



Stockton Borough Council

Strategy for Carers' Services

2009-2013

September 2009

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1. INTRODUCTION

1.1 About this document

This document sets out Stockton Borough Council's strategy for planning and developing service for carers in the next four years.

It is designed to act as a framework for those designing, developing or delivering services, to make sure that there is a consistent approach that:

- Fits the needs of carers in Stockton
- Ensures that the services that are delivered are of high quality
- Fits with national policy on carers and helps the Council achieve its targets
- Is consistent with other Council policies, and those of the partners with whom we work
- Delivers good value for money

1.2 Who do we mean by 'carers'?

Carers are people who provide (or intend to provide) a substantial amount of care on a regular basis to people who require support to maximise and/or maintain their independence.

What is 'substantial' and 'regular' is not defined in legislation or guidance. In Stockton, we take a common-sense approach which considers the potential impact on the person cared for if the care is not provided. If there is a significant potential impact on their safety, health or well-being, we consider it substantial. In many cases the potential impact is self-evident.

This strategy covers people who care for adults¹. Most carers will be adults themselves, but we know that there are many children and young people acting as carers for adult family members.

So in this strategy, it is assumed that:

- The CLIENTS are adults, but
- The CARERS may be of any age, including children

In this document, we refer to the person for whom the carer is caring as the 'client' (although we recognise that this may not be how the carer thinks of them). For the carer, the client may be:

- A parent
- Their spouse
- Their grown-up child
- Another family member
- A neighbour
- A close friend

¹ Services for people who care for children and young people with special needs are planned and commissioned by the Children & Young People team of Stockton Borough Council. There is an overlap between the needs of the two groups, and the services relevant to them, and so this strategy will be taken forward in co-ordination with that for carers of children and young people.

Every carer and client have their own unique relationship which should be recognised by those who provide support for the carer. This strategy tries to identify a vision for carers' services that is relevant to the whole range of carers in Stockton, and the kinds of services that should be developed to provide flexible and responsive support for them.

1.3 Why do we need a carers' strategy?

Many carers do not recognise that they ARE carers – for them, the caring relationship is simply part of normal, everyday family life. However, providing care is not easy, and can lead to huge physical, mental or emotional strain for the carer. Carers' own health and well-being can be put at risk – with a negative impact both on the carer and on their client. Carers deserve the right kind of help and support, that recognises them as individuals with their own needs as well as people supporting others.

Nationally, as well, it has been recognised for many years that carers make a vital contribution through the many hours of care they provide to people in our society. Without them, local services would quickly buckle under the huge additional demand for care and support.

In order to help carers help others as effectively as possible, local authorities are expected to provide services for carers that help and support them, and ensure that they are able to look after themselves as well as their clients. National funding is provided to ensure that every council has carers' services in place. The services currently (ie at the beginning of 2009/10) provided in Stockton are described in more detail in section 2 below.

Having a separate carers' strategy is important, so that the needs of carers (which may be very different from the needs of clients) are highlighted, and so that services for carers are developed in a planned way that meets local needs.

1.4 Why produce this strategy now?

The previous Stockton Carers Strategy ran from 2004 to 2007, and so we needed to review and update it to make sure that our plans fit the needs of carers, and meet other targets set for the Council, in the future. This document sets out a new strategy for the next 4 years, from 2009 to 2013.

We can only produce a strategy that meets the needs of local carers by consulting and involving carers themselves. We launched a programme of consultation in early 2008, in which we asked carers for their views on an early draft of this strategy, as well as on existing services in Stockton. We have used the feedback from the consultation throughout this final version, but especially in section 5 below where we have identified improving involvement as one of our priorities.

In addition to increasing local carer involvement, this strategy also links to the new National Strategy for Carers, '***Carers at the heart of 21st Century families and communities***' (published June 2008),. This sets out new directions for local councils in planning and delivering services for carers.

This strategy therefore aims to bring together recent national and local information on carers and services for them, and to set the agenda for work on improving help and support in the next 4 years.

2. POLICY DIRECTIONS

National policy

2.1 Carers at the heart of 21st Century families and communities (HM Government, June 2008)

The 2006 White Paper on community services, ***Our Health, Our Care, Our Say*** (Department of Health, 2006), included proposals to improve support for carers. As well as some specific developments in emergency respite care and the creation of an Expert Carers programme and a national carers' helpline, it announced that a revised strategy for carers' services would be developed. This is **Carers at the heart of 21st Century families and communities**, which was published in June 2008.

One significant feature of the new strategy is that it has been published, not by a single Government department, but by the Government as a whole, including departments responsible for health, communities, education, business, work & pensions, and equality. At local level, the challenge for local authorities is to ensure that we work effectively with our partners and stakeholders to deliver a joined-up system of help and support for carers when they need it in every aspect of their lives.

The cornerstone of the strategy is a shared vision for carers, shown below:

By 2018:

- 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;
- 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: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.

Source: Carers at the heart of 21st Century families and communities (HM Government, June 2008)

Local policy

2.2 The Vision for Adults

Stockton on Tees Borough Council's own strategy for adult care services, The Vision for Adults, was published in October 2006.

The Vision for Adults service strategy has four main priorities:

- Develop more preventative services focused on earlier intervention
- Enable more choice and a louder voice
- Tackle inequalities and improve access to community services
- More support for people with long term needs

Improving support for carers, and uptake of services by carers, forms part of the success criteria for the 'long term needs' priority, but carers are seen as part of the whole system underpinning successful development of all four priorities.

2.3 The Children & Young People's Plan

The Council has a Children & Young People's Plan covering 2007-2010, which includes young carers as a priority, and which set out a series of actions aimed at improving information about, and services for, young carers.

The Carers' Strategy seeks to strengthen this existing work by ensuring that young carers are seen as part of the 'whole system' of carers, as well as being part of the responsibility of children's service planners and commissioners.

2.4 The key messages for strategic planning

The new national policy for carers' services provides a major platform for development at local level, emphasising as it does the importance of effective support to carers and of good co-ordination between agencies with whom carers come into contact.

Demonstrating local commitment and progress on improving services for carers, both to support their own quality of life and to ensure that they can care as effectively as possible, will be crucial in the next few years.

3. CARERS IN STOCKTON

3.1 Information on carers: the overall picture

Currently, there is a relatively limited amount of information available, either nationally or locally, about carers and their needs.

The national census in 2001 included questions about caring responsibilities for the first time. The new national strategy makes clear that this also be part of the 2011 census. There are also plans for more detailed information to be collected through a national survey in 2008/09.

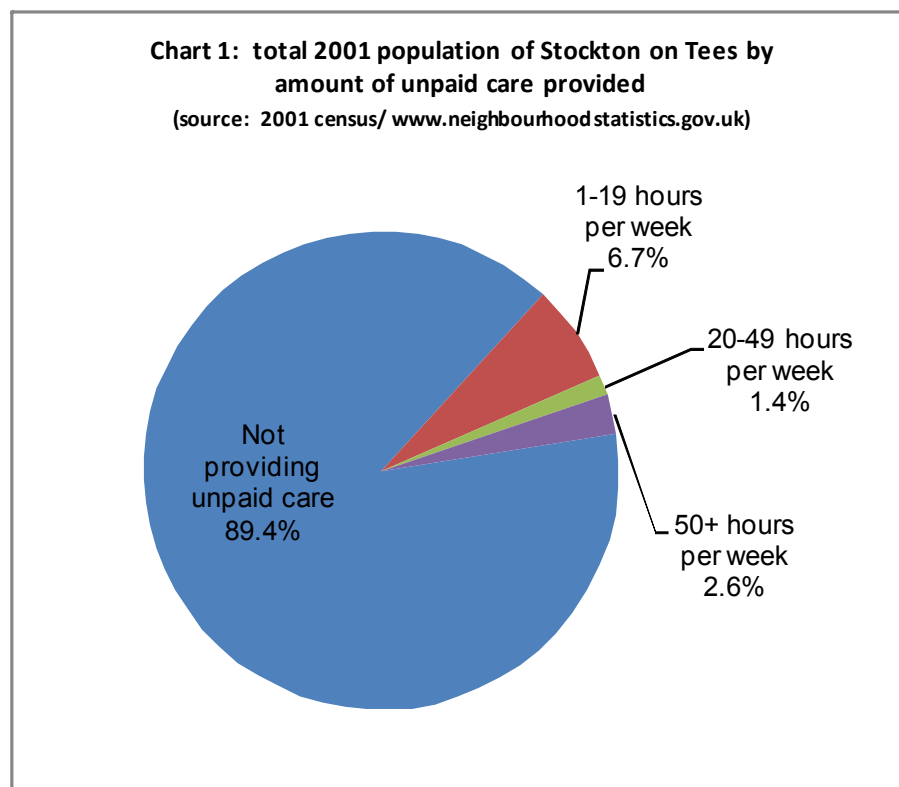
The sections below provide some basic facts about carers locally, but there are some significant gaps. Improving information is therefore a priority for the lifetime of this strategy and in section 5.2.1 we describe this in more detail.

3.2 Numbers of carers

In the 2001 census, 18,993 people in Stockton said that they provided unpaid care. (Note that this includes those caring for children as well as adults).

This equates to 10.6% of the total 2001 population: roughly equivalent to the overall figure for the North East (11.0%) and slightly higher than the England average (9.9%).

Chart 1 below shows the breakdown of the total 2001 Stockton population in terms of the amount of unpaid care provided.



Looking only at those who did provide care, the breakdown of caring hours is as follows:

- 63% provided 1-19 hours per week
- 13% provided 20-49 hours per week
- 24% provided 50+ hours per week

3.3 Age of carers

There is relatively little published information available on how the overall total of approximately 19,000 carers in Stockton is made up in terms of age, sex, ethnicity and so on. However, national data is available and this can be used to estimate the local position.

Older carers

Figures are available on older carers: in 2001, there were approximately 3,000 carers in Stockton aged 65 or over (source: POPPI). This is approximately 11% of the total population aged 65+. Within this older group, those aged 65 to 74 were more likely to be acting as carers (14% of the total did so) than the 75-84 age group (9.1%) and the 85+ age group (3.9%). This reflects the likelihood that 'younger older' people will be caring for a spouse/ partner. The oldest age groups are more likely to be either widowed or in long term residential care, as shown in the local data on admissions to care homes.

Working age carers

Although we have little information about them, we do know that most carers are of working age. In the 2001 census, 16,000 of the 19,000 Stockton residents reporting that they provided care were below 65.

National data produced by UK Carers on working age carers includes the following:

- 10.4% of working age men, and 14.3% of working age women are also carers: 56.5% of working age carers are women, and 43.5% are men
- Amongst those providing most care (50+ hours a week), the proportion of women is higher: 60.8% of these carers are women
- The proportion of carers in the working age population increases with age, with the vast majority of carers aged 30+, and half of all working age carers aged over 45
- Carers are more likely than non-carers to be economically inactive overall
- However, those providing 1-19 hours of care a week are actually *more* likely to be in employment than non-carers: slightly fewer are in full time employment, but this is outweighed by the greater numbers in part-time employment
- Those providing most care (50+ hours per week) are, not surprisingly, much less likely to be in employment. 65% of women, and 54% of men providing care at this level are economically inactive with 45% and 20% respectively having 'looking after home/ family' as their principal economic status

- A further 10% of women and 17% of men who provide 50+ hours of care reported that they were 'permanently sick/ disabled' themselves

(Source: <http://www.carersuk.org/Policyandpractice/Research/WhoCarersWins-StatisticalAnalysis.pdf>)

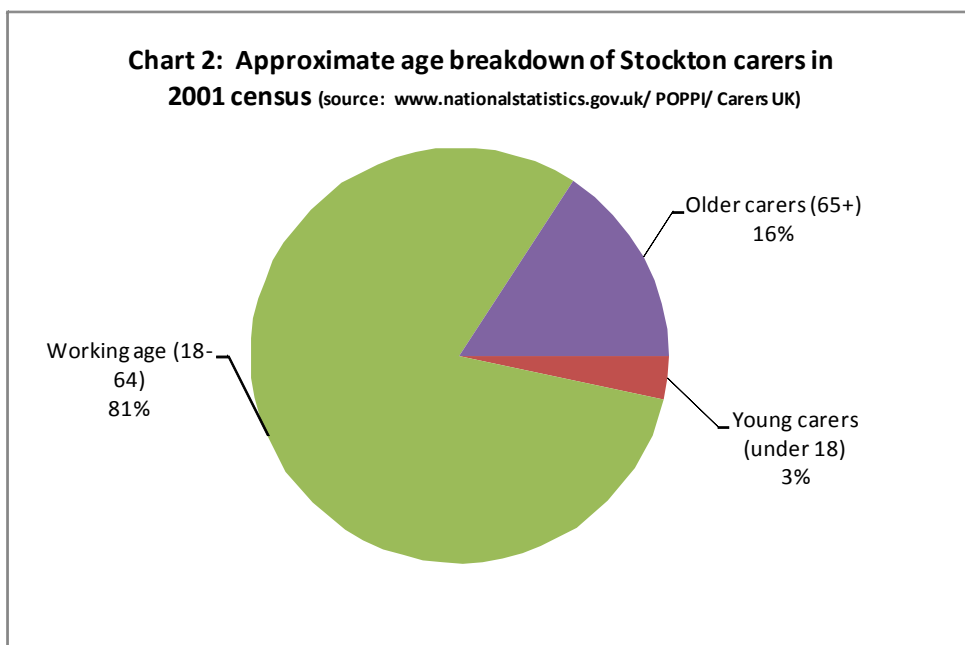
Assuming these national figures hold true for Stockton, then this would mean that there were in 2001:

- 8,650 female working age carers and 6,600 male working age carers
- 4,400 female, and 3,300 male, carers aged 45-65
- 1,600 female, and 1,000 male, working age carers providing 50+ hours of care per week, of whom 560 women and 450 men will also be in full time or part time employment, and 160 women and 170 men will be permanently sick/ disabled

Young carers

Detailed data on the number of young carers (under 18) is not readily available. The national total in the 2001 census was approximately 175,000 (source: <http://www.carersuk.org/Policyandpractice/Research/YoungcarersReport2004.pdf>). Assuming that the position in Stockton is roughly the same as the national average, this would equate to 600-650 younger people in Stockton acting as carers (including those caring for another child as well as those caring for an adult).

Taking into account the available data and reasonable estimates, an approximate age breakdown of carers in Stockton in 2001 is shown in Chart 2 below



3.4 Ethnicity

Information on the ethnicity of carers is scarce nationally as well as locally: Carers UK suggest that those from black and minority ethnic (BME) communities may be proportionately more likely to act as carers. (Source: www.carersuk.org)

3.5 Age of client

The 2001 census did not ask for information on the age of the person being cared for. Nationally, the 1995 General Household Survey (source: www.carersuk.org) suggested that 50% of people receiving unpaid care were over 75 years old: older people will obviously form the largest group of clients given the increased incidence of long term health problems and disability with increasing age.

3.6 Future trends

Demographic changes in the population as a whole will have an impact on the demographics of carers in two ways:

- By changing the number of people who require care
- By changing the number of people who are available to provide unpaid care

Stockton's population is ageing more quickly than the national average, with particular growth in the oldest age groups. By 2015, compared to 2001, there will be a third more over-65s and two thirds more over-85s. (Source: *SBC Strategy for Older People*, July 2007). Even without analysing trends for other age groups, this suggests a significant rise in the potential demand for care.

While numbers in the principal caring age groups of 45-60 are not set to fall significantly in the next 5 years, there may be other factors that influence the potential number of carers, including an increase in the overall population in the borough, employment rates, levels of disability and long term illness and other social trends such as the increase in people living alone (in all age groups), increasing rates of inward migration and ethnic diversity.

The numbers of carers in 2009 will already be more than was reported in 2001, but we do not have good local knowledge of what this means in practice. Over the lifetime of this strategy it is reasonable to assume that the increase in those requiring care will produce a significant increase both in the numbers of people providing unpaid care and in the number of hours of care provided by these carers. The extent of this increase has yet to be quantified.

3.7 Key messages for strategic planning

- The great majority of carers are of working age
- There are more than 5 times the number of working age carers in Stockton than there are older people acting as carers
- Working age carers are less likely to be in employment than non-carers, and more likely to be permanently sick or disabled themselves, with implications for household incomes, deprivation and quality of life
- The number of young carers is relatively small, but they require particular types of support due to their age

As the sections above show, there are some significant gaps in our knowledge. Improving our knowledge base is important, and it forms part of the strategic priorities set out in section 5 below.

4. CURRENT SERVICES FOR CARERS IN STOCKTON

4.1 Service commissioning and funding

As the local authority, Stockton Borough Council is responsible for commissioning services for carers in the borough. This includes assessing what is needed, planning services, contracting with organisations to provide services, and evaluating how well the services are performing against the objectives set for them. The Adult Strategy Team (part of the Children, Education and Social Care Directorate) manages commissioning of carers' services.

The Council receives money from the Department of Health, the Carers Grant, to fund services for carers. In addition, each year the Council may agree to invest more in carers' services from its general funding.

In 2007/08, the total budget for carers' services in Stockton was approximately £811,000. Of this, £741,000 was the Carers Grant provided by the Department of Health and £70,000 was additional funding agreed by the Council.

4.2 Current carers' views

The recent (February – June 2008) consultation carried out with current carers in Stockton has provided a rich source of information on the experience and attitudes of those currently providing unpaid care in the borough.

In summary, most carers who have received services tend to be reasonably satisfied (but not, on the whole, delighted) with them and the contacts they have with professionals from various agencies. However, carers are not currently accessing information or services on a consistent basis, with significant variations in the services received by people with apparently similar needs. The fact that carers themselves perceive there to be little information about services also leads to the impression, widely reported by carers in consultation, that services in Stockton are inferior to those in neighbouring areas.

Many carers feel isolated from mainstream services and that they need to 'shout' in order to make their needs, and those of the person they care for, heard in a system that does not reach out to them.

Many carers have not received an assessment of their needs (most are not aware that the assessment process exists), and of those who have, there is a significant proportion who have not noticed any changes as a result.

The consistently expressed view of most carers is that they want to be treated as an individual, to be listened to, and to be supported in a way that is personalised.

Carers' views of specific existing services are referred to in several of the sections below. The full report of the consultation is available on the Stockton Borough Council website, or from the address shown in section 8 below.

4.3 Current services

The Council commissions a range of services for carers. At present, new services are commissioned either

- by asking for providers to tender for specific services that will deliver planned outcomes and/or meet planned service models, or
- by asking for bids for carers' services and evaluating the bids received to agree which will be funded

The services which are currently in place in Stockton include:

- Stockton Carers Centre
- Carers assessments
- Direct payments to carers
- Breaks for carers
- Sitting Service
- Carers Card
- Young Carers support
- Other support services for specific groups

These are briefly described below

4.4 Stockton Carers Centre

The Stockton Carers Centre in Bishopton Lane, Stockton is operated by the George Hardwick Foundation, a local charitable organisation. It provides an information hub for carers, advice and support, counselling and personal development for carers.

The Foundation also operate a centre in North Tees General Hospital for carers of patients using services there.

Carers are invited to register with the Carers Centre (although there is no requirement to register to access support there). Currently, approximately 3000 carers are registered with the Centre: approximately 15% of the estimated total carer population. These carers will include both those known to Social Services and others who are not. Most carers currently registered with the Centre are older people. The carers' consultation suggested that there is a perception that the Centre only caters for carers of older people and those suffering from dementia.

It should be noted that the phrase 'registered as a carer' is disliked by some carers on the grounds that it 'institutionalises' the relationship between themselves and the person for whom they are caring. Different language (perhaps centred around the Carer's Card, or the concept of a club) may be

helpful in encouraging more carers to come forward to identify themselves and engage with services.

4.5 Carers' assessments

Care managers can arrange for carers to have their needs assessed, separately from the needs of the person they are caring for. By definition, this will only be available to those who are caring for a client receiving community care services and who has a care manager.

Information on the number of assessments made is not routinely available, although the number of carers who go on to receive services is collected for the C52 indicator, and this is discussed in section 4.11 below. The level of assessments is unlikely to be more than a small proportion of carers identified in the borough, and an even smaller proportion of the total number. The carers' consultation supported the view that assessments are patchy and the current system not well understood by carers.

While not untypical of the national picture as measured by performance information, the level of carers' assessments has already been identified as a priority for improvement in the future.

4.6 Direct payments

Current national policy supports the provision of payments made directly to carers so that, with appropriate advice and support, they can plan and purchase the services they need themselves. By the end of 2007, only 4 carers in Stockton were receiving direct payments and it had been identified as an area where more work is needed to expand the programme and help more carers to take control of their own care package.

The carers' consultation suggested that quite a high proportion of carers are aware of the existence of direct payments, although unsure how they worked in practice or how to access them.

4.7 Breaks for carers

These include:

- Planned breaks, booked in advance by the carer
- Emergency breaks, available at short notice, for example if the carer is taken into hospital or is unable to carry on for another reason

Carer break services are delivered by a number of providers and in a number of settings including:

- In the clients' own home
- In residential care settings (including care homes for the elderly mentally ill, and those with learning disabilities)

Central funding for the further development of emergency carer breaks was provided in 2007/08 as part of the New Deal for Carers programme and this commitment is strengthened in the 2008 national policy.

4.8 Sitting Service

This service enables carers to take a break from home, but unlike the respite care services described above provides short term (3 to 4 hours) social support and basic personal care, rather than longer breaks.

Both respite and sitting services are highlighted by carers as a major unmet need (both in terms of widening the client base, and providing more hours of care to those who already use the services).

4.9 Carers Card

The Carers Card was launched in 2007/08 and provides contact information about the carer and their client for emergency services. The card is provided to the carer through the Carers Centre.

4.10 Young Carers support

The main support for young carers in the borough is from Eastern Ravens Trust, which provides social support and advice, plus some respite and holiday breaks for young carers.

Young carers using the service were positive about its benefits. However, in consultation they echoed many of the themes highlighted by adult carer: isolation, lack of information, potential stigma and the need for more supportive contact with professionals.

4.11 Other support services

The Council commissions a range of smaller support services provided by local voluntary groups for carers from particular groups, or caring for particular kinds of clients. These include:

- Mental Health carers
 - Elderly frail and older carers
 - Hindu carers
 - Carers of people who misuse drugs or alcohol

In many cases, voluntary sector services are the most visible to carers as they are explicit about the service they provide and not, as with health or social care services, part of a larger and potentially confusing system.

4.12 Current performance

External performance assessment

The Council is assessed on its performance in delivering health and social care services each year against a range of targets set by the Government.

The national targets include one (NI 135) relating to carers services:

- Carers receiving needs assessment or review and a specific carers' service, advice and information

The Council was still not achieving its planned levels of carers receiving carers needs assessments. The level of performance against the NI 135 targets is a cause for concern, given that Stockton has been a high performing council in many other areas of health and social care.

Work is ongoing to identify whether there may be technical reasons (such as a failure to record provision of carers' services properly on Council systems), but, whatever the reason for the underperformance, there is a need for action to ensure that carers' services are provided to those in greatest need and that this is recorded accurately.

Internal performance targets and performance assessment

To date, Stockton Borough Council has not set specific targets for carers' services in its community plans. Carers services are not specifically identified as a priority in the draft Sustainable Community Strategy being prepared for the borough. However, there is a growing recognition of the importance of carers' services to the whole system of health and social care, and discussions are ongoing about how carers' services can be performance managed more effectively as part of the Council's overall planning system.

To date, little information is regularly available on what is actually being delivered by the services commissioned for carers in the borough. For example, information on the number of carers and the number of episodes of care delivered by the sitting service and the various carer break services is variable in quantity, frequency and quality. This lack of information and robust contract monitoring means that it is currently impossible to assess services in terms of value for money. Improving commissioning and contracting systems is a fundamental issue to be addressed by commissioners in the lifetime of this strategy.

Service evaluation

Each of the services outlined in the sections above are delivered by providers under a contract agreed with the commissioning team. All these contracts are reviewed periodically, but there is currently no consistent system for evaluating the success of the services in delivering their agreed objectives, or their value for money. The views of carers are sought on specific issues, but there is the opportunity to develop a more systematic approach to involving carers in evaluating services.

4.13 Key messages for strategic planning

- **The services currently in place in Stockton have evolved over time and provide support for carers in a number of different ways**
- **Support is only provided to a small proportion of the overall carer population, and there is an identified need to improve access to services of all kinds**
- **As new national policy is implemented, carers services will come to the fore and service commissioners will be assessed more robustly on the level and quality of services delivered**
- **There is a continuing need to improve contract monitoring and performance management systems to enable services to be evaluated for value for money**
- **There is a need to involve carers in evaluating the services they use, and gaps in provision, in a systematic way**

5. STRATEGIC PRIORITIES

5.1 Vision and Principles

Our overall vision for carers in Stockton is:

By 2013, everyone who cares for an adult in Stockton will:

- **Feel valued and supported by local agencies for their caring role**
- **Know what support is available to them as a carer**
- **Be able to choose services that meet their individual needs as a carer**
- **Have a positive experience of the services they use**
- **Have a voice in how services for carers are developed in future**

In delivering our vision, we are committed to the principles of:

- Inclusivity: effective involvement of carers, providers and other stakeholders in shaping services
- Treating people with dignity and respect
- Increasing choice and control for carers
- Supporting equality and diversity
- Good communications

In order to provide a framework for working towards this vision, six strategic priorities have been identified. These are wide ranging, aspirational objectives that will help service commissioners and providers co-ordinate their future plans and support improvements in services for carers.

5.2 Strategic priorities

- Improved information about carers, and for carers
- Improved assessment of carers' needs
- Improved support for carers to maintain their own health and well-being
- Improved support for carers to carry out their caring role
- Improved support for young carers, designed for their particular needs
- Carers will be at the heart of future service planning and evaluation

5.2.1 Improved information

Stockton is no different from most other places in having had relatively little information about carers in the borough. Without effective information about carers and, crucially, their views about how they want to be supported now and in the future, we cannot commission the most effective or appropriate range of services.

Information for carers is currently provided, but we know from recent consultation that many carers still find information hard to come by, patchy and confusing. We need to develop good quality, carer-centred evaluation of the information we provide as well as the services we commission, and this is discussed in section 5.2.6 below.

5.2.2 Improved assessment of carers' needs

Only a small proportion of identified carers (and an even smaller proportion of the projected total number of carers) receive a formal assessment of their needs at present.

Unidentified needs have a potential impact, not just on carers' own quality of life, but on their clients and on the whole system of care: unmet needs can turn into crises, requiring emergency support.

We aspire to assessing the needs of all identified carers (whether this is through a formal assessment system, or through better informal dialogue with carers about their needs), so that we have a complete picture of need and can use this as a basis on which to plan services more accurately. **Effective assessment is the key to improved delivery of services to meet overall carer needs in Stockton.**

One route to increasing levels of assessment is the use of self-assessments by carers which can form the starting point for formal assessment by care managers. Self-assessments could be supported by advice services in the voluntary sector (such as the current Carers' Centre, or Eastern Ravens for young carers) to form a direct referral route for carers to care managers.

5.2.3 Support for carers to maintain their own health and well-being

Carers need to maximise their own mental and physical health in order to be able to deliver care effectively to others. Neglecting their health and well-being puts both them and their client at risk. Carers may see themselves as less deserving than their clients and be reluctant to come forward with their own problems.

Improving identification and assessment of carers is the necessary first step to ensuring that they are supported to maintain their own health and well-being. This also means understanding how to reach and support people who do not see themselves as 'carers', or who are reluctant to accept help from outside their own family or community.

5.2.4 Support for the caring role

Ensuring the provision of effective services to help carers care will always be at the heart of Stockton's work with carers. Carers need to know what help they can expect from the Council, and how and when they can access it.

Expanding the provision of direct payments to carers to procure their own package of services is crucial. This will expand carer choice and control, and will require service providers to be more flexible and individualised. At the 'whole system' level, service commissioners will need to plan proactively to develop the market, rather than reacting to speculative proposals put forward

by potential providers. More robust contracting and performance management systems will also enable commissioners to set and review targets with service providers, plan for improvements in the quantity and quality of support delivered to carers by service providers, and assess value for money in the services they commission.

Ensuring that carers' clients are receiving the most appropriate package of services themselves is also essential for the carer. This requires effective co-ordination between commissioners for carers' services and others, especially commissioners for other aspects of health and social care.

5.2.5 *Young carers*

The new national policy for carers has a strong focus on improving support for young carers, including work through the Healthy Schools Programme, additional funding for the NHS to provide short breaks, and a new Pathfinder for Young Carers programme. To date, services for young carers in Stockton are at very early stages..

This strategy highlights the need to plan services for young carers from scratch, in co-ordination with the work being done under the Stockton Children's and Young People's Plan.

5.2.6 *Carers in planning and evaluation*

The consultation programme carried out in early 2008 provides valuable information about currently identified carers and their needs. However, Stockton Borough Council is committed to developing a comprehensive approach to carer involvement that goes beyond responding to carers' comments, and puts carers at the heart of the process of planning, developing and evaluating services in the borough. Effective involvement will only be possible with improved information about who our carers are, better ways of reaching them, and effective support for involvement so that carers feel able to get involved with no adverse effect either on them or their client.

As well as being at the centre of how services are planned and developed, carers can provide a 'reality check' for service commissioners and providers, making sure that actual service delivery on the ground lives up to aspirations. At the same time, improved systems of performance management are needed for carers' services, to ensure that progress can be tracked and problems identified and tackled as quickly as possible.

Increasing the involvement of carers will only be of use if the carer voice is valued at all levels within the Council and its partner organisations. Finding effective champions for carers' services will act as a signal to carers that their contributions are valued, and will maintain momentum for service improvements.

6. ACTION PLANNING

In order to turn this strategic vision and six priorities into real achievement in improving services for carers in Stockton, we need to develop a planned programme of action each year, with identified deliverables and measurable targets. As discussed in section 5.2.6 above, this means involving carers from the start.

Action planning for this strategy will include three interlinked elements:

- Bringing together existing work and plans which will address the six strategic priorities in order to get a full picture of what is already available, and to whom
- Identifying new actions to address the priorities, and developing measurable objectives for each action
- Identifying how progress will be measured, and developing a new performance management system for reporting progress and identifying problem areas.

7. WHAT HAPPENS NEXT?

The next stage of work on this strategy, to develop a deliverable and realistic action plan, will take place in September 2009.

The action plan will include measurable targets for each action, to provide the basis for assessment of progress towards each of the strategic priorities. The action plan will be assessed each year and progress published in an annual report, available on the Council's website and shared with carers and partner organisations.

The initial timetable will be:

September/ October 2009	<ul style="list-style-type: none">• Identification of current relevant plans/ targets/ objectives• Identification of action plan for 2009• Identification of performance management framework to assess progress on delivery against the action plan
November 2009	<ul style="list-style-type: none">• Strategy and action plan published on Council website

8. FEEDBACK AND FURTHER INFORMATION

8.1 Comments on this strategy

We welcome your comments on anything in this strategy, to inform the development of our action plans and to help us when we review the strategy.

Please send your comments to:

Ian Ramshaw, Strategic Commissioner, Adult Strategy Team, 1st Floor,
Tithebarn, High Newham Court, Hardwick, Stockton on Tees TS19 8RH

8.2 Further information

For further information on any aspect of carers' services, or on what help and support is currently available for carers in Stockton, please do not hesitate to contact Elaine Lamb, Commissioning Manager at the address shown above.

Strategy for Carers' Services 2009 -2013 Action Plan

This action plan will form the basis for the agenda at each Carers Strategy Group meeting in order to monitor progress of the action plan.

A review of the stated needs of carers in the carers consultation report 2008 will be undertaken covering all strategic priorities to identify gaps in service provision to meet the needs of carers.

Strategic Priority 1: Improved information about carers

Key Actions	Measurable targets	By when	Who is responsible
1. Work with carer support service providers to obtain demographic information about carers registered with them	All service providers will have supplied demographic information about all carers registered with them. Numbers of Carers Assessments are recorded and broken down by area.	November 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
2. Extract demographic information from Care First about carers and the services they are accessing.	Relevant reports agreed, obtained quarterly and put to Carers Group for monitoring.	September 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
3. Collate gathered information	Report produced and sent to commissioners.	December 2009	Elaine Lamb Commissioning Manager (Carer Support Services)

Strategic Priority 2: Improved information for carers			
Key Actions	Measurable targets	By when	Who is responsible
4. Consult with carers using existing support services to determine their information requirements and identify gaps.	Consultation completed and report issued. Service reviews will include contact with carers	November 2009	Elaine Lamb Commissioning Manager (Carer Support Services) & other Strategic Commissioners
5. Identify any gaps in service that existing information services do not provide	Decision made on service provisions to be made to address identified gaps	December 2009	Ian Ramshaw Strategic Commissioning Manager (Independent Living) & Carers Project Group
6. Contract information service to fill identified gaps	Existing information service providers have expanded their service to fill identified gaps or new service(s) contracted	April 2010	Elaine Lamb Commissioning Manager (Carer Support Services)
7. Target initial areas to distribute public information to carers using demographic information obtained and continue to develop wider areas for distribution.	Targeted areas are provided with information material and monitored for uptake.	April 2010	Elaine Lamb Commissioning Manager (Carer Support Services)
8. Consult with carers and service users on the effectiveness of current	The completion of service reviews that measure success in attaining outcomes for carers	November 2010	Elaine Lamb Commissioning Manager (Carer Support Services)

service provision.			
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Strategic Priority 3: Improved assessment of carers needs

Key Actions	Measurable targets	By when	Who is responsible
9. Increase number of Joint assessments (currently 72% - national average 62%) by Social Care Workers carried out with the client and carer to enable the specific needs of both the carer and the cared for person to be met and managed in a balanced way.	Targets to be agreed via Carers Steering Group	Ongoing	ISA Managers Glyn Roberts to lead
10. Consult with existing carer support services on current assessment practice to identify areas for improvement	Consultation completed, findings reported and recommended actions implemented	November 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
11. Ensure contracts of all carer support services reflect the need to provide the support that carers feel will most improve their quality of life and ability to provide quality care	All contract specifications contain requirement to work with carer to decide on most appropriate form of support. Contract monitoring will ensure this happens	April 2010	Elaine lamb Commissioning Manager (Carer Support Services)
12. To increase the number of Carers Assessments by:	Number of assessments input increases to 45% by the end of 2010 / 11.	Ongoing and target	Ian Ramshaw Strategic Commissioning

reviewing the style of assessments, monitoring and better capturing the carrying out of assessments and promoting the identification of carers	Quarterly performance analysis Rolling out of Carers Information Packs	achieved by March 2011	Manager (Independent Living) & Elaine Lamb Commissioning Manager (Carer Support Services)
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Strategic Priority 4: Improved support for carers to maintain their own health and well being.

Key Actions	Measurable targets	By when	Who is responsible
13. Enable people to identify themselves as Carers by working with a range of partners to provide information about services that may be available to help meet needs	New carers registering with support services as a result of promoting information. Record areas visited to promote carers issues and provide information and the areas where information is provided.	December 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
14. Ensure that carer support services procured are appropriate and effective in supporting carers to maintain their own health and well being	Decisions on services procured are based on evidence of need	January 2010	Ian Ramshaw Strategic Commissioner (Independent Living) & Carers Project Group
15. Ensure carers are informed about direct payments / individual budgets / personalisation.	Carers are informed about direct payments at time of assessment	Ongoing	ISA Managers & Elaine Lamb Commissioning Manager (Carer Support Services)
16. Work with JobCentrePlus to support carers into employment.	Numbers of carers entering employment	Ongoing	Ian Ramshaw Strategic Commissioner (Independent Living)

			& Elaine Lamb Commissioning Manager (Carers Support Services)
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Strategic Priority 5: Improved support for carers to carry out their caring role.

Key Actions	Measurable targets	By when	Who is responsible
17. Continue the development of the Personalisation Programme to allow carers more choice and flexibility in accessing the support they need.	Increase in number of carers taking option of direct payments to obtain support	March 2010	Peter Smith Personalisation Manager
18. Review current support services to ensure services provided are appropriate and effective	Full review of all carer support services completed and findings reported to Commissioning Manager	December 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
19. Procure support services to fill any identified gaps	Services procured and operational	April 2010	Elaine Lamb Commissioning Manager (Carer Support Services)
20. Ensure cost effectiveness of current provision of services	Value for money assessments carried out during performance reviews	Ongoing	Elaine Lamb Commissioning Manager (Carer Support Services)

Strategic Priority 6: Improved support for young carers, designed for their particular needs

Key Actions	Measurable targets	By when	Who is responsible
21. Development of Young Carers Strategy	Strategy in place. Please refer to Young Carers Strategy Action Plan	August 2009	Lynn Sparrey Modernisation Manager Children and Young People's Services

Strategic Priority 7: Carers will be at the heart of future service planning and evaluation

Key Actions	Measurable targets	By when	Who is responsible
22. Formation of a Forum of carers to be involved in planning of services	Forum in place and procurement of services take into account the needs expressed by the group	November 2009	Elaine Lamb Commissioning Manager (Carer Support Services)
23. Improve performance monitoring of services with emphasis on outcomes for the carer	New performance monitoring agreed with service providers which illustrates benefits carers are receiving from using the services	September 2009	Elaine Lamb Commissioning Manager (Carer Support Services) & Rob Papworth Performance Manager
24. Carers invited to complete evaluation forms of the support services they use twice yearly	Evaluation forms, analysis and reporting provided to SBC for assessment	Ongoing	Elaine Lamb Commissioning Manager (Carer Support Services)

Key Actions	Measurable targets	By when	Who is responsible
25. Carers will be made aware	Number of carers involved with the LINK	Ongoing	ISA Managers

of the Local Involvement Network (LINK) and its role in the commissioning of health and social care services.	highlighted in the LINK reports.		Commissioning Manager (Carer Support Services) LINK Chair
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**Strategy for Carers Services 2008 – 2013
National and Local Policy Context**

Strategy / Policy	Aims	Key Messages
Carers at the Heart of 21st Century families and Communities (2008) (HM Government)	This sets out the government’s strategy for providing personalised services that support people and their carers in their own homes and communities to enable carers to maintain a balance between providing care and having a healthy life outside of caring.	<ul style="list-style-type: none"> • Personalised services for people and their carers • Carers should have a life of their own outside the caring role • Carers will be supported so they are not forced into financial hardship by their caring role • Carers will be supported to stay mentally and physically well and be treated with dignity • Young people will be protected from falling into inappropriate caring
Our Health, Our Care, Our say: A new direction for community services (2006) Department of Health	This paper sets out a clear agenda to put people in control of their own health and care with aim of “enabling and supporting health, independence and well being”.	<ul style="list-style-type: none"> • Better support to enable to people to be more in control of their own health and care with rapid and convenient access to high quality care • Better access to General Practice • Better access to community services

		<ul style="list-style-type: none"> • Support for people with longer term needs • People can access care and support close to home
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Strategy / Policy	Aims	Key Messages
<u>Carers (Equal Opportunities) Act 2004</u>	To place duties on local authorities and health bodies in respect of carers.	<ul style="list-style-type: none"> • Duty to inform carers of their right to an assessment of their needs • Desire of carer to work or undertake education, training or leisure activities to be taken into account in an assessment • There should be cooperation between authorities in the provision of support services
Carers (Recognition & Services) Act 1995	To provide assessments of the ability of carers to provide care.	
Carers & Disabled Children Act 2000	To make provision about the assessments of carers' needs; to provide services to help carers and to provide for the making of payments to carers in lieu of the provision of services to them.	
Living well with dementia: A national dementia strategy (2209) Department of Health	To improve services and support for people affected by dementia and their carers and to raise awareness of dementia issues.	<ul style="list-style-type: none"> • To enable people with dementia and their carers to live well with dementia by the provision of good-quality care for all with dementia • Improve awareness and understanding of

		dementia to reduce social exclusion
Independent Living – a cross government strategy about independent living for disabled people (2208) Office for Disability Issues	The strategy sets out a five-year plan that seeks to realise the Government's aim that all disabled people (including older disabled people) should be able to live autonomous lives, and to have the same choice, freedom, dignity and control over their lives as non-disabled people	<ul style="list-style-type: none"> • Disabled people who need support to go about their daily lives will have greater choice and control over how support is provided • Disabled people will have greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

Strategy / Policy	Aims	Key Messages
National Service Framework for Older People (2001) Department of Health	The National Service Framework for Older People is the key vehicle for ensuring that the needs of older people are at the heart of the reform programme for health and social services	<ul style="list-style-type: none"> • Assuring standards of care • Extending access to services • Ensuring fairer funding • Helping older people to stay healthy • developing more effective links between health and social services and other services such as housing, and partners in the voluntary and private sectors.
National Service Framework for Long Term Conditions (2005) Department of Health	Sets out to improve the lives of people with long term conditions and their carers by giving people choice, supporting people to live independently and coordinating partnership working between health and social care services and local agencies	<ul style="list-style-type: none"> • A person centred service • Early recognition, prompt diagnosis and treatment • Early and specialist rehabilitation • Community rehabilitation and support • Vocational rehabilitation • Providing equipment and accommodation • Providing personal care and support • Palliative care • Supporting family and carers

<p>Improving Life Chances of Disabled People (2005) Prime Minister's strategy Unit, Cabinet Office</p>	<p>This document sets out the government's strategy for improving the quality of life of disabled people and their carers.</p>	<ul style="list-style-type: none"> • Independent living – increasing disabled people's ability to live independently at home, at work and in the community with support based on personal need, choice and empowerment through a major expansion of Direct Payments in the form of individual budgets. • Early years and family support – family-focused support, childcare and early education that enables families with young disabled children to achieve 'ordinary lives' and remain economically and socially included.
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Strategy / Policy	Aims	Key Messages
<p>Improving Life Chances of Disabled People (2005) Prime Minister's strategy Unit, Cabinet Office (continued)</p>		<ul style="list-style-type: none"> • Transition to adulthood – planning focused on the individual needs of disabled young people, based on smooth provision of support and services during transition and leading to appropriate opportunities and choices in adulthood. • Employment – early intervention supporting disabled people to stay in touch with the labour market; improving the employment prospects of disabled people through ongoing personalised support, with employers supported in a key role, while providing security for those unable to work.
<p>Putting People First: A shared vision and commitment to the transformation of Adult Social Care (2007) Department of Health</p>	<p>Shared agreement which sets out the need for all sectors to share aims and values which will guide the transformation of adult social care and</p>	<ul style="list-style-type: none"> • Build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system

	recognises the importance of engaging and involving the local population in shaping services	<p>focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive</p> <ul style="list-style-type: none"> Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to: live independently; stay healthy and recover quickly from illness; exercise maximum control over their own life <p>and family members.</p>
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Strategy / Policy	Aims	Key Messages
<p>Putting People First: A shared vision and commitment to the transformation of Adult Social Care (2007) Department of Health (continued)</p>		<ul style="list-style-type: none"> Sustain a family unit which avoids children being required to take on inappropriate caring roles; Participate as active and equal citizens, both economically and socially; Have the best possible quality of life, irrespective of illness or disability; Retain maximum dignity and respect.
<p>Better Health, Fairer Health: A Strategy for 21st Century Health and Well-being in the North east of England (2008) Department of Health</p>	<p>The North east will have the best and fairest health and well being and will be recognised for its outstanding and sustainable quality of life</p>	<ul style="list-style-type: none"> The environment will be the most conducive to health in the country The North East will have the most favourable measures of mental health and happiness in the country

		<ul style="list-style-type: none"> • The North East will be the most physically active in the country. Support available to individuals to alter their activity levels will be provided according to individual need • The North East will be the safest and best place to be born and experience early life • The North East will achieve the best possible life/work balance • The North East will be the safest, healthiest and happiest place to grow old
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Strategy / Policy	Aims	Key Messages
Stockton-on-Tees Joint Strategic Needs Assessment 2008	To highlight the main health and well being priorities for Stockton-on-Tees	<ul style="list-style-type: none"> • Services are shaped by involvement of local people and communities • Inequalities in health are reduced • Health care is provided in proportion to need • Social inclusion is increased
Shaping Our Future: A sustainable community strategy for the Borough of Stockton-on-Tees. Stockton Renaissance Partnership Board	To enhance well being and achievement for local people	<ul style="list-style-type: none"> • Improved joint working, commissioning of services to improve the health and well being of vulnerable people
Stockton-on-Tees Strategy for Carers' Services 2008-2013	To support carers in their caring role, improve their health and well being and enable them	<ul style="list-style-type: none"> • Obtain improved information about carers to enable commissioning of

	to have a life outside their caring role	<p>more appropriate services</p> <ul style="list-style-type: none"> • Provide improved information to carers to support them in their caring role • Provide improved assessments of carers needs in order for those needs to be more easily met • Improved support for carers to maintain their own health and well being • Improved support for carers to carry out their caring role • Improved support for young carers designed for their particular needs • Carers will be at the heart of future service planning
Stockton on Tees Borough Council Local Area Agreement	To promote economic regeneration and improve the quality of life of residents of Stockton-on-Tees	<ul style="list-style-type: none"> • Increase number carers needs assessments carried out • Increase number of people supported to maintain independent living • Increase number of Social care clients receiving Direct Payments and Individual Budgets

Strategy / Policy	Aims	Key Messages
Stockton on Tees Independent Living Strategy 2009-2012	To enable more people to remain in their own homes and to improve their quality of life by giving them choice and control	<ul style="list-style-type: none"> • People have greater choice and control over how support is provided • Vulnerable people can remain living independently for longer • Isolation and exclusion is reduced • Combat inequalities of service provision • Promote information dissemination of available services • Better access to services for hard to reach vulnerable people

<p>Stockton-on-Tees Young Carers Strategy 2009-2012</p>	<p>To support young carers in their caring role, help them achieve and maintain good health and educational attendance and have a life outside their caring role.</p>	<ul style="list-style-type: none">• Young carers will be supported to achieve and maintain good physical, mental and emotional health• Young carers who are at risk of physical or emotional harm are identified and offered early or preventative support• Educational attendance and attainment will be promoted and opportunities for leisure, breaks and play made available• More young carers will be involved in opportunities beyond caring and involved in decision making• Supporting young carers in transition to adulthood and helping them to access training and employment
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