



**Blackpool Council
&
NHS Blackpool
Joint Commissioning Strategy for Adult Carers
2010 - 2015**

Document Information

Issue Date		15 th March 2010
Version/Issue Number		1
Document Status		Final
Effective From Date		March 2010
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Review Date		2011

Amendment Record

Amendment Notes

- Documents at draft status are to use letter designations to denote issue status: a, b, c, etc.
- Documents at full issue status are to use number designations to denote issue status: 01, 02, 03, etc.
- On full issue the draft amendment record should be deleted from the above table.
- Notification of the amendment must be sent to the person maintaining the Central Register.

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1. Introduction

This is a joint commissioning strategy for adult carers for Blackpool Council and NHS Blackpool and outlines the strategic intentions for the next five years in relation to the organisations' commitments to carers.

It relates to **adult carers** (aged 18+) who care for an adult who lives in Blackpool. An adult carer who cares for someone who lives outside of Blackpool will need to refer to the relevant local authority. However, all people registered with a GP in Blackpool are entitled to health provision provided by NHS Blackpool.

The role of '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.

The new national strategy for carers, '*Carers at the heart of 21st century families and communities*' (2008) proposes that '*A carer spends a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems*'.

Within this definition there are three types of carers:

Adult carers – adults caring for adults over the age of 18 years.

Parent carers – parents caring for a child or young person under the age of 18 who has a disability.

Young carers – children or young people under the age of 18 who are caring for either another child or young person or an adult.

Adult carers in Blackpool define themselves as:

'Someone who supports a relative, partner or friend who cannot manage on his or her own. You do not have to live with the person, nor do you have to be the only person who does the caring'.

This strategy will consider the whole 'carer pathway' encompassing carers with entitlements to high level statutory support and those with few entitlements or whose who's entitlements are yet to be established.

Whilst the focus of this strategy is adult carers it will consider joint commissioning across boundaries and transitions, which include:

- people becoming carers for the first time
- the transition to adulthood for children with disabilities and for young carers
- hospital admission/discharge
- the end of the caring role, through choice, carer ill health, bereavement or the carers own death
- returning to work post caring

2. The vision for carers in Blackpool

2.1 Strategic intentions

The national strategy for carers has 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, whilst enabling the person they support to be a full and equal citizen.

The actions proposed in this strategy will contribute to the delivery of the commitments identified in the national strategy and are considered under the following strategic intentions for carers, which reflect local needs:

Objective A : Carers are respected as expert care partners and will have access to the integrated and personalised service they need to support them in their caring role.

Commissioning Intention A1: *Advice and Information which is comprehensive, easily accessible and co-ordinated will be widely available for all carers.*

Commissioning Intention A2: *Services for carers will be easily accessible to all carers.*

Commissioning Intention A3: *Training to support carers in their caring role, which will empower and enable carers to enhance their own well being and that of the people they care for, will be made available.*

Commissioning Intention A4: *Social care, health and third sector workforce will have the skills and knowledge required to treat carers as expert partners.*

Commissioning Intention A5: *Carers will be supported to be involved in service planning and delivery.*

Objective B: Carers will be able to have a life of their own alongside their caring role.

Commissioning Intention B1 : *Carers will have the opportunity for regular breaks suited to their individual situation.*

Commissioning Intention B2: *Carers will enjoy a life outside of caring by being supported to access universal services.*

Objective C: Carers will be supported so that they are not forced into financial hardship by their caring role.

Commissioning Intention C1: *Carers will be supported to continue in employment or return to employment if that is what they choose to do.*

Commissioning Intention C2: *Carers will be supported to maximise financial support available to carers.*

Objective D: Carers will be supported to stay mentally and physically well and treated with dignity.

Commissioning Intention D1: *Carers will be offered assessments which address issues that effect the whole family.*

Commissioning Intention D2: *Services for carers will support carers health and wellbeing.*

Commissioning Intention D3: *Social care, health and third sector workforce will have the skills and knowledge required to treat carers with dignity and respect.*

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

Commissioning Intention E1: *Ensure that the transitions from children's to adult services are included in the seamless pathway for all carer services.*

A summary of the commitments outlined in the national strategy can be found in Appendix A.

2.2 Key outcomes for carers

The Care Quality Commission Performance Assessment Framework measures the performance of the local authority against the seven outcomes within the White Paper, *Our Health, Our Care, Our Say*, and against two domains, '*leadership*' and '*commissioning and use of resources*'.

Blackpool Council and NHS Blackpool will commission services for carers which will contribute to the seven outcomes of *Our Health, Our Care, Our Say*, which all detail outcomes relating to carers support. These are:

- carers will have improved health and well-being
- carers will have improved quality of life
- carers will be able to make a positive contribution
- carers will have improved choice and control
- carers will have freedom from discrimination
- carers will have economic well being
- carers will have personal dignity and respect

2.3 Key principles for carers

Blackpool Council and NHS Blackpool will work towards the following key principles when commissioning services for carers:

- carers should have recognition
- carers should have a choice
- carers should have information
- carers should be provided with appropriate personalised support
- the financial cost of caring should be minimised & economic wellbeing promoted
- services and information should be provided on an integrated/coordinated basis within and across agencies
- carers should be involved in planning and monitoring the services they receive

2.4 Personalisation

The Putting People First agenda is about giving people the power to shape their own lives and have more control over the support services they use (*Putting People First Concordat 2007; Local Authority Circulars 'Transforming Adult Social Care' (DH) 2008 and 2009*). Any developments within this strategy will be built around the key aims of the Putting People First agenda namely:

- developing more choice and control for people and their carers
- encouraging people and their carers to make use of universal services and making those services more accessible
- encouraging people and their carers to become more involved in their local communities and supporting local groups to provide services

- early intervention and prevention so that fewer people and their carers have crises

2.5 Commissioning Accountability Framework

Blackpool Council and NHS Blackpool have an Adult Community Services Joint Commissioning Accountability Framework. Within this framework an Adult Community Services Joint Commissioning Group takes responsibility for adult carers. The structure comprises of four levels which ensures that agreed commissioning priorities are met. The four level comprise of:

- Adult Community Services Joint Commissioning Group
- Senior Joint Commissioning Group
- Work stream sub groups (includes a work stream sub group for carers)
- Partnership Events

3. National and Local Guidance

This joint commissioning strategy is aimed at improving services for carers and enhancing the quality of life for the people they care for as well as increasing the effectiveness and efficiency of health, social care and third sector services. Carers play a significant part in the care of all social and health care service users, regardless of the nature of the cared for condition. A large number of government and national guidance documents impact on the future direction of social and health care, and therefore on services for carers. It is imperative that a joint commissioning strategy also delivers on national priorities. The strategy is informed by a number of national and local documents and legislation, details of which can be found in Appendix B.

4. Who Cares in Blackpool

4.1 General information for Blackpool carers

In order to effectively develop services for carers the evidence of current and future needs for carers are considered. There is no shortage of information and research available to illustrate the extent of unpaid care being undertaken in England and Wales and the often difficult circumstances that carers can find themselves in whilst undertaking their caring role. Appendix C provides an overview of the national picture for carers.

It has been estimated that the economic value of the contribution made by carers in Blackpool is £264 million (*Valuing Carers – calculating the value of unpaid care 2007*).

The following breakdown of carers in Blackpool is provided by the 2001 census data.

Care provided for:	Number of people	Percentage of resident population
1 – 19 hours per week	9068	6.4

20 – 49 hours per week	1979	1.4
50 + hours per week	4396	3.1
Total	15443	10.9

There is insufficient information recorded about carers in Blackpool to provide any meaningful breakdown of carers in Blackpool. We need to consider how we can get more reliable information about carers in Blackpool in order to plan appropriate carer services.

The Adult Social Care Client Information System is the main system for recording carer's details who are known to Blackpool Social Care and Housing. This provides us with the following information:

- The number of carers known to services in Blackpool is approximately 4000. (26% of the number of carers identified in the 2001 Census)
- Information on age is missing for 21% of carers but of those we know about 50.7% are of working age (18-64) and the remaining 49.3% are aged 65+
- 4% are between the age of 18 – 40 years of age.
- The ethnicity of the carer is missing for 60% of carers but of those we know about, less than 1% (0.9%) are non white.

Carers are eligible for a Carers Assessment (jointly or separately) if the person they care for is eligible to receive social care services; the person they care for does not have to be in receipt of services. The number of carers receiving and declining assessments is recorded on Blackpool's Referrals, Assessments and Package of Care (RAP) return. The following is a breakdown of carer's assessments as submitted on Blackpool's RAP since 2006/07.

Year	Number of Carers Receiving Joint Assessment/Review	Number of Carers Receiving Separate Assessment/Review	Number of Carers Declining an Assessment
2006/07	250	464	76
2007/08	202	455	209
2008/09	167	574	223

4.2 Performance

The principle measure of carers services for Local Authorities is the national indicator which came into effect on 1st April 2008, it was previously reported in the former Performance Assessment Framework (PAF) as PAF C62. The new indicator is NI 135; 'Carers receiving needs assessment or review and a specific carers service or advice and information'. It can be more accurately defined as 'the number of carers whose needs are assessed or reviewed by the Council in a year who received a specific carer's service or advice and information in the same year as a percentage of people receiving a community based service in the year'. In relation to NI135 Blackpool Council's performance has been as follows.

PAF C62/NI 135				
	Blackpool	England Average	Unitary Authority Average	Family Group Average *

2006/2007	11.7	20.7	17.2	22.8
2007/2008	15.3	22	18.2	24.7
2008/2009	16.4	23	21.6	27.2

* Other authorities within Blackpool's Family Group can be found in Appendix D.

Blackpool's 2008/2009 result for NI 135 (16.4%) is almost half that of the family group average (27.2%) and is over five percentage points below the unitary average. However, we have improved on our own performance since calculations started for NI135 with a result of 11.7% in 2006/07 and 15.3% in 2007/08.

4.3 Who carers in Blackpool care for

The carers identified on Adult Social Care Client Information system details the categories of people they care for as follows:

Client Category of the Cared For	% of carers
Not known	13.0
Physical or Sensory Disability	64.1
Learning Disability	8.5
Mental Health Problems	19.2
Substance misuse	0.2
Other vulnerable people	5.6

4.4 Blackpool carers and employment

'Carers at the heart of 21st Century families and communities' sets out the need to support carers in gaining and maintaining employment. However the lack of reliable data about carers in Blackpool means it is not possible to obtain accurate data regarding carers and employment.

As at May 2009 the number of residents in Blackpool claiming Carers Allowance was 3350, of these 2150 were of working age (<http://research.dwp.gov.uk/asd/ca.asp>). Carers Allowance is paid to carers who spend at least 35 hours caring and earn under £95 per week.

4.5 Blackpool carers and ethnicity

The Office of National Statistic Mid Year Estimated population of Blackpool is 142500 of which 1.6% is identified as Black Minority Ethnic (BME). Of the carers whose ethnicity is identified on the Adult Social Care Client Information system 0.9% (14) are non white. Given that the 2001 Census found that 15443 (10.9%) of the population of Blackpool are carers then 1.6% of these (249) are likely to be BME carers.

4.6 Future Blackpool picture

The Projecting Older People Population Information System (POPPIS) projects the number of people over the age of 65 years providing unpaid care will rise in the next 5 yrs from 3081 in 2010 to 3321 in 2015.

If the number of all carers in Blackpool is to increase in line with the expected national trend (60% by 2037) there will be approximately 24,700 carers in Blackpool by 2037.

5. Market Analysis and Funding Arrangements

A wide range of services for adult carers already exists in Blackpool. Details of these along with existing contractual, commissioning and funding arrangements can be found in Appendix D.

6. Carers Views

6.1 National views of carers

Carers UK, Crossroads and The Princess Royal Trust for Carers are the three main national third sector organisations providing a voice for carers. With the support of these organisations and local carers' centres and groups, the public consultation for the national Strategy was far reaching. It lasted six months and involved 4000 carers. Blackpool carers were supported to be involved in this consultation. Local support groups were consulted and their collective views contributed to an on-line 'Ideas Tree'.

The national consultation demonstrates that carers simply want to be able to access the same opportunities that are available to all people relating to health and wellbeing, employment and finance, having time to themselves, being recognised and respected and being involved in society.

6.2 Local views of carers

Blackpool Council and NHS Blackpool have a culture of engagement, participation and involvement of service users, carers and relevant stakeholders and a number of established participation, involvement and engagement opportunities for Carers in Blackpool. The Adult Social Care and Housing Participation, Involvement & Engagement Strategy 2009, has been adopted NHS Blackpool.

Blackpool Council has a number of established participation, involvement and engagement opportunities for Carers in Blackpool. The Mental Health Carers Voice and the Carers Readers Panel meet regularly and there are a number of carers support groups and forums in Blackpool which are consulted as appropriate. Carers from the Mental Health Voice participate in the training of staff and also the recruitment of staff. The Carers Readers Panel supports the development and review of literature for carers. Blackpool Carers Centre undertakes an Annual Carers Survey.

What carers in Blackpool have told us about their needs and local services has reflected the views expressed in the national strategy.

"I just want to live as normal a life as possible" (Quote from a Blackpool Carer 2009)

Recent consultation with carers in Blackpool includes:

- Consultation undertaken with carers and stakeholders during a mapping exercise of current carer services and service gap analysis (February 2009).
- Consultation undertaken by Blackpool Carers Centre on Carers Breaks (October 2009)
- An annual survey undertaken by Blackpool Carers Centre (October 2009)

Carers expressed views along with those from other relevant stakeholders have helped to identify gaps in provision for carers and develop the commissioning intentions in this strategy. A summary of these can be found in Appendix E.

7. Gap Analysis

This section provides an analysis of gaps in current provision against the commissioning intentions identified in Section 2.

A: Carers at the Heart of 21st Century Families and Communities: Carers will be recognised and supported as expert care partners

Commissioning Intention A1: *Advice and Information which is comprehensive, easily accessible and co-ordinated will be widely available for all carers*

Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ Information and advice about carer's rights, issues and services is available from a number of the carer services in Blackpool. ▪ Carer notice boards exist in public buildings and these are updated by Blackpool Carers Centre and Volunteers. ▪ Carers are offered and given advice and information during assessments. ▪ Nationally there is a dedicated web site (Carers Direct) and a carer's helpline available Monday to Friday 8 am – 9 pm and 11 am 4 pm weekends. The helpline does not provide emotional support. ▪ Blackpool Carers Centre has a telephone helpline which operates Monday to Friday, publish and distribute a quarterly newsletter for carers and have a dedicated website. 	<ul style="list-style-type: none"> ▪ Carers say that they need more accessible information, which is timely, up to date and easy to understand. ▪ In a survey undertaken by Blackpool Carers Centre, almost 37% of 478 respondents said they did not find it easy to get the information that they required. 	<ul style="list-style-type: none"> ▪ Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 1 - Advice, Resources Directory, Self Assessment, Care & Support Shops, to ensure that carers are considered during the development of the products and services. ▪ Provide the national website 'Carers Direct' and the national 'Carers Helpline' with up to date information about carer's services in Blackpool annually. ▪ Explore the feasibility of having one telephone advice and information telephone helpline for carers. ▪ Promote the involvement of the Carers Readers Panel in the review and development of leaflets, and other written information.

Commissioning Intention A2: *Services for carers will be easily accessible to all carers.*

Current Provision	Gap	Action
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<ul style="list-style-type: none"> Carer services are currently accessed through a number of routes. Carers are able to self refer to some and have to use the 'carer assessment' route to others. 	<ul style="list-style-type: none"> There is no single point of access into carer services. 	<ul style="list-style-type: none"> Revisit service specifications with the third sector to increase the number of carers referred to social services for assessments. Map out pathways into carers services and if possible establish less complex pathways into services.
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Commissioning Intention A3: *Training to support carers in their caring role, which will empower and enable carers to enhance their own well being and that of the people they care for, will be made available.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> Carers can access training courses through Blackpool Carers Centre specifically designed to support them in their caring role. For example: Catheter care training, Picking up the Pieces, Stress Management. Blackpool Carers Centre Volunteer Coordinator to support carers and former carers to provide peer support to other carers. The national programme of 'Caring with Confidence' courses is being delivered in Blackpool by SHIVER. Travel expenses and replacement care costs are provided. Carers can also undertake this course online or by using published self study materials. Carers can access courses provided by Adult Community Learning Services. A number of carer support groups exist in Blackpool, facilitated by statutory and third sector organisations. 	<ul style="list-style-type: none"> Practical and financial support for carers to attend training courses. (e.g. replacements care and transport) The times and locations of training courses means that some carers find these inaccessible. Lack of training for carers on coping strategies and recognising stress. 	<ul style="list-style-type: none"> Promote and support the implementation of the national programme of 'Caring with Confidence'. Establish the demand for the provision of 'Caring with Confidence' courses provided by OMEGA specifically for carers of people who care for EOL patients. Consult with carers to understand their training needs and requirements. Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 2 - Assessment, Care Planning & Reviews, Brokerage, Charging & Eligibility, to ensure that carers are considered during the development of the products and services.

Commissioning Intention A4: *Social care, health and third sector workforce will have the skills and knowledge required to treat carers as expert partners.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> Training on carers issues is 	<ul style="list-style-type: none"> Insufficient 	<ul style="list-style-type: none"> Develop and implement a

<p>mandatory for Mental Health staff and is delivered in conjunction with carers from the Mental Health Carers Voice.</p> <ul style="list-style-type: none"> Strategic Commissioning Workforce Development team has a specific worker to undertake workforce development on carer's issues. 	<p>training for health, social care and third sector professionals on carer's issues, rights and services.</p>	<p>workforce development plan for Blackpool Council, NHS Blackpool, third sector and private organisations who come into contact with carers. Training to include awareness of Young Carers.</p> <ul style="list-style-type: none"> Develop 'local' carer training modules which can be delivered both face to face and electronically via Social Care Information & Learning Services (Scils). Provide training to re-ablement staff to enable them to cascade their re-ablement skills to carers.
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Commissioning Intention A5: *Carers will be supported to be involved in service planning and delivery*

Current Provision	Gap	Actions
<ul style="list-style-type: none"> ASCH has a Participation, Involvement & Engagement Strategy which has been adopted by NHS Blackpool. Mental Health Carers Voice, Carers Readers Panel, Blackpool Carers Forum. Carer representatives participate on commissioning and partnership groups. 	<p>Carers would like more opportunities to be involved.</p>	<ul style="list-style-type: none"> Implement the Participation, Involvement and Engagement Strategy and review its impact on carers. Ensure that carer's consultation and input is evidenced, recorded and fed into the JSNA. Support the further development of carer participation groups.

B: Carers at the Heart of 21st Century Families and Communities: Carers will enjoy a life outside of caring

Commissioning Intention B1 : *Carers will have the opportunity for regular breaks suited to their individual situation.*

Current Provision	Gap	Actions
<ul style="list-style-type: none"> During social care assessments breaks for carers are identified and recorded on either the cared for care plan or the carers care plan. Carers and the cared for are actively encouraged to set aside time for breaks. A dedicated telephone line is available to book residential breaks when required. Blackpool Council Sitting 	<ul style="list-style-type: none"> Limited flexible breaks provision in particular during evening and weekends. Lack of information about available break options. Blackpool Council Sitting Service and Out and About 	<ul style="list-style-type: none"> Undertake a review the demand, capacity and eligibility of the Age Concern Older Adults Mental Health Carers Service. Implement the recommendations made in the review of the Age Concern Older Adults Mental Health Carers Service. Review the use and

<p>Service is available for carers who care for people with physical disability and chronic illness. This service currently provides between 25 – 30 breaks each week. There is no waiting list but carers sometimes have to wait to be matched up with a sitter but this is not normally more than 2 months.</p> <ul style="list-style-type: none"> ▪ The Out and About Service supports carers of adults with learning disabilities, supporting the cared for out in the community while the carer takes a break. The service currently provides more than 15 breaks per week. ▪ The Age Concern Older Adults Mental Health Carer Support Service provides a sitting service to allow carers to have a break. There is usually a waiting list of 6 or more people. ▪ Small grants (Direct Payments) up to £250 are available to carers which can be used to fund costs associated with breaks. The above services are not available to carers who do not qualify under FAC. 	<p>Service have FACS (Fair Access to Care Services) eligibility and referrals route only through social workers.</p> <ul style="list-style-type: none"> ▪ The Age Concern Older Adults Mental Health Carer Support Service has limited capacity. Currently supporting carers of people with Dementia rather than functional mental health needs. Referrals are only accepted via Community Mental Health Team. ▪ Limited funding for small grants and only available to carers who qualify under FACS. 	<p>eligibility of the Carers Small Grant Fund.</p> <ul style="list-style-type: none"> ▪ Implement the approved recommendations from the Carers Breaks Research undertaken by Blackpool Carers Centre.
<p>Commissioning Intention B2: <i>Carers will enjoy a life outside of caring by being supported to access universal services.</i></p>		
<ul style="list-style-type: none"> ▪ Training/Leisure activities and support groups are facilitated and provided by Blackpool Carers Centre. These are available to all carers. ▪ Information about universal services is provided and signposting take place in all current carers services. 	<ul style="list-style-type: none"> ▪ There are transport barriers for carers wishing to access courses and activities either as an individual and with the person they care for. ▪ Information about what is available needs to be more widely accessible. 	<ul style="list-style-type: none"> ▪ Review and monitor contracts to ensure links with agencies providing potential breaks to carers, such as leisure centres to raise awareness of carers issues. ▪ Provide awareness of carers and carers issues training to staff within universal services.

C: Carers at the Heart of 21st Century Families and Communities: Carers will not suffer financial hardship because of the caring role

Commissioning Intention C1: *Carers will be supported to continue in employment or return to employment if that is what they choose to do.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ The employment status of carers is identified during a carers assessment and appropriate support to enable carers to continue work provided. ▪ Vocational training and return to work training is facilitated by Blackpool Carers Centre. ▪ Blackpool Carers Centre provide information on employment to carers. ▪ Blackpool Council has a Workforce Development Team within Strategic Commissioning. ▪ Blackpool Carers Centre Volunteer Coordinator supports carers to gain skills and experience ready for work. 	<ul style="list-style-type: none"> ▪ Insufficient data relating to employment status of carers in Blackpool. 	<ul style="list-style-type: none"> ▪ Ensure representation from the DWP Care Partnership Manager on the Joint Commissioning Strategy for Adults Carers Group. ▪ Carers employability status and aspirations will be included in carers assessments and review processes and these will be recorded and monitored. ▪ Continue to develop vocational training and return to work courses run by Blackpool Carers Centre. ▪ Promote carer friendly working policies with NHS Blackpool, Blackpool Council, third sector and private employers.

Commissioning Intention C2: *Carers will be supported to maximise financial support available to carers.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ Blackpool Carers Centre is an alternative office for DWP. ▪ Benefit information is available from a range of both carer services and universal services working across Blackpool. ▪ The Princess Royal Trust for Carers Welfare Rights Helpline and website are invaluable sources of information for carers 	<p>Carers need better access to benefits information.</p>	<ul style="list-style-type: none"> ▪ Develop opportunities for carers to maximise their income. ▪ Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 1 - Advice, Resources Directory, Self Assessment, Care & Support Shops, to ensure that access to benefits information and advice for carers is considered in the development of products.

D: Carers at the Heart of 21st Century Families and Communities: Carers will be mentally and physically well and treated with dignity

Commissioning Intention D1: *Carers will be offered assessments which address issues that affect the whole family.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ Carers assessments are offered and undertaken by Social Workers and Mental Health Care Co-ordinators; either jointly or separately. ▪ Carer support workers are employed in Social Services Direct, The Community Mental Health Team and Learning Disabilities to support carers who have had their needs assessed. ▪ Carers Centre employ a Family Support Worker supporting the whole family. 	<ul style="list-style-type: none"> ▪ Blackpool's performance against NI 135 has improved over the last three years however, it is still over 5% below the unitary authority average and 9% below the national average. 	<ul style="list-style-type: none"> ▪ To improve Blackpool's performance against NI 135. ▪ Ensure that as Service Level Agreements for social workers are developed that the delivery of NI135 is included. ▪ Undertake a review of how carers assessments are recorded and monitored. ▪ Ensure that NHS Blackpool, Blackpool Council and Third Sector staff working with carers have access to 'carers assessment training'.
<p>Commissioning Intention D2: <i>Services for carers will support carers health and wellbeing.</i></p>		
Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ Emotional one to one and group support is provided by a range of third sector organisations. This takes place at a range of venues including in a carers own home if necessary. ▪ A support group for former carers is facilitated at Blackpool Carers Centre. ▪ Counselling for carers can be accessed through Blackpool Carers Centre. ▪ Work is being undertaken by Blackpool Carers Centre to develop closer links with GP practices and pharmacies. ▪ As part of 2009/10, Learning Disabilities Directed Enhanced Service (DES), a health check is available via GP practices for patients on the Local Authority Learning Disabilities Register. GP practices were provided with training from the Learning disabilities Team. ▪ There is no specific DES or Local Enhanced Service (LES) for carer health checks in place. However 	<ul style="list-style-type: none"> ▪ There is limited emotional support for carers, in particular in their own home or chosen environment. ▪ Carers are not routinely offered annual health checks. ▪ A lack of support for carers of people outside of FACs eligibility. ▪ Not all carers undertake contingency planning and the Emergency Card Scheme could be more widely publicised and used. 	<ul style="list-style-type: none"> ▪ Develop systems and pathways to ensure Carers are offered annual health checks. ▪ Develop and promote counselling services to carers in Blackpool. ▪ Develop pathways for carers to access the Active for Health Programme ▪ Promote the take up of free home safety fire checks with carers. ▪ Promote the use of the Carers Emergency Card Scheme. ▪ Identify and develop services and systems (statutory and voluntary sectors) to help carers who are not eligible for statutory services to plan for emergencies.

<p>carers are likely to be covered under other DES/LES in place for example CVD, Benzodiazepines, etc.</p> <ul style="list-style-type: none"> ▪ Emergency/contingency planning is encouraged during social care assessments. ▪ Carers Emergency Card Scheme gives carers peace of mind when there is a crisis and carers urgently need someone to look after the person they care for. 		
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E: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to active against all the Every Child Matters outcome

Commissioning Intention E1: *Ensure that there is a seamless pathway for all carer services.*

Current Provision	Gap	Action
<ul style="list-style-type: none"> ▪ Young carers are identified by adult social care and adult health services and appropriate referral to Young Carer Services are made. ▪ Young Carers Services are delivery by Blackpool Carers Centre. 	<ul style="list-style-type: none"> ▪ The number of young carers referred into carer services is low. 17% of known young carer referrals have come from adult health and social care services. ▪ Young carers often begin to disengage with carer services around the age of 16 years and young adults are not well represented within adult carer's services ▪ There is little information about young adult carers, the level of their caring role and their needs. <p>Young adult carers are not engaging with current carer services.</p>	<ul style="list-style-type: none"> ▪ Map the needs of young adult carers to identify the appropriate support. ▪ Refocus current service provision to be more inclusive of this age group if this found necessary. ▪ Establish a transitions protocol with young carers services and adult carers services. ▪ Implement the joint working protocol between adult and children's social care services which has been developed by ADASS and ADCS, by commissioning care and support services for adults to reduce or prevent inappropriate caring responsibilities by young carers. ▪ Awareness of young carers will be included in all 'carers training' delivered to NHS Blackpool, Blackpool Council, third sector and private workforce.

8. Monitoring arrangements

8.1 Monitoring the implementation of the strategy

As partners in this strategy, Blackpool Council and NHS Blackpool will be responsible for the implementation and delivery of this strategy through the Adult Community Services Joint Commissioning Accountability Framework. The Adult Carers Strategy Commissioning Group will oversee the implementation of the strategy and also ensure that the action plan is an evolving document and that plans to support carers are developed in response to local and national needs, strategy and policy. This group reports to the Adult Community Services Senior Joint Commissioning Management Group.

8.2 Monitoring of services

Robust contract management arrangements will be in place for all commissioned services. Outcomes and standards will be jointly monitored using agreed measures of performance. All future contract monitoring arrangements will:

- involve engagement with carers
- continually improve the availability of planning, capacity building and performance information to inform the commissioning process and ensure best value
- include the collection of regular key performance information from all service providers regarding demand, capacity, service user experience and outcomes
- record any individual unmet needs to inform service planning
- have a robust system for the collection of complaints and compliments regarding the service and a process for ensuring that comments are included in reviews
- ensure that any concerns regarding the service are investigated and if necessary, a review of the service is undertaken.
- be undertaken by the respective commissioning authority and jointly wherever possible.

9. Strategic Priorities – Action Plan

The market analysis in Section 6 and the gap analysis in Section 9 present a picture of where Blackpool is now in relation to the support and services we provide to carers. From this the following Action plan has been developed. The priorities have been allocated on the basis that some actions must be completed before others in order to allow a logical progression of the strategy.

Priority 1

- Action required before other tasks can be started
- Work on the action is already being undertaken
- Funding is available and has been allocated to the action
- Completion of the action will have an immediate and significant impact on people who use services and/or carers
- Evidence shows that the action is urgent
- Action must be completed within 12 months to meet local, national or legislative requirements

Priority 2

- Prerequisite Priority 1 action completed
- Funding available for the action from de-commissioned service or new source
- Existing staff resources available to complete the action

Priority 3

- Prerequisite Priority 1 & 2 actions completed
- Funding available for the action from decommissioned services or new source
- Existing staff resources available to complete the action

Objective A: Carers are respected as expert care partners and will have access to the integrated and personalised service they need to support them in their caring role.

Commissioning Intention A1: *Advice and Information which is comprehensive, easily accessible and co-ordinated will be widely available for all carers.*

	Action	Priority	Timescale	Lead Agency/Officer
A1	Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 1 - Advice, Resources Directory, Self Assessment, Care & Support Shops, to ensure that all adults carers are considered during the development of the products and services.	1	Year 1	Val Raynor, AD Commissioning Manager, Blackpool Council.
A2	Provide the national website 'Carers Direct' and the national 'Carers Helpline' with up to date information about carer's services in Blackpool annually.	1	Years 1 to 5	Denise Cole, Carers Lead, Blackpool Council.
A3	Explore the feasibility of providing one advice and information telephone helpline for carers in Blackpool.	1	Year 1	Denise Cole, Carers Lead, Blackpool Council
A4	Promote the involvement of the Carers Readers Panel in the review and development of leaflets, and other written information.	1	Year 1 to 5	Seonaid Elliott, Communications and Partnership Manager, Blackpool Council.

Commissioning Intention A2: *Services for carers will be easily accessible to all carers.*

	Action	Priority	Timescale	Lead Agency/Officer
A5	Revisit service specifications with the third sector to increase the number of carers referred to social services for assessments.	2	Year 2	Val Raynor, Commissioning Manager, Blackpool Council.
A6	Map out pathways into carers services and if possible establish less complex pathways into services.	2	Year 2	Denise Cole, Carers Lead, Blackpool Council.

Commissioning Intention A3: *Training to support carers in their caring role, which will empower and enable carers to enhance their own well being and that of the people they care for, will be made available.*

	Action	Priority	Timescale	Lead Agency/Officer
A7	Promote and support the implementation of the national programme of 'Caring with Confidence'.	1	Years 1 - 5	Denise Cole, Carers Lead, Blackpool Council.
A8	Establish the demand for the provision of 'Caring with Confidence' courses provided by OMEGA specifically for	1	Year 1	Denise Cole, Carers Lead, Blackpool Council.

	carers of people who care for EOL patients.			
A9	Undertake a review the Expert Patient Programme – Looking After Me course to establish the need for future courses.	1	Year 1	Jillian Nye, Assistant Director Commissioning for Long Term Conditions, NHS Blackpool
A10	Consult with carers to understand their training needs and requirements.	2	Year 2	Seonaid Elliott, Communications and Partnership Manager, Blackpool Council.
A11	Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 2 - Assessment, Care Planning & Reviews, Brokerage, Charging & Eligibility, to ensure that carers are considered during the development of the products and services.	1	Year 1	Julie McGowan Putting People First Project Lead, Blackpool Council.
Commissioning Intention A4: <i>Social care, health and third sector workforce will have the skills and knowledge required to treat carers as expert partners.</i>				
	Action	Priority	Timescale	Lead Agency/Officer
A12	Develop and implement a workforce development plan for Blackpool Council, NHS Blackpool, third sector and private organisations who come into contact with carers. Training to include awareness of Young Carers.	1	Years 1 - 5	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.
A13	Develop 'local' carer training modules which can be delivered both face to face and electronically via Social Care Information & Learning Services (Scils).	1	31 st March Year 1	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.
A14	Provide training to re-ablement staff to enable them to cascade their re-ablement skills to carers.	2	Year 2	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.
Commissioning Intention A5: <i>Carers will be supported to be involved in service planning and deliver.</i>				
	Action	Priority	Timescale	Lead Agency/Officer
A15	Implement the Participation, Involvement and Engagement Strategy and review its impact.	2	Year 2	Seonaid Elliott, Communications and Partnership Manager, Blackpool Council.
A16	Support the further development of Carer Participation Groups.	1		Seonaid Elliott, Communications and

			Years 1 – 5	Partnership Manager, Blackpool Council.
A17	Ensure that carer's consultation and input is evidenced and recorded and fed into the JSNA.	1	Year 1 - 5	Seonaid Elliott, Communications and Partnership Manager, Blackpool Council.
Objective B: Carers will be able to have a life of their own alongside their caring role				
Commissioning Intention B1: Carers will have the opportunity for regular breaks suited to their individual situation.				
	Action	Priority	Timescale	Lead Agency/Officer
B1	Undertake a review of the demand, capacity and eligibility of the Age Concern Older Adults Mental Health Carers Service.	1	Year 1	Denise Cole, Carers Lead, Blackpool Council.
B2	Implement the recommendations made in the review of the Age Concern Older Adults Mental Health Carers Service.	2	Year 1	Val Raynor, Commissioning Manager, Blackpool Council.
B3	Review the use and eligibility of the Carers Small Grant Fund.	1	Year 1	Denise Cole, Carers Lead, Blackpool Council.
B4	Implement the recommendations made in the review of the Carers Small Grant Fund.	2	Year 1	Val Raynor, Commissioning Manager, Blackpool Council.
B5	Implement the approved recommendations from the Carers Breaks Research undertaken by Blackpool Carers Centre.	1	Year 1	Helen Lammond, Assistant Director of Commissioning, NHS Blackpool.
Commissioning Intention B2: Carers will enjoy a life outside of caring by being supported to access universal services.				
	Action	Priority	Timescale	Lead Agency/Officer
B6	Review and monitor contracts to ensure that links are made with agencies providing potential breaks to carers, such as leisure centres to raise awareness of carers issues.	1	Year 1	Val Raynor, Commissioning Manager, Blackpool Council.
B7	Provide awareness training on carers issues for workers within universal services.	1	Years 1- 5	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.

Objective C: Carers will be supported so that they are not forced into financial hardship by their caring role

Commissioning Intention C1: *Carers will be supported to continue in employment or return to employment if that is what they choose to do.*

	Action	Priority	Timescale	Lead Agency/Officer
C1	Ensure representation from the DWP Care Partnership Manager on the Joint Commissioning Strategy for Adult Carers Group.	1	Year 1	Care Partnership Manager, Job Centre Plus.
C2	Carers employability status and aspirations will be included in carers assessments and review processes and these will be recorded and monitored.	2	Year 2	Kate Aldrige – Access and Service Delivery Manager Moria Johnston - Head of Learning Disabilities Debbie Tucker – Mental Health Services & Communities Lead
C3	Promote vocational training and employability courses run for Blackpool Carers.	2	Year 2	Care Partnership Manager, Job Centre Plus.
C4	Promote carer friendly working policies with NHS Blackpool, Blackpool Council, third sector and private employers.	2	Year 1 - 5	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.

Commissioning Intention C2: *Carers will be supported to maximise financial support available to carers.*

	Action	Priority	Timescale	Lead Agency/Officer
C5	Develop opportunities for carers to maximise their income.	1	Year 1	Carers Partnership Manager, Job Centre Plus.
C6	Provide carer representation at Board level of the Putting People First in Blackpool Work Stream 1 - Advice, Resources Directory, Self Assessment, Care & Support Shops, to ensure that access to benefits information and advice for carers is considered in the development of products.	1	Year 1	Val Raynor, Commissioning Manager, Blackpool Council.

Objective D: Carers will be supported to stay mentally and physically well and treated with dignity

Commissioning Intention D1: *Carers will be offered assessments which address issues that affect the whole family.*

	Action	Priority	Timescale	Lead Agency/Officer
D1	Ensure that Blackpool council and NHS staff have access to training to increase the number of assessments offered and improve Blackpool's performance against NI 135.	1	Years 1 - 5	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council.
D2	Ensure that as SLA for social workers are developed that the delivery of NI 135 is included.	1	Years 1 - 5	Val Raynor, Commissioning Manager, Blackpool Council.
D3	Undertake a review of how carers assessments are, carried out, recorded and monitored.	2	Year 2	Denise Cole, Carers Lead, Blackpool Council.
Commissioning Intention D2: <i>Services for carers will support the carer's health and wellbeing.</i>				
	Action	Priority	Timescale	Lead Agency/Officer
D4	Carers should be provided with information to guide them to access their GP or other health providers for relevant screening to manage their health appropriately	1	Year 1	Steve Gornall, Assistant Director of Commissioning, NHS Blackpool.
D5	Develop and promote counselling services to carers in Blackpool.	1	Year 1	Helen Lammond, Assistant Director of Commissioning, NHS Blackpool.
D6	Develop pathways for carers to access the Active for Health Programme.	2	Year 2	Judith Mills, Public Health Specialist, NHS Blackpool.
D7	Promote the take up of free home safety fire checks with carers.	1	Year 1	Jane Collins, Care Services Liaison Officer, Lancashire Fire and Rescue Services.
D8	Promote of the use of the Carers Emergency Card Scheme.	1	Years 1 - 5	Denise Cole, Carers Lead, Blackpool Council.
D9	Identify and develop services and systems (statutory and third sectors) to help carers who are not eligible under FACs to plan for emergencies.	2	Year 2	Val Raynor, Commissioning Manager, Blackpool Council.
Objective E: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to active against all the Every Child Matters outcome				
Commissioning Intention E1: <i>Ensure that the transitions from children's to adult services are included in the seamless pathway for all carer services.</i>				

	Action	Priority	Timescale	Lead Agency/Officer
E1	Map the needs of young adult carers to identify appropriate support.	2	Year 2	Denise Cole, Carers Lead, Blackpool Council.
E2	Following E1, ensure current services are more inclusive of this age range, if necessary.	2	Year 2	Val Raynor, Commissioning Manager, Blackpool Council.
E3	Establish a transitions protocol with young carers services and adult carers services.	1	Year 1	Felicity Cross, Inclusion Co-ordinator, Blackpool Council.
E4	Awareness of young carers will be included in all 'carers training' delivered to NHS Blackpool, Blackpool Council, third sector and private workforce.	1	Years 1 - 5	Ruth Jackson, Workforce Development Commissioning Manager, Blackpool Council
E5	Establish a clear framework to develop and provide personalised and joined up support for young carers and their families through the adoption and use of the model Memorandum of Understanding developed by ADASS & ADCS	1	Year 1	Brenda Smith, Assistant Director of Strategic Commissioning, Blackpool Council
F - Additional actions not covered under specific objectives.				
	Action	Priority	Timescale	Lead Agency/Officer
F1	Establish the demand for the specific role of Admiral Nurses.	2	Year 2	Denise Cole, Carers Lead, Blackpool Council.

Key:

Action Completed	
Action on target	
Action not on target	

APPENDIX A

‘Carers at the heart of 21st century families and communities’

Summary of Commitments for Adult Carers

Integrated and Personalised Care

Short term:

- Training and awareness raising for key professionals
- A carers information helpline and website
- Funding for accessible information provision about the local area for carers
- Caring with Confidence training programme for carers
- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined up service provision between the NHS, local authorities and the third sector
- Improvements to the capacity and reach of third sector services at national and local level

Longer term:

- Carers’ being able to access specialist carers services in every community
- Consider extending flexibility of the way personal budgets and direct payments can be used
- Where appropriate, the offer of a lead professional to help carers access services and to ensure early intervention when circumstances change
- Dissemination of models of best practise to PCTs on how to provide better support

A Life of their own

Short term:

- Increased funding for breaks for carers.
- Pilots to assess innovative approaches to the provision of breaks, their quality and their cost-effectiveness.
- Sharing of best practice in supporting carers across local authorities.

Longer term:

- Consideration of further increases in break provision, taking account of evidence about quality and outcomes
- Dissemination of models of best practice on quality and innovative approaches to break provision, based on evidence garnered in the pilots
- In the context of community empowerment and the reform of the care and support system, we will consider how the relationship between local authorities and the third sector and carer-led organisations can be developed to make better use of the expertise of these organisations and to provide carers with greater choice and control over the way in which services are provided to them. as part of this, we will also examine how best to utilise the Carers Grant to the benefit of carers.

Income and employment:

Short term:

- Review the flexible working definition of a carer

- An awareness-raising campaign for employers around the right to request flexible working
- Produce a good practice guide for employers around supporting carers and integrating them into the workforce. improve the support offered to carers by Jobcentre Plus by:
 - improving information about flexible job vacancies in Jobcentre Plus job banks;
 - introducing care partnership managers in every Jobcentre Plus district;
 - introducing specialist training for Jobcentre Plus advisers who work with carers;
 - funding replacement care for those who are participating in approved training;
 - ensuring carers have access to appropriate employment programmes;
 - the DWP and Jobcentre Plus investigating the feasibility of providing return to work support through third sector organisations.
- Ensure that skills training is provided in a flexible manner so it is accessible for carers

Longer term:

- Reviewing the structure of the benefits available to carers in the context of wider benefit reform and the fundamental review of the care and support system

Health and Wellbeing:

Short term:

- Piloting health checks for carers
- GP training pilots
- Improving emotional support offered by third sector organisations to carers

Longer term:

- Develop a full training package for all GPs, dependent on the result of pilots
- Consider providing carers across the country with annual health checks
- Consider providing replacement care for carers to attend hospital appointments and screening
- Discuss with GPs and other health professionals the measures which can be taken that will give a sharper focus to the distinct need of carers
- Work to establish the legislative or other requirements needed to enable carers to receive appropriate information especially in cases where mental capacity is an issue

Young Carers:

Short term:

- Funding to embed support and guidance for young carers through our Healthy Schools Programme and to ensure tailored and up to date resources are available for staff to draw upon as part of their SEAL and PSHE programmes.
- Funding to support broader awareness-raising across schools and other children's setting on caring in families and the issues this raises.
- Tailored training materials to be used with GPs and hospital discharge teams to build awareness and skills in dealing with young carers.

- Programme of work to ensure that the learning we draw from existing young carers projects and other forms of support feeds into and helps shape, the planning of provisions in the future.
- Preventing children from falling into harmful levels of caring: further action to build effective joined up support around the family and the person cared for and to shift systems of support towards active prevention.
- An expanded programme of local and regional training on whole family working for staff in local services.

Longer term:

- Ensuring protections for young carers are fully embedded: further measures to be considered in the light of research findings over the next two years.

APPENDIX B

Policy, Legislation, Strategy and Guidance Relating to Carers

National priorities

<p>Carers at the heart of 21st century families and communities (DH 2008)</p>	<p>Set out five key objectives for carers and requires that local authorities to:</p> <ul style="list-style-type: none"> • incorporate carers into the personalisation agenda • improve the provision of information • provide co-ordinated integrated services • improved support for carers <p>It requires the NHS to:</p> <ul style="list-style-type: none"> • Invest new money in carers breaks • Undertake carers health checks • Address the inequalities experience by carers
<p>Commissioning for Carers (Joint Publication 2009)</p>	<p>Key recommendations are:</p> <p>Think carer in all commissioning and area needs assessments</p> <p>Improve outcomes, independences and choices for both carers and those they care for</p> <p>Involve carers of all groups and communities</p>
<p>Carers Grant 2008 – 2011 Guidance</p>	<p>The Government's objective is for councils to continue developing personalised, innovative and high quality carers services in response to local needs in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies in particular to:</p> <ul style="list-style-type: none"> • setting up systems to ensure carers can have immediate access to alternative support in an emergency or crisis situation • provide planned breaks for carers who provide substantial and regular care to a relevant adult who lives at home • provide planned breaks for disabled children and their families under part 3 of the Children Act 1989 • provide support such that young carers do not take on an inappropriate level of care • support children and young people (under 18) who are carers in having a break from caring • fund voluntary organisations to provide breaks directly on the basis of their own assessments • facilitate carers networks and support groups • develop pragmatic, outcome focused approaches to the carers assessment, integrated with the development of the Single Assessment Process and promotion of joint working with health services. • focus on the needs of carers to prevent loss of independence • fund administration relating to local carers • Agree a plan with stakeholder to ensure the grant is spent on locally agreed priorities • implement the provisions of the impact of the Carers (Equal Opportunities) Act 2004

<p>Our Health, our care, our say. (DH 2006)</p>	<p>The proposals in the White Paper, Our health, our care, our say: a new direction for community services, sets a new direction for the whole health and social care system. Four main goals:</p> <ul style="list-style-type: none"> • Provision of better prevention services with earlier intervention. • More choice • More on tackling inequalities and improving access to community services • More support for people with long term needs
<p>Choice or Chore? Carers Experience of Direct Payments (Carers UK, 2008)</p>	<p>Describes carers experiences of 'Direct Payments' and outlines the key findings which will help improve services for carers.</p> <ul style="list-style-type: none"> • Speed up the application process • Make it a real choice • Provide employment support
<p>Putting People First concordat (HM Government 2007)</p>	<p>This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services.</p>
<p>Local Authority Circular (DH) (2008) Transforming Social Care</p>	<p>Sets out information to support the transformation of social care as signalled in the Department of Health's social care Green Paper, 'Independence, well-being and choice' (2005) and reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' in 2006. It describes the vision for development of a personalised approach to the delivery of adult social care and context in which this policy is grounded. It also includes copy of the Social Care Reform Grant Determination and the details of the new ring-fenced grant to help councils to redesign and reshape their systems over the next 3 years.</p>
<p>Local Authority Circular (DH) (2009) Transforming social Care</p>	<p>Sets out information to support councils and their partners in the ongoing transformation of adult social care as set out in Putting People First (2007), and preceding policy documents. It builds on Local Authority Circular (DH)(2008)¹ and sets out, and reinforces the details of how the ring-fenced Social Care Reform Grant should continue to be used to help councils to redesign and reshape their systems over the remaining 2 years of the Grant. It also updates the information and support available to councils to drive the transformation of adult social care.</p>
<p>Supporting Carers: An Action Guide for General Practitioners and their Teams (Royal College of GPs and Princess Royal Trust for Carers 2008)</p>	<p>This resource is intended to demonstrate how GPs are already providing support and suggests practical help with action planning to build on existing good practice to ensure that: the carers who use GP practices are recognised and acknowledged.</p> <ul style="list-style-type: none"> • Carers, and those they care for, are in better health. • Resources are deployed more effectively. • Sustainable caring is supported, thus reducing the need for secondary and residential care. • Maximum possible benefit is gained from other

	services in the community.
Living Well with Dementia: A National Dementia Strategy 2009 (DH)	<p>The strategy is a 5 year strategy and has 3 key steps to improve the quality of life for people with dementia and their carers:</p> <ul style="list-style-type: none"> • Better knowledge about dementia and remove the stigma • Ensure early diagnosis, support & treatment for people with dementia and their family/carers • Developing services to meet changing needs better
National Service Framework for Mental Health (DH 1999)	<p>This National Service Framework addresses the mental health needs of working age adults up to 65. It sets out national standards; national service models; local action and national underpinning programmes for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance management. An organisational framework for providing integrated services and for commissioning services across the spectrum is also included.</p> <p>Standard 6: Caring about carers - to ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs.</p>
National Service Framework for Older People (DH 2001)	<p>A National Service Framework for Older People has been established to look at the problems older people face in receiving care in order to deliver higher quality services. The key standards that underpin the Framework are outlined. These include plans to eradicate age discrimination and to support person-centred care with newly integrated services. A new layer of intermediate care is being developed at home or in care settings, while general hospital care should be delivered by the appropriate hospital staff. The NHS is also to take action on stroke prevention, in the promotion of health and active life and a reduction in the number of falls for older people. Integrated mental health services are to be provided for older people. The process of translating these nationally supported standards into local delivery is outlined.</p> <p>Carers are integral to all standards and service models in this NSF. It emphasises that carers' needs should be considered as an integral part of the way in which services are provided for older people.</p>
National Service Framework for Long Term Conditions (DH 2005)	<p>This NSF sets 11 quality requirements to transform the way health and social care services support people with long-term neurological conditions to live as independently as possible. Although the NSF focuses on people with long-term neurological conditions, much of the guidance it offers can apply to anyone living with a long-term condition.</p> <p>Quality requirement 10 – Support family and carers with neurological conditions are to have access to appropriate support and services that recognise their needs both in their role as a carer and in their own right.</p>
Performance Assessment Guide 2008-09 (CSCI)	<p>The Performance assessment guide for adult social care services gives an overview of how CSCI assess how well councils are delivering services and what prospects they have</p>

	to improve.
Valuing and Supporting Carers (House of Commons Work and Pensions Committee, 2008)	This Works and Pensions Committee report calls on DWP to take a stronger and more proactive lead in Government policy on carers. As well as identifying and implementing specific policies to improve the lives of carers, DWP needs to take specific account of carers in all its work, including its role in reducing child poverty and pensioner poverty, its efforts to see 80% of working age people in employment, and its vision of giving people equality of opportunity.
Diversity in Caring: towards equality for carers (Carers UK 2007)	This report highlights new evidence about carers in all their diversity and about how different groups of carers experience their caring situation, especially in relation to their ability to combine caring with paid employment. The study includes responses from ethnic minority carers, and extensive data about carers supporting someone living in a rural area, carers in difficult financial circumstances, and carers in poor health. This report illustrates the situation of these groups of carers with data from qualitative interviews to explore how far carers with these characteristics have distinct needs or experiences, and explores how far these carers have needs which differentiate them from other carers.
End of Life Care Strategy – promoting high quality care for all adults at the end of life (DH 2008)	Its aim is to provide people approaching the end of life with more choice about where they would like to live and die. It encompasses all adults with advanced, progressive illness and care given in all settings. Recognises the family, including children, close friends and informal carers of people approaching the end of life, have a vital role in the provision of care and that they need to be closely involved in decision making, with the recognition that they also have their own needs. They need information about the likely progress of the person's condition and information about services which are available. They may well also need practical and emotional support both during the person's life and after bereavement.

Local priorities

Blackpool's Sustainable Community Strategy 2008 – 2028	Produced by the Blackpool Strategic Partnership. The document sets out a shared vision for the future and a framework for the partnerships transformational change activities. It has for goals. <ol style="list-style-type: none"> 1. Improve Blackpool's Economic Prosperity 2. Develop a safe, clean & pleasant place to live, work & visit 3. Improve skill levels and educational achievement 4. Improve the health & wellbeing of the population
Local Area Agreement (2009 Submission)	This is the delivery mechanism for the term activities in Blackpool's Sustainable Community Strategy
Blackpool Council & Blackpool Primary Care Trust Joint Commissioning Strategy for Adults with Physical Disabilities 2005 – 2010	The strategy sets out Blackpool PCT and Blackpool Social Services jointly agreed and coordinated strategic priorities for providing and commissioning services for adults with physical disabilities and sensory impairments and their carers. A key priority area for action is increasing carers support and respite services.

Blackpool Council and Blackpool Primary Care Trust Older Adults Joint Commissioning Strategy 2005 – 2010.	Provides a commissioning action plan for older adults. Actions are at five levels. 1. Citizenship & Engagement 2. Prevention 3. Intensive time limited intervention & intermediate care 4. Community based ongoing long term health and social care support 5. Hospital & long term residential care.
Blackpool Council and Blackpool Primary Care Trust Adult (18 - 65) Mental Health Services Commissioning Strategy 2005 – 2010	This Commissioning Strategy primarily focuses on the commissioning decisions and intentions at a PCT/Council footprint level. It provides an action plan for the development of service in Blackpool. Aim 6. Support to Carers: We want to make sure that carers receive the support they need to maintain their own health and sustain the caring role.
Blackpool Council and NHS Blackpool Older Adult (65+) Mental Health Services Commissioning Strategy 2008 – 2018	This strategy gives NHS Blackpool and Blackpool Council's joint commissioning strategy for Older Adults Mental Health services. Carer Support Services for older people with mental health are considered within the strategy with specific actions for carers identified: <ul style="list-style-type: none"> • Review demand and capacity of the Age Concern Carers Support Service • Establish the demand for the specific role of Admiral Nurses
Blackpool Learning Disability Partnership Commissioning Strategy & Service Plan (2005 – 2008) Updated 2009 - 2010	The plan comprises of the objectives from each Team Plan along with cross cutting objectives, which relate primarily to commissioning activity and a training plan. Background information on the services is also included to set the context for the plan.
Blackpool's Joint End of Life Commissioning Strategy 2009 – 2012	This strategy sets out the drivers (both local and national) for change and sets out a new model of care that focuses on raising the profile of end of life care, supporting people approaching the end of their life to achieve a good death. To also support their carers to receive appropriate bereavement support.
Blackpool Young Carers Strategy 2009 - 2012	Outlines Blackpool Council's Strategic Vision for young carers. Five fundamental aims: <ol style="list-style-type: none"> 1. To seek early identification of young carers 2. To ensure every young carer has the opportunity to tell their story and receive a timely assessment of their needs 3. To ensure all young carers have access to, and the means to access, the full 'Youth Offer' 4. To ensure young carers' life chances, are not adversely or disproportionately affected because of their caring role. 5. Young carers will be encouraged and supported to actively participate in design and delivery of services

Related legislation

The NHS and Community Care Act (1990)	<ul style="list-style-type: none"> • Imposes a duty on local authorities to carry out an assessment of need for community care services with people who appear to them to need such services and then, having regard to that assessment, decide
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	<p>whether those needs call for the provision by them of services. Carers should be involved with this assessment and their views sought.</p>
The Carers (Recognition and Services) Act (1995)	<ul style="list-style-type: none"> • Gave new rights and legal status to carers defined as individuals who provide or intend to provide a substantial amount of care on a regular basis. • Introduced concept of carers assessment which under this Act is of the carers ability to provide and to continue to provide care. • Applies to carers of all ages
Carers and Disabled Children Act 2000	<ul style="list-style-type: none"> • Gave local authorities power to provide service direct to carers, following assessment; also to make direct payments to carers (and disabled children) to meet their assessed needs. • Gave carers a right to assessment independent of the community care assessment of the cared for person. • Provides for local authorities to run short term break voucher schemes. • Act applies to carers aged 16 and over and people with parental responsibility.
Employment Act 2002	<ul style="list-style-type: none"> • This Act gives working parents of disabled children under 18 the right to request flexible working arrangements. Carers also have the right to take (unpaid) time off for dependents in time of emergency.
The Carers (Equal Opportunities) Act 2004	<ul style="list-style-type: none"> • Section 1 statutory obligation on social services to inform carers of their rights. • Section 2 marks a fundamental shift in the responsibilities of local authorities, from assessing carers in relation to their caring role to a requirement to promote their social inclusion. It requires that carers' needs for education, training, employment and leisure are part of the process of assessment. • Section 3 relates to co-operation, between public bodies and seeks to ensure that public bodies recognise and support carers.
Work and Families Act 2006	<ul style="list-style-type: none"> • From April 2007, extends the rights to request flexible working to those who have caring responsibilities for adults.
Community Care (Delayed Discharges etc) Act 2003	<p>Puts in place a number of steps to ensure that:</p> <ul style="list-style-type: none"> • carers are involved in discharge planning • carers can ask for an assessment (under the Carers and Disabled Children Act 2000) • carers are given such an assessment if they are already receiving carers services or have had a carers assessment in the previous 12 months • carers receive the services or direct payments for the services they need to support the safe discharge of the person they care for • Councils and NHS share responsibilities at the point of discharge

APPENDIX C

The National Picture

There is no shortage of information and research available to illustrate the extent of unpaid care being undertaken in England and Wales and the often difficult circumstances that carers can find themselves in whilst undertaking their caring role. The following information provides an overview of the national picture for carers.

General information

- Caring applies to all age groups, ethnic groups and geographic locations (*Census 2001*)
- There are 5.2 million carers in England & Wales (*Census 2001*)
- 1 million carers in England and Wales provide care for over 50 hours each week (*Census 2001*)
- More than half of the people providing over 50 hours each week are over the age of 55 (*Census 2001*)
- 42% of carers are men and 58% women (*Supporting Carers: An Action Guide for General Practitioners and their Teams 2008*)
- The economic value of the contribution made by carers in the UK is estimated at £87 billion per year (*Valuing Carers – calculating the value of unpaid care, 2007*)

Carers and their health

- People who provide long hours of care are twice as likely to be in poor health themselves (*Census 2001*)
- Over 225,000 people providing 50 or more hours of unpaid care per week stated that they are not in good health themselves (*Census 2001*)
- More than 50% of the people providing over 50 or more hours of unpaid care per week are over the age of 55 and it is at these ages that the 'not good health' rate is highest (*Census 2001*)
- Of almost 2 million people aged 16 -74 who are permanently sick or disabled, 273,000 provide some unpaid care for other people (*Census 2001*).
- More than 80% of carers say that caring has damaged their health (*Supporting Carers: An Action Guide for General Practitioners and their Teams 2008*)
- Out of all carers caring for more than 50 hours per week, one third report depression (*Supporting Carers: An Action Guide for General Practitioners and their Teams 2008*)
- The prevalence of psychiatric morbidity is significantly higher in those who care for others in their own home (*Supporting Carers: An Action Guide for General Practitioners and their Teams 2008*)

Carers and finances

- Carers live under extreme financial pressure with many cutting back on essentials to make ends meet. 74% are struggling to pay essential utility bills, 54% are in debt (*Carers in crisis: A survey of carers' finances in 2008, Carers UK*)
- 3 out of 4 carers are worse off as a result of caring and more than half have given up paid work to care (*Carers in Crisis 2008, Carers UK*)

- Half of all carers are in full or part-time work, and a quarter of carers are retired (*Census 2001*)
- Many of the people providing care do paid work as well. Of 15.2 million employees aged 16 – 74 in full time work, 1.6 million are providing at least some unpaid care (*Census 2001*)
- It is estimated that caring responsibilities affect 1 in 7 of the workforce (*Standing Commission on carers 28 April 2008*)
- Working carers appear to pay considerable penalty in terms of their own health (*Statistical Analysis – Working Carers: Evidence from 2001 Census, 2008*)
- Working carers are more likely to be unqualified and less likely to hold university degrees, than other people in employment (*Statistical Analysis – Working Carers: Evidence from 2001 Census, 2008*)
- Working carers of both sexes are more clustered in lower level jobs than other workers (*Statistical Analysis – Working Carers: Evidence from 2001 Census, 2008*)
- Working carers, especially women, are more likely than other workers to work from or near home (*Statistical Analysis – Working Carers: Evidence from 2001 Census, 2008*)

Carers and ethnicity

In 2002 National Black Carers and Carers Workers Network launched the ‘We care too’ project which provided key guidance and recommendations for people working with BME (Black and Minority Ethnic) Carers. ‘Beyond we care too’ (2008), a study which builds on the work of ‘We care too’ captures the important role of BME carers and the additional barriers people from BME communities face as carers. This provided the following picture for BME carers nationally:

- there is a lack of baseline data regarding the numbers, role and experiences of carers within black and minority ethnic communities
- carers from minority ethnic groups face additional barriers (Cultural and language) when accessing support services
- ethnic minority carers were especially likely to say they felt restricted in using services because of lack of information, lack of flexibility and services not being sensitive to their needs.

Future national picture

The potential to become a Carer applies to people indiscriminately; immunity from caring responsibilities is not bought by virtue of race, gender or age. We are living in a changing society with a growing ageing population, with predictions that people will be in poor health for longer and needing more care and that more people with severe disabilities will be living in the community and enjoying longer lives. There is an inextricable link between aging and disability. Consequently, an increasing number of people will find themselves taking on a caring role at some point in their lives. In addition the positive shift in social care strategy to independent living and care at home will require a greater contribution from carers. It is important to consider predicted future care profile and demand for future services.

- Carers UK has estimated that by 2037 the number of carers is set to increase by around 60%
- Everyday 6,000 people take on new caring responsibilities (*Carers at the heart of 21st century families and communities, 2008*)

- There will be a projected 1.6 million more adults in England with a care need by 2026 (a 30 per cent increase) and 2.9 million more by 2041 (50 per cent increase) (*Carers at the heart of 21st century families and communities, 2008*)

APPENDIX D

Market Analysis

Council service provision for carers

The following provides a breakdown of carer service provision.

Council Provision of Carers Support Services		
Service	Referral Route	Service Provided
Social Services individual packages of care.	Social Service Assessment	Commission individual packages of care for the cared for person which directly or indirectly support carers in their role, e.g. day care, homecare and telecare.
Social Services Carer Assessor	Social Services Direct	Undertakes carers assessments and provides support for carers.
Community Mental Health Team (CMHT)	NHS Services	Commission individual packages of care for people with Mental health needs which directly or indirectly support carers in their role, e.g. day care, homecare and telecare.
CMHT Carers Workers – Derby House, The Beeches and Older Adults	CMHT Co-ordinators	Provides support to carers of people with mental health needs, according to their assessed needs.
Adult Social Care and Housing Workforce Development Team	Not applicable	Workforce training on carer's awareness, assessments, issues and rights.
Breaks for carers	Social Services Carers Assessment	Breaks to support carers and cared for are identified during carers assessments and provided accordingly.
Emergency Planning	Self referral or via a third party	In an emergency, up to 48 hours of care is available to allow for the initial emergency to be dealt with and for further support to be arranged should the carer continue to be unable to provide care. Carers are encouraged to develop contingency plans, with support from social care practitioners if they require it.
Carers Emergency Card	Self referral or via a third party	Carers Emergency Card is administrated by Vitaline. If a carer has an emergency situation which prevents them from undertaking their caring role the card alerts the emergency services to the fact that they are a carer and by ringing the number on the card initiates a pre arrange emergency plan. There are currently 666 carers in Blackpool on this scheme.

Carers Small Grants up to £250	Via a carers assessment	Administered through direct payments, small grants for carers to support a need which has been identified during their assessment.
Out and About Service	Referral through a social worker following a carers assessment	For adults with a learning disability to enable carers to have a short break. Volunteers spend time with the person they care for, by supporting them in an activity in the community.
Sitting Service	Referral through a social worker following a carers assessment	Adults over the age of 18 years who care for older adults and/or with a physical disability or chronic illness (excluding mental health)
Community Learning Disabilities Carers Support Service	Referral through the Community Learning Disabilities Team	For carers who care for an adult with a learning disability.

Externally funded service provision for carers

The following services are funded either by Blackpool Council and/or NHS Council or other external funding bodies:

External Provision of Carer Services			
Provider	Referral Route	Service Provided	Funded By
Blackpool Carers Centre	Self referral or via a third party	Generic Core Service which includes a range of services including information and advice, informal support, telephone helpline, one to one support, support groups, complementary therapy, counselling, consultation opportunities, training opportunities. Links to GP services. Quarterly newsletter. Carers data base. Information and Promotions Officer	Blackpool Council and NHS Blackpool Rank Foundation
Making Space Carers Support Service	Self referral, CMHT, other third sector	Carers of adults with severe and enduring mental health conditions. Provides outreach, one to one support, information on the mental health condition of the cared for, advocacy, information and advice and support groups.	Blackpool Council
Age Concern Older Adult Mental	CMHT Manager	Carers of adults with mild to moderate Dementia. Providing practical and emotional support for both the cared for and the	Blackpool Council

Health Carer Support Service		carer. Regular short period respite breaks of two to three hours	
Alzheimer's Society	Self referral or via a third party	People with dementia and their carers. Dementia specialist information and advice, one to one or group support	External Funding
SHIVER Caring with Confidence Courses	Self referral or via a third party	Knowledge and skills based programme which aims to help carers make a positive difference to their life and that of their own. Transport costs and replacement care is paid for.	Funded nationally by DH
SHIVER Support for HIV carers	Self referral or via a third party	Provides counselling, befriending and personalised support for carers of people with HIV	Funded by NHS Blackpool and the Big Lottery
Drugline Family Support Service	Self referral or via a third party	Carers and family members (19 years plus) who provide care for people who are drug users or have a drink related need. Provides information and advice, signposting, alternative therapies, practical support, advocacy.	NHS Blackpool – Pooled Treatment budget
Stroke Association	Community Stroke Support Service	Supporting people who have had a stroke and their carers to live independently.	NHS Blackpool/Blackpool Council
Family Liaison Officer, Lancashire Care Trust, Parkwood BVH	Family and Carers of Parkwood patients.	Supports carers of patients admitted to Parkwood. Liaison with care coordinators or undertakes assessments for carers of patients who do not already have a care coordinator.	Lancashire Care Trust
Windsor Unit Clifton Hospital.	Referral via a GP.	5 bed unit offering respite for people over the age of 18 years, who have a nursing care need. Any client group is accepted after a risk and needs assessment. The service covers Blackpool, Fylde and Wyre.	NHS Blackpool

Funding Arrangements

Carer Grant

In recognition that caring can have a negative impact on a person's health and wellbeing, the Government introduced the Carers Grant in 1999 to help councils to provide breaks and services for carers in England. Since 2008 the grant has been paid to councils as part of the Local Area Grant. The grant includes funding

specifically allocated in recognition of the need for councils to ensure they have the means to provide emergency cover when carers are suddenly unable to care. As the grant is not ring fenced local authorities are able to determine locally how best to spend it in order to deliver local and national priorities.

The Government's objective is for councils to use the Carers Grant to continue developing personalised, innovative and high quality carers services in response to local needs in partnership with carers, relevant voluntary organisations, the local NHS and other statutory agencies.

Blackpool's grant allocation

Since 2008 when the ring fence was removed from the Carers Grant, Blackpool Council has continued to show commitment to supporting carers through the continued delivery and development of a wide range of services to support carers as outlined in Section 6 of this strategy.

Blackpool's grant allocation for 2009/2010 is £887,000 and for 2010/2011 £943,000. The grant is used to provide services which support adult carers, parent carers and young carers.

NHS Blackpool funding

The National Carers Strategy committed £150m to be given to Primary Care Trusts (PCTs) over the next two financial years (2009-10, 2010-2011) to further develop breaks for carers. PCT's are required to work with their local authority partners to publish joint plans to set out how this will be spent. This strategy will fulfil this requirement. There are no ring fenced or allocated funds within the PCT baseline budget for carers breaks. In Blackpool, NHS Blackpool is committed to working alongside Adult Social Care to identify funds for carers breaks from within existing resources.

APPENDIX E

SUMMARY OF CARERS VIEWS

1. Summary of Consultation undertaken with carers and stakeholders (February 2009).

Information on existing services and gaps in services has been gathered using the following methods:

- Blackpool Council Social Work Team Leaders were asked to comment via e’mail.
- Blackpool Council Carer Support workers & Blackpool Carers Centre workers were consulted in a group exercise.
- Consultation with Making Space Carers Support Group.
- Notes from EBIT Crisis Services Sub Group 24/10/08.
- Discussions with providers of services and carers who attended Carers Rights Day Event on 5th December.
- Group discussion with the Alzheimer’s Carers Support Group.
- Group discussion with the Carers Speakers Group, Blackpool Carers Centre.
- Group discussion with Blackpool Care Learning Partnership
- Feedback from North West Carers Leads Conference (Blackpool attendees input to interactive session)

Identified Gaps in Service Provision for Carers

Carers at the Heart of 21st Century Families and Communities: Carers will be mentally and physically well and treated with dignity	
Carer/Stakeholder Comments	Perceived Gap
<p>Social workers are currently taking on support roles to carers in addition to supporting service users.</p> <p>It would be beneficial to the carer to have someone to concentrate solely on their needs. Some people want one to one support and are not comfortable in groups.</p> <p>Face to support is invaluable in building relationships and enabling trust which results in better outcomes.</p> <p>Outreach workers to go into peoples homes</p> <p>Carers need someone to talk to in a crisis - carers of people with mental health issues need support there and then not in the morning.</p> <p>The NHS Mental Health Helpline is available from 7 pm - 11 pm.</p> <p>Too much assessment not enough doing.</p> <p>After years of caring a big void is created and carers do not know who to turn to for emotional support. Links in with getting carers back into work.</p> <p>Sometime there is conflict of needs when same professional completes both assessments.</p>	<ul style="list-style-type: none"> • There is no specific support for carers under the age of 60 years who care for adults with learning disability. • A lack of emotional support for carers, in particular in their own homes or chosen environment. • Not enough support for long term carers – i.e. those who are parent carers in LD/PD • More early intervention services for carer of people outside of FACS. • Increase the take up of carer assessments in adult services. • Increase the remit of carers support workers to undertake assessments.

<p>There is not enough support for carers who care for people who are not in receipt of social care. Support for the carer could delay the need for more intensive support for the cared for and/or carer. Undertaking risk assessments, signposting to other available support etc. Low cost options. Carer services should be first resort not last. We need to work more closely is Health – joint funding.</p>	
<p>Carers at the Heart of 21st Century Families and Communities: Carers will enjoy a life outside of caring</p>	
<p>Carer/Stakeholder Comments</p>	<p>Perceived Gap</p>
<p>Current sitting service does not provide a service to carers of people with mental health issues. Carers respite provided by Age Concern is limited and only provides a service for carers of people with Dementia. Until recently passport for leisure was free. Changes in Blackpool's Leisure Services have meant the introduction of charges for carers. I would like more time to myself. Carers are unable to attend evening support groups or activities because of lack of respite care. Carers who work during the day need respite in the evenings and weekends. We need respite when you want it. Joint respite should be available – for example what about carers going to Highfield to spend quality time with the cared for. Out and about scheme should be open to all. Someone to contact in an emergency. Respite in a carers own home to give a carer a break.</p>	<ul style="list-style-type: none"> • There is no specific sitting service for older adults with mental health. • There is no free passport to leisure for carers. • There is limited non emergency respite care. • Not enough flexible breaks in particular evening and weekends. • Not enough emergency planning. • Limited wake and watch. • Development of carers back into work. • Introduce individualised budgets with appropriate support for carers to manage these.
<p>Carers at the Heart of 21st Century Families and Communities: Carers will be recognised and support as expert care partners</p>	
<p>Carer/Stakeholder Comments</p>	<p>Perceived Gap</p>
<p>There used to be an A-Z for Carers, Information Booklet. This was a valuable tool for workers and carers alike. Carers are still unaware of what is available to them. First 'Looking After Me' to be delivered in January. Blackpool has two trainers at present. Specific training course for people caring for mental health. Carers need better coping strategies and how to recognising stress. Information on the cared for specific conditions.</p>	<ul style="list-style-type: none"> • Not enough accessible information available. • Not enough Caring with Confidence Course or similar courses. • More information for health professionals about carers issues (GPs, Practise Managers, Nurses) • Better links with GP's/Hospital Discharge. • More involvement and consultation

<p>Coping with changes in condition. CMHT Intermediate Care Team are starting a Carers Education Group in March 2009 Carers want more of and clear information & advice delivered at the right time and in the right format. Need for a more proactive approach to informing health professionals. Information about what is out there, as not everyone wants to go to a carers forum. Information and promotions worker could do this. Carers rights worker. More events to inform/assist/highlight services available. One number to ring for signposting – Carers Local Helpline – Free phone. More newsletters Carers slip through the net at the time of discharge for example when cared refuses support. Carers groups officer to co-ordinate/link and develop existing and new groups. The move from children's services to adult services is a really difficult time for carers. We could do with support at this time.</p>	<p>with carers.</p> <ul style="list-style-type: none"> • Work to identify hidden carers • Replacement Care whilst carers in training. • Identify a carer's lead within the discharge team. • Support during the transition from children's services to adult services.
<p>Carers at the Heart of 21st Century Families and Communities: Carers will not suffer financial hardship because of the caring role</p>	
<p>Carer/Stakeholder Comments</p>	<p>Perceived Gap</p>
<p>Carers cannot always get out of the home to attend training courses. Some development opportunities could be provided in their home environment for example IT. We need a specialist welfare rights worker for carers. Not enough information about benefits in particular when our circumstances change. Employers should be more aware of carers needs.</p>	<ul style="list-style-type: none"> • More work to get carers back into employment or to remain in employment. • Development training initiatives around employment and leisure. • More information on Carers Rights & Welfare Rights. • Work with Jobcentre Plus to enable carers needs to be recognised in employment. • Raising awareness of carers issues with employers.

2. Feedback from Blackpool Carers Centre Annual Survey

478 Carers responded to the survey.

50% of respondents did not know that they were entitled to a carers assessment.

47% of respondents had not had a carers assessment.

49% of respondents did not have any support in their caring role.

37% of respondents do not find it easy to get the information they need.

73% of respondents said that their GP was aware of their caring role but 84% felt they had not received any support from their GP's.
59% of respondents are keen to access an annual health check.
57% of respondents do not have the opportunity to have respite breaks.

A Sample of the comments made by carers who responded to the survey:

- An easy-access point needs to be available more centrally, even if just a query surgery once a month at Seaside/First Step Centre or similar.
- Cannot get to meetings.
- Have not used services.
- In the past I have contacted social services but no longer – too frustrating.
- Find it easier to get information needed now – difficult in past.
- Sitting service more important.
- It is difficult to behave as a family unit with our children because of caring role. Occasional support for evenings would help.
- GP introduced us to a community matron which we find very helpful and takes pressure off both of us.
- I feel let down by all the services I have contacted (medical and others). No one listens to me or seems to care.
- Am never forgotten, get newsletter.
- Poor public transport access.
- My surgery tells me that I'm not a priority for jobs, etc. If I became ill the NHS would have to care for my mother which would depress her and cost them a lot of money. Carers should be given priority on such lists.
- When a disabled person cares for another disabled person there should be more help and understanding how difficult it is for them.
- Complementary therapies very helpful.
- Have no means of getting to meetings.
- More support for people who do not care directly themselves, but who still have a lot of responsibility for the person being cared for, legal, etc.
- I get stressed up because of my husband's mental illness, would love to have somewhere to have massage on neck, shoulders and back.
- I have been a carer for 20 years, my husband died when I was 45. I have never asked for help. I used to work 5 nights a week and never go to bed, all I was offered was £50 a week to stay at home. Overheads are big so I never ask.
- Would be helpful to know of any coach companies to use for holidays that cater for wheelchair bound people who cannot walk at all.
- Information not always readily available, only got to know about respite and day care by discussing others things with social worker.
- What has not been considered is that carers may have young children to look after. I have a daughter of school age. We try to do things as a family.
- My Mum does not want to go into respite care so we can have a holiday so I have to rely on a good neighbour.
- Would like to be able to go for days out but am unable to because my husband is totally dependent and cannot be left all day.
- I have not been allowed a carers allowance which should be given to all carers even though I am still working, what I earn is more than is allowed in order to claim an allowance. The government should change this rule and recognise the amount of care it takes and the benefit my mother gets being with her family which is how it should be.
- As a result of lengthy time lapse when responding to needs, the elderly (d.o.b. 8/20) person is paying for aids which we are aware could be provided by the

local health/social services dept

- Should be allowed an allowance as a carer but can't get it as I'm on my pension which to me is a disgrace.
- Lack of support for a family caring for an alcoholic.
- I have no complaints with the caring we get.
- Care for the Carer so that they can have a break. Better finances so that a few hours can be spared for the working carer.
- It would be nice to speak to other carers who are looking after someone with advanced Parkinson's disease as sometimes you feel very alone and frustrated.
- Find it difficult to access doctor's appointments. Been waiting now for one month to get one suitable.
- For carers to be paid for caring even if the person they are caring for is only on low carers DLA.
- Too many changes of staff at care centres, they are good staff but paid so little with long hours, problems and very little rewards. Hence many staff changes. Not enough training is given for certain types of care, eg diabetics. The system is a great improvement on what it used to be.
- The Vitaline and Falls Detector + Bed sensors are wonderful so are the staff. "Peace of mind when carer goes out"
- Organised activities, group settings, etc would benefit family members as they are a good distraction and make it so that people in the same situation can talk to each other.
- My wife and I greatly appreciate the social attitude of the Council towards carers and cared for persons. Thank you very much.
- To talk to someone on the phone.
- I feel ill with all the worry.
- One centre that can give you or find out answers to your questions instead of having to make numerous phone calls and being passed from one to another.
- We have worked hard all our lives to save and now I am being punished for claiming for carers allowance.
- No one has ever explained or helped in any way since my wife's illness.
- Payment of National Insurance, so that when I retire I would get a pension and if I am sick I could claim.
- Overall unreliability of services to meet those needs (Cared for).
- Can't leave my daughter and her children alone to go to group due to her disabilities.
- Those among the community in the self care over 70 age group are not terribly well blest in that they are not considered to be carers and this is quite unjust. They do not have anyone to talk to and do just as much work.
- I have been a carer for 12 years, 24 hours a day. People like myself are just left to get on with the role of caring. I have never received any help. I once rang social services and was just told that I would have to pay for any services they provide, which is fine if you have money to pay for it.
- If I can get help, I do not know about it, no one tells you.
- Most carers in my experience feel they would benefit if the carers allowance was paid to parents who are elderly and still caring for their adult son/daughter with learning difficulties, to enable them to pay for help with household duties.
- I do not think the carers' premium should finish at 65 if you are still doing the same care 24/7.
- They should help the carers earlier, as soon as the person involved has been diagnosed with the problems. The carer should be told of the "HELP" there is for them as well as their partner.

- I look after my wife because that is what partners do. The government has offered a wealth of information but no help.
- I need to keep on top of my job – and avoid redundancy too – so cannot be at my mum's beck and call all the time, but often have to take time out. I would love some system by which DLA attendance allowance was actually used by the claimant on, perhaps, subsidised quality of life-boosting excursions, activities, etc.
- Need staff to understand needs of Alzheimers/dementia patients and relatives' needs.
- As a carer I believe that the weekly amount that all carers receive is not enough.
- Take people shopping, to hospital, doctors, church, etc., gardening.
- Social Services to listen not just pay lip-service.
- The categories 18+ and 65+ - just because a person who was previously classified as disabled (prior to 65), it does not mean their disability vanishes on reaching 65+, if anything it gets worse and more difficult to handle.
- Don't know what is available.
- No support when the caring role ends - Blackpool social services dropped me like a stone.
- I would like to know more about my rights as a carer regarding information available about his condition and mental health acts which affect both him and me.
- My emphasis is upon the provision of care that is professional and well trained. Carers then have the freedom to access services for themselves or to make their own arrangements.
- There is a lack of recognition for people who work and are carers. I work for the NHS who are very understanding if you care for a child but not very helpful if it is an elderly person you care for!
- People who care for anyone who has addiction problems are often overlooked.
- Support for carers who look after a loved one with mental health problems is very poor. Support groups are sadly not easy to find. Also, a group needs to be formed with the correct backing to fight to change attitudes that are too often encountered by mental health professionals.
- I would like to know about benefits carers can get.

3. Summary of Consultation relating to Adult Carers, undertaken by Blackpool Carers Centre on Carers Breaks (October 2009)

The consultation involved adult carers, young carers, parent carers, former carers, volunteers and staff. The Centre held consultation meetings, informal discussion groups and distributed a questionnaire. The questionnaire was sent out in July and completed forms were returned by August 31st. The return rate was 29%.

The majority of carers who took part in the consultation are keen to access breaks but many have reservations. Carers repeatedly speak of feelings of isolation and guilt along with feelings of trust and love.

The main barriers to accessing breaks appear to be inadequate respite care, finance issues and availability of transport. Another important challenge for carers seeking a break from the caring role is the fact that the cared for does not wish to be looked after by anyone else and this leads to feelings of guilt by the carer.

The questionnaire was mailed out to those on the Centre's database and the consultation sessions included groups from various locations, however the results of the consultation cannot be considered to reflect the diverse population of Blackpool.

Many individual groups within the community and carers who have a particularly heavy caring role do not access services. The results however demonstrate trends.

Key statistics from the questionnaire

The questionnaire was sent out to all those on the BCC database and in addition copies were handed to carers' workers throughout Blackpool. Help was available to complete the form allowing all carers to have their say.

Who responded?

- 26% of those responding to the survey are former carers although 51% of those had a caring role that ended during the past 12 months
- Few responses (2%) were received from the 18-40 age group reflecting the age group of those currently accessing services from BCC
- 69% of respondents are over 60 including 10% who are over 80
- 72% of the cared for are over 60 including 26% who are over 80
- 54% of respondents have their own health problems
- 67% of respondents are female
- 54% of the cared for are male
- 58% of respondents care for their spouse or partner
- 7% care for a young person under 18

What are the issues?

- 49% of respondents receive no help with their caring role
- 57% of respondents do NOT have the opportunity to have respite breaks
- The following were listed as barriers:
 - Cared for does not like carer to leave-30%
 - No one to help with caring role-20%
 - Lack of finance-18%
 - Lack of information on breaks-13%
 - Transport problems-9%

What would the carers like?

- A break together-44%
- Own breaks' service-32%
- Sitting Service-12%
- Break away from the home of the cared for-12%

Results of consultation meetings

Break	Barriers	Examples	Benefit
Courses-educational, creative and informative	Sitting service required/transport	Gardening, arts & crafts, cookery, photography, IT, flower arranging, literacy and numeracy classes.	Interest and relaxation, potential employment, social interaction, learn about healthy lifestyles
Trips and activities	Cared for may want to join in. Respite care/cost/transport/disabled access	Day trips, stately homes with wheelchair paths, theatre trips, cinema, retreat, sandcastle.	Social interaction, opportunity for quality time with/without cared for
Clubs and groups	Sitting service required/transport	Book club, speaker groups, benefits advice, coffee mornings	Social interaction, interest and relaxation, support and friendship
Holidays-with help	Cared may want to go with the carer-disabled access. Respite /cost/transport. Cared for doesn't want to be left by the carer. Animals to look after. Rest homes will not book in advance for short stays.	Weekends Home/abroad/Pontin's Other hotels or facilities.	Social interaction, opportunity for quality time with/without cared for. Often need quality time with cared for away from everyday stress and pressures
Break	Barriers	Examples	Benefit
Grants to allow carers to choose their own break	Not available at present.	Money/voucher system	Personalisation agenda
Activities	Need a buddy/'haven't been in a while'/anxious about the first visit. Facilities are there but staff not trained to help those with special needs	Attend football matches, join the gym or a spa, join a club or team, swimming, aqua aerobics class, walking in the countryside, yoga/pilates, meditation, choir or music group,	Social interaction, health benefits, opportunity to meet new people and make friends, 'feel special'

Information centre	Lack of information about what is available	Web based/booklet or guide for activities that are available and also information regarding those which are disabled friendly	Carers know where to access breaks/personalisation agenda.
Sitting Service	Provision is not long enough or flexible enough to provide suitable cover. No sitting service for those with specific conditions	Provided by trained volunteers. Former carers of those with specific illnesses –shared understanding	Will allow the carer to access a break
Break	Barriers	Examples	Benefit
Night sitting service	Availability	Can be provided by trained volunteers	Allows the carer to have a full night of sleep
Companionship and one to ones	Difficult to meet new people and make and keep friendships	Can be provided by team of trained volunteers/just a chat on the phone [when necessary]	Provides a listening ear
Counselling	Respite/don't want cared for to know	Volunteer led service provided at Carers Centre	Mental health and well being
Emergency service for unplanned breaks-when carer is unwell and needs immediate support	No suitable provision/carer won't leave own home	Can be provided by volunteers with training	Urgent intervention when carer is at breaking point
Go Shopping	Not enough disabled facilities in town centre. Some facilities are combined with nappy changing facilities and there are long waits. Lifts are too busy. Respite.	Town Hall, M&S, North Pier, Solaris	Allow carer and cared for to go shopping together
Break	Barriers	Examples	Benefit
Someone to do the shopping/cleaning	Lack of information	Shopping service, vouchers for cleaning service, gardening	Break from routine activities for the carer
Complementary therapy, hair and beauty treatments at	Cost and limited supply, difficulty in accessing these providers	ICHER, hairdressers, nail technicians, beauticians, colour therapy	Health benefits, self esteem

home			
Free taxis to get around and to attend courses/clubs and activities	Time away from the cared for is precious	Voucher system	More time to access beneficial activities and breaks
Activities for younger adult carers	Finding like- minded people/not much available/poor engagement with services	Pub, club, meal, night out	Social activity, meet others in similar position, mutual support
PA to come on holiday with the carer so carer can have break	Cost and availability	This could be provided by volunteers if expenses can be met	Allows carer to have a break without feeling guilty and if cared for doesn't want to access respite
Break	Barriers	Examples	Benefit
Opportunity to do voluntary work	Respite	Many voluntary placements can be found	Employment prospects, self esteem
Day Centre type facilities if cared for wish to attend with carers	Availability	Centre to book respite places on behalf of carers	Full day respite benefits

Recommendations made in the report

The consultation identified certain areas for development and the following recommendations.

1. Transport

Options for development could include:

- Voucher system
- Minibus
- Transport allowance for providers

2. Sitting Service-Day and Night and Emergency Service

Options for development could include:

- Setting up an enhanced service around volunteers based on a Marie Curie type model
- Contracting out to the private sector

3. Information service on carers' breaks

Options for development could include:

- One stop shop service for signposting with the opportunity to support, advise and book on behalf of carers.
- Web based information
- Publication updated annually
- Individual grants for carers
- Vouchers for complementary therapy, beauty, courses, counselling, activities and other clubs and groups

4. Provision of personal assistants for breaks and companions for support and friendship

Options for development could include:

- Partnership with private companies to provide personal assistants to travel with the family or provide support with cleaning etc
- A directory of self employed, qualified personal assistants
- A volunteer base of trained 'companions' to spend time with the carer in their own home providing a listening ear or help with practical support.
- Buddies/mentors to go out with the carer/young carer for support and friendship.

APPENDIX F

Other authorities within Blackpool's Family Group

- Plymouth
- Sefton
- North Tyneside
- South Tyneside
- Southend-on-Sea
- Wirral
- Redcar & Cleveland
- North East Lincolnshire
- Darlington
- Hartlepool
- Torbay
- Tameside
- Sunderland
- Calderdale
- Gateshead