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Executive Summary

This is the second Joint Carers strategy for South Gloucestershire and builds upon the good work that has been done over a five year period. It has been produced by a partnership of carers’ representatives, local organisations and agencies. Developing this strategy gives carers in South Gloucestershire an opportunity to make their views known about;

- The services and support that are important to them; and
- How they prefer to access services and support to improve and sustain their quality of life and their caring role.

It aims to give choice and control over the services and support carers receive. It also aims to make access to that support easier and address issues of equality.

The strategy is consistent with national and local policy initiatives to transform and personalise community health and social care services and to integrate them with services provided by other organisations that can enhance carers’ quality of life. It also progresses the objectives of both South Gloucestershire Council and NHS South Gloucestershire.

It combines commissioning intentions reflecting the “National Carers Strategy; carers at the heart of 21st century families and communities” and local priorities. It includes proposals for change discussed at workshop events attended by more than 110 carers in April 2010 and priorities identified in the JSNA.

These intentions are split into four areas that reflect the outcomes in the National Carers Strategy:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
• Carers will be supported to stay mentally and physically well and treated with dignity.
There is also a local commitment that:

• Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life.

A key theme throughout these commissioning intentions is:

• Changes in the way health and social care services are commissioned to enable carers to have a life of their own outside their caring responsibilities and to be able to take greater control over meeting their own needs.

This document is an important step towards the agreement of a joint strategy owned by carers, organisations working with carers, South Gloucestershire Council and NHS South Gloucestershire. This partnership involves a large number of voluntary organisations working with and representing carers and those they care for.

This draft was produced by a Project Team on which these interests are represented, led by South Gloucestershire Council and including carers, Princess Royal Trust for Carers and NHS South Gloucestershire. This draft reflects their ideas for continuing to improve services and support for carers.

This draft strategy is out for public consultation between 1st July 2010 and 1st October 2010. We want to hear your ideas and priorities which will help shape our plans for the future. Please send your comments to:

Cathy Truman
Community Care & Housing Department
South Gloucestershire Council
FREEPOST SWB 1485
BS16 7ZZ

Your priorities and ideas will be shared with the Project Team and influence their deliberations on the strategy. The recommendations of the Project Team will be put to South Gloucestershire Council and NHS South Gloucestershire by the end of 2010 for approval.
The Strategy will be intended for implementation by 2018 (in line with the national strategy. The plans will therefore take account of the current economic climate, and the need to ensure high quality services and support that offer value for money.
Introduction

Our Vision is in accordance with the national vision that;

“by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.”

In South Gloucestershire we aim to enable services for carers which:

- promote independence for them and the “cared-for” person,
- ensure carers are able to make choices about when, where and from whom they receive support and services,
- improve the quality of services we commission on behalf of carers and carers commission for themselves.

Carers told us that it is important to recognise that every carer is unique; one size does not fit all.

Aims and Expectations

This strategy will be a key mechanism for the continuous improvement of support and services available locally for carers. It will also be a key tool to assist in shaping and influencing the local community and all aspects of wider society. It will help to ensure that individuals, agencies and organisations are increasingly “carer aware”. We acknowledge that carers issues are not the sole responsibility of the Council's Community Care and Housing Department or NHS South Gloucestershire. Other individuals, organisations, agencies and council departments can and do improve carers lives. This is reflected in this strategy. The equalities duties in recent legislation will also assist in improving the quality of carers lives.

Aim 1: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

1 National Carers Strategy 2008
Aim 2: Carers will be able to have a life of their own alongside their caring role.

Aim 3: Carers will be supported so that they are not forced into financial hardship by their caring role.

Aim 4: Carers will be supported to stay mentally and physically well and treated with dignity.

Aim 5: Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life.

Who is the Strategy for?

This strategy is for all carers, aged 18 and over, living and working within South Gloucestershire. It is also for professionals and others whose business will bring them into contact with carers. Young carers under the age of 18 years have a separate but linked strategy\(^2\) to address their specific needs and issues.

Definition of a carer-

“A ‘carer’ is a person who looks after someone relative, friend or neighbour. That person may be an adult, child or a young person. The care may be physical care, emotional support, advice or advocacy support. In this strategy a carer is a person who provides care to another person and is not paid for providing that care (nor is she or he providing the care as a volunteer placed into the caring role by a voluntary organisation). The term carer should not be confused with a care worker, or care assistant; that is a person who receives payment for looking after someone else.”\(^3\)

\(^2\) South Gloucestershire Council-Young Carers Strategy
\(^3\) South Gloucestershire Joint Carers Strategy 2005-2010
Legislation and National and Local Policy

The legislation that has the main impact on carers is:

**Carers (Recognition & Services) Act 1995**
- this requires a local authority as part of the assessment of a service user, to assess needs of a carer, who is providing or intends to provide a “substantial amount”\(^4\) of care on a regular basis.

**Carers & Disabled Children Act 2000**
- this extends carers’ rights to assessment in circumstances where a cared for person user refuses assessment or services and empowers local authorities to provide services to carers.

**Carers (Equal Opportunities) Act 2004**
- this confirms the duty to inform carers of their rights to an assessment. It requires the local authority to consider a carers’ need or wish to work or undertake education, training or leisure activities.

The strategy is also developed with reference to the Sustainable Community Strategy for South Gloucestershire and the Strategic Framework adopted by Community Care & Housing in 2008 which identifies:
- The shift towards a stronger focus on **value for money** service models
- ensuring services are **personal** around the needs of the individual and to provide choice.
- an emphasis on **local** services where people access opportunities close to their own homes and in their own neighbourhoods
- An ambition to make sure that access to Community Care and Housing services is **fair** for all
- Measures to shape a **well skilled workforce** which can deliver modern services within our communities
- The need to make services easy to **access** to provide up to date, good information

Whilst this strategy specifically focuses on carers we have recognised the needs of carers in Valuing Experience and Better Support for Older People as well as in our approaches to implementing key policy areas

\(^4\) See glossary of terms
locally, for instance Valuing People Now, New Horizons, End of Life Care, Stroke, Older Peoples Mental Health and Transforming Lives, our joint health & social care transformation programme.

The draft strategy has been prepared and published ahead of the emergence of detailed policy from the new coalition government; however it appears to be consistent with the government’s outline programme with an emphasis on freedom, fairness and responsibility.

Relevant legislation, national and local policy is listed in Appendix 1
Demographics

National Figures

The 2001 Census\(^5\) reports that there were 5.67 million carers in Great Britain (around 5.2 million carers in England and Wales and almost 500,000 in Scotland). Of these:

- 58% of carers were women
- 42% were men
- 68% of carers provided care for up to 19 hours a week
- 11% for 20–49 hours
- 21% for 50 or more hours

The Government’s strategy “Building a society for all ages” is designed to help Britain prepare for an ageing society, it states that over-65s account for around a third of all those carers providing more than 50 hours of care a week.

The population of South Gloucestershire

By 2013 the South Gloucestershire population is expected to have risen to 271,700. People aged 65 and over are the fastest growing age group in South Gloucestershire. There are also an equally fast growing number of older and disabled people in our black and minority ethnic communities which include communities from Eastern Europe and Somalia.

The Joint Strategic Needs Assessment (JNSA) is a review of the need for health and local authority services developed by South Gloucestershire Council and NHS South Gloucestershire. It indicates that the percentage of people providing unpaid care across the area is slightly less than the national average. However, there are more than 24,000 carers in South Gloucestershire and 4,054 of these are providing unpaid care for 50 hours, or more, per week.\(^6\) The turnover in numbers of carers each year is in excess of 37%. In South Gloucestershire, this means that 8,900 people move into and out of caring each year. About 58% of carers are female and 42% are male.\(^7\) Under the age of 65 the percentage of female

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\(^5\) Census 2001
\(^6\) South Gloucestershire Joint Strategic Needs Assessment 2009
\(^7\) Carers UK In the Know 2006
carers is well in excess of 65%. After the age of 65 the numbers of male and female carers become much closer to a 50% split.

There are no reliable figures for the number of carers from Black and other minority ethnic communities in South Gloucestershire. Given that approximately five per cent of South Gloucestershire’s population is from different minority ethnic communities it is reasonable to estimate that there are between 900 – 1,000 Black and minority ethnic carers living in South Gloucestershire.

The value of the care that carers provide in South Gloucestershire has been calculated at £311,000,000 per annum.8 Sixty-five per cent of carers do not identify themselves as such in their first year of caring.

The bulk of caring relates to age related issues. Although South Gloucestershire has a lower proportion of elderly people than the UK average, people aged 65 years and over are the fastest growing age group. Longer term projections suggest that there will be an extra 23,200 people aged over 65 in South Gloucestershire by 2028 compared to 2008 figures - an increase of 60%. The biggest rise is in the over 85 age group which is expected to more than double in the next 20 years, from around 4,900 to 11,100.

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8 Carers UK Leeds University 2007 Valuing Carers Calculating the Value of Unpaid Care
Services we provide now

In this chapter we identify many of the services and forms of support or assistance that is currently available to carers within South Gloucestershire funded by South Gloucestershire Council, NHS South Gloucestershire and other sources. It is not an exhaustive list:

Over the seven year life of the strategy it is expected that some services and support to carers will change and that there may be revised levels of financial support available to support more flexible and innovative ways of working with carers to address the needs identified. Together we will ensure that carers have greater choice and control and can meet the challenges they face such as balancing employment and caring responsibilities. It is envisaged that the use of Direct Payments will continue to increase throughout this period and that this shift will influence commissioning priorities.

Services currently provided for carers in South Gloucestershire:

**South Gloucestershire Council**
South Gloucestershire Community Care and Housing Department spend on services for carers in 2010/11 are shown in the table below;

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Type of service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Royal Trust Carers Centre (PRTCC)</td>
<td>Provision / arrangement of a range of home based and community based breaks and support. Telephone support lines to provide information, advice and support for carers, monitor &amp; promote Emergency Card, GP practice based information and advice service for carers, volunteer sitting service, support to older carers of people with a learning difficulty, newsletter and carers events, training for carers</td>
<td>£235,000</td>
</tr>
<tr>
<td>Dhek Bhal</td>
<td>Home based sitting service and breaks for Asian carers</td>
<td>£39,606</td>
</tr>
<tr>
<td>South Gloucestershire Crossroads</td>
<td>Breaks in the home for carers of adults needing personal and practical care</td>
<td>£130,583</td>
</tr>
<tr>
<td>Rethink</td>
<td>Breaks and support for carers of people</td>
<td>£43,890</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>Bristol &amp; Avon Chinese Women’s Group (BACWG)</td>
<td>Home based and outing type breaks for Chinese carers</td>
<td>£11,750</td>
</tr>
<tr>
<td>Paul’s Place</td>
<td>Development of holiday breaks, home based breaks and leisure opportunities for carers of people with physical, sensory and cognitive impairments</td>
<td>£10,000</td>
</tr>
<tr>
<td>Joint Learning Difficulties Service (Adult Placement)</td>
<td>Community placements with host families enabling carers of people with a learning difficulty to have a break.</td>
<td>£16,050</td>
</tr>
<tr>
<td>Joint Learning Difficulties Service (Adult Placement)</td>
<td>Breaks and carer’s services to be purchased by adult care teams following assessment including breaks in the home for carers of people living with a dementia. Individual Budgets &amp; spot purchase arrangements to be investigated.</td>
<td>£132,731</td>
</tr>
<tr>
<td>NHS South Gloucestershire</td>
<td>Provision of emergency night sitting service to avoid short term hospital admission for carer or cared for.</td>
<td>£31,150</td>
</tr>
<tr>
<td>Emergency Breaks - Emergency Duty Team</td>
<td>Provision of drop in and sitting services to cover emergencies and crises where carer temporarily unable to care.</td>
<td>£41,500</td>
</tr>
<tr>
<td>Alzheimer’s Society</td>
<td>Support services for carers of people with dementia; ongoing regular support for carers of people with dementia; and dementia cafe which provides information and signposting for people living with dementia, their carers and professionals.</td>
<td>£28,000</td>
</tr>
</tbody>
</table>
Time for Carers working with South Gloucestershire Council
Programme of sports and leisure opportunities for carers  £14,500

A4E Carers and Employment Project  £30,000

Bristol Area Stroke Foundation (BASF) / PRTCC
Stroke Café-Support group for carers and stroke survivors  £2,500 & officer time

County Community Projects
Advocacy for carers  £45,000

Carers Week
Support for specific events  £5,000

CCHD, Strategy and Grant Admin and Consultation
Funding for officer support  £39,500

Assistive Technology
Provision / arrangement of services and equipment to support carers in their roles and to enable the people they care for to remain in their own homes. Not specified – taken from mainstream budgets

Family support service
Support for families of people with substance misuse issues  TBC

**NHS South Gloucestershire**
NHS South Gloucestershire’s investment on services for carers in 2010/11 is listed below-

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Type of service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-think</td>
<td>Informal support for mental health service users. A proportion of this service supports carers.</td>
<td>TBC</td>
</tr>
<tr>
<td>Crossroads</td>
<td>Grant for the provision of services, joint with South Gloucestershire Council, as well as providing their</td>
<td>£74,765</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
<td>Funding</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Vassalls Centre</td>
<td>Accommodation. Plus additional sums for supporting people with continuing health needs</td>
<td>TBC</td>
</tr>
<tr>
<td>Parkinson Disease Nurse Specialist</td>
<td>Nurse supporting people with Parkinsons and their families and other carers. Refers patients and carers to other relevant services (social, health and voluntary sector). Acts as a resource sign posting. Education and training.</td>
<td></td>
</tr>
<tr>
<td>Princess Royal Carers Centre</td>
<td>Wide range of services described in table above, joint funded with South Gloucestershire Council</td>
<td>£7,742</td>
</tr>
<tr>
<td>Alzheimers Society</td>
<td>A number of small grants to support projects and activities that aimed to reduce health inequalities</td>
<td>£1,594</td>
</tr>
<tr>
<td>South Gloucestershire Chinese</td>
<td>Small grant(s) to support projects and activities that aimed to reduce health inequalities</td>
<td>£960</td>
</tr>
<tr>
<td>Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dhek Bhal</td>
<td>Small grants for an activity and project that aimed to reduce health inequalities</td>
<td>£500</td>
</tr>
<tr>
<td>Paul’s Place</td>
<td>Small grant for an activity that aimed to reduce health inequality</td>
<td>£400</td>
</tr>
<tr>
<td>Stroke education project</td>
<td>Small grant to provide patients and their carers with training on maximising life after a stroke</td>
<td>£375</td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NHS South Gloucestershire's Strategic Plan for 2010/11 - 2014/15 identifies eighteen priorities for this period. One directly benefits carers in response to the need identified in the Joint Strategic Needs Assessment. This highlighted the needs of carers of people who are mental health service users. We have agreed with the Avon and Wiltshire Partnership Mental Health Trust that they will ensure that more carers each year will receive an assessment of their own needs and that the resulting care plans will be completed within four weeks of the assessment.
Other services available for carers in South Gloucestershire in 2010/11:

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Description</th>
<th>Funding Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jobcentre Plus</td>
<td>Work Focused Support for Carers. A series of interviews with a Jobcentre Plus Adviser to assist carers explore the route back to work. Carers may also be eligible to access various job search services and training programmes</td>
<td>Breakdown of funding not calculable as service is provided in four Local Authority areas'</td>
</tr>
<tr>
<td>Jobcentre Plus</td>
<td>Replacement Care. Costs of replacement care may be claimed to take part in Jobcentre Plus approved activities. Carers source the replacement care and Jobcentre Plus cover the costs</td>
<td>£100,000</td>
</tr>
<tr>
<td>Jobcentre Plus</td>
<td>Care Partnership Manager. A designated manager who will liaise with carer organisations and ensure that Jobcentre Plus Advisers have adequate information to sign post carers to relevant services</td>
<td>Breakdown of funding not calculable as service is provided in four Local Authority areas'</td>
</tr>
<tr>
<td>PRTCC Caring with confidence</td>
<td>National programme of training for carers to support them in their caring roles</td>
<td>Combined funding for South Gloucestershire and Bristol</td>
</tr>
<tr>
<td>AWP</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>PRTCC other</td>
<td>Info Requested from PRTCC</td>
<td></td>
</tr>
<tr>
<td>RNIB</td>
<td>Carers support worker to assist carers of people with sight loss</td>
<td></td>
</tr>
<tr>
<td>Parkinson's UK</td>
<td>Community support worker to support people affected by</td>
<td></td>
</tr>
<tr>
<td>DHI Social Prescribing, Orchard Surgery</td>
<td>Supports anyone living in South Gloucestershire who has psychosocial issues which impact on their health and wellbeing. Supports people to make change, achieve goals and identify sources of support or meaningful occupation within the community. A significant number of carers are referred to the service. Work closely with the Carers Centre GP liaison worker.</td>
<td>£52,114 (total funding for Apr 2010-April 2011, not just for carers)</td>
</tr>
</tbody>
</table>
**Initial Strategy development**

The strategy has been developed by a Project Team composed of representatives from statutory and voluntary sector organisations, and carers. A reader’s group with similar representatives was also set up to comment at different stages of the development of the strategy and particularly as the different strategy drafts were prepared.

Commissioning intentions were developed from the existing carers strategy action plan, JSNA consultation, carers workshops during other recent consultations, the carers open meeting and Black and other minority ethnic communities (BoME) event. More than 110 carers attended meetings, raised issues and suggested solutions that might make a difference. 74 carers contributed to the data collection in the JSNA (28% of the total JSNA respondents).

The strategy is based largely on the discussions at the carers open meeting and BoME event. The Project Team has subsequently made amendments and additions. The strategy will continue to be refined and developed during the formal three month consultation process. The public consultation that starts on 1st July and continues until 1st October 2010 is a very important part of this process.

This public consultation is a dynamic process where people have the opportunity to bring to the attention of the Project Team the issues that are important to them. Project group members will also continue to meet with representative groups and individuals to gather views.

The strategy has to be capable of implementation by 2018. The final version will therefore take account of the current economic climate and the need to provide high quality services that offer value for money.

All partners are seeking to develop a strategy which is challenging and dynamic, one which fully embraces personalisation, choice and control. Through the consultation we are seeking to raise the aspirations of carers living and working in South Gloucestershire, striving to identify innovative and creative solutions that will enable them to have a “life of their own” alongside their caring role.
Priorities Identified by Carers

In addition to the carers priorities listed under the aims below there were three cross cutting themes identified by all carers as key to the future development of support and provision of services;

- Support and services must be accessible to all recognising every carer as an individual, giving consideration to age, disability, gender, sexual orientation, race and ethnicity, religion or belief as well as language and communication needs;

- An approach which promotes access to preventative services with a focus on enabling carers to sort out the simple things can make a huge difference to their lives;

- Recognition as carers as expert care partners.

Aim 1 Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Suggested Actions;

- GP practices and community nursing have a key role to play if support for carers is to be improved. Awareness to be raised of their potential contribution. Ways to be sought to encourage Practices to continue populating their Registers and to use them to achieve this objective

- Carers recognised, valued and acknowledged as true partners in care and are informed and involved in the decision making process concerning the person they care for,

- Promote the carers assessment and assist carers to access the service,

- Develop and expand programmes of carer awareness training for staff whose work will impact upon carers lives,
Ways to be sought to improve the identification of carers, and the sensitivity with which services are offered. With reference to carers who are hospitalised themselves, people who become carers as a result of the hospitalisation of the person they care for, and carers when the person they care for has a health crisis or change in circumstances resulting in hospital admission.

**Aim 2** Carers will be able to have a life of their own alongside their caring role.

**Suggested Actions;**

- Continue with the provision of short breaks but enhance the flexibility and quality of services, provide services that are bookable. Provide information on the range of short breaks available for carer and cared for person both individually and together,

- Promote the use of direct payments and personal budgets to purchase short breaks, giving carers the flexibility they need to take breaks to fit in with their personal circumstances,

- Support carers to develop resilience and self help resources and peer support networks building their capacity using a variety of approaches including short break activities and outings, social networking sites and social prescribing,

- Access to equipment and assistive technology can enable carers to access a better quality of life. Carers say that it is often the simple things that make the biggest difference,

- Choice and support to continue to care at home if the carer wishes. Ensure that there is improved carer awareness in housing advise teams and that carers can access information about their housing options, including extracare.

**Aim 3** Carers will be supported so that they are not forced into financial hardship by their caring role;

**Suggested Actions:**
• Enable carers to access employment support. Work with employers to enable carers to remain in or resume work. Work with partners to support carers to become self employed.

• Improve access to carer assessments with support to complete them if required. Assessment forms to be readily available from South Gloucestershire Council offices, surgeries, hospital wards and carer support organisations.

• Ensure good access to welfare benefits and money advice to ensure carer’s incomes are maximised.

• Ensure good access to advice and advocacy for carers to support them to get information on issues related to their caring role, e.g. power of attorney, advance directives, role of appointee and employment

• Provide support for carers through Housing options and Housing Benefit advice.

Aim 4 Carers will be supported to stay mentally and physically well and treated with dignity;

Suggested Actions;

• Develop annual health checks (both physical and emotional) for carers; so that they feel supported and remain healthy, in order to maintain their caring responsibility, if that is what they want to do,

• Carers support to be available through GP surgeries,

• Improve access to carer assessments and support to complete them if required. Self Assessment forms to be readily available from South Gloucestershire Council offices, surgeries, hospital wards and through organisations supporting carers,

• GP and hospital appointment times and waiting areas must recognise the carers circumstances, priority appointments to be allocated where possible;
• Hospital care and discharge procedures need to involve carers as active partners from point of admission; an initial standard question at admission stage must ask if a person has anyone looking after them. This would alert staff that there is a potential or actual carer involved

• Identification of carers in hospital;
  • hospitalised carers,
  • people who become carers as a result of hospitalisation of the cared for person,
  • existing carers of someone who has a health crisis or change in health circumstances resulting in hospital admission.
Identification to ensure the appropriate support is available to carers.

Aim 5  Carers will have access to a wide range of advice and information to support them to carry out their caring role in the context of their individual life.

Suggested Actions;

• Ensuring that Information and advice about services and support is widely available and addresses the equality, diversity and communication needs of individuals.

• Partners will be proactive in giving out information and supporting carers to find out about support and services available,

• Partners will ensure information is available in a range of formats e.g. electronic, paper and audio and that it can be personalised to an individual’s circumstances,

• Carers rights and legal entitlements will be promoted by partners,

• Information about brokerage and Direct Payments for carers to be widely available,

• Establishment of a single point of access to support and services,

• Carers want specific “Drop-in” sessions in GP surgeries and other public places to be developed.
Consultation and further Strategy Development

This draft strategy has been developed by a Project Team including representatives of statutory and voluntary sector services for carers and carers themselves.

This draft strategy is largely based upon the comments and suggestions of the many carers who attended the workshops earlier this year. It will continue to be further refined and developed during the formal three month consultation process.

The consultation is intended to be a dynamic process where people have the opportunity to bring to the attention of the Project Team the issues that are important to them. The public consultation that starts on 1st July and continues until 1st October 2010 is a very important part on this process.

South Gloucestershire Council and NHS South Gloucestershire are seeking to develop a strategy which is challenging and dynamic, one which fully embraces personalisation, choice and control. Through the consultation we are seeking to raise the aspirations of people living and working in South Gloucestershire, seeking to identify innovative and creative solutions.

You are invited to comment on the ideas in the “Priorities Identified by Carers” section and your input will assist the Project Team to prioritise amongst the many potential initiatives identified here. The final version of the strategy will go for approval by South Gloucestershire Council and NHS South Gloucestershire by the end of 2010.

The Strategy has to be capable of implementation by 2018. The plans will therefore take account of the current economic climate and the need to ensure high quality services that offer value for money.
**Strategy Implementation**

The statutory agencies and service providers will work with the Project Team and the Carers Advisory Network (CAN), the representative group of carers and the local statutory and voluntary sector agencies, to monitor implementation of this strategy and plan progress. Partners to this strategy will encourage service development that offers beneficial outcomes to carers and performance management will be increasingly outcome focused. Progress against the strategy’s stated goals will be recorded and all partners will work towards achieving the outcomes of the national and local carer strategies.

In order to achieve the above it is important that CAN continues to be co-ordinated and led effectively. It is vital that it continues to link into both NHS South Gloucestershire and South Gloucestershire Council’s strategic systems so that regular reporting requirements, and scrutiny of the progress of the implementation of the strategy, will happen as a matter of course. This is vital if the strategy is to have a life beyond its approval. Carers and all partners involved in the development of this strategy welcome it as a further opportunity to make improvements to the quality of lives of carers living and working in South Gloucestershire. Providing carers with greater choice and control over support and services that they wish to access to enable them to undertake their caring roles, and continue caring for people they look after for as long as possible in their own community. The life of this strategy is seven years but it contributes towards the longer term visions and challenges set out in the JSNA document and the National Carers Strategy that cover the next 10-20 years.
Appendices

Appendix 1

**Legislation and National and Local Policy -**

National Carers Strategy: Carers at the heart of 21st-century families and communities 2008

National Dementia Strategy 2009


Putting People First 2007

The Government White Paper, Our Health Our Care Our Say 2006

Work and Families Act-2006 Flexible working for Carers

The Carers (Equal Opportunities) Act 2004

Carer and Disabled Children Act 2000

The National Carers Strategy ‘Caring for Carers’ 1999

The Carers Recognition of Services Act 1995

**Local Policy-**

South Gloucestershire Sustainable Community Strategy 2008 -2026

Community Care & Housing Strategic Framework 2008

South Gloucestershire Joint Carers Strategy 2005-2010

South Gloucestershire Disabled Parents Policy 2009

South Gloucestershire Young Carers Strategy

NHS South Gloucestershire's Strategic Plan for 2010 2011
Appendix 2

Glossary of terms

Carer:
“A ‘carer’ is a person who looks after someone relative, friend or neighbour. That person may be an adult, child or a young person. The care may be physical care, emotional support, advice or advocacy support. In this strategy a carer is a person who provides care to another person and is not paid for providing that care (nor is she or he providing the care as a volunteer placed into the caring role by a voluntary organisation). The term carer should not be confused with a care worker, or care assistant; that is a person who receives payment for looking after someone else.”

Commissioning:
IPC definition of commissioning—
“Commissioning is the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which: Deliver the best possible health and well-being outcomes; Provide the best possible health and social care provision; within the best use of available resources.”
It is the strategic activity of assessing needs, resources and current services and developing a strategy to make best use of available resources.

Joint commissioning:
Is the process in which two or more commissioning agencies act together to coordinate their commissioning activity, taking joint responsibility for translating strategy into action

Substantial amount of care:
None of the Carers Acts define what is meant by the word ‘substantial’ and so to a degree the decision rests with individual social services departments … in deciding how to interpret this phrase, authorities must take into account the relevant guidance. Local authorities will,

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9 South Gloucestershire Joint Carers Strategy 2005-2010
10 DOH, Commissioning Framework for Health and Wellbeing Services, 2007
therefore need to adopt a flexible approach to this question and focus on the ‘impact of caring’. It follows that what may not be a substantial amount of care to a 25-year-old carer may be otherwise if provided by a seven or 87-year-old carer….It is not only the time spent each week caring that has an impact on carers. For some, such as those caring for adults with learning disabilities, the caring role can have the additional impact of being a life long commitment…Any assessment of the carer’s need for support has to look at the impact of the whole caring situation.”

11 Carers and their rights-the law relating to carers-Luke Clements