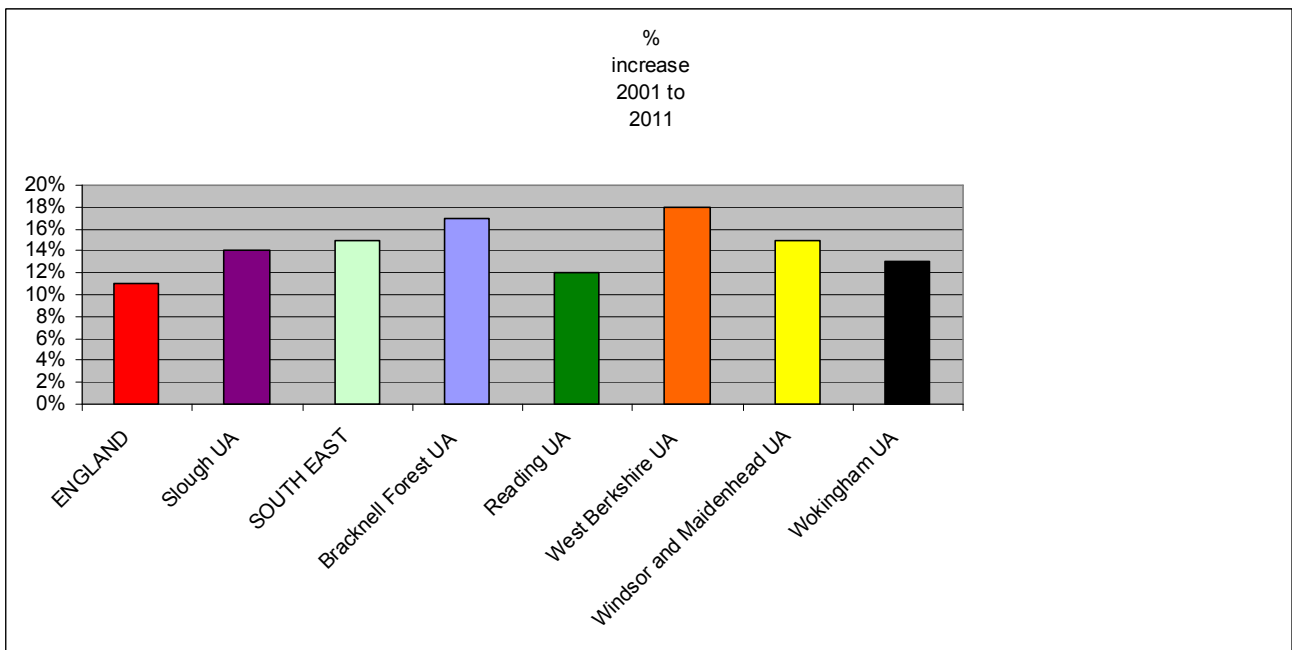
²⁷ Hidden from view: The experiences of young Carers in England.' Children's Society 2013

that many young Carers are marginalized and hidden from professionals for fear of stigma. Other key findings from this report are that:

- One in 12 young Carers is caring for more than 15 hours per week. Around one in twenty misses school because of their caring responsibilities.
- Young Carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
- Young Carers are 1.5 times more likely than their peers to have special educational needs or a disability.
- The average annual income for families with a young Carer is £5000 less than families who do not have a young Carer.
- There is no strong evidence that young Carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
- Young Carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B's and nine C's.
- Young Carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

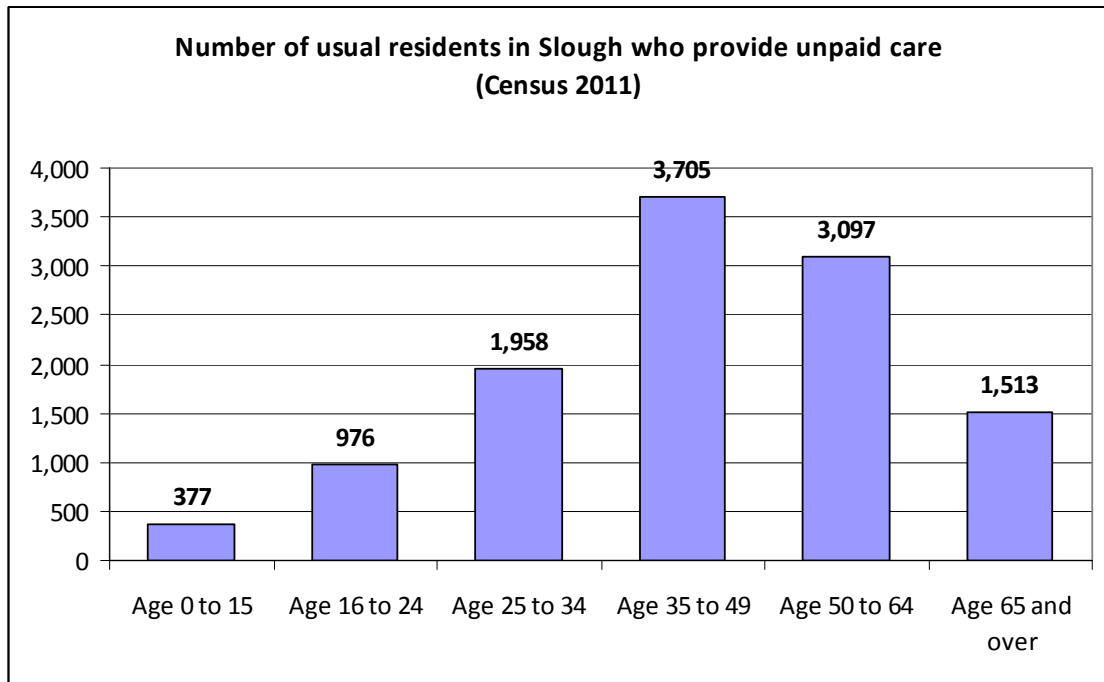
10.2 Local Picture

The 2011 national census data indicates there are a total of 11,626 people who provide some level of unpaid care to a relative or friend in Slough. This amounts to 14 % of the area's population compared to a national average of 12%. The table below illustrates a 14 % increase in the numbers of Carers identified in Slough from the 2001 census to that of 2011. It also looks at both the average increases in numbers of Carers in England (11%) and the other Berkshire authorities.

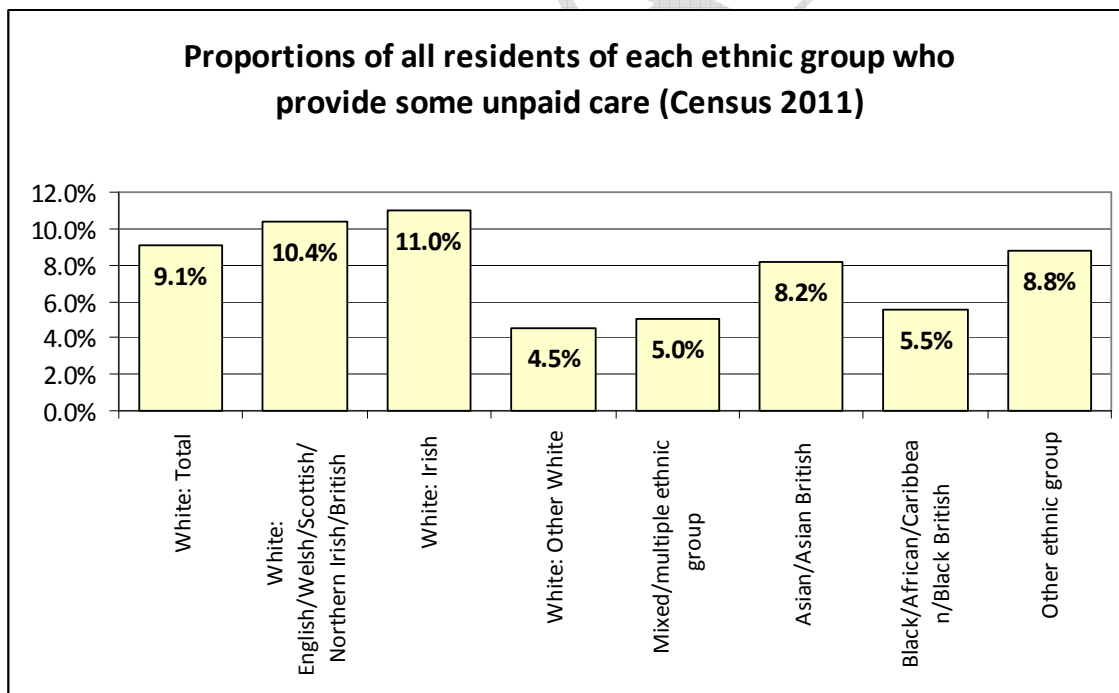


Using the 2011 census data, the tables below summaries the age of Slough Carers with the number of hours of care they provide.

Number of people by age							
Carer	All categories: Age	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
All categories: Provision of unpaid care	140,205	33,560	16,393	27,552	30,694	19,182	12,824
Provides no unpaid care	128,579	33,183	15,417	25,594	26,989	16,085	11,311
Provides unpaid care: Total	11,626	377	976	1,958	3,705	3,097	1,513
Provides 1 to 19 hours unpaid care a week	7,058	317	699	1,220	2,219	1,907	696
Provides 20 to 49 hours unpaid care a week	1,977	34	174	360	687	503	219



The next table illustrates the portion of Slough Carers within different ethnic groups.



10.2.1 Adult Carers in receipt of services

For the period 2012-13, 448 Carers requested a Carers assessment. 282 Carers are currently actively in receipt of a service. Carers' services available include a range of additional support to the cared for person and / or the carer to enable support with their caring responsibilities; these include overnight respite provision, home care support, and day care opportunities. Carer's support also involves the provision of information, advice, guidance and emotional support.

10.2.2 Parent Carers in receipt of services

For the period 2012-13, 495 disabled children living in Slough with their families received a short break, thereby also benefiting parent Carers and their siblings who may also be undertaking caring responsibilities. Of these 84 children accessed overnight short breaks. In addition, a further 36 families received a Personal Budget in lieu of a short break. Again this benefited the disabled child, the parent Carer as well as siblings.

10.2.3 Young Carers

Currently the numbers of young Carers living within the borough of Slough is unclear although the latest JSNA suggest there could be 729 young Carers in Slough. Crossroads report supporting 30 young people through a weekly Carers Club funded through the Children in Need 'Pudsey' fund. In addition it also provides, through the same grant, residential holiday club activities.

Slough's strategy relating to young Carers²⁸ reported the difficulties profiling young people with caring responsibilities both nationally and in Slough as they remain a largely hidden group. At the time of developing this strategy, 250 young people with caring responsibilities were identified in Slough. As indicated above, the latest census recorded higher numbers in that 377 aged up to 15 years and 976 aged 16-24 years provide regular care.

A priority for Slough Borough Council is to undertake a detailed mapping exercise to help identify the current numbers of young Carers in Slough. The next phase will then be to work with young people including schools and other organisations to identify and develop provision to support the needs of this group. One of the six local priorities identified within this strategy is to ensure more resources are concentrated on this vulnerable group.

²⁸ Strategy for Young Carers and their Families 2009-2012

11.0 Local Commissioning Activity

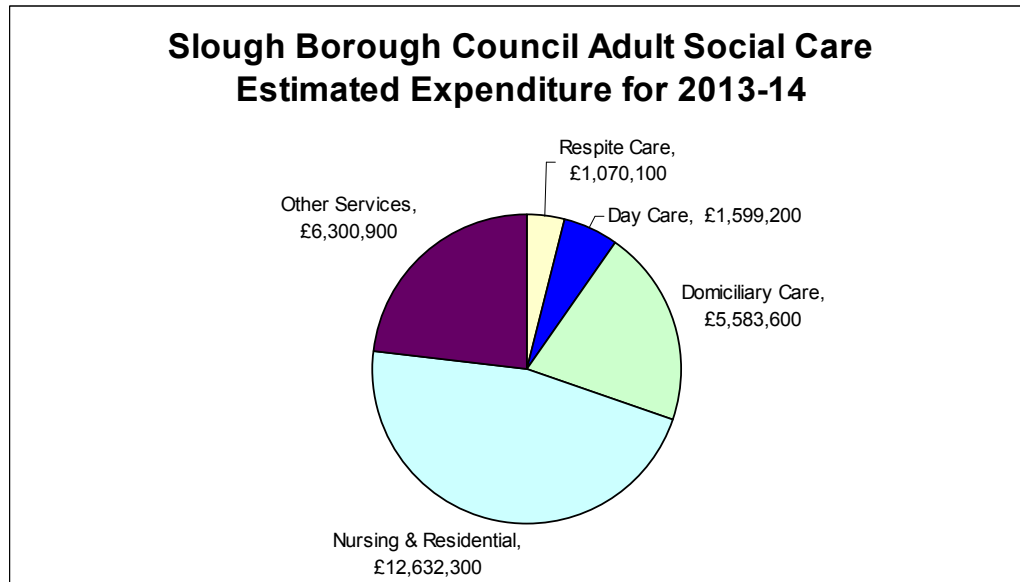
In line with the personalisation agenda there has been an increased shift towards commissioning a range of more flexible and innovative support as well as preventive provision. These services benefit both the Carer and cared for. This can be evidenced through the following activity:

- Re-tendering home based care and support services to include the facility for personal assistants.
- Re-tendering Carers Respite and Community Support providing a new way of working which includes joint support planning with outcomes for both the Carer and the cared for.
- Developing enhanced integrated intermediate care and reablement services to help people return home safely following a hospital admission.
- Commissioned for a Berkshire Community Equipment Service which supports and enables independence.
- Tendering a Mental Health Day service provision.
- Tendering Floating Support services.
- Tendering for a comprehensive Advice, Information and Advocacy service. This includes a range of Carer support groups.
- Successfully bidding and securing funds through the Dementia Challenge for information services and strategies for early diagnosis.
- Commissioning local voluntary groups and schools to provide short breaks for children with disabilities to enable their parent Carers and siblings who may be young Carers to have breaks from their caring duties.

11.1 Slough Borough Council Support for Carers

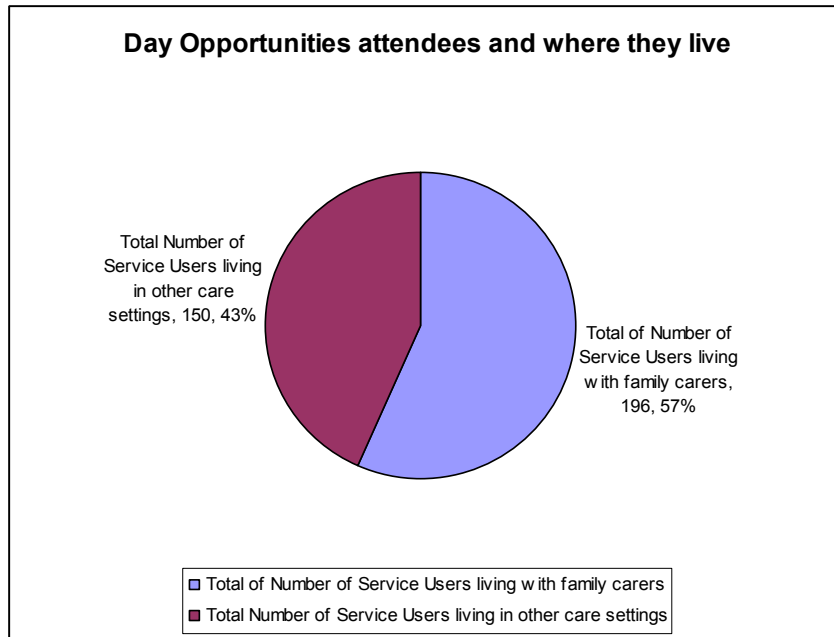
11.1.1 Adult social care activity

The pie chart below illustrates estimated adult social care expenditure for 2013-14



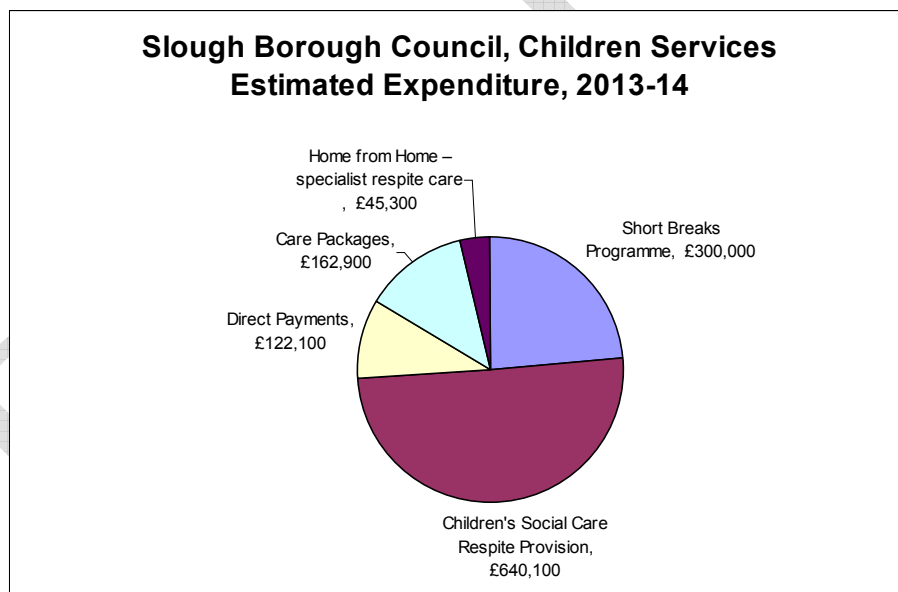
11.1.2 A range of support for Carers is currently in place. This includes:

- £200,000 to fund the 'Information, Advice and Advocacy service' for all care groups from 'other services'. Of this, £ 55,000 is attributed to Carers' activities. In addition to information, advice and advocacy are a range of support groups, ad hoc support and mental health Carers assessments.
- £592,290 to fund the in-house learning disability residential respite unit from 'respite care'.
- Carers meeting the Fair Access to Care eligibility criteria access support through the £130,000 allocated to the Carers' Respite and Community Support from 'other services'. This also includes emergency respite. Direct Payments are also funded through this budget.
- Respite support through day opportunities. Of the 346 Slough people attending day opportunities, 196 (57%) live with a family Carer including parents, partner and adult siblings.



11.1.3 Children’s services activity

The pie chart below illustrates estimated children services expenditure for 2013-14



The Slough Short Breaks Statement 2012-13, outlines the Council’s duty and commitment to provide short breaks to disabled children and young people aged up to 19 years and their parents and Carers in Slough. The purpose of short breaks is to give the child a valuable and enjoyable experience as well as the parent/Carer a valuable break. The types of breaks available vary in length take the form of:

- Leisure activities outside of the home
- Daytime care in the home or elsewhere
- Overnight care in the home or elsewhere

- Specialist activities during the evenings, weekends and school holidays.

Support available has been classified into three groups along with a summary of services and eligibility criteria.

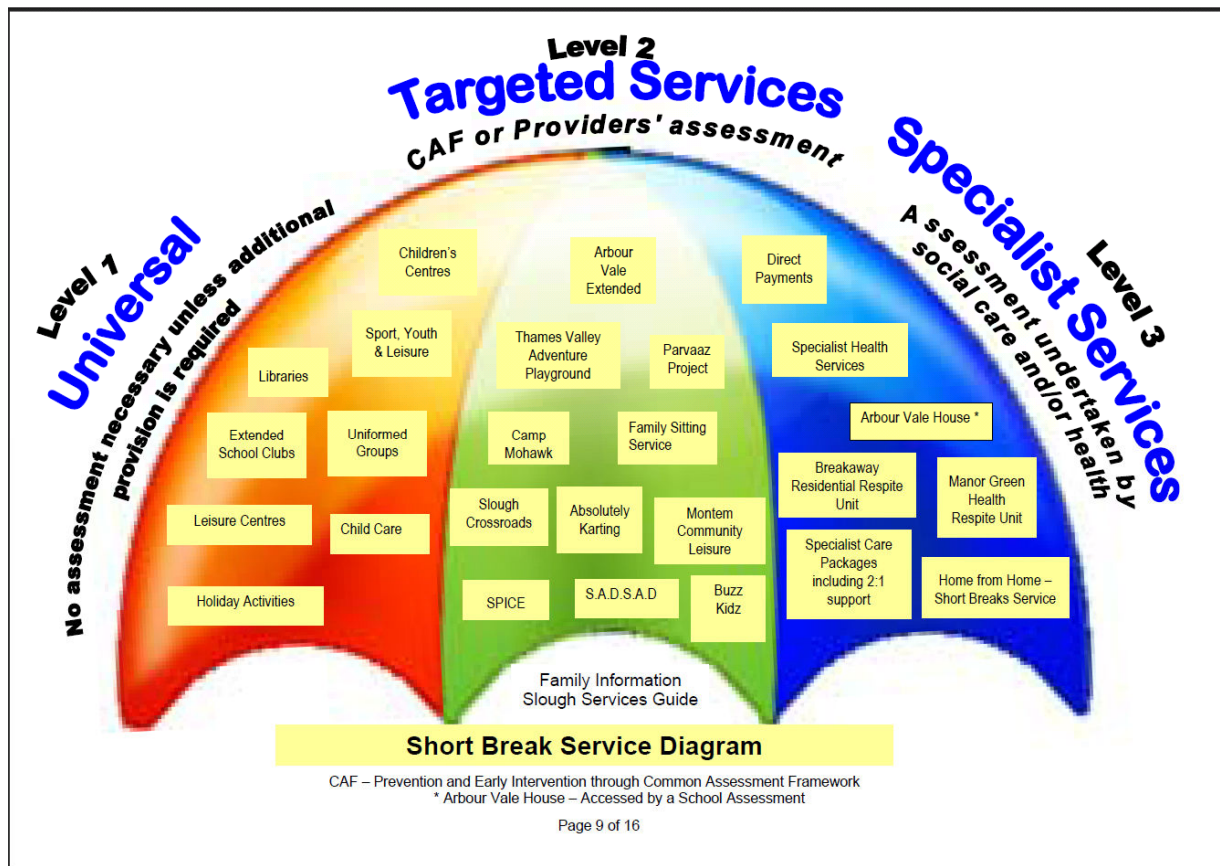
Level	Service Description	Eligibility
1 Universal Services	Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centre, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides	Accessible to all children with or without a disability
2 Targeted Services	Targeted services deliver specialist short break provision for children and young people with disabilities. A range of organisations are funded to provide activities after school, at weekends and during the school holidays.	Access to these services ranges from no formal assessment to an assessment through Common Assessment Framework (CAF).
3 Specialist Services	Designed for children/ young people with complex levels of need. Short breaks include specialist day care/ overnight stays with a trained Carer.	Access to level 3 require a social care and/or health assessment

For the period 2012/13, a total of 495 Slough children accessed short breaks. Specialist overnight short breaks currently funded by Slough Borough Council are delivered through;

- Breakaway
- Arbour Vale House
- Home from Home service

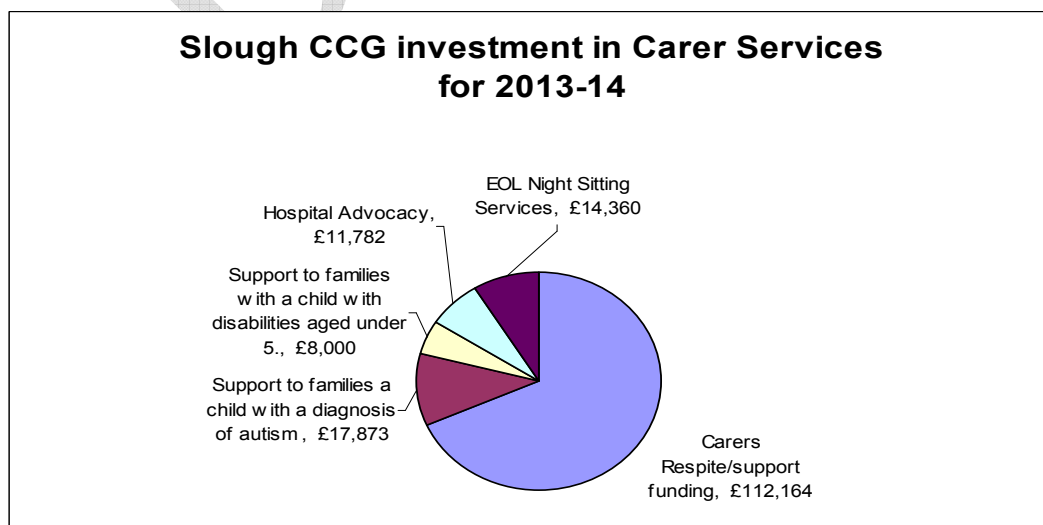
Berkshire Healthcare NHS Foundation Trust also delivers specialist respite for children up to aged 19 year at Manor Green Respite Care Unit.

The diagram below illustrates the spectrum of short break support available to Slough children with disabilities and their parents and Carers.



11.2 NHS support for Carers

For 2013/14, Slough CCG has allocated a total of £164,179 to fund locally based Carers services. Of this, £112,164 has been allocated to Slough Borough Council as part of a Section 256 Agreement to support Carers services including respite, an area identified as a priority.



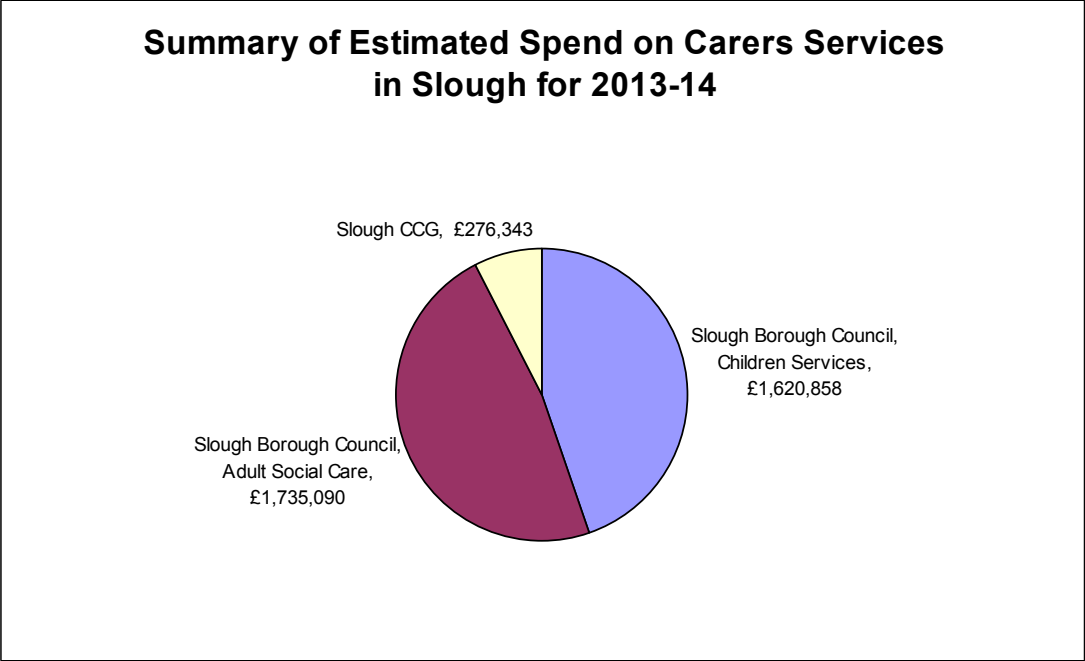
* A further £112,164 for Carers services have been carried forward for the period 2012/13.

A description of the services supporting Carers are in the table below. The £112,164 allocated to Carers respite and support and the additional carry over from the financial year 2012/13 will be allocated to support young Carers and Carers respite through the Carers' Respite and Community Support Framework.

Service	Description	Budget
Early Bird Scheme and Early Bird Plus	To support families a child with a diagnosis of autism	£17,873
Home Start	To support families with a parent or child who is suffering from a long-term physical or mental ill health or a disability and has a child aged under 5.	£8,000
End of life night service	A half-time Carers Liaison worker is employed to support those at end of life and their Carers	£14,360
Hospital Advocacy	To provide hospital based advocacy for older people, including those with caring responsibilities.	£11,782

Berkshire Healthcare Foundation Trust also delivers respite to families across Berkshire East. Currently the total numbers of families supported are twenty three, nine of whom are from Slough. This is delivered by the Children's Community Nursing team and is funded as part of the whole service delivery. It is therefore not possible to apportion the cost of the respite budget within this service. Respite is delivered within a purpose build respite unit in Manor Green as well as through homecare. Berkshire Healthcare Foundation Trust also provides through Continuing Health Care individual packages of care support to children in their homes and nurseries and schools. This also has the additional benefit of providing respite to their families.

11.3 Combined expenditure on activities to support Slough Carers

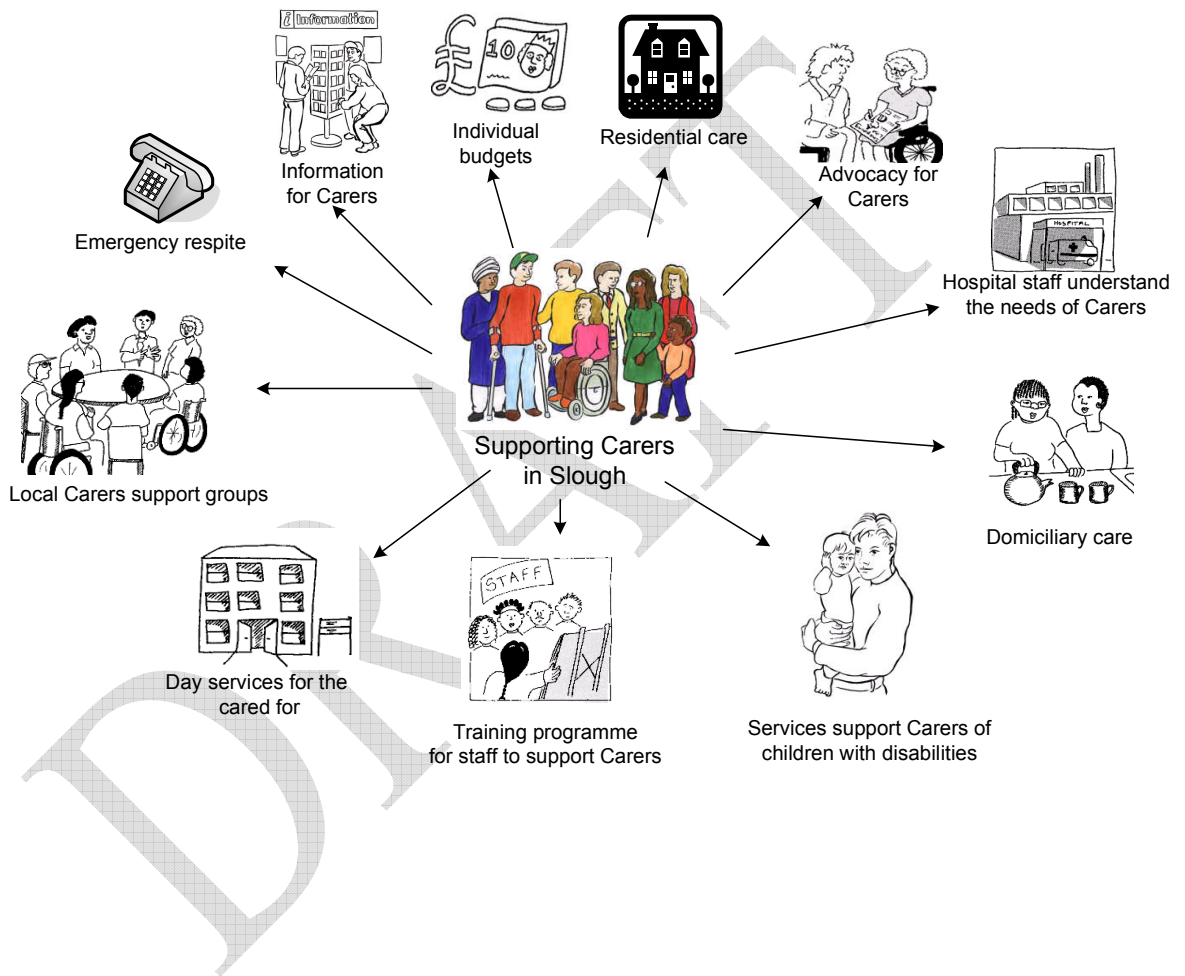


This does not include services provided by Berkshire Healthcare Foundation Trust.

DRAFT

11.4 Summary of services

Below is a diagram summarising the range of support currently in place to support Slough Carers. In addition to specialist provision, all Carers can also access the range of services through the Information, Advice and Support Services (IASS) as well as support through universal services operating within the Borough.



12.0 Summary update of local and national priorities

The table below summarises local and national priorities for Carers. These are cross referenced with the most highly scored responses from the Carers' questionnaire about what they would like to happen. These are then mapped against the current local position including progress since the last strategy. The areas for development have helped inform the action plan which is Appendix 3 in the separate appendices that support the Strategy.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
Local Improved health and wellbeing (P1) National Supporting Carers to stay healthy (P4)	<ul style="list-style-type: none"> An Emergency Alert Card Scheme being available. 	<ul style="list-style-type: none"> Emergency card has been re-launched. 	<ul style="list-style-type: none"> Ensure the scheme is included as part of Carers' assessment. Promote the scheme amongst Carers within Slough. Review take-up and impact of the scheme.
Local Improved health and wellbeing (P1) National Supporting Carers to stay healthy (P4)	<ul style="list-style-type: none"> Ensure an Emergency Respite Service can be maintained. Ensure support is available out of hours. 	<ul style="list-style-type: none"> Commissioned Carers Respite and Community Framework - includes emergency respite. Providers identified to deliver the flexible services. Quarterly monitoring of providers delivering respite services. SBC Adult Social Care Learning Disability Change programme includes reviewing respite provision to support Carers. 	<ul style="list-style-type: none"> Review the need for local respite including emergency respite for all Carers including those caring for people with dementia and adults with learning disabilities. Ensure clear and transparent processes in place for Carers to access respite based on their eligibility of need. Continue to monitor providers ensuring person centred and responsive services meeting diverse needs of Carers.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Carers receive a break from caring. • Flexible breaks are in place for Carers of all care groups including those with dementia. • Carers receive practical help e.g. gardening, shopping and cleaning. 	<ul style="list-style-type: none"> • Carers Respite and Community Support Framework in place offering flexible support. • Range of short breaks in place benefitting disabled children and parent Carers. • SBC has introduced more targeted monitoring arrangements. • Range of day, residential and supported living opportunities benefitting the cared for and Carers. 	<ul style="list-style-type: none"> • SBC transformation of adult social care programme to develop and embed personal budgets for Carers • Develop the market by working with providers to increase range of support for Carers. • Ensure systems are in place to monitor take up of Carers assessment and services.
<p>Local Improved health and wellbeing (P1)</p> <p>National Realising and releasing potential (P2) Life outside of caring. (P3)</p>	<ul style="list-style-type: none"> • Increased leisure, recreational and educational opportunities for Carers. 	<ul style="list-style-type: none"> • Carers have access to ‘taster’ recreational / leisure activities through Carers Support groups e.g. Thai Chi, arts. 	<ul style="list-style-type: none"> • Promote the needs of Carers within universal services- e.g. flexible and competitive leisure memberships. • Within the Slough Economic Development Strategy promote the needs of Carers through local partnerships including the Slough Business community. • Monitor SBC brokerage team to ensure Carers are actively supported to access range of support to meet individual needs.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> Increased use of Telecare to support Carers in their caring role. 	<ul style="list-style-type: none"> SBC telecare lead in place developing an action plan. Work commenced to embed telecare processes into Adult social care. Telecare equipment provider contract in place (NRS). Training events planned for Carers to increase knowledge and understanding of telecare. 	<ul style="list-style-type: none"> Role out awareness raising training amongst professionals/providers and Carers. Review impact of training including improved access to telecare. Telecare assessment to be included as part of all Carers assessment. Monitor use of telecare delivered by Providers in Carers Respite Frameworks. Promote the recently developed Neighbourhood Return partnership scheme to help people with dementia and their Carers.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Primary Health Care Services (P4)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • All GP surgeries to be 'Carer friendly.' • GPs sign post Carers to other services. • Carers able to sign up GP's Carers register. • Carers Information available at GP surgeries. 	<ul style="list-style-type: none"> • Carers of patients with long term conditions are indentified (e.g. dementia and mental health). • 13 out of 16 Slough GP Practices offer extended hours services. 	<ul style="list-style-type: none"> • Carers of patients with Long-term conditions included under GP's Quality Outcome Framework. • Carers identified including those from hard to reach groups at GP registration. • GPs work with voluntary organisations to deliver educational programmes. • Carers on GP Carers register supported to have 18 month health checks. • GPs refer Carers to SBC for Carer's assessment / signpost to voluntary organisations • GPs able to identify and support Carers for Direct Payments.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Hospital and Carers (P3)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4)</p>	<p>The Hospital Trust should:</p> <ul style="list-style-type: none"> • Contribute to Carers forums and be actively involved in solving Carers issues. • Engage in Carers awareness training. • Ensure Carers including those caring for person with complex needs are equal partners in discharge arrangements. • Hospitals understand and recognise the role of young Carers. 		<p>Develop protocols with acute trust to ensure :</p> <ul style="list-style-type: none"> • Carers identified at Admission /Registration • Improved admission/ discharge arrangements • Carers receive adequate information about the cared for • Carers awareness training in place for hospital staff

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Involving Carers (P6)</p> <p>National A life outside caring (P3) Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Carers of people with the most complex needs engaged in service planning. • Increased opportunities for Carers to access self management programmes. • Carer's awareness training is mandatory for professionals. • Carers' assessments and support planning training for professionals. Includes meeting needs of those from minority groups. • Increased number of direct payments to Carers. 	<ul style="list-style-type: none"> • All SBC recently commissioned adult social care services have involved consultation with all care groups including Carers. • Carers consulted in the development of the Carers strategy. 	<ul style="list-style-type: none"> • Continue to ensure Carers consulted in development of future health and social care services. • Continue to involve Carers in the implementation of the Carers' strategy. • Develop a training programme for Carers. • Develop Carers awareness training programme for health and social care staff including on e-learning. • Monitor numbers and quality of Care assessments. • Review and plan for the new duties to Carers in light of the Care Bill and the Children and Families Bill. • Publicise the Carers Offer outlining the range of local services including Direct Payments for Carers in order to meet their needs.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local Improved health and wellbeing (P1)</p> <p>National Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> Increased extra care and supported living housing to meet needs of older Carers. 	<ul style="list-style-type: none"> Commissioned learning disability supported living framework for adults with learning disabilities and autism. Carers have been addressed as a priority group within the SBC housing strategy. 	<p>Work with SBC housing to</p> <ul style="list-style-type: none"> Identify and promote housing needs of Carers and the person they care for. Ensure needs of Carers are considered within future planning including developing extra care housing.
<p>Local Improved health and wellbeing (P1)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4).</p>	<ul style="list-style-type: none"> Improved and maintained access to information and advocacy. Consult with Black, Minority and Ethnic (BME) Carers Groups. Carers consulted about new service development. Awareness raising to identify hidden Carers across Borough. Carers' partnership board linked to Wellbeing Board. Carer representative on all Partnership Boards 	<ul style="list-style-type: none"> Commissioned Information, Advice and Advocacy service (IAAS). 'Carers involved in commissioning of services including IAAS. Range of Carers support groups available to all carers through IAAS and other voluntary organisations. Developing governance between Partnership Boards and the HWB. Safe Place Scheme been rolled out within Slough offering immediate reassurance to vulnerable groups and their Carers. 	<ul style="list-style-type: none"> Maintain funding for information advice and advocacy for Carers. Ensure through the monitoring of IAAS includes ensuring access to it by Slough's diverse community. Map current support services to identify duplication and gaps in provision. Undertake review of all Partnership Boards including Carers involvement. Ensure views of Carers represented at the Slough Wellbeing Board and Healthwatch.

Local/National Priorities	What Carers would like to happen	Current position	Further areas for development
<p>Local - Improved support for Young Carers (P4)</p> <p>National Identification and recognition (P1) Supporting Carers to stay healthy (P4) Life outside of caring (P3), Supporting Carers to stay healthy (P4)</p>	<ul style="list-style-type: none"> • Increased support for young Carers • Young Carers access the right support including focused groups • Young Carers involved in developing training material. • Hospitals understand and recognise the role of young Carers. • Schools support young Carers. • Young Carers entitled to annual health check. 	<ul style="list-style-type: none"> • Commenced mapping exercise of young Carers known to services. • Some limited group holiday activities delivered by the voluntary sector through Children in Need funding. • Varying support available through schools-(School Carers charter been in place in the past). 	<ul style="list-style-type: none"> • Complete mapping of young people with caring responsibilities. • Undertake consultation with young people and key stakeholders about how to meet needs. • Ensure resources are in place to develop and commission services. • Engage with schools/universal services to ensure consideration of needs of young Carers. • Promote partnership working as part of the Families First programme.

13.0 Delivering the Strategy

13.1 Commissioning Intentions

Our intention is to focus on ensuring resources are targeted towards meeting local priorities for Carers. The amount invested in respite and emergency respite will need to be reviewed following the introduction of personal budgets for Carers, which will be included within the second phase of Slough Borough Council Adult Social Care (ASC) Transformation Programme. In addition, if as anticipated, the Care Bill becomes legislation, it is likely there will be an increase in numbers of Carers seeking a Carers assessment and services and we will need to reconfirm the offer of support to carers alongside the confirmation of any additional government funding. Our current Carers Respite and Community Support Framework have a broad range of providers available to meet the diverse support needs of Slough Carers. Children's services will continue to commission flexible short- breaks provision for disabled children which will benefit both them and their Parent and sibling Carers. In future we will consider how to offer short breaks using personal budgets where the child has a new Education, Health and Care Plan as described in the Children and Families Bill without impacting negatively on the current short break scheme. Below is an outline of the current financial commitments from the Council and the CCG. Health finding beyond 2013/14 has not been agreed at this stage and ideally this strategy would outline financial commitments beyond the first year.

Service	Description	SBC ASC Budget 2013/17	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Carers respite and Community Support Framework	Carers meeting eligibility through Fair Access to Care can: <ul style="list-style-type: none"> • Choose where to seek support including from one of the 16 provider on the Carers Respite and Community Support Framework. • Access a Direct Payment enabling Carers to have increased choices in meeting individual needs 	£130,000		£40,000	

Service	Description	SBC ASC Budget 2013/17	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Short Breaks for Disabled Children	Disabled children meeting the eligibility criteria for short breaks will continue to have <ul style="list-style-type: none"> • Access to a range of flexible support and/or • a personal budget from September 2014 		£300,000		
Young Carers	Improve local support to meet the needs of Young Carers by; <ul style="list-style-type: none"> • Implementation of a 'whole family' support approach through the 'Local Memorandum of Understanding' (MoU)²⁹. • In line with the MoU, ensure systems are in place to identify young people with caring responsibilities in Slough. • Undertake mapping of numbers and needs of Young Carers. • Review current support available through schools, social care and other universal services. • Consult with Young Carers, their families and other key stakeholders as how best to meet needs. • Following the outcome of consultation, commission tailored support to meet needs of young Carers. • Develop an assessment tool for Young Carers. 			£60,000	£60,000

²⁹ Working together to support young carers and their families. A template for a Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services August 2012

Service	Description	SBC ASC Budget 2013/17	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
	<ul style="list-style-type: none"> Increase knowledge and understanding of Young Carers amongst GPs, schools and other local services. 				
Training Carers	<p>Slough Borough Council and CCG will deliver a rolling training program to meet the needs of Carers. Consultation events with Carers have already identified a number of themes:</p> <ul style="list-style-type: none"> Dealing with stress Carers Rights (me and the law) Looking after my health Safe moving of people Dementia Awareness Safeguarding awareness Pressure sore/ulcers Nutrition / Diet Bereavement <p>Carers can access financial support to fund respite to enable them to attend the training through Section 256 subject to eligibility following a Carers Assessment.</p>	£8,000		£12,000	
Developing Health provision	<ul style="list-style-type: none"> Develop respite support for Carers via GP s through the Carers Respite and Community Support Framework. 				£52,000

Service	Description	SBC ASC Budget 2013/17	SBC Children Budget 2013/14	CCG Core Funding for Carers 2013/14	Section 256 2012/13 Carryover
Total		£138,00	£300,000	£112,000	£112,000

DRAFT

13.2 Monitoring our progress

An action plan has been developed to support the six agreed local priorities. In line with aims of Health and Social Care Act 2012 and the “no decision about me, without me” culture, Carers will continue to be consulted throughout the implementation of it. Slough has several established partnership groups in place where Carers are key contributors. These partnerships will be maintained to implement the strategy, commission future services as well as quality assurance and monitoring.

13.3 Quality Assurance

In addition to the Care Quality Commission and OFSTED, the Adult Social Care Outcomes Framework and the NHS Outcomes Frameworks, Slough will also have processes in place to monitor progress and create regular feedback opportunities for Carers and the people they support. Outcome-based contract and monitoring arrangements will ensure services are based on best practice and provide value for money.

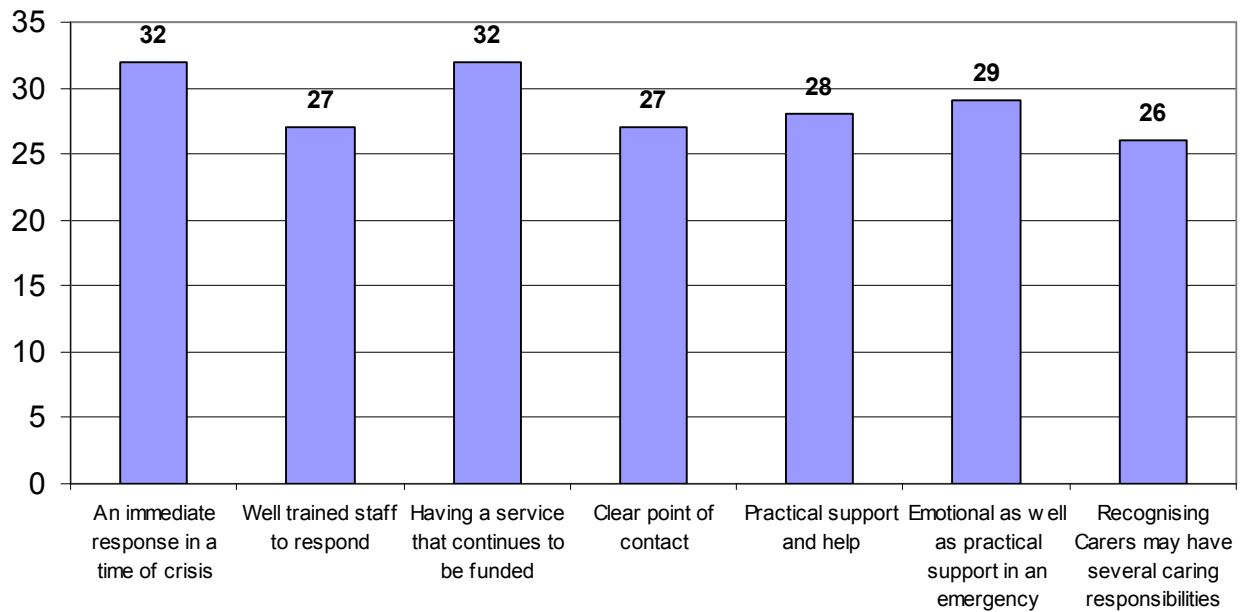
DRAFT

Appendix 1 - Summary responses to questionnaires (adult Carers)

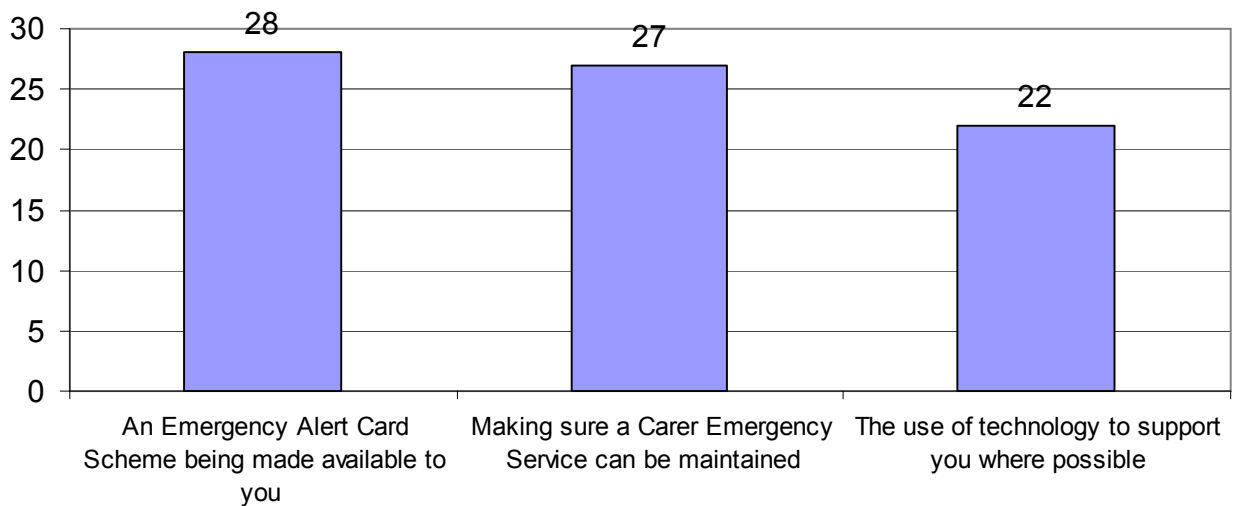
The tables below illustrate responses to questionnaire completed by Carers. It focused on eight priority areas linked to national priorities. Responses to these questions have helped in the development of the six local priorities.

- Emergency support
- Time for yourself
- Carer's Health and wellbeing
- Primary Healthcare services
- Hospital and Carers
- Carers of adults with disability or illness
- Training and Information for professionals
- Involving cares (including advocacy)

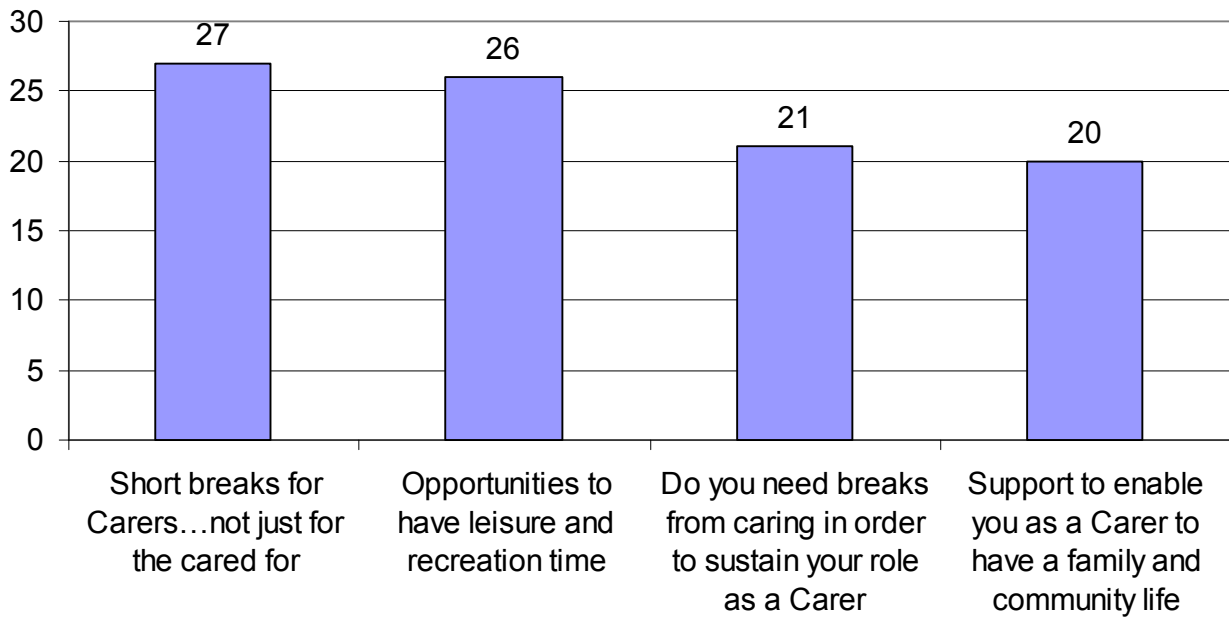
Priority 1 - Emergency Support What is important to you as a carer?



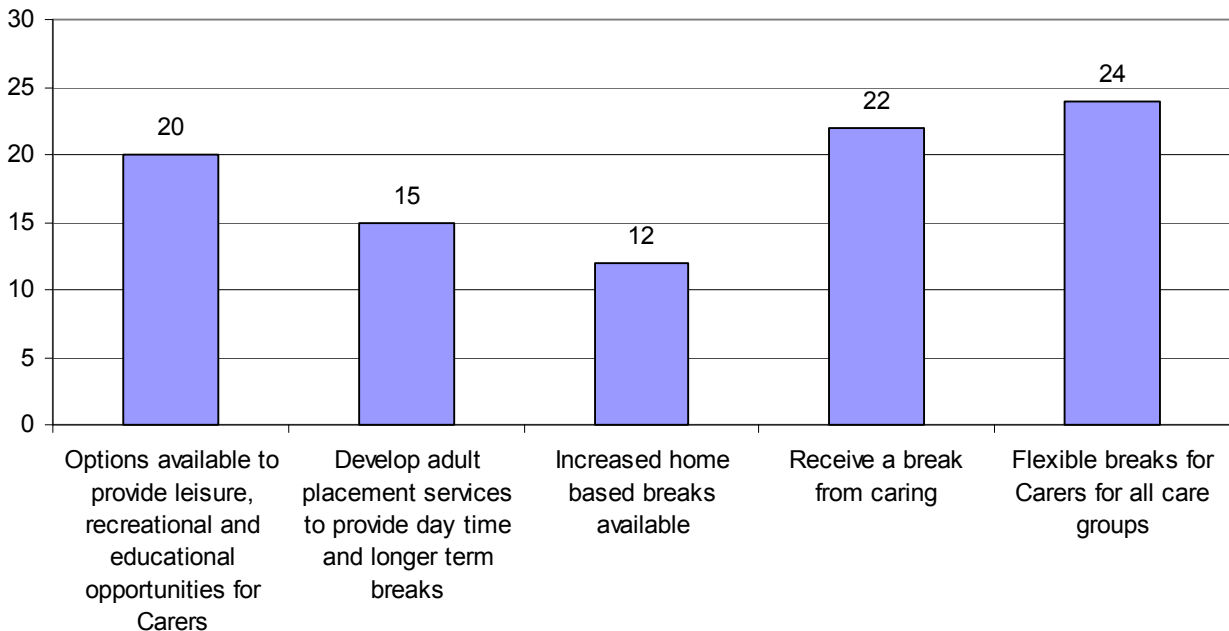
Priority 1 - Emergency Support As a carer what would you like to happen?



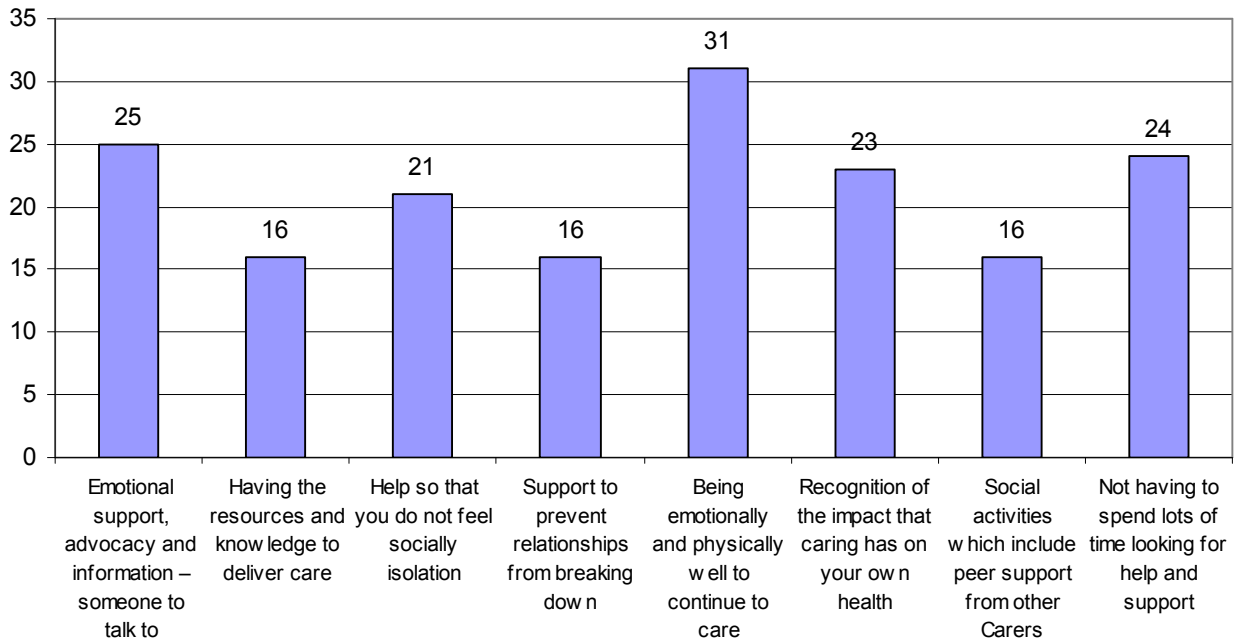
Priority 2 - Time for yourself - Getting a break from caring
What is important to you as a Carer?



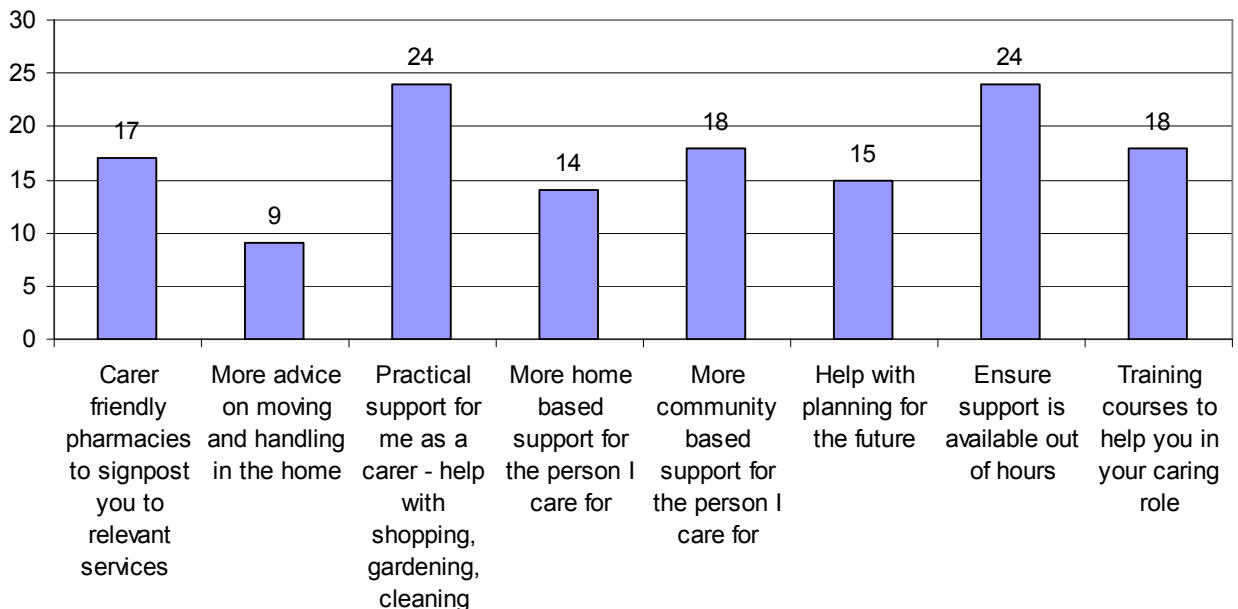
Priority 2 - Time for yourself - Getting a break from caring
As a Carer what would you like to happen?



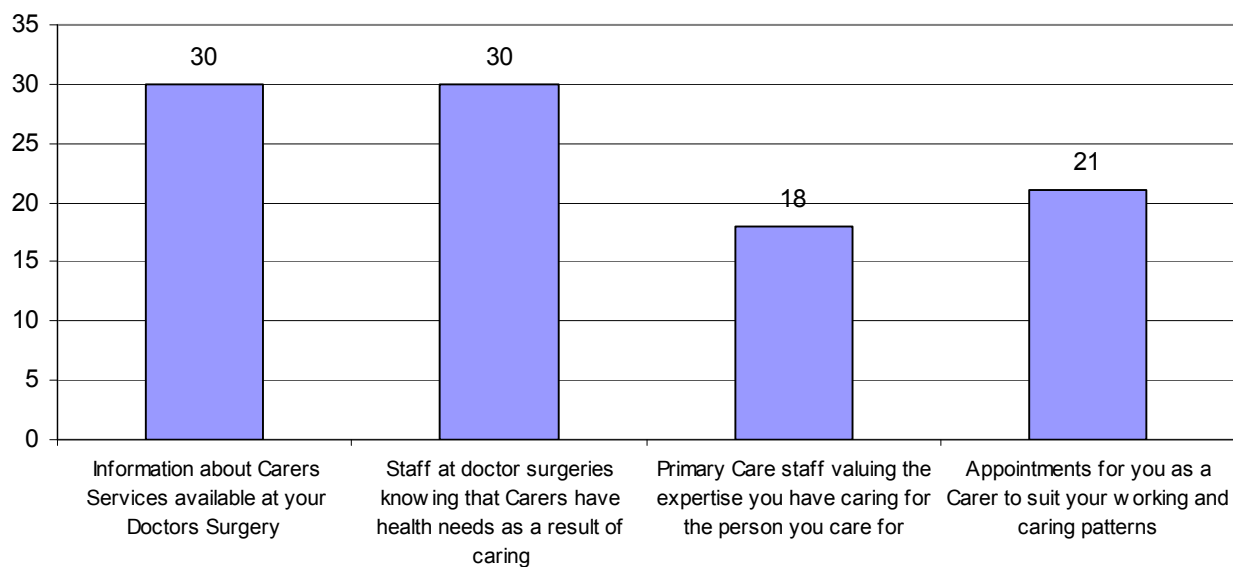
Priority 3 - Carers Health and Wellbeing
What is important to you as a Carer?



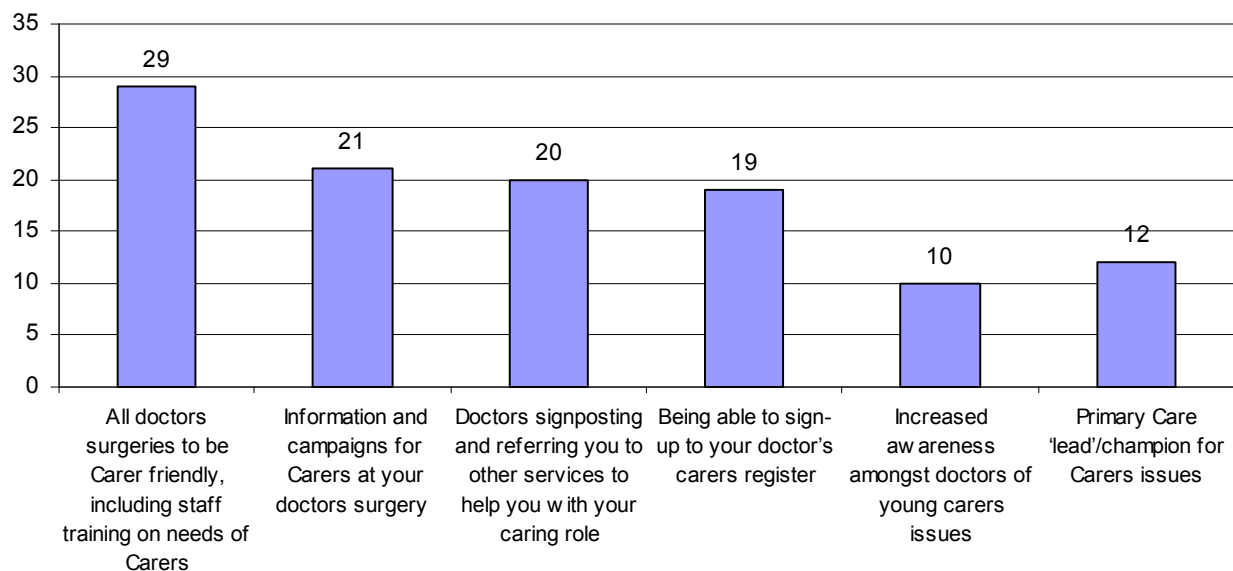
Priority 3 - Carers Health and Wellbeing
As a Carer what would you like to happen?



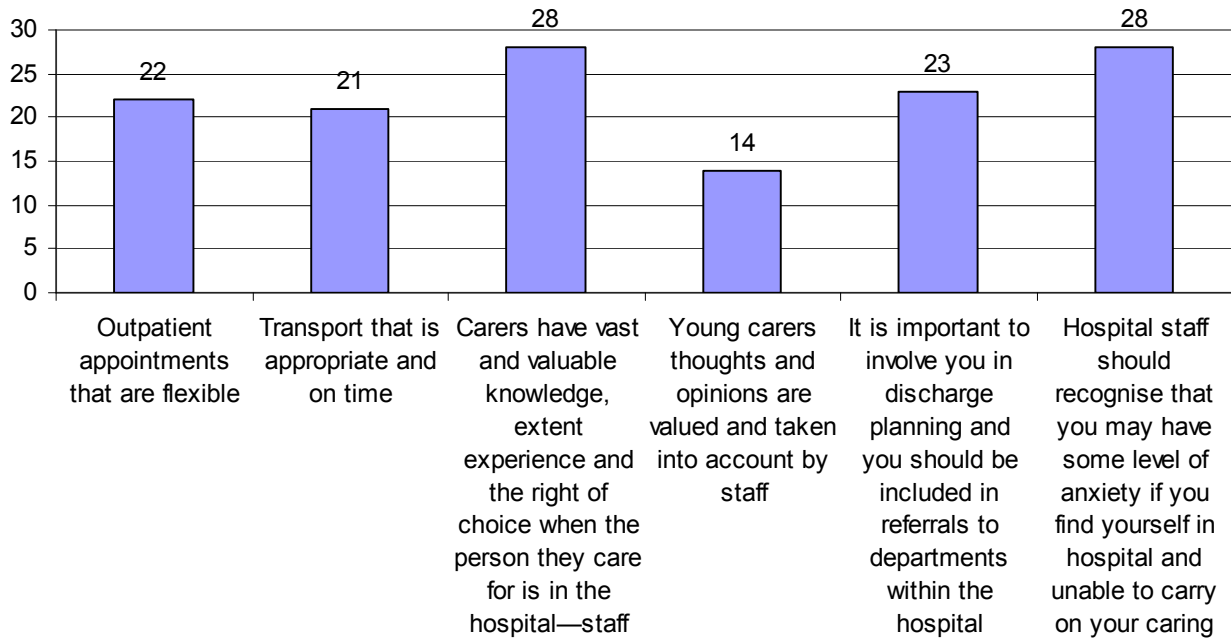
Priority 4 - Primary Care Services
What is important to you as a Carer?



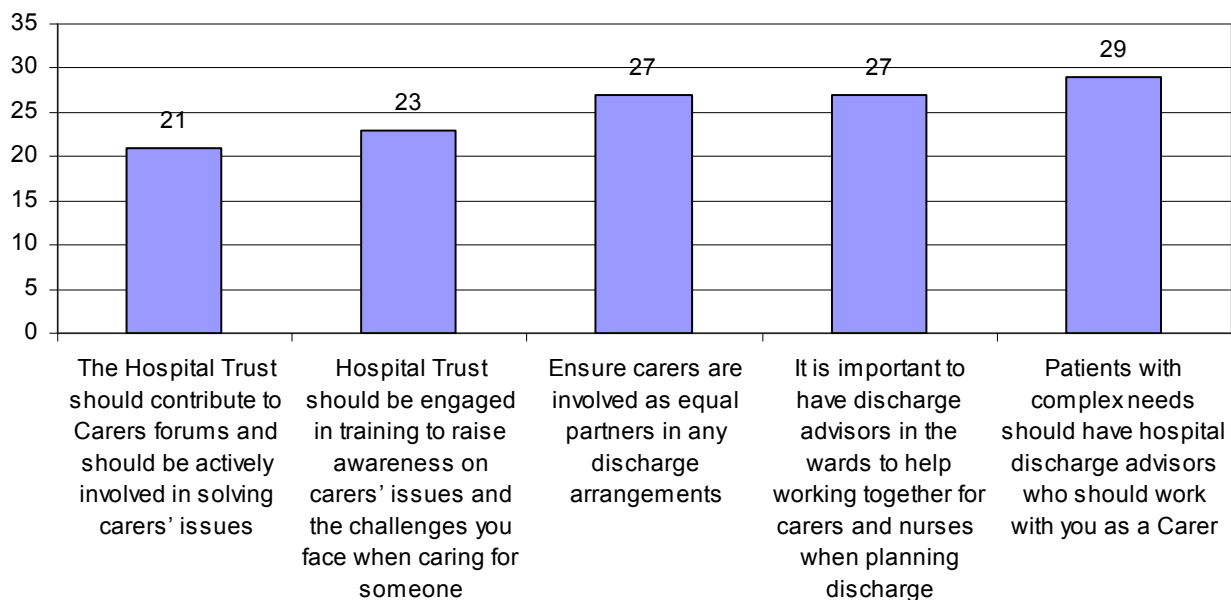
Priority 4 - Primary Care Health Services
As a Carers what would you like to happen?



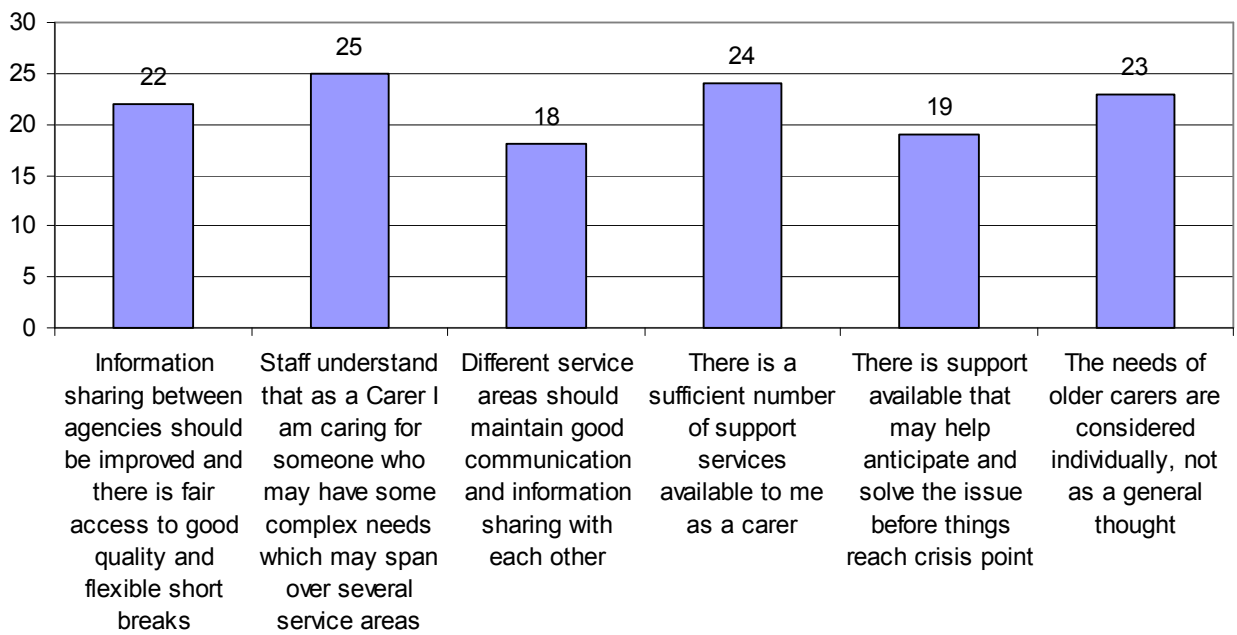
Priority 5 - Hospital and Carers
What is important to you as a Carer?



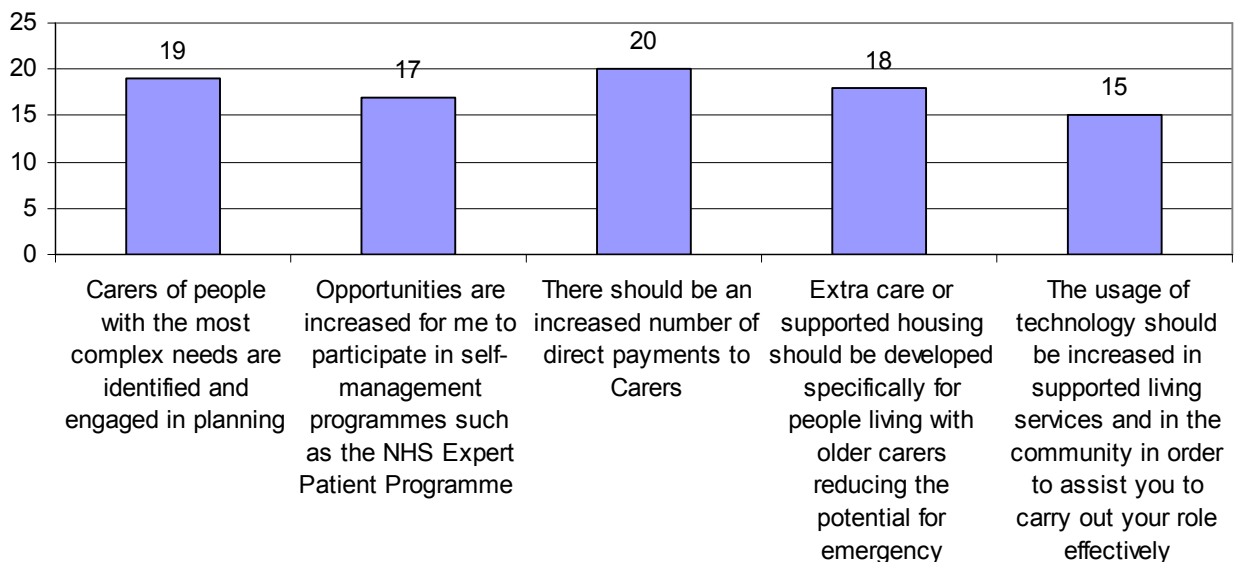
Priority 5 - Hospital and Carers
As a Carer what would you like to happen?



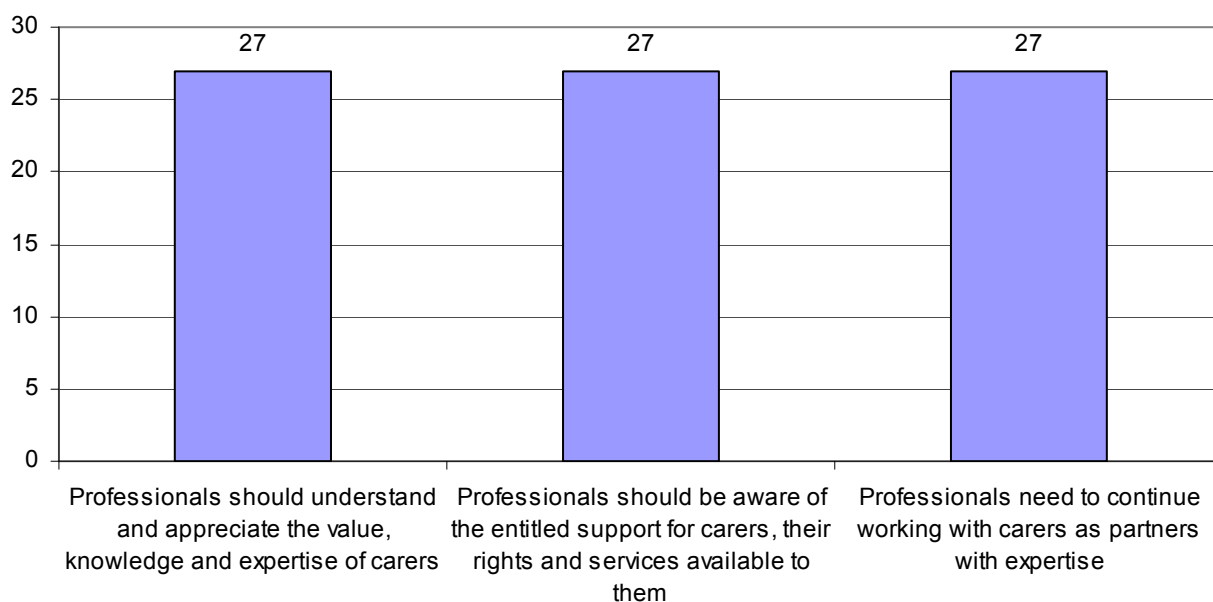
Priority 6 - Carers of adults with disability or illness
What is important to you as a Carer?



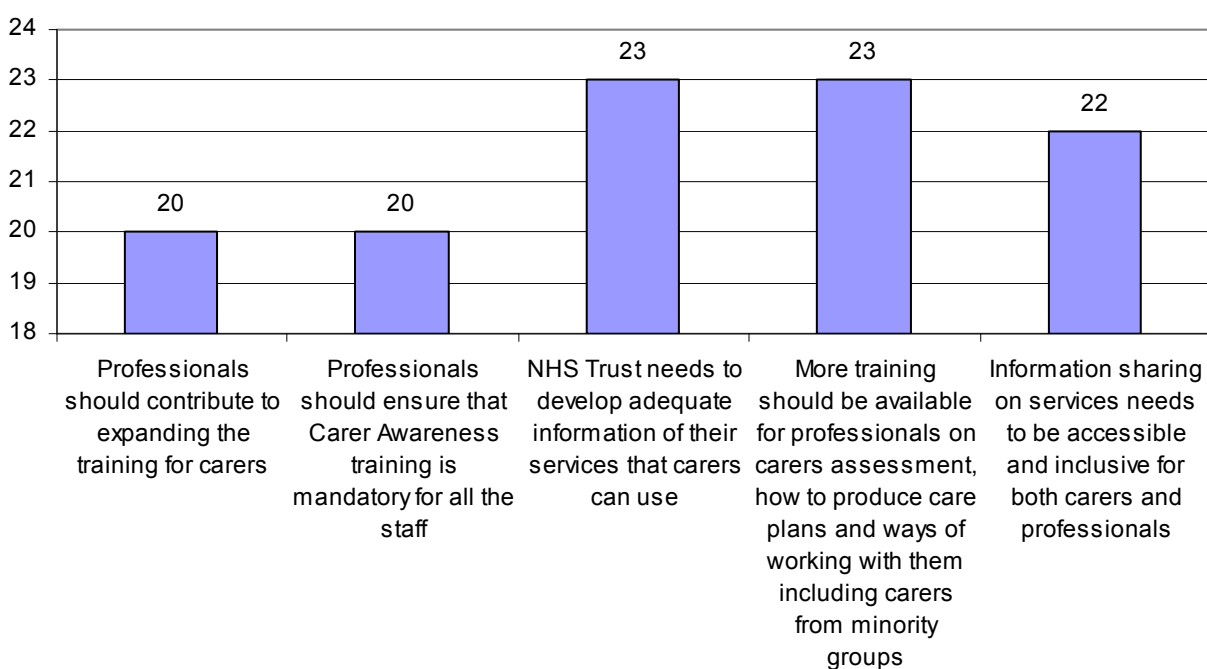
Priority 6 - Carers of adults with disability or illness
As a Carers what would you like to happen?



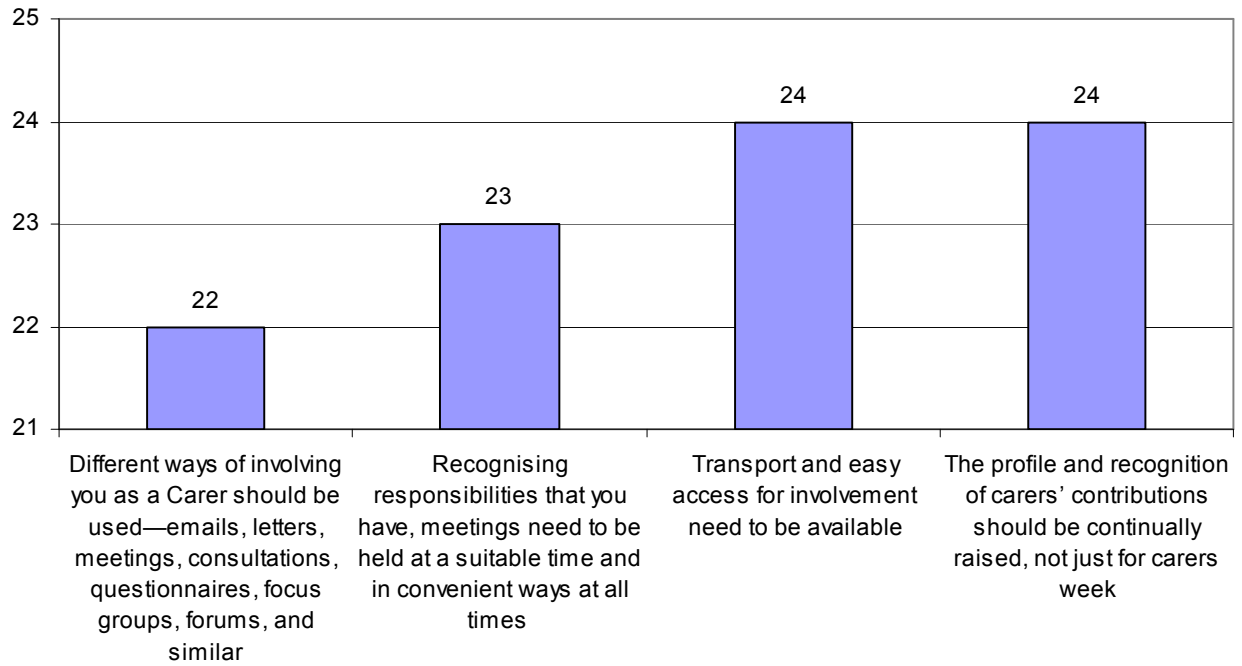
Priority 7 - Training & Information for Professionals
What is important to you as a Carer?



Priority 7 - Training & Professionals
As a carer what would you like to happen?

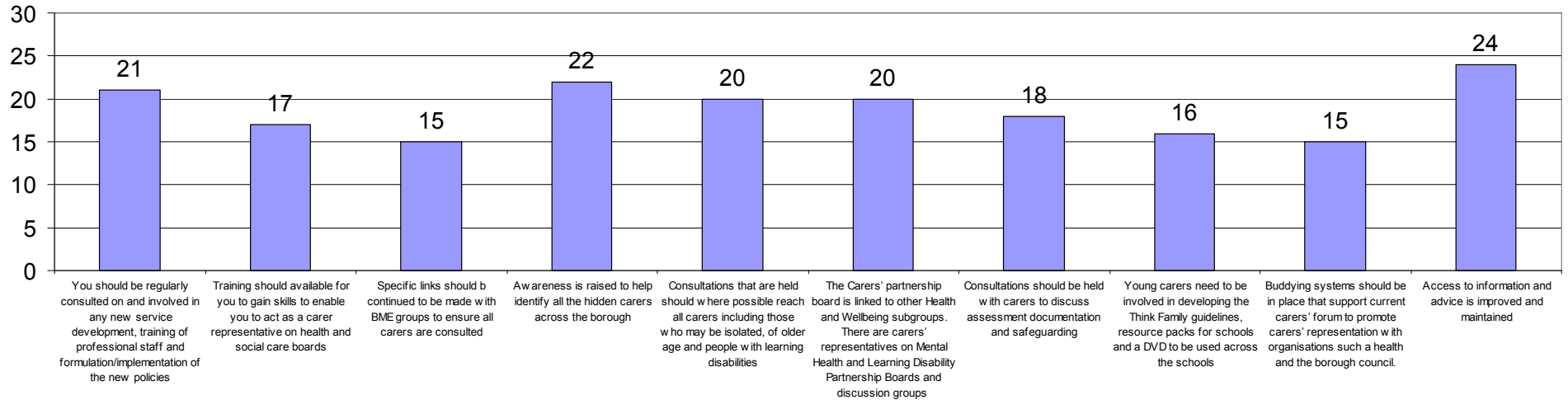


Priority 8 - Involving Carers (including Advocacy)
What is important to you as a Carer?



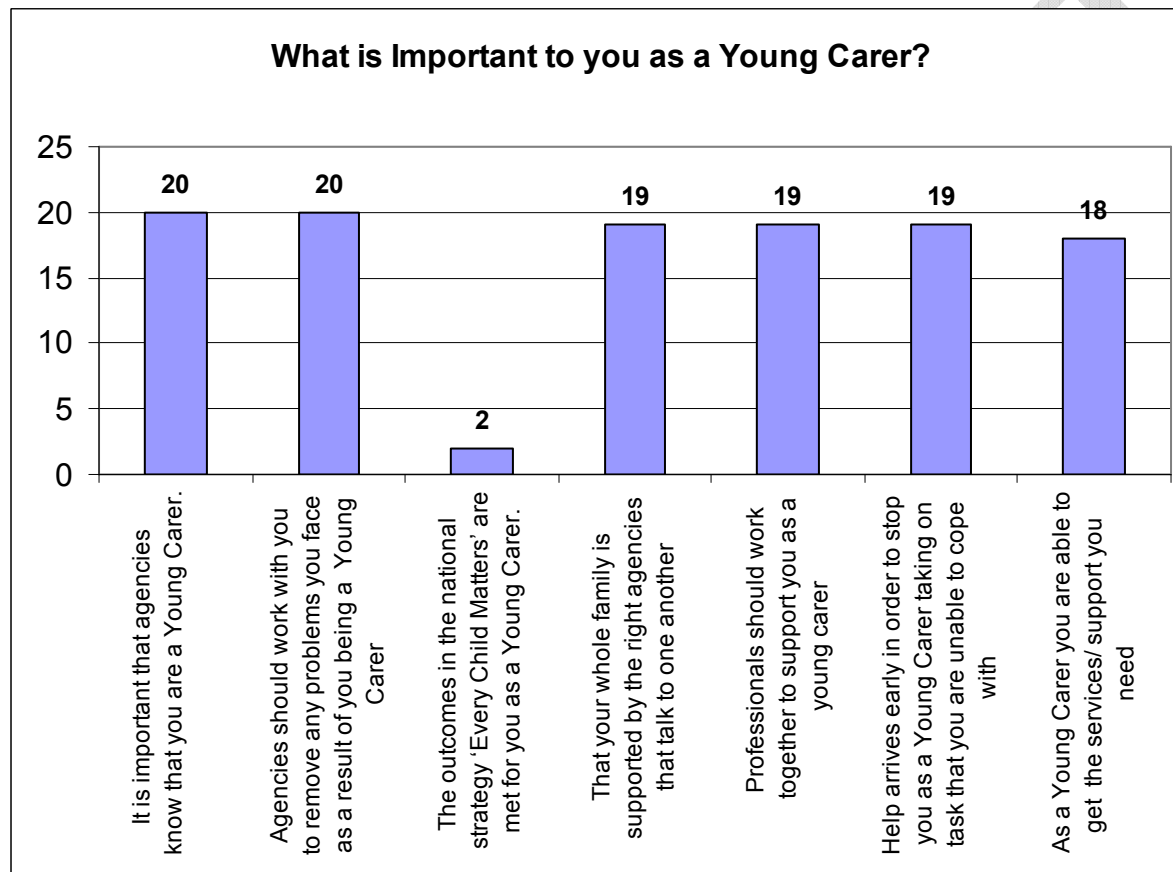
DRAFT

Priority 8 - Involving Carers (including Advocacy) As a Carer what would you like to happen?

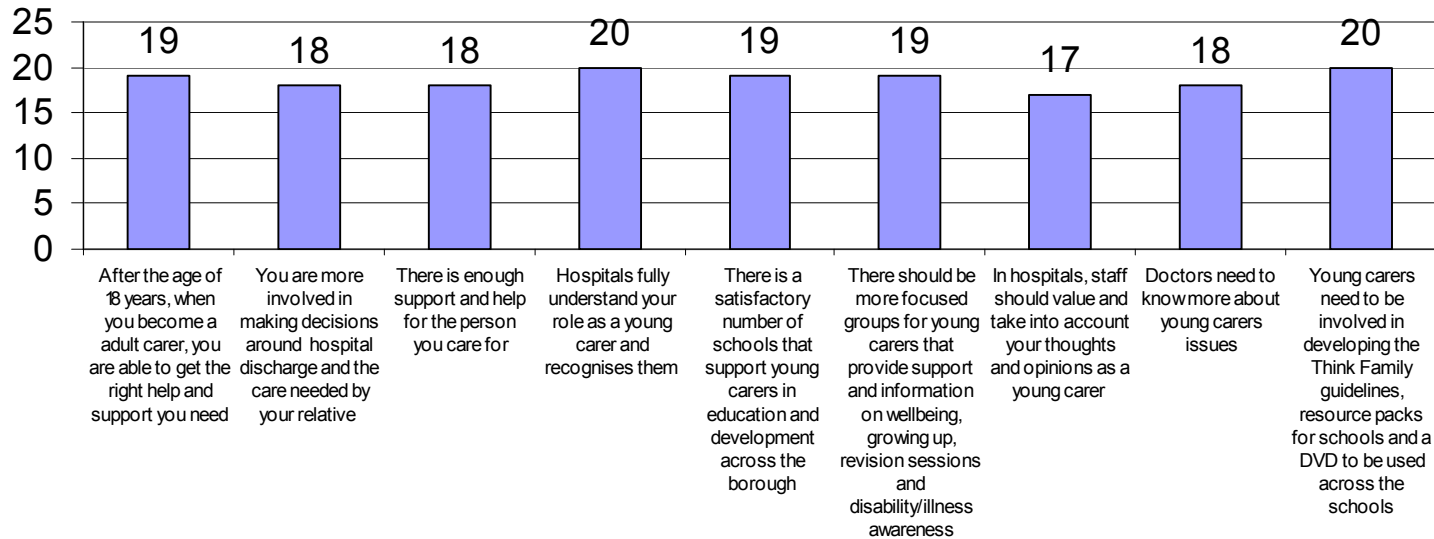


Appendix 2 Summary responses to questionnaires (young Carers)

The tables below summarise the findings from the questionnaires completed by young Carers



As a Young Carer what would you like to happen?



Appendix 3 Slough's Joint Carers' Commissioning Strategy 2014- 17 Action Plan

Key Actions	Outcome	Lead	Timescale
Priority 1 – Improved Health and Wellbeing			
<ul style="list-style-type: none"> The second phase of Slough Borough Council (SBC) Adult Social care Transformation Programme develops and embeds personal budgets for Carers. 	<ul style="list-style-type: none"> Needs of Carers given a higher profile within SBC and partner organisations Carers meeting the Fair Access to Care (FAC) eligibility criteria have access to a personal budget Increased number of Carers in receipt of Direct Payments 	Assistant Director Adult Social Care, Commissioning and Partnerships Head of Service Care Group Commissioning Service Manager-Transformation, Performance & Practice	July 2014
<ul style="list-style-type: none"> Ensure Carers from all Carer groups within Slough's diverse community have access to quality information, advice and advocacy Continue to monitor Information, advice advocacy service 	<ul style="list-style-type: none"> Carers are better supported to help them in their caring role Carers receive emotional and practical support to help in their caring role. 	Commissioner	February 2014
<ul style="list-style-type: none"> Map local support groups for Carers to identify overlaps and gaps in provision 	<ul style="list-style-type: none"> Target future support to ensure the needs of all Carers from Slough's culturally diverse communities are met 	Commissioner	July 2014
<ul style="list-style-type: none"> To consult carers about training needs Develop and roll out a joint training programme between SBC and CCG 	<ul style="list-style-type: none"> Carers feel more confident and supported in meeting their caring responsibilities 	SBC Training officer Commissioner-Adults Consultant Public Health CCG General Manager	March 2014

Key Actions	Outcome	Lead	Timescale
to support Carers			
<ul style="list-style-type: none"> Review progress of the Care and Support Bill and any impact for local authorities in the planning and delivery of Carers assessments. Identify resources to manage anticipated increase in take up of Carers assessments. Develop pathways to help manage possible increase in take up of Carers Assessments Review quality of Carers assessments undertaken Ensure publication of the Carers Offer outlining local services to meet their needs. 	<ul style="list-style-type: none"> Clear processes in place for Carers assessments including clear definitions about eligibility. Clear recordable systems in place to monitor take-up of Carers assessments Carers that meet FAC access an assessment/ support. First contact Team sign post Carers to mainstream /preventative services to help in caring role as well as life outside caring 	Assistant Director Adult Social Care, Commissioning and Partnerships, Head of Service Strategic Commissioner, Service Manager-Transformation, Performance & Practice Commissioner-Adults	April 2014
<ul style="list-style-type: none"> Review the need for respite and emergency respite for those caring for people with dementia and adults with learning disabilities. Ensure clear and transparent processes in place for carers accessing respite based on their eligibility of needs. Develop the Carers Respite and Community Support Framework 	<ul style="list-style-type: none"> Carers including those caring for a person with dementia and learning disabilities have access to flexible respite and community support tailored to their needs. Carers that are eligible for support in their own right have respite/support opportunities regardless of the eligibility of the person for whom they provide care. Carers feel reassured by having an emergency respite plan in place should a crisis arise resulting in them being unable to provide care. Social workers/Brokers identify current gaps in service provision to help inform future commissioning 	Commissioner-Adults, Head of Services, Senior Broker	August 2014

Key Actions	Outcome	Lead	Timescale
Develop material to support Carers in their caring role	<ul style="list-style-type: none"> Carers access appropriate support and services to support them in their caring role Carers have been consulted in design of material including access to website to help support them in their caring role 	Assigned leads within adult social care. SBC web development lead	August 2014
Promote and monitor Emergency Carers Alert Card	<ul style="list-style-type: none"> The Emergency Carers Alert Card provides increased emotional security to Carers should a crisis occur enabling them to be unable to meet their caring responsibilities. 	Service Managers Operations	July 2014
Increase use of telecare for Carers in Slough	<ul style="list-style-type: none"> Quality of life for Carers and cared for is enhanced through assistive technology 	Commissioner – Adults	April 2014
<ul style="list-style-type: none"> Analyse numbers of Safeguarding alerts involving Carers Processes accurately able to identify intentional and unintentional safeguarding incidents support and to provide assistance accordingly Support a communication Safeguarding campaign to raise awareness amongst general public Targeted interventions to raise awareness for Carers about Safeguarding Range of measures in place to prevent safeguarding. 	<ul style="list-style-type: none"> Carers have a clear understanding of what safeguarding means. Carers have access to appropriate support in order to prevent safeguarding concerns arising (including access to a Carers assessment , advocacy and respite provision) More appropriately targeted intervention is in place following identification of intentional and unintentional safeguarding incidents 	Head of Adult Safeguarding and Learning Disabilities	July 2014
<ul style="list-style-type: none"> Within the Job Opportunities Group facilitate a local campaign to raise 	<ul style="list-style-type: none"> Employers have increased understanding as to the economic benefits of flexible 	Commissioner – Adults Policy Assistant	Oct 2014

Key Actions	Outcome	Lead	Timescale
<p>awareness as to the benefits of economic benefits of flexible working to employers.</p> <ul style="list-style-type: none"> • Raise benefits of recruiting and retaining carers through local business seminars. 	<p>working to their organisation.</p> <ul style="list-style-type: none"> • Increases employment options for Carers which are compatible with their caring responsibilities. 	<p>(facilitator of Job Opportunities Group)</p>	
<ul style="list-style-type: none"> • Ensure Carers have access to the range of work preparation programmes run by SBC and partner organisations 	<ul style="list-style-type: none"> • Carers have increased skills thereby enabling wider range of employment opportunities 	<p>Commissioner – Adults</p>	<p>Oct 2014</p>
<p>Priority 2 – Primary Health Care Services</p>			
<ul style="list-style-type: none"> • Populate a Carers Register <p>HOW</p> <ul style="list-style-type: none"> • The Carers of patients with long term conditions are identified through GP Quality Outcome Framework • Carers are identified by GP surgeries at patient registration • Carers are identified by GP surgeries from hard to reach groups i.e. ageing, blind and deaf patients, children with special 	<ul style="list-style-type: none"> • Increased numbers of Carers referred for Carers assessments and sign posted to other agencies. • Carers access respite options through GP services. • Fast track GP appointments – maximum 3 days for an appointment • Recognition of carers and their health needs at GP Surgeries • Invites for appropriate training (self-care) 	<p>Slough CCG Management</p>	<p>July 2014</p>

Key Actions	Outcome	Lead	Timescale
needs			
<ul style="list-style-type: none"> • GP surgeries promote relevant information to Carers • Sign posting of services in Slough for Carers 	<ul style="list-style-type: none"> • Increased number of Carers receiving appropriate support 	Slough CCG Management	July 2014
<ul style="list-style-type: none"> • GPs in partnership with voluntary organisations facilitate educational programmes for Carers and cared • GP Reception staff training for Carers • Training for GPs and Nurses • Standardisation of services across Slough Practices 	<ul style="list-style-type: none"> • Increased prevention and self-care amongst Carers and cared • Better awareness of Carers needs by Practice staff and clinicians • Equality of care 	Slough CCG Management Slough Borough Council	July 2014
<ul style="list-style-type: none"> • GPs to actively promote NHS health checks for all registered patients aged 45 years plus with no long term conditions 	<ul style="list-style-type: none"> • Increased prevention and early identification of health conditions amongst Carers 	Slough CCG Management	Commenced July 2013: on going
<ul style="list-style-type: none"> • To undertake a review of current commissioned health services for Carers • Ensure CCG involve Carers in 	<ul style="list-style-type: none"> • More targeted Carers support in place meeting needs of Carers • Carers have influenced types of services 	Slough CCG Management	Commenced August 2013 Commence April

Key Actions	Outcome	Lead	Timescale
commissioning decisions	that better meet their needs.		2014: on going
<ul style="list-style-type: none"> • Training programme to be in place to help Carers manage their caring responsibility 	<ul style="list-style-type: none"> • Increase number of Carers accessing training and support • Increased numbers of Carers able to self manage health conditions including 'expert care' training programme 	Training Officer SBC General Manager CCG Consultant Public Health	May 2014
<ul style="list-style-type: none"> • Ensure CCG involves Carers in Patient Participation groups and Carers Forum 	<ul style="list-style-type: none"> • Carers have influenced types of services that better meet their needs 	Slough CCG Management	Commence April 2014
Priority 3 – Hospital and Carers			
<ul style="list-style-type: none"> • Improve admission and discharge arrangements 	<ul style="list-style-type: none"> • Carers are fully involved in admission and discharge arrangements resulting in smoother arrangements for both the Carer and cared for. • Increased understanding of carers needs by hospital staff 	CCG & Wexham Park Management	Commence April 2014
Priority 4 – Improved support for Young Carers			
To agree council approach as to how the needs of young carers will be met. This will include developing a job description and recruit Yong Carers Lead (12 months) to :	<ul style="list-style-type: none"> • Have increased local knowledge about the numbers and needs of young people providing care • The needs of young Carers are met through schools, universal and specifically 	Assistant Director - Children, Young People & Families,	January 2014

Key Actions	Outcome	Lead	Timescale
<ul style="list-style-type: none"> • Undertake mapping exercise of young Carers – numbers and needs • Undertake consultation with young people, schools and other key stakeholders agree how best to meet the needs of this group • Ensure resources and commissioned services following outcome of consultation • Promote partnership with schools and other agencies to increase opportunities for young Carers • Re-launch – Carers charter in schools • Implement the ‘memo of understanding’ to support young carers • To develop a tool to assess young carers 	<ul style="list-style-type: none"> • targeted services • Slough is providing increased and tailored support to the needs of young carers 	Head of service care group commissioning, Commissioner – Adults and Children	
Priority 5- Training and Information for Professional			
<ul style="list-style-type: none"> • Develop a local three year ‘Carers matter’ staff training program for SBC, Health and partner 	<ul style="list-style-type: none"> • Carers receive increased support • Staff are more confident and responsive in meeting needs of Carers. • Increased number of Carers receiving g 	Training officer Commissioner –Adults	April 2014

Key Actions	Outcome	Lead	Timescale
<p>organisations.</p> <ul style="list-style-type: none"> Develop and target intervention according to staff roles and responsibilities. Roll out –e-learning program. 	<p>carers assessments and targeted services</p>		
<p>Priority 6 – Involving Carers</p>			
<ul style="list-style-type: none"> Ensure Carers consulted in all health and SBC commissioning activity – includes identifying and designing services. 	<ul style="list-style-type: none"> Service that are commissioned meet the needs of Carers and the people they support 	<p>Strategic Commissioning Manager</p>	<p>Ongoing</p>
<ul style="list-style-type: none"> Ensure Slough Wellbeing Board and other SBC /CCG strategic planning boards include and consult Carers about future delivery of services and policies Monitor how Carers are consulted in these processes 	<ul style="list-style-type: none"> The needs of local Carers are considered in planning and allocation of resources 	<p>Assistant Director Adult Social Care, Commissioning and Partnerships. Consultant Public Health, Slough CCG Head of operations</p>	<p>April 2014</p>
<ul style="list-style-type: none"> Ensure Carers involved in development of council wide housing polices Have a clearer view about the housing needs of Carers and those whom they care for 	<ul style="list-style-type: none"> Housing needs of Carers and those they care for are met Provide assurance to older carers that the longer –term needs of the person they care for will be met. 	<p>Head of Service Care Group Commissioning, , Assistant Director housing and environment Commissioner- Adults</p>	<p>December 2014</p>

Key Actions	Outcome	Lead	Timescale

DRAFT