

Slough Caring For Our Carers

Joint Carers' Commissioning Strategy 2016-2021



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1. Welcome

As a carer and co-chair of the Slough Carers Partnership Board, I am pleased to introduce the new Joint Carers Strategy for Slough. I know how difficult it is for people looking after parents, siblings, neighbours or friends to even recognise themselves as a carer. When I retired to look after my mother a few years ago, I thought I was 'just doing my duty as a daughter'. It was only after two years of looking after my mother and when a social worker asked "what about your needs?" that I then began to recognise myself as a carer.

I am really pleased that the Care Act 2014, which came into effect in April 2015, seeks to address the needs of carers. This strategy states how our local carers will be supported in Slough. I am passionate about raising awareness about the needs of carers within Slough including health professionals. We do a very important job, often day in and day out in supporting the people we care for. We also collectively save over £119 billion to the UK economy. I also want to make sure we find all the hidden or forgotten carers in Slough, encouraging them to get the support they are entitled to by having a carers assessment and registering as a carer with their GP surgery.

Along with other carers, I have been involved in developing the strategy. Together we will continue to work with other colleagues on the Carers Partnership Board to make sure we oversee the changes and improvements for carers outlined in this important strategy.

Jadine Glitzenhirm
Co-Chair of Slough Carers Partnership Board



2. 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 are living longer, often with complex support needs. The estimated 11,626 carers living in Slough make a vital contribution to the local community, providing practical, emotional and financial support to others. Whilst we know a caring role can be very fulfilling, it can also lead to isolation, poverty, ill health and loneliness. It is crucial that carers receive timely and personalised support to help them carry out their caring duties.

This newly refreshed strategy is aimed at both current and future young and adult carers as well as those who provide support to them. It has been developed at a time of great historical importance for carers. From April 2015, both adult and young carers are recognised in law as having the same rights as the people they care for through two very significant pieces of legislation, the Care Act 2014 and the Children and Families Act 2014. The changes introduce a duty to local authorities to identify, assess and support carers in their own right as well as a requirement to adopt a coordinated whole-family approach in how support is delivered. Carers also have a right to be consulted about decisions relating to the support and treatment received by the person they care for.

Slough Borough Council (SBC) and NHS Slough Clinical Commissioning Group (CCG) welcome the landmark legislative changes and with carers as our valued partners, have again joined forces to update this strategy. This outlines our continued shared commitment to proactively work with our local providers to help seek out carers to ensure they have access to universal, preventative and targeted support to help improve their lives. The Better Care Fund (BCF), the new single budget between health and social care, will help local commissioners work closer to deliver better services for the population of Slough including our carers.

We have ensured supporting carers is a high priority within the local Joint Strategic Needs Assessment (JSNA)¹ and the most recent five year plans for both our organisations. This strategy aligns with SBC five year plan² which sets out the commitment to support the most vulnerable through 'enabling and preventing' which includes both adult and young carers. It also aligns with the plan in how outcomes will be delivered through working with local people, helping them to do more for themselves and facilitating partnerships with the public, private and voluntary sector.

In 2014, Slough CCG set out plans as how local identified health needs and challenges will be met over the next five years through implementing whole system reforms³. The use of the BCF is specifically identified as a mechanism to ensure support for carers.

Our joint five year voluntary sector strategy⁴ also places great importance on the role this sector plays in identifying, valuing and supporting carers with Slough.

This strategy has also been developed at a time of change for children's social care in Slough. From October 2015 management of children's social care will be transferred to a newly established Children's Trust. Protocols are in place as to how SBC and the Trust will deliver children's social care. This will include ensuring parent carers and young carers are effectively supported within the new organisation that will be known as the Slough Children's Services Trust Ltd.

¹ <https://www.slough.gov.uk/council/joint-strategic-needs-assessment/>

² SBC five year plan 2015-20 outcome 5 & 6 <http://www.slough.gov.uk/council/strategies-plans-and-policies/five-year-plan.aspx>

³ NHS Slough Clinical Commissioning Group 5 year plan June 2014

⁴ Promoting and supporting the wellbeing of residents with the voluntary sector 2015-2020

This new strategy builds upon the Carers Strategy 2014-15 which outlined our interim position for carers whilst we awaited national guidance to support the new legislation. Our recent achievements include re-launching the Carers Partnership Board, delivering training to support carers, re-designing Care Act compliant carers assessments and support plans and introducing direct payments for carers. However we have much more to do to respond to legislative changes and as well as what carers are telling us will support them in their caring role.

Any strategy developed at this time must recognise the increasing austerity within the public sector including significant pressure on health and social care budgets. It is therefore even more critical that we maximise resources and support for carers, recognising their crucial contribution to supporting people to live in their own homes for longer by helping reduce or prevent hospital and residential care admissions.

This strategy has been driven by carer members of the Slough Carers Partnership Board who developed the questionnaire which was used to consult others as well as agree our vision and priorities. It will be overseen by the Health Priority Delivery Group (PDG) accountable to the Slough Wellbeing Board. A summary version is being developed with our local carers and will be available to support this full strategy.

We are very grateful to all our stakeholders but in particular our carers for helping us co-produce this strategy. Together we are striving to ensure services and opportunities are in place to improve the quality of lives for local carers and the people they support.



Cllr Rob Anderson
Chair of Slough Wellbeing Board



Dr Jim O'Donnell
Chair Slough Clinical Commissioning Group

3. Introduction/Executive Summary

This Joint Carers Commissioning Strategy updates our interim position, setting out how carers and young carers will be supported by SBC and Slough CCG over the next five years. It responds to the voices of carers, changes introduced in the Care Act 2014 and the Children and Families Act 2014 and both organisations five year strategic plans. These national and local drivers promote wellbeing, prevention and independence. Supporting and encouraging people to take responsibility for their own health and wellbeing are central to these changes.

In addition to the new duties and responsibilities for both local authorities and health to meet the needs of carers, there is ever increasing pressure on public sector budgets. The changing population means more people living longer with complex needs. A consequence is that there are increasing numbers of carers.

It is anticipated that more carers are likely to come forward for assessment and be eligible for support as public awareness about the legislative changes spreads. It is essential that all carers have access to timely information, advice and other preventative support in order to maximise their wellbeing. Direct payments will be targeted at those carers where caring has the greatest impact on their lives.

Major reforms are planned within SBC Adult Social Care over the next five year in order to respond to the changing and growing demands facing both the health and social care economy.

This will deliver meaningful and long term change across six areas:

1. **Prevention** - the development of a local strategy, spanning voluntary, health and social care services to maintain a healthy population in the community, working with the local people through targeted wellbeing and prevention plans. This will include carers.
2. **Information and advice** - to ensure that the right information is provided to the right people at the right time in their lives. Proactive care and support planning will become the norm. Independent advice and advocacy will be available to help people develop their support plans.
3. **Personalised Outcomes** - through developing the market place and safeguarding outcomes, people will have the choices of finding the right care and support at the right times in their lives.
4. **Building Community Capacity** - enabling people, voluntary organisations and the community to proactively manage their wellbeing and increase their resilience to succeed during periods of crisis.
5. **Workforce Development and Quality** - both internal and external workforces will be developed requiring staff to adapt to flexible, multi-disciplinary ways of working.
6. **Integration** - the scale of the change required cannot be managed in isolation and will require an integrated approach. It is recognised that people do not access care and support from just one single source. Slough services will continue to be commissioned using a whole system approach ensuring the best outcomes for residents.



We know many carers do not always identify themselves as carers and thus remain “hidden” from services. It is crucial that these people also have information about both universal and targeted services to enable them to make informed choices about whether to seek support at times in their lives when they may benefit from it.

In order for this strategy to be both realistic and sustainable, commissioned services must be innovative, responsive to local needs, committed to strong partnerships and able to demonstrate value for money. They must show they have effectively supported carers and the people they help to live as independently as possible in our local community.

The aim of this strategy is to:

- Provide a voice for local carers and put them at the centre of designing the support that they need.
- Collaboratively set out our vision for carers.
- Ensuring that we meet our legal responsibilities in supporting carers.
- Provide a clear steer about our local vision for carers in Slough with partners and local communities.
- Develop the market to ensure the right support is in place to support carers.

4. Progress in supporting carers

There achievements in how our local carers have been supported since the last interim strategy. We have:

- Re-launched the Slough Carers Partnership Board. It now has active representation from Slough carers, one of whom is co- chair.
- Developed Care Act compliant carers assessment tools, processes and pathways. This includes the option of a combined assessment with the carer and cared for.
- Introduced direct payments for carers assessed. Between April and August 2015 64 carers were assessed as eligible for a direct payment.
- Seen an increase in the number of adult carers being assessed since April 2015 when the Care Act came into force. For the period April and June 2015, 189 carers assessments were completed. This compares with 103 for the same period in 2014.
- Together with carers, produced accessible material to ensure carers are aware of their rights.
- Consulted carers about their training needs and then rolled out a programme reflecting what they have told us.
- Commissioned a local provider to undertake young carer awareness raising within in local schools.
- Started to develop a council wide 'whole family approach' process and pathway to support young carers locally which is in line with the recently updated Memorandum of Understanding (MOU)⁵.
- Developed a young carers assessment/ screening tool.
- Increased the take-up of assistive technology. Since December 2013, 855 people have been referred to and received telecare support. As a result, 112 carers have reported increased independence within the home environment and a further 98 carers reported feeling more at ease leaving the person they care for, when they are away from their home.
- Introduced carers GP registration within Slough to ensure health needs of carers are given a higher priority.
- Facilitated sessions for carers to ensure they are aware of their increased rights as a result legislative changes.
- Beginning to engage with local employers to promote carers issues in the work place.
- Working with local pharmacies to help distribute information to carers.
- Continued to deliver information, advice and advocacy to carers.
- Continued to develop the Slough Services Guide to ensure Slough residents have information about local provision.
- Coordinated partnership activities with carers and partners during National Carers Week 2015. The events were attended by 233 carers and 34 new carers were identified and signposted for support.
- Adopted principles of 'Making Safeguarding Personal'⁶ in Slough which included both the carer and cared for.

There has been significant progress over the last year but we will continue to build on these achievements in order to improve outcomes for carers in Slough.

⁵ No wrong doors: working together to support young carers and their families" March 2015 ADCS, adass, the Children's Society, carerstrust

⁶ 'Making Safeguarding Personal: Guide' 2014 adass, Local Government Association

5. Vision

Slough carers have said their vision for this strategy is that:

“ I know that I am a carer, I have a positive relationship with the person I care for and have a healthy and fulfilling life outside of my caring role. I am recognised and valued as a carer by my community and I know where to go to get the right support when I need it. ”

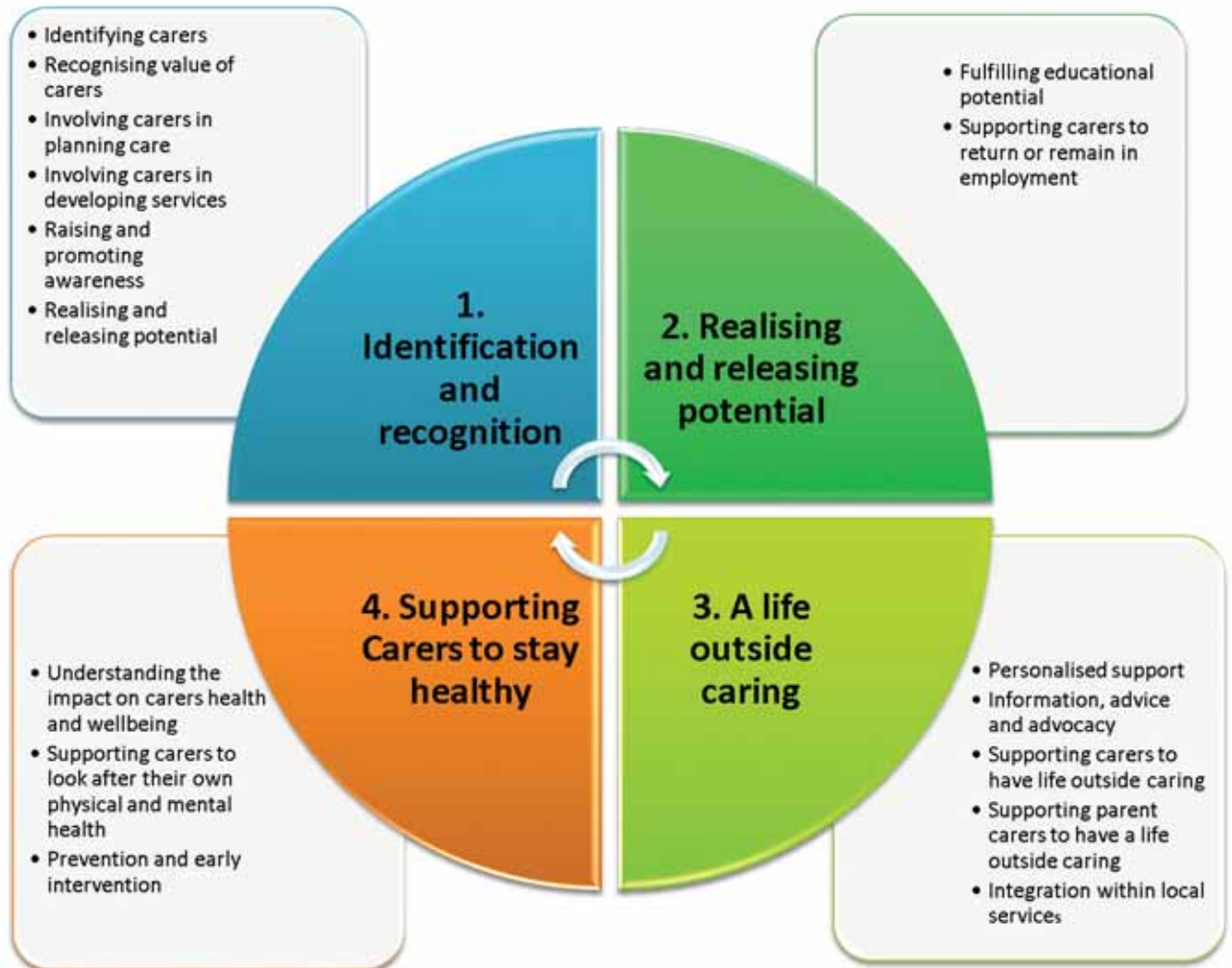
To achieve this vision, we will put Slough carers at the centre through commissioning a range of personalised support by establishing strong partnerships delivering choice, quality and value for money.



6. Local Priorities

The interim carers' strategy identified five local priorities for Slough. After further discussion with Slough's carers, we have reviewed these local priorities and aligned them with the four national priorities.

The diagram below outlines the newly adopted local priorities and the types of activity that will be delivered.



7. Who is a Carer?

Most people will become a carer at some point in their lives or will know someone that will be caring. Caring might happen suddenly or gradually over a period of time with a slow deterioration in the health of the cared for person.

Carers will be from any ethnic, faith, social background or sexual orientation. They can care for more than one person, maybe working or unemployed and may have their own disabilities or illnesses.

The Care Act 2014 definition of a 'carer' is an adult who provides or intends to provide care for another adult needing care. A 'carer' should not be confused with "care worker" or "care staff" undertaking a caring role as part of paid employment or as a volunteer attached to a voluntary organisation.

Carers help and support others with a range of problems including illness, disability, dementia, and substance or alcohol abuse. They keep those they care for safe by giving physical, practical and emotional support and maybe for short periods, a lifetime, on a daily basis or from a distance.

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 is considered to be the carer of an adult.

A young carer is defined under section 96 of the Children and Families Act as "... a person under 18 who provides or intends to provide care for another person." This includes both practical and emotional support to a family member who is physically or mentally ill, disabled, or misuses substances.

Like the Care Act, it excludes young people who in paid employment or undertaking voluntary work except, where the local authority consider that the relationship between the person cared for and young person intending to provide care, is such that it would be appropriate for the person under 18 to be regarded as a young carer.

Tasks undertaken by young carers also 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. Young carers may become vulnerable when the level of responsibility they take and the care they give becomes excessive or inappropriate for them. This can then impact on their childhood including their emotional, physical well-being, educational achievement, or life chances.

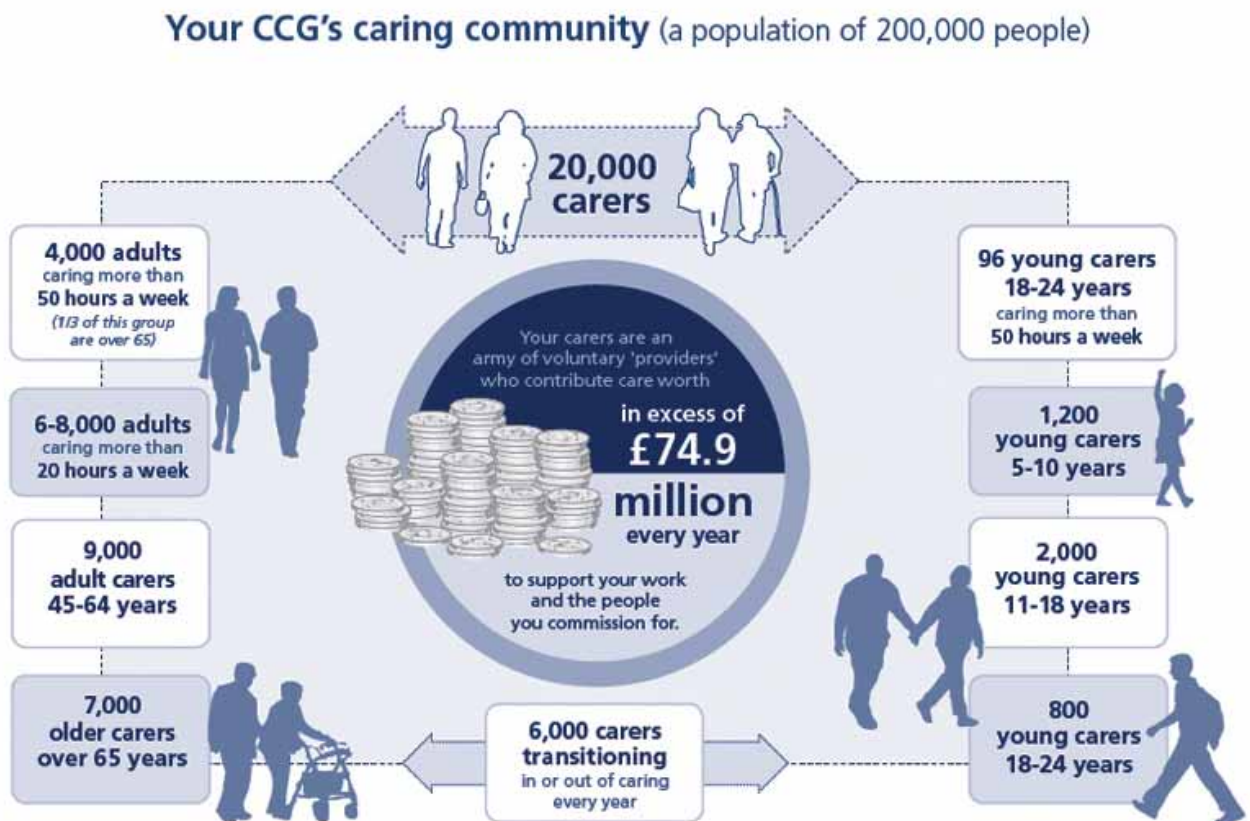


8. Value of Carers

Carers make a vital contribution to communities by helping the people they care for to live in their own homes for as long as possible. They also make a significant economic contribution to the UK economy; an estimate⁷ in 2011 put this at approximately £119 billion per year. This is higher than the annual net expenditure of the NHS for 2015/16 which will be in the region of £116,574 billion. Carers help reduce the ever increasing pressures on both health and social care budgets by limiting numbers of hospital and residential admissions.

There are significant economic benefits to support carers as well as legal and moral duties. A 2013 report by the Royal College of General Practitioners (RCGP)⁸ 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.



⁷ Valuing Carers - Calculating the value of Carers' Support Carers UK 2011
⁸ Commissioning for Carers, Royal College of General Practitioners 2013

9. The Impact of Caring

Caring can be very rewarding but it can also be both financially and emotionally demanding. It can impact on a carer's health, employment, education, and relationships. The extent of the impact depends on many factors such as the amount of caring undertaken, the age and health of the carer, their other responsibilities as well as the needs of the person they support. Carers often ignore their own needs, putting those of the person they care for before themselves.

The RCGP report⁹ says caring has a significant impact on the health of the carer. They reported:

- 40% of carers experience psychological distress or depression. Those caring for people with behavioral problems experience the highest levels of distress.
- 33% of carers providing more than 50 hours of care a week report depression and disturbed sleep.
- 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 over a four year period.

A guidance report¹⁰ focusing on carers and safeguarding, listed situations when the carer is at increased risk of harm from the person they care for. Situations 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.
- 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 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".¹¹

Another recent national carers survey¹² reported that 58% of the respondents had reduced the amount of exercise since starting caring and 45% found it hard to maintain a balanced diet as a result of caring. The survey also focused on how carers mental wellbeing was affected as a result of caring. 73% reported increased anxiety, 82% increased stress and 50% said they were affected by depression after taking on a caring role.

A report from the last national census¹³ said people from white and Asian ethnic groups providing 50 hours of unpaid care per week were 4.3 times more likely to have 'Not Good' general health compared with those in the same ethnic groups providing no unpaid care.

BME carers providing at least 20 hours a week are less likely to be in employment than those without caring responsibilities. A survey undertaken Carers UK's 'State of Caring' highlighted the challenges faced by BME communities in accessing support. It concluded that this group 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.¹⁴

¹⁰ Carers and safeguarding adults - working together to improve outcomes 2011

¹¹ <http://www.carersuk.org/help-and-advice/who-do-you-care-for/item/960-caring-for-your-disabled-child>

¹² State of Caring Survey 2014 Carers UK

¹³ 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001ONS

¹⁴ State of Caring Carers UK 2013

The recent local carers survey conducted in 2014-15 as part of a national exercise considered the impact of caring. Results from the sample 160 Slough carers responding to the survey included the following;

- 30% indicated that they were unable to continue with paid employment because of the caring responsibilities.
- 15% reported feeling socially isolated.
- 17% reported not doing anything they value or enjoy with their time
- 15% felt they neglected looking after themselves- not sleeping or eating well.
- 27% indicated had long-term illnesses.



10. Summary to National Background

Over the last two decades, Governments have recognised the important contributions carers make by maintaining the wellbeing and independence of others. This is demonstrated in key legislation, guidance and strategies.

This Carers Strategy for Slough has been developed in light of these national drivers and our action plan will support delivery of these priorities at a local level.

10.1 National Strategy for Carers

The land mark National Carers Strategy¹⁵ sets out the 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, whilst enabling the person they support to be a full and equal citizen."

This was followed in 2010 by 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' which introduced four key priorities upon which the Government, working in partnership with Local Authorities, the NHS, employers, the voluntary sector, local communities and carers should focus:

1. Identification and recognition
2. Realising and releasing potential
3. A life outside of caring
4. Supporting carers to stay healthy

These four priorities were again endorsed in the recent national plan for carers¹⁶, which summarised achievements in the support for carers and as well as identified future key actions.

In a recent report¹⁷ NHS England recognised carers as an invaluable asset to both itself as an organisation as well as the people they care for. The report makes a series of commitments to support carers based around eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

10.2 The Care Act 2014

The overarching principle of the Care Act is that of promoting wellbeing. It introduced major changes for local authorities in how it delivers care and support for adults with care needs and carers. The Act and statutory guidance aim to achieve:

- Clearer and fairer care and support to both service users and carers.
- Improved physical, mental and emotional wellbeing of both the person needing care and their carer.
- Preventing and delaying the need for care and support.
- Putting people in control of their lives.
- Improved and more personalised approaches to safeguarding for both the carer and the cared for person

¹⁵ 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

¹⁶ Carers Strategy: Second National Action Plan 2014-2016

¹⁷ NHS England's Commitment to Carers 2014

It adopts a whole-family approach as well as more personalised support tailored to the carer and the person they support using a new national eligibility criteria. Carers are now recognised in law as having the same legal right to an assessment and support as the person they care for. They no longer have to demonstrate that they provide 'regular and substantial' care to have a carers assessment. The assessment must consider whether the carer is able or willing to carry on caring, their own needs, the impact caring has on their lives and what they want to achieve such as working, studying or doing more socially. The local authority then has a duty to agree a support plan with the carer which sets out how the carers eligible support needs will be met.

It is anticipated that the numbers of carers seeking an assessment will increase as carers become more aware of their entitlements.

The Act requires local authorities to provide, or arrange the provision of services, which will prevent or delay the need for care and support by unpaid carers as well as the person they care for in order to reduce the need for support by carers in their area. Local authorities must also establish and maintain a service for the provision of information and advice about care services and how to access them, including financial advice.

It also requires local authorities to focus on young carers by improving the recognition and support through transitional arrangements as they move from Children's to Adult services. Local authorities can also assess a young person's needs through adult care systems when they are nearing adulthood. This can help them understand what might be available to them and whether they are likely to be eligible for care and support when they turn 18 years of age.

The guidance that supports the implementation of the Act states:

"Local authorities should ensure that adults' and children's care and support services work together to ensure the assessment is effective - for example by sharing expertise and linking processes"¹⁸.

They must also consider whether any of the caring tasks the child is undertaking are inappropriate and if the caring undertaken impacts on their education, friendships and other aspects of their wellbeing.

The implications for this strategy include proactively identifying carers, assessing their needs and delivering preventive support.



¹⁸ Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health

10.3 The Children and Families Act 2014

The Children and Families Act introduces wide reforms to improve services and support for vulnerable children and families including adoption, looked after children, family justice, special educational needs and young carers.

Changes relating to young carers include ensuring they receive equal treatment to adult carers. This means local authorities must undertake an assessment of the child and their needs as a carer and provide support to meet their needs in order to safeguard and promote their welfare. They must consider whether the adult being cared for is eligible for assessment under the Care Act 2014 and whether if a child is being cared for, requires an assessment under the Children Act 1989. The local authority must also consider what is in the best interests of safeguarding or promoting the child's welfare.

This legislation also requires local authorities to ensure an improved focus on the needs of young carers and again reinforces the need for greater collaboration between Children and Adult services in line with the Government's 'whole family approach'.



Parent carers also now have the same rights to a stand-alone assessment as adult and young carers under this legislation. They no longer have to show they are providing a "substantial amount of care on a regular basis" in order to be assessed. The legislation now requires local authorities to assess on the appearance of need, as well as following a request by a parent carer.

The recently published regulations¹⁹ relating to young carers states that in carrying out the assessment, the local authority must have regard to the age, understanding and family circumstances of the young carer, their wishes, feelings and preferences and consider differences of opinion between them, their parents and the person cared for and the outcomes the young carer seeks from the assessment.

One of the key principles of the recently updated Memorandum of Understanding (MOU)²⁰ relating to young carers, supporting the implementation of both this Act and the Care Act is that:

"The primary responsibility for responding to the needs of young carers and young adult carers and ensuring an appropriate assessment rests with the service responsible for assessing the person they support, rather than the age of the carer".

The implications of this Act include stronger collaboration between partners in ensuring a more cohesive approach in support young carers.

¹⁹ The Young Carers (Needs Assessments) Regulations 2015

²⁰ No wrong doors: working together to support young carers and their families" March 2015 ADCS, ADASS, the Children's Society, Carers Trust

11. The Profile of Carers

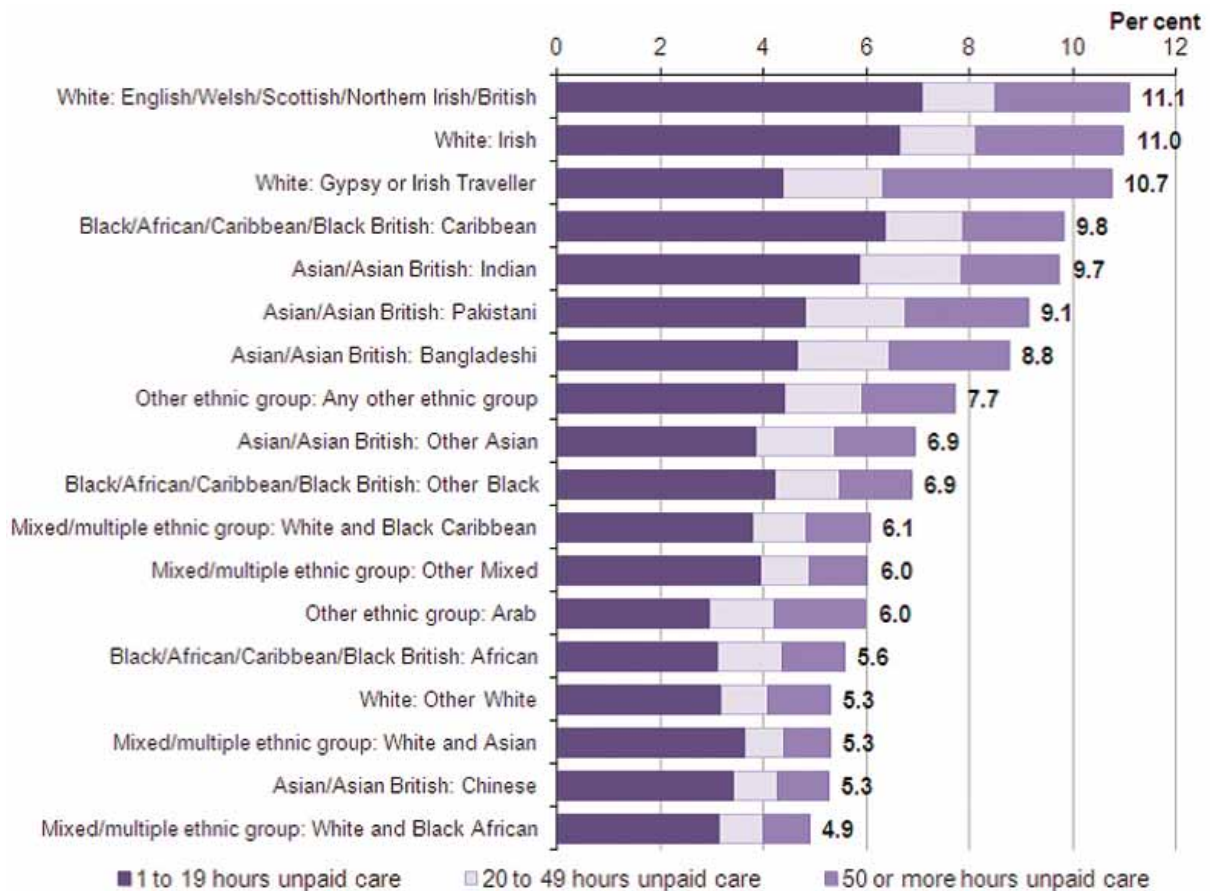
11.1 National Picture

The 2011 national census reports there are 5.8 million carers in England, Wales and Northern Ireland. This is an increase of 629,000 in the ten year period since the last census. A report by Carers UK²¹ summarised key information from the census. This includes:

- 2.2 million people are now undertaking caring responsibilities in excess of 20 hours a week.
- 1.4 million people are providing care for more than 50 hours per week.
- 58% of carers are female compared to 42% who are male.
- The age profile shows the peak age for caring is 50 to 59.
- One in five people in this age group (1.5 million across the UK) are providing some unpaid care.

11.2 Ethnicity

The 2011 Census²² showed that amount of care provided varied greatly among ethnic groups. British (11.1 per cent), Irish (11.0 per cent), and Gypsy or Irish Traveller (10.7 per cent) were among the highest providers of unpaid care. White and Black African (4.9 per cent), Chinese (5.3 per cent), White and Asian (5.3 per cent) and Other White (5.3 per cent) ethnic groups were among the lowest providers of unpaid care. See below.



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

²² 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001ONS

11.3 Young Carers

Key findings from the 2011 census are:

- 177,918 young people aged between 5 to 17 years undertaking caring responsibilities of which 54% are girls and 46% are boys.
- The number of young carers increased by almost 19% in the ten year period since the last census. The largest increase in the South East.

A report²³ looking at the census 2011 data on young carers commented:

"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".

It states numbers of young carers identified in census are "the tip of the iceberg" as they fail to capture those caring for family members with mental illness or substance misuse. It also states that many young carers are marginalised and hidden from professionals for fear of stigma.

Other key findings from this report are that:

- One in twelve young people undertake 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 BME 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.
- 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.



²³ Hidden from view: The experiences of young Carers in England.' Children's Society 2013

12. Profile of Slough

12.1 Slough's population

Slough thrives as an exciting and culturally diverse town. It is a densely populated with a population of around 142,000. It is the most ethnically diverse local authority area outside London and is home to a diverse community from over 80 different countries. Approximately 48 % of its adult residents are from a black or minority ethnic (BME) 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. Support for Slough's carers needs to be developed in light of this context.

12.2 Health

The following key themes are identified from the Public Health Outcomes Framework for Slough:

- The general health of many local people is poor compared to other local authorities and many people in Slough experience more years of ill health and disability when compared to national average.

- There are high rates of coronary heart disease and pulmonary disease (chest and lungs); this is the single most common cause of all premature death.
- The number of people who are diagnosed with 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 tuberculosis.
- 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; 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.

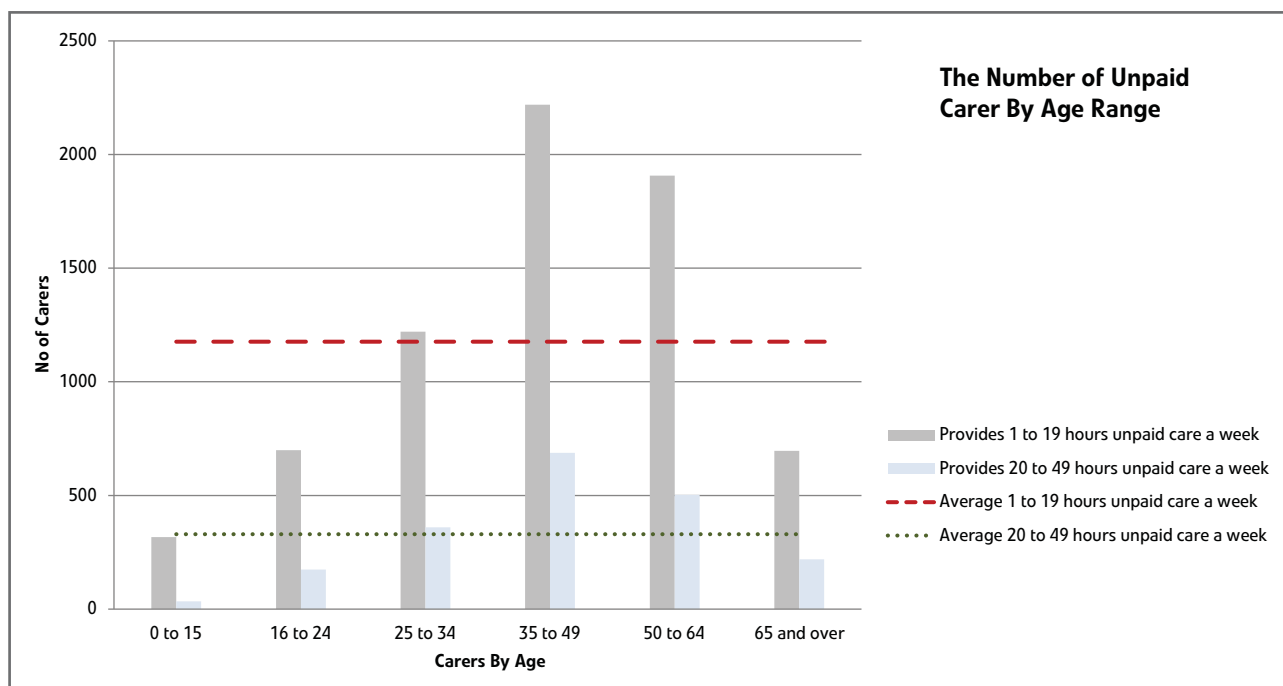


13. Profile of Slough's Carers

The 2011 Census data tells us there are 11,626 carers living for Slough. This amounts to 14% of the area's population compared to a national average of 12%. The number of carers entitled to carers allowance in 2013 in Slough was 1,700. There are a large percentage of carers whom are unknown to services.

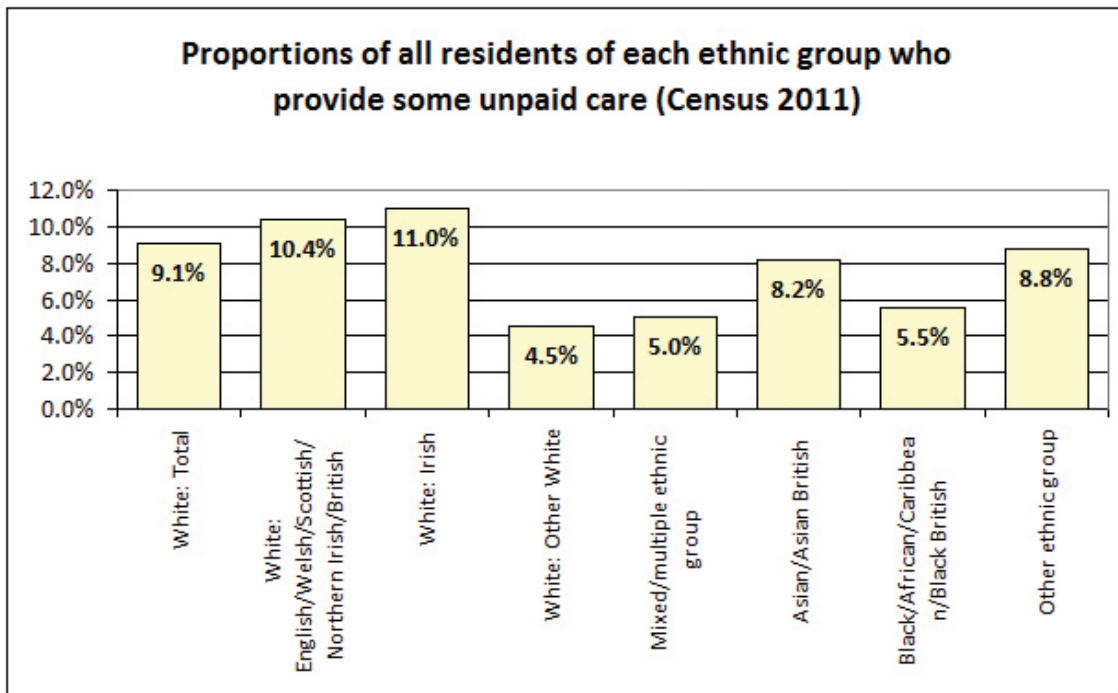
The graph and table below shows the number of hours of care provided by age band.

The data tells us that a high number of carers are of working age (aged between 35 and 49 years) lining in Slough. It is likely they many of these people will have dual responsibilities of caring for a child as well as a relative, partner or neighbour. It is important that this group of carers are supported to either seek or sustain employment. Numbers of older carers are also increasing as people are living longer with more complex needs including dementia. Again support needs to be tailored to this group of carers.



Age Group	Numbers of people providing 1 to 19 hours unpaid care a week	Numbers of people providing 20 to 49 hours unpaid care a week	Numbers of people providing 50 or more hours unpaid care a week	Total number of people providing unpaid care a week
0 to 24	1,013	208	129	1,350
25 to 49	3,438	1,047	1,177	5,662
50 to 64	1,907	503	687	3,097
65 and over	696	219	598	1,513
Total:	7,054	1,977	2,591	11,622

The next table illustrates the proportion of Slough carers within different ethnic groups.



13.1 Adult Carers

380 carers assessments were completed between April 2014 and March 2015. In addition, 141 reviews took place.

The introduction of the Care Act has brought a marked increase in numbers of carers assessments. Between April and June 2015 189 assessments were completed, which compares to 103 for the same period in 2014. For the first five months following the implementation of the Care Act (April-August 2014) 64 carers were assessed as eligible for a direct payment.

13.2 Parent Carers

There are currently 114 families in receipt of short break support within the Learning Disability and Difficulty service. Twelve families are currently being supported through a direct payment.

In 2014 over 900 short breaks were provided to parent carers of children with special educational needs.

13.3 Young Carers

As indicated earlier, the latest census which includes data on young carers recorded that there are 377 young people under the age of 15 and 976 aged 16-24 providing regular care in Slough.

A mapping activity exercise undertaken by SBC in late 2014 identified a total of 448 young carers living in the Borough. A further 7 have subsequently been identified totalling 455.

14. Local views of carers

Building on consultation for the interim strategy, a group of local carers developed a questionnaire around the four national priorities. With the support of local providers, this was used as the basis to seek the views of others carers about what is important within a local strategy (Appendix 1).

The questionnaire was distributed to carers with the support of local community groups and provider services during the period May to June 2015. 107 carers completed the questionnaire. The results of this survey together with the ethnicity of respondents are attached in Appendix 2.

Overall there were consistent themes from the responses which included:

- Late recognition of themselves as a carer and therefore delaying getting support at the time that they needed it.
- Maintaining a positive relationship with the person they care for in addition to their role as a carer.
- The need for timely advice and training to equip them in their caring role.
- Receiving information, help and support.
- Undertaking caring responsibilities that are appropriate to age and ability.
- Having their own emotional and physical needs met and being recognised as a carer by GP.

Carers were also consulted at a local event during national carer's week 8-14th June 2015. The views were largely in line with those expressed within the questionnaires and are attached in Appendix 3.

The vision and draft action plan was discussed and agreed at the Carers Forum in September 2015 which was attended by 27 carers.

Discussion also took place in August 2015 with a small focus group of young carers about what is important to them. Feedback was consistent with views expressed during previous the consultations. They identified the following:

- I know that I am a young carer.
- I am happy to be a young carer for the person I care for.
- People in my community know that I am a young carer and are willing to help me.
- I know where to go to get the right support when I need it.
- I help make decisions for the person I care for.
- I can have a young carer's assessment if I choose to.
- I have time to relax, and meet with my friends.
- I have time to do all my school work.
- I can take part in different activities and youth clubs if I choose to.
- I am able to share what I know with others.

It is recognised that the majority of carers who participated in the engagements and development of this strategy were already known to services. A challenge for Slough is how we seek out carers unknown to services, including older carers, working carers, young carers and those across Slough's diverse community in order to understand their views to inform future commissioning.

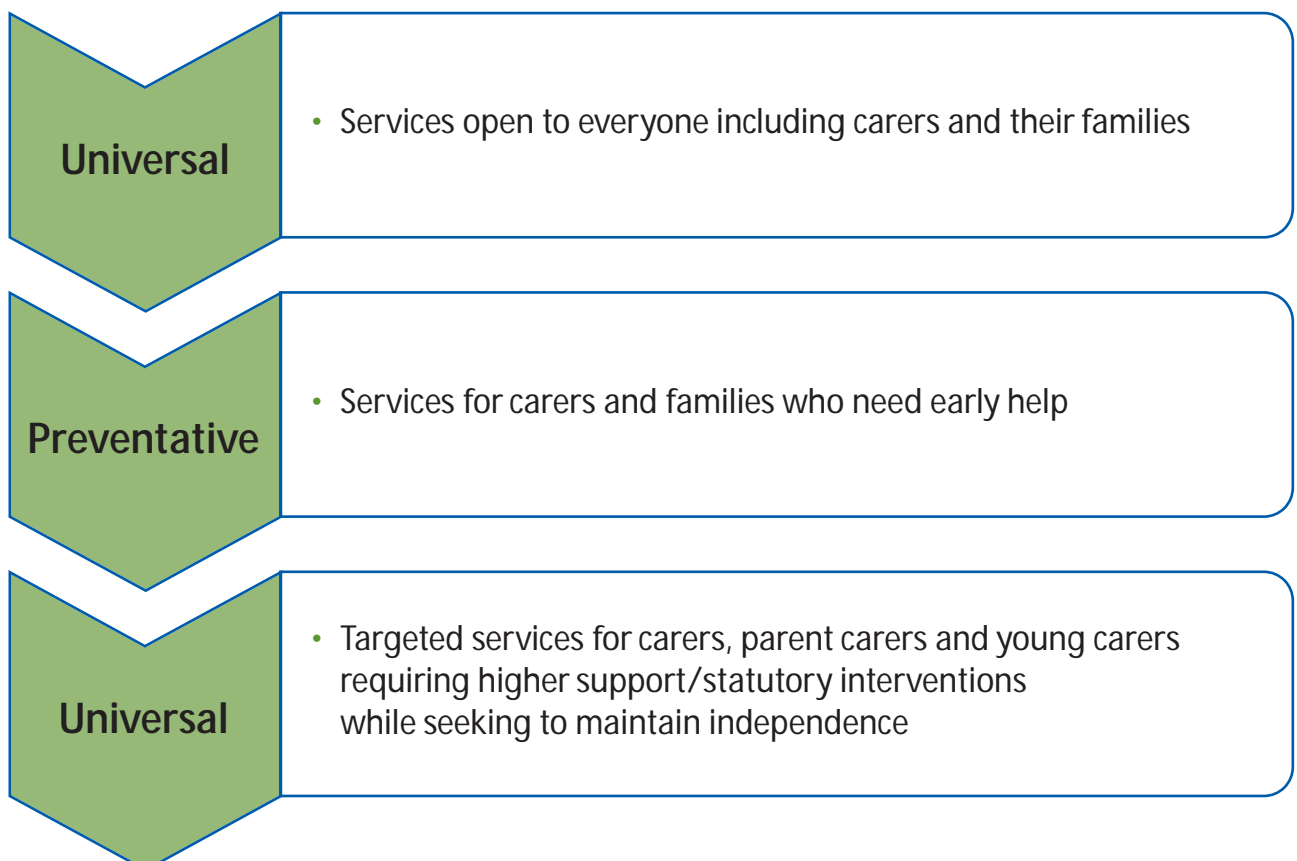
15. Commissioning activity to support carers and their families

Commissioning activity to support carers in Slough will be in line with national and local drivers as well as our vision. This will require doing things differently through improved integration between health, social care and local providers as well as listening to our carers. It will involve further shaping of the market to promote carer wellbeing as well as delay and prevent the need for intensive health and support services of those they support.

Local services will be commissioned to ensure the early identification of all carers. Services will support carers to use their knowledge, strengths and abilities to help them to continue caring for as long as they choose to do so.

Newly commissioned services will be innovative, integrated, responsive to needs, promote active communities and real choices to people including targeted services when needed. They must be able to deliver value for money and demonstrate improvements in local outcomes for residents.

The model below illustrates how support will be delivered within a prevention model so that carers and the people they care for can access services appropriate to needs and circumstances.



The table below illustrates the type of activity that contributes to meeting the four priorities for Slough (also aligned with the national priorities).

Level of intervention	Examples of Proposed Activity	Priority 1 Identification and recognition	Priority 2 Realising and releasing potential	Priority 3 A life outside of caring	Priority 4 Supporting carers to stay healthy
Universal Services: Open to all including carers and families	Developing integrated methods of working across including community hubs	✓	✓		✓
	Ensuring access to generic information and advice	✓		✓	✓
	Supporting universal services to ensure carers and those whom they care for are actively enabled to participate	✓	✓		
	Promoting annual health check for those that are eligible	✓			✓
	Developing a local workforce confident in supporting carers and young carers from Slough's diverse community	✓			
Preventative Services: For all carers and families who need early help	Promoting carers assessment for adults that are proportionate to needs	✓	✓	✓	✓
	Promoting carers assessment and Early Help Assessment for young carer through a whole family approach	✓	✓	✓	✓
	Promoting Assistive Technology			✓	✓
	Ensuring access to carers training and information	✓	✓	✓	✓
	Providing advocacy for carers and young carers	✓	✓	✓	✓
	Ensuring access to peer support	✓	✓	✓	
	Providing age appropriate activities for young carers	✓	✓	✓	✓
	Awareness raising about the needs of carers within the local community e.g. health, schools, employers	✓	✓	✓	✓
Targeted Services: For carers, parent carers and young carers requiring higher support/ statutory interventions while seeking to maintain independence (requires social care assessment)	Ensuring direct payments are available for carers and families assessed as eligible	✓	✓	✓	✓
	Ensuring respite provision for parent carers assessed as eligible	✓	✓	✓	✓

Support for Parent carers

Parent carers will continue to be supported through short breaks. SBC Short Breaks Statement 2014²⁴ outlines the council's duty and commitment to provide this support to disabled children and young people with learning difficulties and disabilities aged up to 19 years and their parent carers in Slough.

The aim is **“to enable as many disabled children and young people as possible to remain living at home with support from community services to lead normal family lives and have access to universal settings or more specialist local services in accordance with their wishes”**.

The strategy is to provide a range of activities based on feedback from parent/carers with the emphasis on developing the capacity of universal services. The purposes of short breaks are 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 inside or outside of the home (e.g. arts, crafts, music, day trips, sports)
- Developing independence skills (e.g. shopping, cooking and volunteering)
- Daytime care in the home or elsewhere
- Overnight care in the home or elsewhere
- Specialist activities during the evenings, weekends and school holidays.

The types of support available has been classified into three groups together with eligibility criteria.

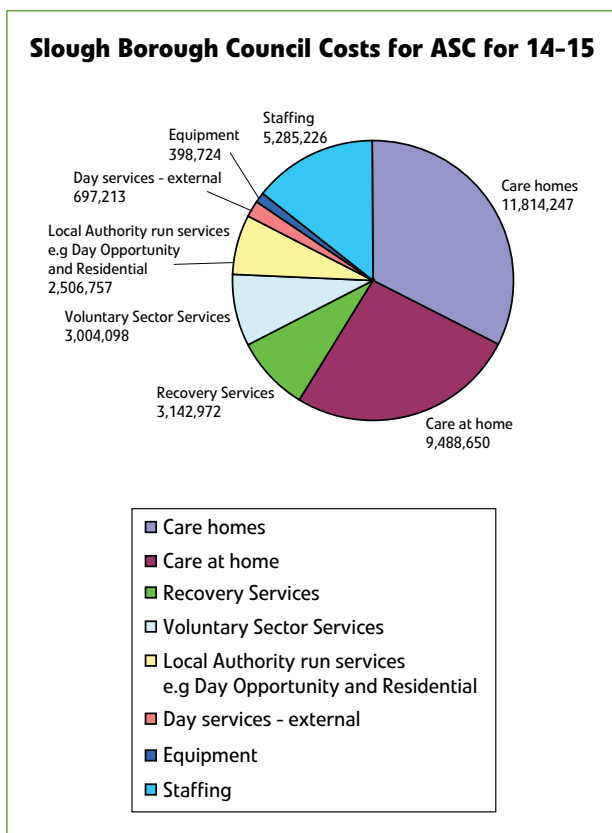
Level	Service Description	Eligibility
1 Universal Services	Includes leisure centres, libraries, playgrounds, youth clubs, Children's Centres, extended school clubs, holiday clubs, childcare and uniformed clubs such as scouts and guides.	Accessible to all children with or without a disability
2 Targeted 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 an the Early Help Assessment tool
3 Specialist Services	Designed for children/young people with complex levels of need. Short breaks include specialist day care/overnight stays with a trained support worker.	Access to level 3 require a social care and/or health assessment

²⁴ SBC short breaks statement 2014

15.1 How we spend the money

Carers support is integral to all aspects of the Councils services whether directly provided or commissioned. It does this through personalised assessment and support planning to improve outcomes for both carers and the person they care for. Therefore it is not always possible to isolate financial activity which supports just the carer.

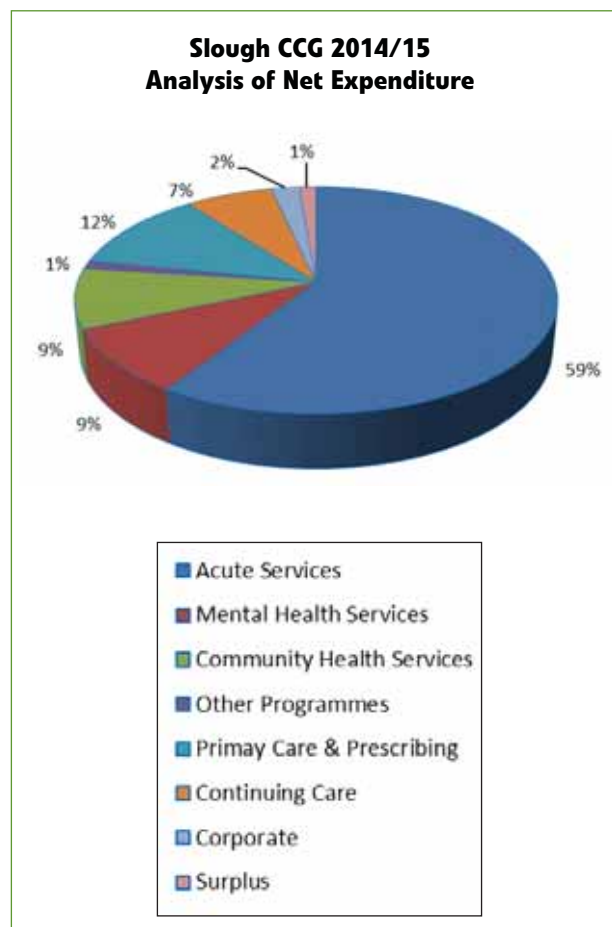
Summary of Adult Social Care (ASC) expenditure 2014-15



Summary of Slough CCG expenditure (net) 2014/15

The CCG expenditure for 2014/15 was £157.5 million. This equates to £1,059 for every person registered with a GP in Slough. Just over half of expenditure is spent on acute hospital services (£94 million).

The chart below²⁵ illustrated the percentage of the overall CCG budget on different services

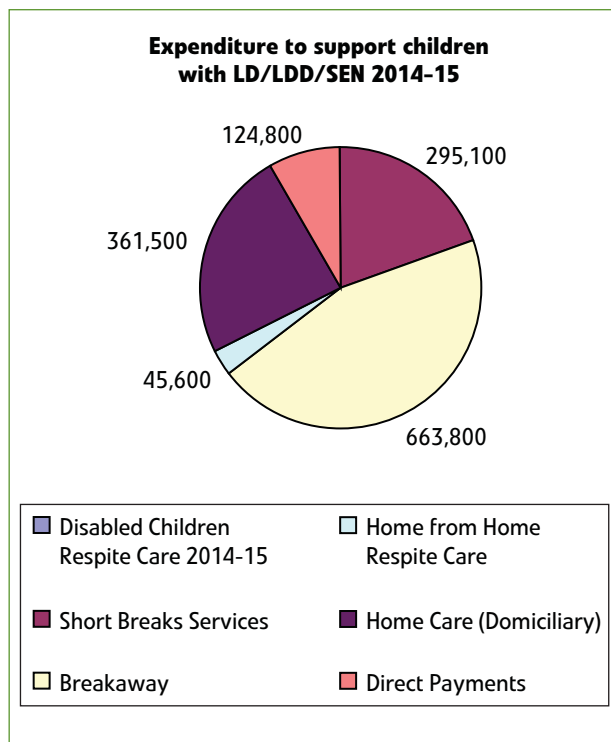


²⁵ Slough CCG Annual report 2014/5

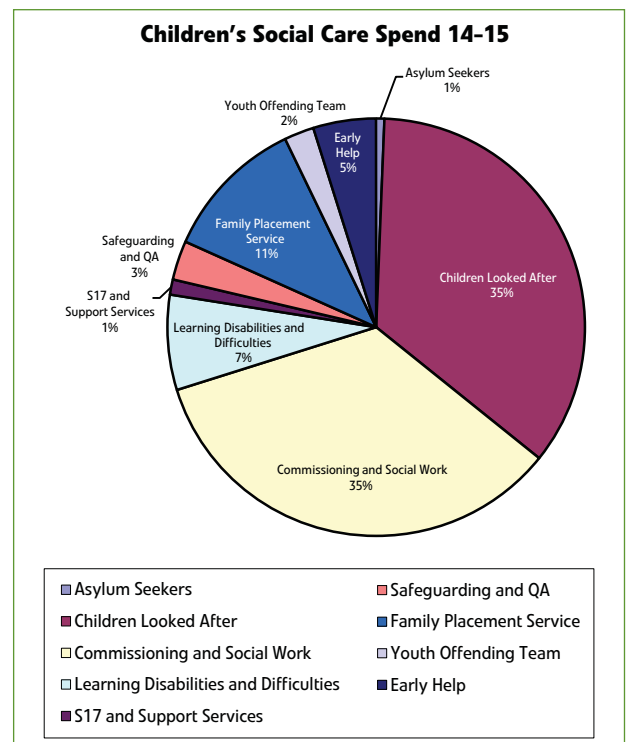
Specific commissioning activity to support carers through funding from SBC and Slough CCG (including Better Care Fund) for 2014/15 is outlined below:

Activity to support carers	Detail
Carers short breaks/respite care/Direct Payments	Personalised support based on needs identified
Carers training	Targeted training programme based on identified needs of carers - includes Carers Rights, Safeguarding Adults, Dealing with Stress and Improving Wellbeing, Essential First Aid
Contribution to commissioned voluntary sector services	Carers support element includes Information, advice, advocacy, peer support, carers training, carers newsletter and carers week support
Young Carers Support	<ul style="list-style-type: none"> Recruited young carer strategic lead for 12 months to support development of pathways, assessments tools Commissioned voluntary sector organisation to run young carers awareness session within schools
Information for carers	Includes developing material to support implementation of the Care Act, promote GP Carers Register and training
Early Bird and Early Bird Plus	Provides support to parent carers of children with autism
Marie Curie End of Life Care	Funds support to carers and those people who are at the end of life

The chart below summarises Children's Service expenditure 2014-15 to support children with learning disabilities and difficulties and those with special educational needs. This will also support parent carers of these children.



The following pie chart illustrates the total Children's Social Care expenditure for 2014-15. The overall expenditure is £24 million.



15.2 Future commissioning activity to support carers

For the period 2015-16 the total Slough CCG and SBC ASC budget for carer specific activity is £491,000. This funding includes the Carers elements

identified within the Better Care Fund and the Department of Health grant to support the implementation of the new duties and responsibilities introduced within the Care Act. This will fund the following activity in 2015-16.

Activity	Detail
Carers Assessments/Reviews	To meet requirements of Care Act to support additional carers' assessments
Carers Direct Payments - adult carers	To meet requirement of Care Act
Voluntary sector commissioning	To meet prevention and wellbeing element of Care Act: includes Information, advice, advocacy, peer support, carers training etc
Young Carers Support	Embed young carers assessment processes locally and develop a local offer to support young carers
Additional funding to support replacement care	Replacement care is a service for the cared for. However it is also recognised as a critical service for the carer. The cared for will be financially assessed for this support
Carers Information	Includes developing material to ensure carers aware about their increased rights under the Care Act
Marie Curie	End of life care
Early Bird and Early Bird Plus	Support to parents of children with autism

The budget for commissioned respite care services which provide short breaks or overnight care 2014/5 is £578,000. In addition SBC manage a learning disability respite service which has a budget of £429,000. Respite services are chargeable to the cared for and will also benefit their carer/s.

SBC does not currently charge for carers' support services and this position was reaffirmed by SBC elected members earlier this year. Any future changes to the charging policy would involve full consultation with carers and other stakeholders as part of a full equality impact assessment.

The future funding position of local authorities throughout the country is unclear as is the impact of Care Act including the increased numbers of carers who are eligible for support. It is important that where resources become increasingly limited, these are used to support those carers who are most at risk.

Local support to carers will be reviewed annually in light of health and social care budgets. A new national strategy for carers has also been announced by the Health Secretary²⁶. The action plan to support this local strategy will be updated to respond to these changes.

²⁶ https://www.gov.uk/government/speeches/personal-responsibility?dm_i=I34,3I4WF,39WDV1,CJWBG,1

SBC and Slough CCG are re-commissioning the Voluntary and Community Sector (VCS) services in order to fulfil statutory duties within the Care Act as well meet local priorities for carers.

The VCS will have an important role in delivering a range of support to carers. This includes the following activities:

- Proactive approaches in supporting the early identification of carers including hidden carers
- Providing information and advice
- Undertaking carers assessments and support plans
- Supporting carers with self-assessments
- Supporting carers to register as a carer with GP surgeries
- Enabling carers to access support from a range of sources within Slough
- Supporting carers to stay physically and emotionally well
- Supporting carers to get into work or study, or carry on working or studying
- Enabling carers to enjoy a life of their own outside of caring
- Identifying and facilitating carers training
- Signposting carers, including young carers to access appropriate support
- Coordinating carers activity through range of means including Carers Forum, Carers week and newsletter
- Supporting carers to access breaks
- Undertaking awareness raising of carers with Slough e.g. employers

Other commissioning and development activities benefiting carers include;

- Re-focusing adult social care practice towards a community based support in tandem with developing local links with community and voluntary organisations.
- Re-commissioning of Slough CCG and SBC advocacy services to meet statutory and non statutory needs. It will be Care Act compliant and will include advocacy for carers.
- Review and re-commissioning a range of services including personalised homecare, replacement care, housing related support, supported living, residential and day opportunities through a dynamic purchasing framework.
- Introducing a pre-paid card service to support people to manage their direct payments.
- Increased the offer for enhanced integrated intermediate care and reablement services to help people return home following a hospital admission.
- Re-tendering the Berkshire Community Equipment Service which supports and enables independence.
- Implement a separate standalone Parent Carer Needs Assessment.
- 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.
- Developed a pathway to facilitate access to financial information and advice for self funders which is impartial and independent of the Council.
- Continue to promote and develop the range of telecare equipment for service users and their carers.
- Commissioned a personal assistant matching service for service users and carers in receipt of direct payments or funding their own care. This also offers employer advice and payroll support.

- Developing options for increased coordination between health and social care support for people in care homes and residential placements. This will include their carers where appropriate.
- Continue to work closely with parent carers of children and young people with special/additional needs, to ensure their involvement in decisions made during planning or developing services. This will include re-commissioning the short-breaks service for children and young people with special/additional needs commencing 2016.
- Commissioning a pilot responder service to support people using telecare equipment in times of crisis.
- Continue to develop personalised approaches to safeguarding for the carers for person and the carer.
- Developing a local online assessment tool for carers.



16. Summary

This Joint Carers Strategy outlines our vision of how carers will be supported in Slough. It describes how the local market will be shaped over the next three years through developing universal, preventive and targeted services as well as the response to the new legislation. It is anticipated that there will be increased demand for support from carers and therefore vitally important that support services are accessible, affordable, responsive and targeted.

We will deliver this strategy by developing a local market with a wide range of sustainable, high-quality care and support services for carers.

We will know we are successful in delivering this strategy when, using words of some of our local adult and young carers we have achieved the following:



Appendix A: Questionnaire



'Slough Caring for our Carers' Joint Carers Commissioning Strategy 2016-21

Following the Care Act 2014, Slough Borough Council and NHS Slough CCG (the body that commissions local hospital and community NHS services) are in the process refreshing its Carers Strategy with local Carers and other partner organisations. This is an important plan which states how together, we will support Slough's Carers over the next five years.

Valuing our Carers

We recognise Carers provide a very important role in promoting and maintaining the wellbeing of others in our local community. It is therefore important that as a Carer **you** are supported to lead as full a life as possible alongside your caring role.

The Government has set out four national priorities as to how Carers should be supported. Working together with local Carers, we have identified some local outcomes as to how these priorities will be put into action in Slough.

We want to know what your needs are as a carer so we can work to achieve the best outcomes for you and the people you care for. A Slough carer has described an outcome as "the destination, not the journey", so think about what you would like to achieve, not how you could do it.

Under each priority please select the 4 outcomes that are most important to you, and number them 1-4, with 1 being most important.

We also want to hear anything else that we might have missed, please write any further suggestions below.

National Priority Area 1: Identification and Recognition

Local outcomes for Slough's Carers

- I know I am a carer
- People appreciate what I do as a carer
- The support I receive meets my cultural and language needs
- I am consulted/involved in the support of the person I care for
- I can have a carers assessment if I choose to
- I have choices about the support I receive

National Priority Area 2: Realising and Releasing Potential

Local outcomes for Slough's Carers

- I have a positive relationship with the person I care for
- I am able to fulfil my role as a carer
- I am able to share what I know with others
- I am able to recognise my own needs
- I get advice and training to support the person I care for
- I meet the needs of the person I care for with dignity and respect
- I know where to go for employment opportunities, education and training

National Priority Area 3: A Life Outside of Caring

Local outcomes for Slough's Carers

- The care I give is appropriate to my age and abilities
- I will receive information about Direct Payments
- I feel part of my community
- I have opportunities to do things for myself
- I know where to go for information, help and support
- My employer understands my caring responsibilities
- I know other carers to share experiences, get support and learn from each other
- I have a life outside of caring
- It isn't assumed that my family will take on the caring role
- I am recognised as an individual and a carer

National Priority Area 4: Supporting Carers to Stay Healthy

Local outcomes for Slough's Carers

- My emotional needs are met
- My carers assessment is all about me
- My GP knows I am a carer
- I feel safe in my caring role
- My physical health needs are met
- I am in control of the care I give
- I recognise my own needs as a carer
- I can have flexible appointments with organisations that fit around my caring role
- I can have a break when I need it

Any further comments or suggestions...

Demographic Information

You are not required to complete the next section, but telling us about your background will help us make sure we are meeting the needs of all our communities.

If you feel the group you identify with is not listed, please feel free to write this in.

All responses will be treated in confidence.

Are you:

- Male
 Female
 Prefer not to say

Date of Birth (dd/mm/yyyy).....

Age:.....

- Prefer not to say

What is your Ethnic Group?

White

- British
 Irish

Any other White background, please state:
.....

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed background, please state:
.....

Black or Black British

- Caribbean
 African

Any other Black background, please state:
.....

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Sikh

Any other Asian background, please state:
.....

Chinese or other ethnic group

- Chinese

Other, please state:
.....

What is your religion/faith/belief?

- Christian Buddhist Jewish
 Muslim Hindu Sikh
 None Prefer not to say

Other (please state):
.....

Do you have a disability?

The Equality Act 2010 defines disability as a physical or mental impairment with substantial and long-term, adverse effects on ability to perform day to day activities.

- None
 I have a specific learning difficulty (for example dyslexia)
 I am blind or partially sighted
 I am deaf or hard of hearing
 I use a wheelchair or have mobility difficulties
 I have mental health difficulties
 I have a disability that cannot be seen, e.g. diabetes, epilepsy or a heart condition
 I have Autistic Spectrum Condition or Asperger's Syndrome
 I have a disability, special need or medical condition that is not listed above
 I have two or more of the above
 I do not wish to provide this information

Thank you for taking the time to complete this survey.

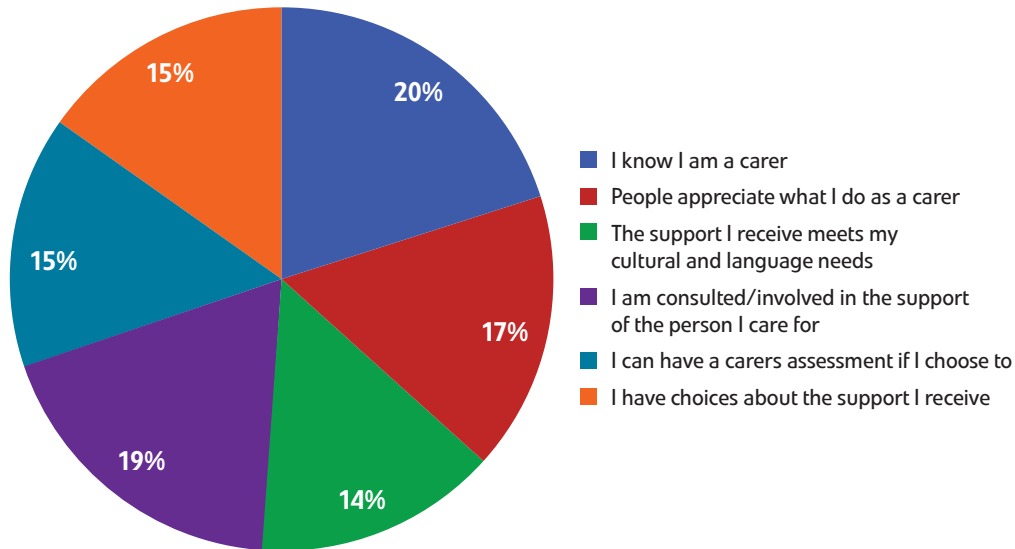
If you would like further information or to be kept up-to-date with the progress of the Carers Strategy please call Beth Reed on 01753 875538 or email beth.reed@slough.gov.uk

Please return forms by 26th June 2015

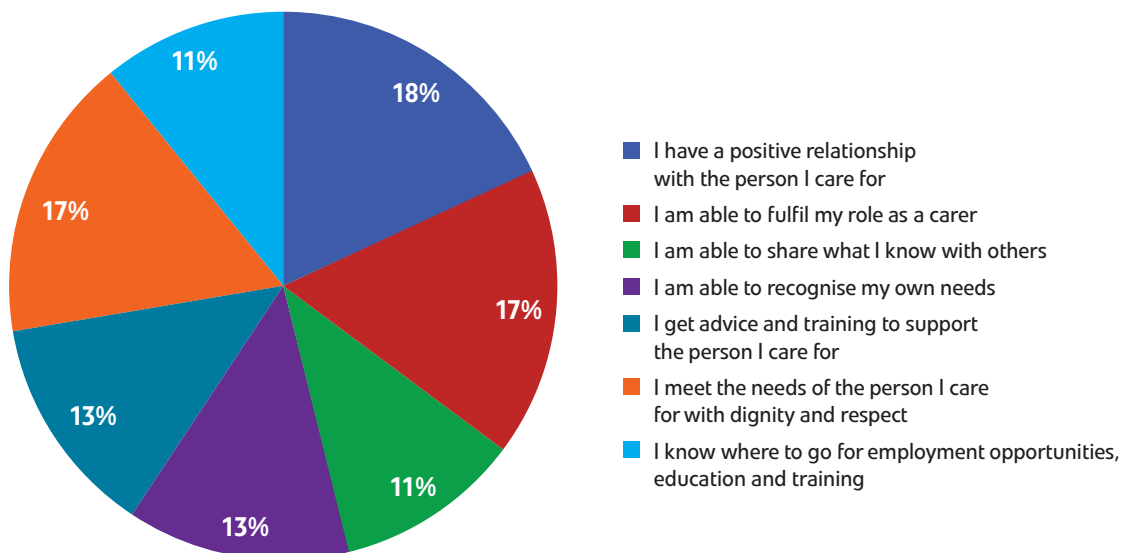
Appendix B: Responses to questionnaires

The charts below illustrate the responses to the questionnaire (appendix 1). 107 carers completed the questionnaire (89 women, 2 men and 16 not specified).

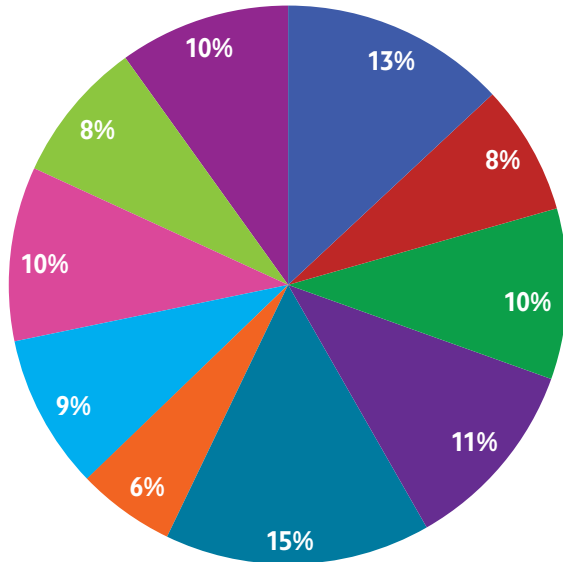
Priority 1 Identification and recognition



Priority 2 Realising and releasing potential

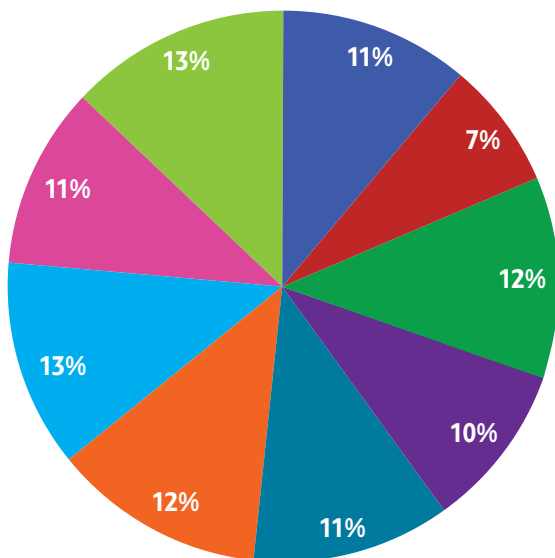


Priority 3 A Life Outside Caring



- The care I give is appropriate to my age and abilities
- I will receive information about Direct Payments
- I feel part of my community
- I have opportunities to do things myself
- I know where to go for information, help and support
- My employer understands my caring responsibilities
- I know other carers to share experiences, get support and learn from each other
- I have a life outside of caring
- It isn't assumed that my family will take on the caring role
- I am recognised as an individual and a carer

Priority 4 Supporting Carers to Stay Healthy

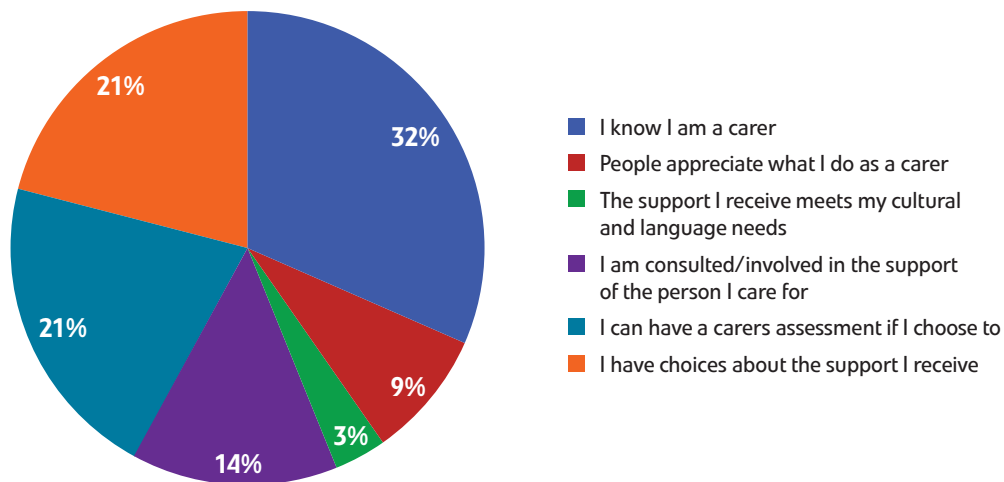


- My emotional needs are met
- My carers assessment is all about me
- My GP knows I'm a carer
- I feel safe in my caring role
- My physical health needs are met
- I am in control of the care I give
- I recognise my own needs as a carer
- I can have flexible appointments with organisations that fit around my caring role
- I can have a break when I need it

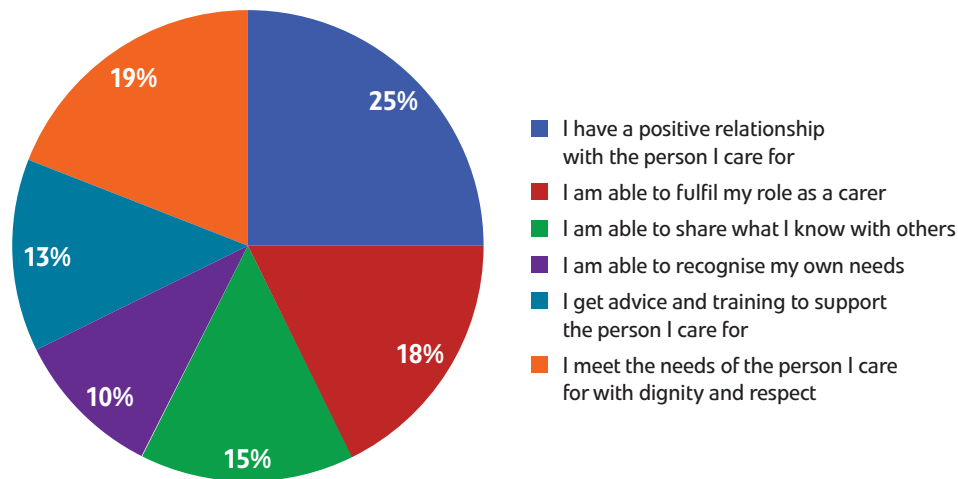
Appendix C: Responses to questions at a carer's event

The data below are responses to a group exercise at a carer's event during national carers' week attended by 37 carers. It follows the same format to that in questionnaire in Appendix 1.

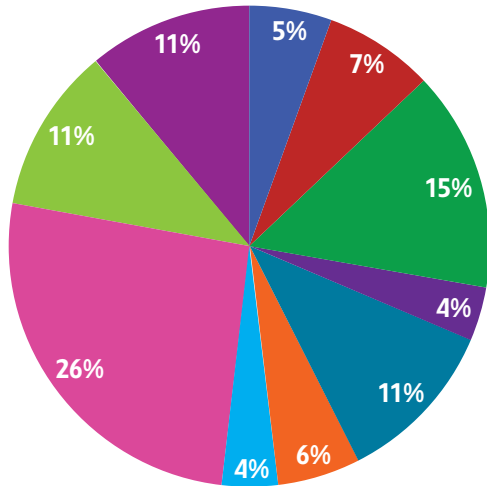
National Priority Area 1: Identification and Recognition



National Priority Area 2: Realising and Releasing Potential

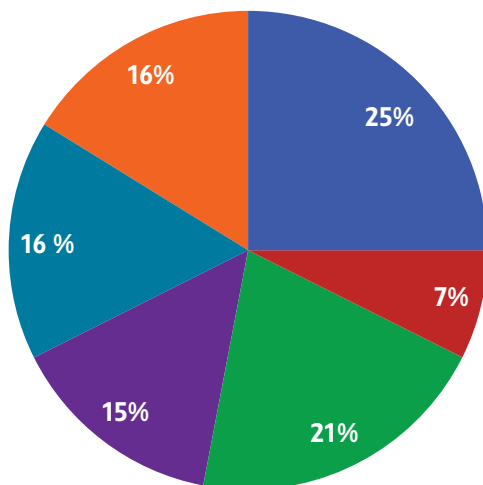


National Priority Area 3: A Life Outside of Caring



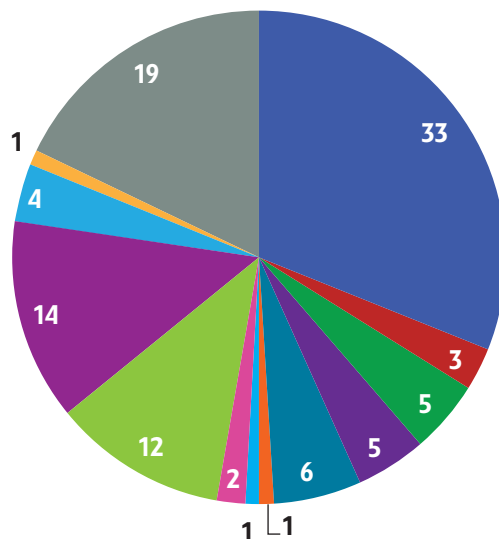
- The care I give is appropriate to my age and abilities
- I will receive information about Direct Payments
- I feel part of my community
- I have opportunities to do things myself
- I know where to go for information, help and support
- My employer understands my caring responsibilities
- I know other carers to share experiences, get support and learn from each other
- I have a life outside of caring
- It isn't assumed that my family will take on the caring role
- I am recognised as an individual and a carer

National priority Area 4: Support Carers to Stay Healthy



- My emotional needs are met
- My carers assessment is all about me
- My GP knows I am a carer
- I feel safe in my caring role
- My physical health needs are met
- I am in control of the care I give

Ethnicity of the carers completing the questionnaire



- White-British
- White-Irish
- White-other
- Black-Caribbean
- Black-African
- Mixed-W/BC
- Mixed-W/A
- Mixed-other
- Asian-Pakistani
- Asian-Indian
- Asian-other
- Other ethnic
- Not stated

Appendix D: Slough's Joint Carers' Commissioning Strategy 2016-21 Action Plan

This action plan has been developed in response to feedback from carers and young carers on what they say will help support them in their caring role. The delivery and monitoring of the action plan will be overseen by the Carers Partnership Board. It will be accountable to the Health Priority Delivery Group (PDG) sitting under Slough Wellbeing Board (SWB). Progress reports will be completed annually. The action plan will be also be updated as required during the life of the strategy.

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 1: Identification and recognition				
<ul style="list-style-type: none"> Commissioned voluntary and community sector (VCS) to deliver preventive and targeted support to carers - includes information, advice, advocacy, carers assessments, support planning, carer awareness, tackling loneliness. Actively promote local support services for adult/parent and young carers. Continue to develop/promote Slough Services Guide http://servicesguide.slough.gov.uk/kb5/slough/services/home.page. Continue to develop and promote SBC and CCG websites to provide information for carers. 	<p>Increased number of carers who are identified in Slough including older/working and/or from slough's diverse community.</p> <p>Carers will:</p> <ul style="list-style-type: none"> understand they are carers and are entitled to support access information and advice in order to make informed decisions engage in co-commissioning and development of new services be involved in care and support planning that meets their individual needs and the person they care for. 	<ul style="list-style-type: none"> Number of carer assessments/support plans Numbers of carers identified from all communities Carer feedback through service reviews, forums and questionnaires 	Commissioner - Adult Social Care (ASC)	<p>January 2016</p> <p>(April '16 for newly commissioned advocacy services)</p>
Effective monitoring of commissioned services	<ul style="list-style-type: none"> Services meet outcomes within service specification and deliver value for money 	<ul style="list-style-type: none"> Quantitative data: e.g. numbers of people supported, activities Qualitative data: e.g. Support plans meeting individual outcomes, carers feedback, reduced number of carer break downs 	Commissioner - ASC	From August 2016
<ul style="list-style-type: none"> To monitor numbers and quality of adult and young carers assessments and support plans To promote on line carers assessment processes when operational 	<ul style="list-style-type: none"> Compliance with duties and responsibilities of the Care Act and Children and Families Act Carers access more flexible assessments 	Carers feedback/improved outcomes/reduced carers breakdowns	<p>Commissioner - ASC</p> <p>Head of Early Help</p> <p>Head of ASC Operations</p>	From September 2016

What will happen?	Outcome	Measure	Who will do it?	When?
<ul style="list-style-type: none"> Map and profile number of carers currently known and assessing support including age, gender, ethnicity Identify gaps Develop coordinated approach to identifying carers who are currently unknown to services. 	<ul style="list-style-type: none"> Increase support for local carers Reduce carer break down 	Increased numbers of new carers identified	Commissioner - ASC Head of Early Help and Young Peoples Services	Review December 2016
<ul style="list-style-type: none"> Implement locally the MOU to support young carers outlining responsibilities for identification assessment and transition arrangements. Establish a young carers steering group to oversee implementation Ensure proactive approached to identifying young carers 	<p>Effective arrangements in place</p> <ul style="list-style-type: none"> Increased Identification and support young carers Numbers of young carers known and supported by local services recoded 	<ul style="list-style-type: none"> Increased number of young carers identified and accessing support Views of young carers and their families 	Head of Early Help Young Peoples Services Head of ASC Operations Commissioner - ASC	From September 2016
Consult carers about the planned re-modelling of Adult Social Care support pathways including assessments and support opportunities	The public including carers access support in line with the Care Act (wellbeing, prevention and personalisation)	Carers report their views have been heard in design of the new model	Programme Manager - Social Care Reform	Jan 2016
Involving carers as expert partners in reviewing and developing future health and social care services	<ul style="list-style-type: none"> Support for carers is sustainable and targeted effectively Carers recognised as valued partners Effective support in place to meet local needs 	Carer feedback and evidence of engagement	Commissioner ASC CCG BCF Manager Programme Manager - Social Care Reform Slough CCG Carers lead & GP Carer lead (to be identified)	From April 2016
Involving carers as expert partners in development of future services - e.g. short breaks	Support for carers is sustainable and targeted effectively	Carers feedback	Commissioner - ASC Children's Services Commissioner	From January 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Scope and design carers/ young carers awareness training to deliver to professionals across health, social care, young people's services and partner organisations	<ul style="list-style-type: none"> Increased about awareness of the needs of both adult and young carers knowledge of local support available including assessment processes/ pathways for both adult and young carers 	<ul style="list-style-type: none"> Carers feedback Higher numbers of carers will have their needs assessed for support 	Commissioner - ASC CCG Programme manager Training Officer Carers Partnership Board	From September 2016
<ul style="list-style-type: none"> Social Workers in the Children's Learning Difficulties & Disabilities Services to incorporate carers assessment as a discrete section of the Child and Family Assessment Children's Services to Implement a separate standalone Parent Carer Needs Assessment to enable parents the choice as to how their needs will be assessed 	<p>All Child and Family and Parent Carer Needs Assessments will lead to agreed:</p> <ul style="list-style-type: none"> outcomes about services to be provided processes for review (an integral part of the assessment and Children In Need plan) 	<ul style="list-style-type: none"> Reduced numbers of family break downs Parent carer views 	Head of Difficulties & Disabilities	From January 2016
Monitor Protocols between SBC and Slough Children's Services Trust to ensure needs of parent carers are given a high priority in the new arrangements	<ul style="list-style-type: none"> Parent carers are effectively supported to carry on their caring role Reduced family breakdown/ children in care 	Parent carer feedback	Children's Services Commissioner /Slough Children's Trust	From April 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 2: Realising and releasing potential				
A coordinated training and information programme based on the identified needs of local carers, including peer support	Carers equipped to meet their caring responsibilities	Carers feedback Reduced carer breakdown	Commissioner - Adults Commissioned Voluntary sector provider	April - rolling 2016
Quality and effectiveness of carer support plans reviewed	The individual outcomes of carers are met	Carer feedback. Reported outcomes and carer satisfaction.	Head of ASC Operations Commissioner - Adults	From April 2016
<ul style="list-style-type: none"> To continue to work with schools to ensure young carers are effectively identified and supported To monitor impact of the work with schools to measure impact 	Young carers protected from inappropriate caring that impacts on their education and employment opportunities	<ul style="list-style-type: none"> School attendance GCSE/A Level results School have database of young carers 	Head of Youth Services	
To build on and promote good practice activities with local employers to raise awareness about the needs of working carers and promote their skills.	<ul style="list-style-type: none"> Carer feel supported to maintain their employment Increased employment opportunities for carers 	Numbers of carers in employment	Commissioner - Adults Voluntary sector	April 2017
Review and promote employment/skills-based opportunities for carers with local partners - job centre plus, lifelong learning.	<ul style="list-style-type: none"> Carers access opportunities available to them 	Numbers of carers in employment accessing training	JCP Manager Head of Life Long Learning? Commissioner - Adults	From April 2017

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 3: A life outside of caring				
<ul style="list-style-type: none"> To further consult young carers about their needs To commission and develop opportunities to meet needs in light of consultation 	Young carers are supported through accessing universal and targeted support	Young carer feedback	Head of Early Help Head of Youth Services Targeted Support Manager (Young Peoples Services)	August 2017
Increased personalised support for carers	Direct Payments support carers to meet the identified outcomes with their personalised support plan	<ul style="list-style-type: none"> Increased numbers of carers receiving a direct payment Carer survey Carer Annual Reviews 	Commissioner - Adults Head of Adult Social Care	In progress. To be reviewed
Carers are directed to information and advice relevant to their needs (e.g. welfare benefits, financial/debt advice, housing and employment)	Carers receive advice and information to meet individual needs	<ul style="list-style-type: none"> Carer feedback Numbers receiving carers allowance 	Commissioner - Adults	In progress. To be reviewed 2016
Review of respite/replacement care	<ul style="list-style-type: none"> The carer receives a break from their caring role The cared for is in receipt of replacement care depending on their assessed need 	<ul style="list-style-type: none"> Reduced carer breakdown Reduced hospital admissions due to carer breakdown 	Commissioner - Adults	From April 2016
<ul style="list-style-type: none"> Review demand and impact for emergency response service Develop pathway/processes 	<ul style="list-style-type: none"> Carers have increased peace of mind at time of crisis Contingency plans in place to support the cared for 	<ul style="list-style-type: none"> Reduced hospital admissions due to carer breakdown Reduced admissions to care homes 	Commissioner - Adults	From April 2016
Continue to develop and promote telecare options for service users and carers	Increased independence for both carer and cared for	<ul style="list-style-type: none"> Number of people accessing telecare Carer feedback 	Commissioner - Telecare	Ongoing review December 2016

What will happen?	Outcome	Measure	Who will do it?	When?
Priority area 4: Supporting Carers to stay healthy				
<ul style="list-style-type: none"> Continue to develop and promote the GP carers register within local surgeries, including young carers Encourage carers to register with their GP Report and monitor the impact of GP carers register GPs to refer with their consent carers to local support services 	<ul style="list-style-type: none"> Recognition of carers and their health needs at GP practices GP support to carers is consistent within Slough Timely access for carers to GP appointments Increased numbers of carers accessing support 	<ul style="list-style-type: none"> Numbers of carers on GP registers Reduction in non-elective admissions to hospital Patient/carer feedback 	Slough CCG Carers lead & GP Carer lead <i>(to be identified)</i>	From April 2016
<ul style="list-style-type: none"> Promote annual health checks for eligible groups and flu vaccinations Helping carers to identify their own health needs and those of the people they care for 	<ul style="list-style-type: none"> Carers health needs are met Early identification and prevention of health conditions Carers are better able to manage their health and wellbeing, including stress 	<ul style="list-style-type: none"> Increase take up annual health checks and flu vaccinations Screening activity and early detection of illness Reduction in hospital admissions Reduce number of carer breakdown Carer feedback Carers participating in health awareness programmes 	Slough Public Health lead	Rolling
<ul style="list-style-type: none"> GP practices refer carers to local services to help meet identified needs. GPs to promote local services 	Carers receive improved support through integrated working between health, social care and voluntary sector.	<ul style="list-style-type: none"> Increased numbers of carers referred for carers assessments and sign posted to other agencies Increased number of Carers receiving appropriate support including carers assessment 	Slough CCG Carers lead & GP Carer lead <i>(to be identified)</i> Commissioner - Adults	Ongoing review September 2016

What will happen?	Outcome	Measure	Who will do it?	When?
<ul style="list-style-type: none"> Ensuring carers are appropriately safeguarded according to local multi-agency policy and procedures Commissioned services have robust safeguarding procedures in place and comply with local policies and procedures. Promote where appropriate carers in safeguarding processes 	<ul style="list-style-type: none"> Carers have a clear understanding of what safeguarding means Carers have access to appropriate support to prevent safeguarding concerns Carers are appropriately engaged and involved in safeguarding investigations 	<ul style="list-style-type: none"> Number of safeguarding alerts involving carers Numbers of carers attending safeguarding training Numbers of carers attending safeguarding meetings 	Head of Safeguarding and Learning Disability	Ongoing review December 2016
<ul style="list-style-type: none"> To improve admissions and discharge arrangements for carers between hospital and community. Carers identified on discharge and signposted for support 	<p>Carers are fully involved in admissions and discharge arrangements resulting in smooth transitions for carer and cared for.</p> <p>Carers accessing timely support</p>	Carer and patient feedback	Slough CCG Carers lead & GP Carer lead Commissioner - Adults Frimley NHS Foundation Trust Role	Review October 2016

This document can be made available on audio tape, braille or in large print, and is also available on the website where it can easily be viewed in large print.

Slough Caring For Our Carers

If you would like assistance with the translation of the information in this document, please ask an English speaking person to request this by calling 01753 475111.

यदि आप इस दस्तावेज में दी गई जानकारी के अनुवाद किए जाने की सहायता चाहते हैं तो कृपया किसी अंग्रेजी भाषी व्यक्ति से यह अनुरोध करने के लिए 01753 475111 पर बात करके कहें.

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚਲੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨ ਲਈ ਸਹਾਇਤਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਸੇ ਅੰਗਰੇਜ਼ੀ ਬੋਲਣ ਵਾਲੇ ਵਿਅਕਤੀ ਨੂੰ 01753 475111 ਉੱਤੇ ਕਾਲ ਕਰਕੇ ਇਸ ਬਾਰੇ ਬੇਨਤੀ ਕਰਨ ਲਈ ਕਹੋ।

Aby uzyskać pomoc odnośnie tłumaczenia instrukcji zawartych w niniejszym dokumencie, należy zwrócić się do osoby mówiącej po angielsku, aby zadzwoniła w tej sprawie pod numer 01753 475111.

Haddii aad doonayso caawinaad ah in lagu turjibaano warbixinta dukumeentigaan ku qoran, fadlan weydiiso in qof ku hadla Inriis uu ku Waco 01753 475111 si uu kugu codsado.

اگر آپ کو اس دستاویز میں دی گئی معلومات کے ترجمے کے سلسلے میں مدد چاہئے تو، براہ کرم ایک انگریزی بولنے والے شخص سے 01753 475111 پر کال کر کے اس کی درخواست کرنے کے لئے کہیں۔