

London Borough of Tower Hamlets

SERVICE SPECIFICATION

Carers Hub Services

1. Introduction

Background and Context

- 1.1 The London Borough of Tower Hamlets through Adults Health and Wellbeing are committed to improving the services for carers and focused on delivering a Carers Hub which provides a variety of key services for carers. We are seeking a strategic partner to deliver a model of support which provides a one stop shop for carers to access information, advice, advocacy, support and services.
- 1.2 The Council recognises the importance of the contribution made by carers and is committed to working with them and partner agencies to commission quality services that meet their needs, help sustain the caring role and promote carers' health and wellbeing. The provider will deliver a quality service as well as ensuring the overall aim of a service which proactively is supportive of carers, carer focused and promotes independence, personal choices and participation for carers in the community in which they live.
- 1.3 The service will be delivered through a provider with gained experience of working with a carer centred approach, focusing on working with carers and agreeing ways to meet carers' outcomes. In recent years there has been a change in the way that service delivery is seen. This has moved from a model based upon delivery of 'services' for groups of people, to one where the standards and tools for commissioning services are more closely aligned with the outcomes for the carers who use the services. A move away from one size fits all approach.
- 1.4 The service will be founded on the principles of a carer centred approach and the emphasis will be on helping carers to access information, services and support and to ensure they have a life of their own outside of caring to participate in the activities and goals they have for themselves.
- 1.5 The service will be sensitive to the diverse cultural needs of carers in Tower Hamlets and meet the eight equalities strands nationally recognised. It will do so by providing an inclusive, safe and welcoming environment to carers who choose to use it and by reaching out to carers, who are not currently receiving services, particularly from hard to reach groups such as LGBT carers, carers from BME communities and carers of people with substance misuse problems.
- 1.6 *The Plan for Carers for three years from 2012 to 2015* (Appendix 1) outlines the background, national and local context and the key commissioning priorities over the next three years, which has informed the service to be provided by the Carers Hub.
- 1.7 The services outlined in this specification will provide support for carers and indirectly for service users as identified through assessment. The support will meet the identified needs of the individual carer, wherever they may be living, as long as they are supporting a Tower Hamlets resident.

The target group is any adult aged over 18, who is looking after someone with a physical, mental, or learning disability or substance misuse.

Summary of Carers Plan Key Priorities for the next 3 years:

- 1.8 The following are the key priorities for improving the health and wellbeing of adult carers :
- Ensure that carers have access to a range of information, advice and advocacy, whether they identify themselves as a carer or not.
 - To increase availability, access and flexibility of respite care services in the service users' home.
 - To continue to increase the availability and take up of carers breaks through:
 - Carers personal budgets for breaks
 - Respite provided at home through a personal budget
 - A Shared Lives Service (see below)
 - Easy access to get a break at short notice
 - To explore the development of a Shared Lives Service whereby individuals and families in the local communities provide (for payment) respite care locally so that the cared for person get a more personalised service which is culturally appropriate.
 - To increase engagement of primary care (general practice and community pharmacy) including improved recognition of specific needs of carers increased use of carers' registers, and greater provision of health checks.
 - To extend our reach into BME communities in line with the needs highlighted in the Carers Joint Strategic Needs Assessment. In other parts of the country, a Shared Lives Services has been a key way to achieve this.
 - To work with all provider organisations to identify and support Lesbian, Gay, Bisexual, Transgender (LGBT) carers. LGBT carers were identified in the last EQIA for carers as a group for which there is poor data collection and no specific support services
 - To provide information and training for all carers of people with long term conditions, in particular those who have had a stroke, people with dementia and those with severe and enduring mental health problems. This may include the commissioning of specialist services where required.
 - To recognise the needs of older carers and enable them to access appropriate support

- To work in partnership with the DAAT to support carers of people with substance misuse problems.

2 Aim

- § To improve the quality of life for carers in Tower Hamlets and enhance their capacity for independent living through the provision of a range of person centred, co-ordinated and outcome focused information, advice, advocacy and assessment services.

2.1 Objectives

- § To help carers maintain health and wellbeing
- § To reach out to carers from hard to reach groups such as carers of people who are substance misusers, carers from BME Communities, in particular Asian women of all ages and Asian men aged 18-64 years and LGBT Carers
- § To provide carers with information about services, ways to access support and when necessary to advocate for carers when they encounter difficulties in accessing services or receiving services that do not meet their requirements.
- § To work with carers to improve or maintain their physical and emotional health by signposting or referring to services that provide among others leisure, relaxation and social activities
- § To work with carers in supporting them to access regular health checks
- § To advise and support carers on eligibility criteria and how to access a carers assessment, carers break and carers personal budget
- § To provide support to carers in locations convenient to carers
- § To ensure that carers are aware of their rights and entitlements
- § To increase social capital for carers through sharing opportunities with other services/providers

3. Principles

The services should be delivered in line with the following principles:

- § The Council recognises and shares the Putting People First vision for the transformation of social care, with its benefits of early intervention and prevention and increasing choice and control for service users
- § Services should be delivered flexibly and providers should be open to making services more personalised

- § Services should be delivered to promote and ensure safeguarding of all carers and service users who have a right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- § All services should ensure fair access and be delivered equitably with carers, treating carers as partners and involving them in the planning and direction of their service

4. Services included in the contract

4.1 The Service Provider will be responsible for providing services which will improve the health and wellbeing of carers, improve access to support for all carers including harder to reach carers and facilitate partnership working around meeting the needs of carers.

4.2 The provider will lead on delivery of a range of key services for carers and often be the first service accessed by carers.

4.3 The key services provided are:

- § Provide specialist information, advice and advocacy for carers, carry out simple Carer Assessments and Assessments on behalf of the Council in order to access One Off Direct Payments and Leisure Cards
- § Income maximisation for carers
- § Provide support for carers on hospital admission /discharge, being a carer of a service user supported by the Community Virtual Ward and forming links with primary care to support carers of those with long term conditions such as carers of people with mental health difficulties and of end of life care needs
- § Services and activities to alleviate and manage stress and provide a break from caring
- § Representing carers views in the participation in Local Authority and NHS planning , acting as the voice of carers and building partnerships with other organisations ,
- § Outreach and support for hidden carers
- § Development and delivery of a range of carers training and awareness programmes and produce a quarterly newsletter

4.4 The Service Provider will be required to come with a suitable venue/ building in the borough.

5. Services Deliverables

5.1 Information, Advice and Advocacy and Assessments

5.1.1 Aim

- § Supportive and joint up services that provide choice and control

5.1.2 Objectives

- § To support carers of people with disabilities, including learning and physical disabilities, carers of people with dementia, people with mental ill health and substance misuse to access services and support for carers
- § To provide information and advice on the range of services available
- § To enable carers to balance their caring role and maintain their desired quality of life by reducing exclusion and isolation
- § To provide a welcoming empathetic environment with accessible services
- § To advocate on behalf of carers

Service Description

- 5.1.3** The Service Provider will ensure that carers have access to a range of easily accessible information, advice and advocacy specifically tailored to the needs of carers which signpost carers to services
- 5.1.4** Complete Carer Assessments, which are carer focused and help the carer to access a range of services. The assessments will clarify the needs of the carer, establish what services/support they have already and what they require and whether they are eligible for One Off Direct payments, carers breaks and other services. The Service Provider will ensure that carers' services will always aim to provide a positive experience for the Carer.
- 5.1.5** Complete Carers Assessments on behalf of the council in order to access One Off Direct Payments and Leisure Cards. The assessments will give a summary of the carers circumstances including eligibility for a One Off Direct Payment and Leisure Card.
- 5.1.6** The Service Provider will support carers practical and emotional needs by listening, empathising, advising on ways of coping and when necessary making referrals and linking up with other services/agencies such as voluntary sector providers, housing and social care team, advocating for the carer and service user when needed and signposting to other services as needed such as housing repairs and health services. If the carer is in danger or cannot continue in their role, an urgent referral will be made to the First Response Team and/ or Long Term Teams.
- 5.1.7** The Service Provider will provide a rapid response service for carers in crisis or near breakdown for a maximum duration of six weeks. In urgent cases of financial need, the Service Provider will make relevant and appropriate applications, to hardship funds/charitable trusts/food banks on behalf of carers.
- 5.1.8** The Service Provider will refer and/or signpost carers onto services, as identified in the assessment. This may include carers' breaks, and support needs to access a personal budget.
- 5.1.9** The Service Provider provide an advocacy service for carers,

particularly when carers are finding there are obstacles to accessing services or are under so much stress that they are finding it hard to be assertive for themselves or the person they look after.

- 5.1.10** The Service Provider will be responsible to remain aware of all relevant local services to ensure that carers are informed appropriately of services and how to access them including culturally specific carers' services such as those for Bangladeshi and Somali carers, those working with carers caring for cared fro suffering from dementia, and universal information, advice and advocacy services for people with support needs where appropriate
- 5.1.11** The Service Provider will develop innovative, responses to emerging and changing needs of carers in Tower Hamlets.
- 5.1.12** The Service Provider must demonstrate knowledge of the diverse needs of carers and the skills to meet these needs, to have at least three years experience of providing a service for carers in the borough and to have experience of reaching out to carers, particularly hidden carers from the different BME communities and LGBT carers in Tower Hamlets.
- 5.1.13** The Service Provider will ensure that staffing arrangements are flexible so that visits can be arranged at a time suitable for carers and service users. This may include some evening and weekends.
- 5.1.14** The Service Provider will be expected to participate in meetings specific to, and keep up to date with issues, policies and legislation affecting carers.
- 5.1.15** The Service Provider shall operate an open referral system for initial access to the service. It will accept self-referrals from carers, referrals from professionals in voluntary organisations and statutory bodies.

Networking / Partnership Working

- 5.1.16** The Service Provider will liaise and work with the statutory sector, such as Social Services, local NHS as well as local voluntary organisations to reinforce knowledge of the services provided, inform referrers of any changes in access arrangements, co-ordinate care with other providers, and share information and best practice.
- 5.1.17** The Service Provider will work closely with Primary Care by linking carers with their G.P. and ensuring they have access to a health check and are on the practices carers register.

Staffing

- 5.1.18** The Service Provider will employ a team of staff to reflect the ethnic, cultural and diversity needs of the carers in the borough, as far as is possible, and will work closely with other providers and translation services to ensure maximum accessibility of its service to all sectors of the community.

5.1.19 The Service Provider will employ staff who have assessment skills, knowledge of carer issues, listening skills, understand the importance of treating carers with respect, can provide emotional support within boundaries and are able to navigate and advocate on behalf of carers to access services.

5.2 Income Maximising Service

5.2.1 Aim:

§ Supportive services that increase carers' awareness of their rights and entitlements

5.2.2 Objectives

§ To support carers in relieving the poverty many experience through accessible advice and information

5.2.3 Service Description

5.2.3.1 The Service Provider will maximise the income of carers, in particular those on welfare benefits and to support carers understand the changes from the Welfare Reform taking place over the next few years.

5.2.3.2 The Service Provider will develop a welfare rights service for carers, whereby carers are advised how to claim for benefits they are entitled to and are supported with appeals and representation at tribunals for complex cases.

5.2.3.3 The Service Provider will provide training sessions for other organisations re: the key aspects of the Welfare Reforms implications for carers

5.3 Comprehensive support for carers of someone with a long term condition with particular attention to hospital admission/discharge, the Community Virtual Ward and Expert Patient Programme

5.3.1 Aims

§ To provide a comprehensive preventative service for carers of people with long term conditions, which integrates the health and social care services being provided for the cared for person.

5.3.2 Objectives

§ To ensure carers of people with long term conditions feel supported in their particular caring role

§ To contribute to carers being regarded as expert partners in the care of the person with the long term condition

- § To support the health and wellbeing of the carer and the cared for person by coordinating services and providing the carer with emotional support at key points in order to avoid crises

5.3.3 Service Description

- 5.3.4 The Service Provider will provide a comprehensive preventative service for carers of people with long term conditions.
- 5.3.5 The Service Provider will support the co-ordination of the health and social care services by liaising with specialist teams, Primary Care teams including G.P. and Community Nurses, Acute Care clinicians, the Community Virtual Ward, Dementia Services, Expert Patient Programmes ,social care teams and other carer services.
- 5.3.6 The Service Provider will support the carer to access a range of services including benefits advice, breaks, counselling, practical support ,relaxation therapies, peer support and health checks
- 5.3.7 The Service Provider will provide individual casework service to carers of people with long term conditions; in which carers are signposted and supported to access services and advocated on behalf of, in making representations about issues to service providers.
- 5.3.8 The Service Provider will act as the main link between service providers and carers of people with long term conditions by working in partnership with the statutory services and other third sector providers in raising carers issues, feeding back to carers about developments and helping to develop better services.
- 5.3.9 The Service Provider to develop the provision of outreach sessions for carers in G.P. practices, IDEA Stores, LinkAge Plus and other community groups.
- 5.3.10 The Service Provider will organise and manage the provision of a Carers Forum for long term conditions

5.4 Services to alleviate and manage stress

5.4.1 Aim

- § Supportive services that increase carers health and wellbeing and reduce carers' social isolation and stress

5.4.2 Objectives

- § The Service Provider will provide regular opportunities for stress relieving therapies and counselling.

- § The Service Provider will provide activities and group relaxation therapies to give carers a break for a few hours by spending time with other carers.

Service Description

5.4.3 The service will be provided on a flexible basis to best suit the needs of the carer with equitable access for all carers.

5.4.4 Relaxation will also be provided by a variety of activities. This could include massage, film nights, outings and special celebrations

5.4.5 The Service Provider will signpost and support carers to access various therapies and counselling

5.5 Representing Carers views in influencing services by the participation in Local Authority and NHS consultation ,building relations with other organisations and acting as the voice of carers

5.5.1 Aim

- § To enable carers to influence the improvement of services that affect them

5.5.2 Objectives

- § To provide networking opportunities for carers
- § To facilitate peer support
- § To provide carers with a voice in appropriate fora e.g. Healthwatch and the Health and Wellbeing Board
- § To work in partnership with statutory and voluntary sector organisations to facilitate carers accessing a new range of services such Shared Lives Services when on stream
- § To increase carers confidence in making decisions about their lives

5.5.3 Service Description

- § The Service Provider will facilitate a Carers' Forum for the exchange of information between carers, service providers and commissioners.
- § The Service Provider will provide a venue and administrative support including publicity for the forum
- § The Service Provider will help facilitate innovative peer support and support groups for carers and encourage groups to be self sustaining

- § The Service Provider will support and facilitate the National Carers Week celebrated annually and information event, workshops or seminars that bring carers and professionals together to share best practice, shape services and facilitate an ongoing dialogue.
- § The Service Provider will work in partnership with relevant statutory and voluntary organisations to provide carers with access to a wider range of services from the Carers' Hub

5.6 Outreach and Support for hidden carers

5.6.1 Aim

- § A service that supports, reaches out and identify hidden carers

5.6.2 Objectives

- § To identify hidden carers and provide appropriate support
- § To provide a welcoming and empathic service that is accessible to LGBT and BAME carers

5.6.3 Service Description:

5.6.4 The Provider will work with communities which have traditionally been seen as hard to engage by delivering the service in a number of venues in community locations and provide regular outreach support at easily accessible locations such as GP surgeries, places of worship, libraries and other appropriate venues/organisations to identify carers and make them aware of the services available to them.

5.6.5 The Service Provider will ensure the increased inclusion of LGBT carers in accessing services and support in recognising their role as carers.

5.7. Development and delivery of a range of carers' training and awareness programmes

5.7.1 Aims

- § A supportive service that provides training and awareness

5.7.2 Objectives

- § To ensure that carers are aware and understand the cared for persons condition and diagnosis
- § To ensure that carers feel supported in their caring role through training to care and look after themselves

- § To ensure that carers are trained in manual handling, managing stress and challenging behaviour

5.7.3 Service Description

5.7.3.1 The Provider will facilitate a programme of training for carers which will include understanding of the condition and prognosis of the cared for person, manual handling, caring skills and strategies, managing .

6. Carers Hub Service Provision

6.1 The Service Provider will provide a flexible service at times that meet carers' needs including evenings and weekends as appropriate.

6.2 The Service Provider will ensure that the Carers Hub will provide an appropriate range and level of Services that meet the needs of carers,

a. Minimum Service provisions will include:

- § High quality information and advice and where relevant advocacy services on welfare rights, housing, debt and financial advice for carers.

- § High quality advocacy services including crisis advocacy and self advocacy for carers.

- § Ensure an effective referral and signposting service to a range of services such as employment, healthy living, leisure and relaxation that help to maximise the quality of life of carers.

- § High quality Carers Assessments for One Off Direct Payments and Leisure Cards.

b. Information produced and communicated in appropriate formats about services for carers

c. Service navigation to facilitate access to relevant statutory and voluntary sector services including how to access a carers' personal budget for breaks.

d. Outreach at convenient locations to support hidden and those traditionally less likely to identify as carers

6.3 The Carers Hub shall have a quality assurance system in place, which supports the following principles:

- § Clarity of Purpose and Professionalism

- § Independence

- § Putting People First

- § Empowerment

- § Impartiality and Objectivity

- § Diversity and Inclusion
- § Accessibility
- § Confidentiality
- § Accountability

Eligibility and Access

- 6.4 The services are to support the main adult carer, aged 18 and over, who are Tower Hamlets residents or who are caring for someone who lives in Tower Hamlets, without payment. This definition means that unpaid carers who live in another borough but care for a resident of Tower Hamlets are eligible for support in line with current legislation which gives primary responsibility to the local authority in which the cared for person lives for carrying out a carers assessment and providing carers' services.¹
- 6.5 Details of all carers accessing services must be provided in the quarterly monitoring information supplied by the Provider.

7. Procedure

- 7.1 Except where stated, the Carers Hub is free to propose their own working methods. However as part of the contract requirements, the Service Provider must submit its proposed methods for delivering the Service for approval to the Council's Lead Officer.
- 7.2 The Service Providers' procedures shall reflect:
- § a willingness to act reasonably and with due propriety at all time;
 - § a commitment to the principle of equal opportunities in Service provision and staff recruitment;
 - § full compliance with the relevant requirements of legislation including without limitation the Health & Safety at Work Act 1974, all subordinate legislation with particular attention to Management of Health & Safety at Work Regulations 1992, National Care Standards etc;
 - § full compliance with the highest customer care principles, including ensuring carers are provided with an informative, honest, sensitive, helpful and courteous Service at all times.
- 7.3 The Service Providers' procedures shall not commit the Council to provide Services or give rights outside those provided by its policies, procedures and by legislation. The Service Provider will ensure that all necessary documentation is properly and completed in a timely fashion and that computer records are promptly updated.

¹ Adult Social Care(2010)Law Commission Consultation Paper No 192,paras 8.15 to 8.19

8. Staffing

- 8.1 The Service Provider must employ, throughout the Contract period, a sufficient number of suitably trained staff with appropriate skills.
- 8.2 The Service Provider must ensure that each staff member and prospective staff are eligible to work in the UK by making the necessary checks by checking that any documents are valid, photographs and birth dates match the applicant's appearance, checking information on the job application matches the documents and checking the documents allow the worker to do the work on offer.
- 8.3 Staff employed by the Service Provider in connection with the provision of the Service may be working with vulnerable people. Therefore, the Service Provider must ensure, throughout the contract period, that all staff have been subject to Extended Criminal Records Bureau checks and that adequate disciplinary procedures are in place to protect vulnerable adults against any form of improper conduct by staff. Such conduct may include (without limitation) verbal abuse, emotional abuse, physical abuse and theft of personal possessions including cash. The Service Provider must immediately report any such incident to Council's Lead Officer who will consider the necessity of taking action under the Tower Hamlets multi-agency Vulnerable Adults Protection Procedure.
- 8.4 The Service Provider must maintain, implement, review and adapt for the purpose of the provision of care, a clear and professional policy to train staff to carry out their tasks in the provision of the Service, with training assessed on the basis of roles undertaken by post holders.
- 8.5 The Service Provider should ensure that all mandatory training is completed for all staff including training in the eight equality strands of the Council.

9. Volunteers

- 9.1 The Service Provider will:
- § maximise the involvement of carers in the work of the Carers Hub as volunteers or in other capacity, for example service users fora.
 - § endeavour to involve volunteers as a complement to the staff in the operation and running of activities for carers, and as a means of preventing service users being isolated from their local communities;
 - § make certain that a designated staff member has the role of co-ordinating the training, supervision and recruitment of volunteers;
 - § taking up references and Enhanced Criminal Record Bureau checks on all volunteers and provide them with appropriate training and

continuous support, and;

- § ensure that volunteers who start placements without an Enhanced CRB check receive ongoing supervision of an Enhanced CRB checked member of staff and do not have unsupervised contact with service users.

10. Legal Requirements

10.1 The Services will be delivered in accordance with and having proper regard for all relevant and applicable British and European Union legislation. The Service Provider shall also comply with the Council's policies on the following:

- § The Interagency Safeguarding Procedures
- § Risk Assessment

11. Quality Assurance

11.1 The Service Provider shall provide the Council with copies of their Quality Assurance System and operational policies upon request. The Service Provider must be able to demonstrate how these policies are implemented at an operational level, and how and when they are monitored to ensure quality services are provided. In relation to this specification, the Quality Assurance System and operational policies will include the following:

- § Disciplinary procedures
- § Grievance procedures
- § Procedure dealing with gifts, money and gratuities
- § Confidentiality
- § Abuse at work - staff protection
- § Accident and incident reporting procedure
- § Complaints procedure
- § Equal Opportunities Procedure
- § Recruitment Policy
- § Supervision Policy

11.2 This is not an exhaustive list of Policy documents but will form the basis of the management organisations Quality Assurance and Operational Management.

12. Policy Context

Equal Opportunities

- 12.1 The Service Provider will ensure that Equal Opportunities and their implications in practice are intrinsic to the delivery the Carers Hub Service.

Anti-Poverty Strategy

- 12.2 Deprivation and poverty continue to be a prominent feature in Tower Hamlets. The Council's Community Plan outlines how the borough will continue to reduce inequality and poverty and has chosen to focus on poverty and initiatives to tackle this. All activities the Council carries out are assessed in terms of their impact on poverty.
- 12.3 The reform of the welfare system, including changes to benefits, tax credits and support for families, will have considerable impact on many carers in the borough
- 12.4 The Service Provider will support anti-poverty initiatives by:
- § recruiting staff, wherever appropriate, from the Tower Hamlets community and advertising vacancies within the Borough, and;
 - § ensure that equal opportunities underpin the aforesaid activities

Data Protection

- 12.5 The Service Provider shall ensure all software is compliant with the Data Protection Act 1998 and that all information held by it is secured and used as required by the Data protection Act 1998.

13. Customer Care

- 13.1 The Service Provider will ensure that the Council's expectations regarding the highest standards of customer care are achieved at all times. These expectations require management organisations to ensure that all carers and service users are treated in a non-discriminatory manner, with courtesy and dignity, and that their right of choice is respected.

Charges

- 13.2 The Service Provider will not charge customers for the services provided under this contract.

Ombudsman and Members Enquiries

- 13.3 The Service Provider shall ensure that all information and assistance is given to enable the Council to respond to enquire from the Local Government Ombudsman within 10 working days and shall respond to Members' enquiries in a in a comprehensive and helpful manner within 10

working days.

Confidentiality

- 13.4 The Service Provider shall treat all information and records on People as strictly confidential at all times.
- 13.5 The Service Provider shall ensure that access to personal information or records maintained by the Council is restricted to those who have a genuine professional "need to know" (e.g. to ensure safety) or a statutory right of access.

Safeguarding

- 13.6 The Service Provider will comply with the Tower Hamlets Inter-Agency Safeguarding Adults Procedure. The Service Provider's Disciplinary and Grievance procedure shall take the Inter-Agency Safeguarding Adults Procedure into account and ensure there is no conflict.

Complaints

- 13.7 The Service Provider shall ensure that complaints from carers are dealt with in a courteous and timely manner and that all reasonable attempts are made to resolve complaints locally.
- 13.8 The Service Provider shall adhere to their complaints procedures when dealing with complaints. If they do not have such a procedure the Council will make available to them its own procedure and expect that it be adopted.
- 13.9 The Service Provider shall ensure that carers are routinely provided with information regarding the organisations' complaints procedure.
- 13.10 The Service Provider shall advise the complainant of their right to complain through the Council's complaints procedure, should they remain dissatisfied a management organisation's response, and provide the complainant with information about how to access that procedure.
- 13.11 The Service Provider shall display and circulate to users and carers, publicity regarding their own and the Social Services complaints procedure.
- 13.12 The Service Provider shall provide Adults Health and Wellbeing Directorate with an annual report regarding the number and types of complaints received in regards to the nine equality strands and the action taken in response to the complaints.
- 13.13 The Service Provider shall take steps to reduce and eliminate failures in Service delivery at all times and to take remedial action regarding gaps in Service delivery identified by complaints, Members and

Ombudsman enquiries.

- 13.14 The Service Provider shall take all reasonable steps to co-operate with the Council in investigating any complaint under the its (the Council's) Complaints Procedure relating to a Carer. Management organisations will provide copies of all reports made in respect of investigated complaints about its Services to the Council.
- 13.15 The Service Provider shall provide, on request, copies of reports made in respect of investigated complaints about its Services to the Council.

Incident reporting

- 13.16 Adverse incidents (sometimes referred to as serious untoward incidents or significant events) should be reported to the commissioning organisation, investigated and analysed to establish lessons to be learnt and to identify changes that will lead to future improvements and prevent reoccurrence, in compliance with the commissioning organisations' policies in use during this contract.
- 13.17 The Service Provider must have a policy and culture that encourages and supports staff to report adverse incidents. All incidents should be reported and fall into three categories:
- § Incidents that have occurred
 - § Incidents that have been prevented; and
 - § Incidents that might happen

Carer involvement in service planning and delivery

- 13.18 The Service Provider shall actively seek carer views and maintain appropriate records of carer feedback including any comments, complaints and/or compliments arising from meetings with carers, questionnaires, focus groups etc. The Service Provider will demonstrate how such feedback is shaping service delivery. The Service Provider will evidence how carers are fully involved in service planning and decision making across the Service Providers' organisation

14. Building Requirements

- 14.1 The Service Provider will provide suitable and accessible premises in the London Borough of Tower Hamlets which will function as a base and a point of contact. As specified by the service specification, drop ins and outreach will complement the accessibility of services delivered from these premises.
- 14.2 The premises will be well heated and ventilated, complying with DDA standards and Health and Safety legislation to create a safe environment for staff and carers.
- 14.3 The premises will be open to members of the public and provide areas

for confidential information, advice and advocacy.

14.4 They will provide a welcoming and user friendly environment

15. Monitoring and Evaluation Arrangements

15.1 A condition of this contract is that monitoring returns are supplied by the Provider organisation and will ensure that it complies with the reasonable monitoring requirements to be agreed with the Council. This information must be submitted at agreed intervals.

15.2 The Service Provider will be directly accountable for its operations and performance against the specification and contract to LBTH.

15.3 The Service Provider will undertake regular monitoring and review of its Service and will prepare regular reports for monitoring and review meetings. The Service Provider will ensure necessary administrative and record keeping systems are maintained to enable effective monitoring, review, planning and evaluation to take place.

15.4 The Service Provider must ensure that double counting of Service take-up is avoided.

15.5 All payments in respect of this Contract are contingent on the satisfactory and timely presentation of required monitoring information.

15.6 The designated LBTH Lead Officer will convene regular monitoring meetings at mutually agreed frequency with the Service Provider and agree with it what information is to be routinely collected for monitoring and evaluation purposes.

15.7 The Service Provider must lead on the development of the network, hub or consortium objectives and to report to the mutually agreed relevant governance arrangements that include the LBTH as a member of any partnership board meetings or similar.

15.8 The Service Provider shall ensure that the information systems, records and documentation necessary to effectively monitor the performance of this Contract are accurately maintained at all times and that such systems are regularly validated and audited.

15.9 The service will be visited on a mutually agreed frequency by the designated LBTH Lead Officer/s for monitoring purposes and designated carers. The Service Provider will make available all relevant documents, files, books information etc to the officers in order for monitoring to be carried out effectively. Reasonable notice of the visit will be given (normally at least 14 days), and of any documents, files, books information they may wish to inspect. Following the monitoring visit, the designated officer will write to the service detailing any areas of concern arising out of the visit and any further action required by the service provider (within a given time period).

15.10 The Service Provider will provide quarterly monitoring reports in an agreed format to the designated LBTH Lead Officer. This report will be submitted within two weeks of the end of each quarter and in accordance with the schedule below:

Quarterly period	Deadline for submissions of quarterly report
Quarter One:1 st April 2013 - 30 th June 2013	15 th July 2013
Quarter Two:1 st July 2013 - 30 th Sept 2013	15 th October 2013
Quarter Three:1 st Oct 2013 – 31 st Dec 2012	15th January 2013
Quarter Four : 1 st Jan 2014 - 31 st March 2013	15 th April 2014

15.11 In addition, an unannounced visit to the project may be made on an annual basis. Following the unannounced monitoring visit, the designated LBTH Lead Officer will write to the service provider detailing any areas of concern arising out of the visit and any further action required by the Service Provider.

15.12 The Service Provider shall ensure that all relevant data is retained for the duration of the Contract.

15.13 The Service Provider must ensure that all partnership agencies are annually reviewed

16. Contractor Arrangements

16.1 The successful provider will hold a contract with the Council. The contract will be managed by the Strategic Commissioning Team, but monitored by the Access to Resources Team.

16.2 The contract for these combined services will be a contract for three years to run from April 2013, with an option to extend at the Council's sole discretion for an additional period of up to 12 months (and a possible subsequent extension of up to a further 12 months).The Council can choose not to extend the contract at the end of the three years.

17. Ending this agreement

17.1 The Service Provider or the Council can end this agreement by giving six months' written notice if the other side is not meeting their responsibilities under this agreement, unless the matter is being dealt with under the disputes procedure.

17.2 The Service Provider or the Council can end the agreement by giving the other side 3 months written notice. All instalments up to the date the agreement ends will be paid, as long as the Council is satisfied with how the Service Provider has provided the service.

Appendix 1 .The Plan for Carers for the three years from 2012 to 2015

London Borough of Tower Hamlets

The Plan for Carers for the three years from 2012 to 2015

A carer is someone of any age who provides unpaid support to family or to someone who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

(The Princess Royal Trust for Carers)

**London Borough of Tower Hamlets and Tower Hamlets Clinical
Commissioning Group
DRAFT Foreword by Mayor Lutfur Rahman and Dr Sam Everington, Chair of
NHS Tower Hamlets Clinical Commissioning Group**

Carers are “big business” for us in Tower Hamlets. Tower Hamlets has around 21,000 unpaid carers in the borough² out of a total population of 242,078 and more strikingly we have a higher proportion of the population providing 50 or more hours of unpaid care per week than any other place in England. Many Carers provide this care in difficult circumstances and they rely on the support that we offer to continue in their role supporting a family member or a friend.

Carers make a huge contribution to our community and this plan sets out a number of ways that we are seeking to widen the range of support available for Carers. This includes the introduction of personal budgets for carers, a wider range of respite and carers breaks options, and more specific support for carers of people with mental illness and dementia.

The proposals in this plan are based on what you have told us over the last three years and on the research carried out by Public Health to produce a Carers needs assessment.

There is a lot of work to do to implement the proposals in this plan and we want our officers to continue to work closely with Carers to ensure that their full involvement is ongoing and that you have your say.

We thank you for your contribution so far and we look forward to continuing to work with you in the promotion and implementation of this plan.

²Percentage based on 2001 Census data

CONTENTS

Executive Summary	4-5
1. Introduction	6
2. Background	
3. Review of Tower Hamlets Carers Strategy 2008-11	7-11
4. Health and Wellbeing Checks for Carers	12-18
5. Promoting Independence Strategy	21-23
6. Principles	24-25
7. Carers Journey and Carers Personal Budgets	26-31
8. Commissioning of Services for Carers 2012-2015	32-39
9. Summary of Commissioning Plan for 2012-2015	40-43
10. Carers Delivery and Commissioning Action Plan for 2012-2015	44-50
 APPENDICES	
Appendix 1 – Legislation	52-63
Appendix 2 – Executive Summary of Joint Strategic Needs Assessment For Carers	64
Appendix 3 – Carers Strategy Implementation Steering Group Members	
Appendix 4 – Voluntary Groups providing services for carers	65

Executive Summary

1. The Plan for Carers for the three years 2012 to 2015 sets out how the Council and Tower Hamlets Clinical Commissioning Group working in partnership with the Third Sector, will meet the needs of carers in Tower Hamlets. The Plan sets out the financial context in which we are working, our priorities, and how this Plan will be delivered over the next three year period.
2. The Plan introduces a number of changes. These are summarised as:
 - § to improve information ,advice and advocacy for carers
 - § to introduce carers budgets to give carers more choice and flexibility
 - § to support carers to stay healthy
 - § to review balance between block contracts for carer services and with carers personal budgets
3. The last Strategy and Plan was published in 2008, which was before the Transforming Adult Social Care programme. Chapter 2 sets out the impact of this programme and of '**Think Local Act Personal**' (January 2011)³ on carers. We have sought to reflect these nationally driven policy changes in our proposals for a new Carer's Journey and for the extension of carers' personal budgets in Chapter 7. These proposals impact on our deployment of resources and on our commissioning plans as set out in Chapter 8.
4. Much has been achieved over the course of the last strategy and plan but there is still much to be done as can be seen from Chapter 3 which reviews the Action Plan in the last Strategy.
5. Support for carers is an important element of the Council's *Promoting Independence Strategy*, which outlines the need to shift resources away from long term support to prevention and early intervention (chapter 5). There is evidence both nationally and locally about how available resources can be best used as a lever to promote independence of carers and service users. Examples include ways in which properly supported carers can delay the need for hospital admissions and residential care. If carers are given advice and support, it can improve their wellbeing and ability to take control. Carers are important partners in new short term support services such as the Re-ablement service. Feedback from carers⁴ would suggest that more work is required to achieve this level of support.
6. Chapter 6 sets out the principles underpinning this Plan.
7. Chapter 7 is about the proposals for the new Carer's Journey which is what we are calling the "pathway" for carers seeking to access social care services. This chapter includes proposed extension of personal budgets beyond one off direct payments to the provision of support planning and personal budgets to

³ Putting People First Consortium

⁴ Tower Hamlets Carers Survey, NHS Information Centre, 2010

provide ongoing support subject to meeting eligibility criteria. The eligibility criteria are not new but the availability of personal budgets is new.

8. This Plan is written in a time of severe resource pressures. Core grants for carers are no longer ring fenced. Chapters 8 and 9 set out commissioning plans for carers services. These indicate our intention to reduce the use of block contracts for carers' services to free up resources within the current resource envelope to fund the introduction of a wider range of personal budgets for carers than the one off direct payment which is all that is available at the moment.
9. Finally the action plan for the next three years is designed to deliver change in our current delivery and commissioning arrangements to enhance choice and control for carers.

1. Introduction

- 1.1 This document is a combined updated Carers Delivery Plan and Commissioning Plan for the three years ending 31st March 2015. There will be an annual review of the Plan through monitoring and liaison with carers. It should be noted that this Plan is a joint Plan with the local NHS with the lead commissioning role taken by the Local Authority.
- 1.2 Carers are one of the main resources supporting the health and social care economy in Great Britain. There are six million carers nationally with over a fifth of these carers providing 50 hours plus care per week. The delivery of high quality support to these carers is vital to ensuring that they continue to be able to provide good quality care and support to the individuals they care for.
- 1.3 In Tower Hamlets there are estimated to be over 21,000 carers. Many provide lower levels of care, but a relatively high percentage provides regular and substantial levels of care. A major aim of the Plan is to increase the number of adult carers in the borough who take up services.
- 1.4 This Plan is not about Young Carers, who are defined as children or young people under 18 whose lives are significantly affected by caring for a family member who has a physical illness or disability, mental health difficulties, sensory or learning disability or has a problematic use of drugs or alcohol. This will be the subject of a separate work stream.
- 1.5 The Plan has been updated to incorporate the priorities in *Recognised, Valued and Supported: Next Steps for the Carers Strategy DH 2010* and to reflect the changes in the way services will be provided in the future within the *Transforming Adult Social Care Programme*.

2. Background

2.1 The development of this Plan is primarily informed by the following key national and local developments:

- § National Carers Strategy Ten Year Strategy *Carers at the heart of 21st - century families and communities* “A caring system on your side. A life of your own” 2008
- § National Refreshed Carer Strategy ”Recognised, Valued and Supported Next steps for the Carers Strategy November 2010
- § Putting People First (2007)
- § Improving Health and Wellbeing in Tower Hamlets: A strategy for Primary and Community Care Services 2006-2016
- § Transforming Adults Social Care
- § White Paper “Equity and Excellence: Liberating the NHS” DH 2010
- § Law Commission’s review of Community Care Law (2011)
- § Tower Hamlets Carers Joint Strategic Needs Assessment May 2010
- § Review of Tower Hamlets 2008-2011 Carers Strategy
- § Feedback from carers via forums and focus groups held in the last twelve months

The National Context

The National Carers Strategy 2008-2018

2.2 The National Carer Strategy is a framework for developing support for carers over the ten years from 2008 to 2018 with a vision that carers will be universally recognised and valued as being fundamental to strong families and communities. The National Strategy has a focus on tailoring support for carers to their personal needs and enabling carers to maintain a balance between their caring responsibilities and a life outside of caring. It acknowledges the need to support all carers through the provision of information and advice, while recognising that the focus of resources will be on support for carers with the greatest needs.

2.3 The vision listed five outcomes for carers:

- § Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role
- § Carers will be supported 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 will be treated with dignity
- § Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods

2.4 This strategy was updated by *Recognised, valued and supported: the next steps for the Carers Strategy*, published in November 2010, in which four priority areas were identified:

- § Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- § Enabling those with caring responsibilities to fulfil their educational and employment potential.
- § Personalised support both for carers and those they support, enabling them to have a family and community life.
- § Supporting carers to remain mentally and physically well

Personalisation and TASC

2.5 **The Transforming Adult Social Care Programme (TASC)** is Tower Hamlets' response to the national Putting People First (PPF) initiative (December 2007). This was a cross government concordat that set the direction for adult social care over the next ten years. Traditionally the support provided to people with disabilities and older people has been service-led, rather than person centred and PPF sought to change this. The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation is about giving people much more choice and control over their lives.

2.6 In January 2011 a new agreement '**Think Local Act Personal**' was published. This drew on learning from implementing Putting People First and highlighted the necessary connection between preventative, community-based approaches and personalised care and support and emphasised the importance of shifting of resources from crisis and acute interventions to prevention and early intervention.

2.7 This shift in the way social care is delivered is significant for carers who in this Borough are regarded as a key part of our preventative strategy in the support that they provide to service users.

2.8 Recognition of the role of carers in the "Transforming Adult Social Care" programme includes:

- § Acknowledgement that family members and carers can be "expert care partners"
- § Universal, joined up information and advice services
- § Person-centred planning and self directed support
- § Access to advocacy, brokerage and peer support
- § Better and more joint working between the NHS and the local authorities
- § The development of individual personal budgets for carers

- 2.9 During the life of this Plan the take up of personal budgets by carers is expected to continue to grow. Personal budgets enable a carer to make their own arrangements for the services they have been assessed as needing.
- 2.10 This places the carer who wishes to take a direct payment into a role of purchaser or “micro-commissioner”. It also changes the role of the local authority which has up to now commissioned blocks of services on behalf of service users and then directed service users into these block services which may have met individuals’ needs to a greater or lesser extent. An example of this is residential respite care which has been blocked purchased by the local authority which leaves a limited amount of funding left for direct payments for alternative respite provision, for example respite care in the home. This can reduce the flexibility available to carers as highlighted in the case study below and will be addressed further in Chapter 7.

Fatima’s Story

After my carer’s assessment it was agreed that I could have a morning off each week and my mother could have someone to come in and sit with her with the direct payment I receive. I employ a neighbour who knows my mum well.

Mum doesn’t really like day centres. Before, I felt that as day centres seemed to be the only option, I would just have to be with her all the time. But it was wearing me out. Direct payments allow me to get some ‘me’ time and I am sure that my mother also feels the benefits – she relaxes more and is not on the receiving end of my tiredness. The flexibility means that we can also pay someone to support us going out shopping if she wants to. It’s the best thing we ever did. We are in control and can control how social services get involved. We have tended to shy away from support in the past and do it alone, fearing intrusion.

NHS Operating Plan 2012-13 and Carers

- 2.11 *The Operating Framework for the NHS in England 2012/13* requires a carers assessment of local needs jointly with local authorities, and the publication of joint plans to support carers by each local PCT cluster and local authority by the end of September 2012. These plans should the use of direct payments or personal budgets. The Operating Framework explicitly requires for the first time the publication of:
- § The financial contribution made to support carers by both local authorities and PCT clusters with any transfer of funds from the NHS to local authorities through a s256 agreement;
 - § Identification of how much of the total is being spent on carers’ breaks; and

- § Identification of an indicative number of breaks that should be available within that funding.

Community Care Law Review

2.12 The Law Commission's Review contains two recommendations that would impact on Carers if adopted as law:

- § Under the existing legal framework, only carers providing a substantial amount of care on a regular basis are entitled to a carer's assessment. The Commission recommends the removal of the requirement for care to be 'substantial and regular' and instead local authorities will have a duty to assess any carer who is providing care to another person, with the assessment being proportionate to the needs presented by the carer.
- § At the moment the Local Authority only has a duty to provide a carers' assessment if requested by a carer. It is proposed that the duty to provide an assessment should be triggered where it appears to the local authority that the carer may have, or would have upon commencing the caring role, needs that could be met by the provision of carers' services. This change would mean that the requirement to provide a carer's assessment would be broadly the same as the requirement to undertake a community care assessment.

The Local Context

2.13 In May 2010 the first Tower Hamlets Carers Joint Strategic Needs Assessment (JSNA) identified that:

- § Tower Hamlets has around 21,000 unpaid carers in the borough⁵ out of a total population of 242,078
- § We have a higher proportion of the population providing 50 or more hours of unpaid care per week than any other inner London Borough
- § About 9,000 people in the borough provide 20 hours or more unpaid care per week, of whom around 5,800 provide 50 hours or more per week
- § Certain groups of carers appear to be under-represented in terms of the proportion of carers' assessments or reviews. These groups are Asian women of all ages, Asian male carers aged 18-64, carers of older people aged 65 and over with physical disabilities and LGBT carers, whom we do not currently record.
- § A higher proportion of the Tower Hamlets population (1.32%) provides 20-49 hours unpaid care per week to a family member, partner or friend than the London (1.01%) or England average (1.08%).
- § The proportion providing 50 hours or more per week in Tower Hamlets is the highest in England (2.38% in Tower Hamlets compared to 1.66% in London and 2.03% in England).

⁵Percentage based on 2001 Census data

- § Nationally, carers experience worse general health than the general population. In Tower Hamlets carers experience worse general health than the national carers' average.
- § 63% of carers (providing 20 hours or more unpaid care per week) are female
- § 18% of carers are of pensionable age.
- § 3% of carers are under the age of 16.
- § 44% of carers are Bangladeshi⁶ and 41% are white British
- § In the young carer group, 64% of carers are Bangladeshi (almost 80% of female young carers) and just 18% white British. This proportion varies across older age groups; 49% of working age carers are Bangladeshi and less than 16% of older carers are Bangladeshi
- § Asian carers of working age are disproportionately represented as carers compared to the Asian working age population as a proportion of the overall Tower Hamlets working age population.

2.14 A survey of carers in Tower Hamlets found that around two thirds of carers surveyed reported experiencing tiredness or disturbed sleep. Around one third of carers reported feelings of stress, depression and physical strain⁷. Carers in Tower Hamlets experience worse general health than carers surveyed nationally and the Tower Hamlets population in general. 41% of carers surveyed reported their general health to be good or very good (49% England average⁸), compared to 77% of the Tower Hamlets population as a whole⁹.

2.15 Around 7% of carers surveyed in Tower Hamlets look after more than one person and this is consistent with the picture nationally. However, carers in Tower Hamlets are more likely to live with the person they care for (84% in Tower Hamlets, compared to 73% England average). This is likely to result in a more time intensive caring role, which may explain the higher than average proportion of the Tower Hamlets carers population providing 20 hours or more care per week. 51% of carers surveyed in Tower Hamlets reported spending 100 hours or more per week caring, compared to 37% of carers nationally.

2.16 Carers in Tower Hamlets report feeling less supported by services than average. Only 76% of carers in Tower Hamlets report feeling "always or usually" supported by their GP compared to 81% nationally. 75% of carers in Tower Hamlets report feeling always or usually involved in hospital discussions about the person they care for compared to 82% nationally.

⁶ This is based on 2001 Census data and may have changed substantially since then.

⁷ Tower Hamlets Carers Survey, NHS Information Centre, 2010.

⁸ 2009-10 Personal Social Services User Experience Survey of Carers. Copyright © 2010, The Health and Social Care Information Centre. All Rights Reserved.

⁹ Tower Hamlets Carers Survey, NHS Information Centre, 2010 and Tower Hamlets Health and Lifestyle Survey, 2010.

3. Review of Tower Hamlets Carers Strategy and Plan 2008-2011

3.1 The multi-agency Tower Hamlets Carers Strategy/Plan 2008-11 was based on ten key areas that carers had told us needed to be improved. Progress in each of these areas is set out in the table below.

Table 1: Carers Strategy /Plan Action Plan 2008 - 2011

Priority Area	Progress
<p>1. Carers needs are better addressed in hospital discharge procedures</p>	<ul style="list-style-type: none"> § The Hospital Discharge Policy for Barts and the London NHS Trust was updated to include the involvement and needs of carers. However, feedback from carers suggests that this remains an area for improvement § Prior to discharge, carers want to be given information about the treatment and condition of the patient, including the medication being used and possible side effects in a systematic way. § Receive information about, and sufficient time to visit, care homes, if the patient is unable to return home § Carers would like to be given at least 24 hours notice prior to the person being discharged and to be involved in a discharge meeting outlining details of any medication and care package arrangements
<p>2. Carers are routinely consulted about admission and inpatient care of the person they care for</p>	<p>Following the publication of Six Lives¹⁰, priority attention was given to support for people with learning disabilities. Progress over this period included:</p> <ul style="list-style-type: none"> § Following the Big Health Check in 2010 and 2011, progress was made with the introduction of Hospital Passports for people with learning disabilities. This supports carers as it reduces the number of times carers have to give information about the cared for person § A part time Nurse was appointed at the Royal London to support people with learning disabilities and their carers when admitted to the acute hospital. <p>As noted in 1. above, feedback from Carers highlighted that this is a general area of concern for all carers and we will be looking at this more closely over the period covered by this Plan.</p>

¹⁰ Six Lives: the provision of public services to people with learning disabilities by the Parliamentary and Health Service Ombudsman March 2009

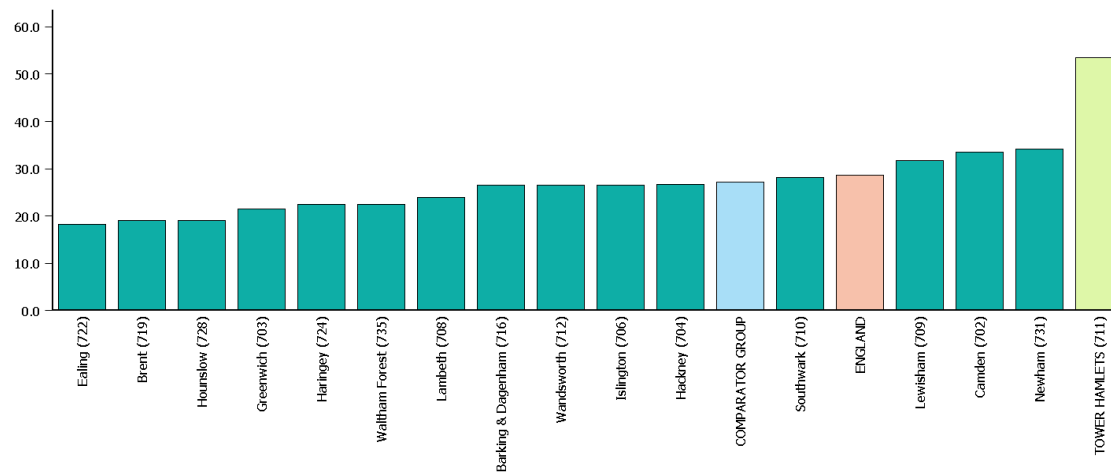
<p>3. Health checks for carers</p>	<ul style="list-style-type: none"> § The target of 20% of GP practices in Tower Hamlets having a carers' register was met § Health and Wellbeing Checks for Carers Project (Oct 2009-March 2011) provided holistic checks for carers and support to services § The local evaluation of the project highlighted the value of the checks and recommended the mainstreaming of the health checks for carers § The evaluation also recommended the development of and increased use of Carer Registers in primary care and noted the need to strengthen the engagement of primary care more generally. § Further work will be undertaken in 2012/13 to incorporate this project into mainstream health services <p>This is discussed further in Chapter 4.</p>
<p>4. The range and flexibility of breaks</p> <p>[we are using here the Department of Health Carers Strategy Demonstrator Sites for Carers Breaks definition of breaks: personalised breaks that incorporate a diverse range of activities such as courses, spa treatments, weekend breaks and gym membership]</p>	<ul style="list-style-type: none"> § The range and flexibility of breaks has been improved by the increase in one off direct payments for breaks from 67 in 2009/10 to 97 in 2010/11. The advantage of one off direct payments is the flexibility they offer carers. It is proposed to extend the availability and purpose of direct payments beyond just one off payments (see Chapter 7). § Access to one off direct payments was improved by the Council delegating the function of completing Carer Assessments for one off direct payments to the Carers Centre and this has been successful, not just in increasing take up, but also in bringing more carers into the Carers Centre where they can discuss other issues and receive help for example on welfare benefits, health concerns, financial worries, how the carer is coping, does the carer want to continue to care, carers breaks etc.
<p>5. Support to access leisure activities</p>	<ul style="list-style-type: none"> § In 2008 carers of people with mental health problems advised us that their role is particularly onerous because of the stigma associated with mental ill health and the often unpredictable fluctuations in the person they are caring for. This is highlighted in the Next Steps for Carers Strategy's reference to this stress by their reference to "the onset of mental health problems and the process of seeking help can be particularly traumatic for families". § In view of the particular stresses faced by those who care for people with mental health problems, in May 2009, a leisure card scheme was piloted for this group of carers allowing them free access to the borough's leisure centres at any time including peak time. Carers accessed this service through an assessment at the Carers Centre. § Since 2009, 121 carers of people with mental health problems have taken up free Leisure

	<p>Passes and a further 16 carers in LAP 1 and 11 carers from LAP 4 from August 2010 as part of the time limited You Decide Programme received these cards. As we received positive feedback from the You Decide Programme, it is proposed in this Plan to introduce these passes more widely.</p>
6. Support to education, employment and training	<ul style="list-style-type: none"> § The Work Focused Support for Carers scheme at Jobcentre Plus set up in November 2009, has been providing advice on training, finding a job, local childcare and local replacement care is provided, with ongoing support if the individual starts work. Although the numbers of carers helped into work was low, the service also helped ensure carers were signposted to appropriate carer services. § Within the Adults Health and Wellbeing Directorate in the Council, a carers group was set up in 2010 to support carers juggling work and caring responsibilities.
7. Increase in the number and quality of carer assessments	<ul style="list-style-type: none"> § Increase in the number of carers receiving carers' assessments or reviews from 945 in 2006/07 to 1,870 in 2009/10 and 1,866 in 2010/11. § Tower Hamlets Council and the Local Strategic Partnership identified improved support for carers as one of 35 local priorities/target areas in the Local Area Agreement (LAA) for 2008-2011. The LAA represented a framework for addressing local priorities in delivering improved outcomes on areas which really mattered to local residents. The target has been surpassed for each of the three years of the Plan and Tower Hamlets has been one of the highest performing councils in London against this indicator § See Diagram Table 2 in chapter 3 Tower Hamlets performance for this target national indicator (NI) 135 for 2010/11 compared to other London boroughs.
8. Improve joint working with Children Services for support of Young Carers and Parents of children with disabilities, particularly around the transition period	<ul style="list-style-type: none"> § Disabilities Transition team was set up in 2009 with agreed protocols for Transition from Childrens, Schools and Families to Adults Health and Wellbeing. § Health and Wellbeing Checks for Carers provided checks for Young Carers § Further work is required within this area.
9. Improve information for carers	<ul style="list-style-type: none"> § 10 voluntary sector organisations provide advice and information, advocacy, sitting services, weekend respite, carer forums, emotional support, therapies, benefit and financial advice, one-off direct payments and leisure cards across Tower Hamlets. A list of these organisations can be found in Appendix 4. § Information for carers has been provided in various formats: new leaflets, the Council's internet and East End Life

	<ul style="list-style-type: none"> § Further information has been provided at Transformation Workshops, ‘You Decide’ Groups, focus groups; carers support groups, ‘Getting Ready’ meetings for the Big Health Check and surgeries at the IDEA stores. § During consultation for the 2008-11 strategy, carers were made aware of services available for carers. The Carers Emergency Card, which helps carers put in place emergency arrangements in the event of exceptional events, such as the carer having to go to hospital, was developed and over 120 emergency cards have been issued.
10. Involvement of carers in service planning.	<ul style="list-style-type: none"> § Carers have influenced the work of the Transformation Project delivering “the Carers Journey”, by advocating for carers and describing the best solutions for carers § Carers were key members of the Health and Wellbeing Checks Steering Group responsible for ensuring the implementation of the project. Carers advocated for the involvement of Practices and the need to publicise the project wider § Carers are members of the Carers Strategy Implementation Group, which is responsible for overseeing the implementation of this new Plan § Continued engage with Think, our local engagement network

3.2 National Indicator 135 2010/11: number of carers assessments

Table 2 Tower Hamlets Performance of NI 135 2010/11 compared to other local authorities



What carers have told us

3.3 Over the life of this Plan there have been numerous Carers forums and focus groups including groups held at St Hilda's, Family Action Carers Connect, Alzheimer's Society, the Carers Centre, Usha Mohila Group. There have been two Big Health Check Days in 2010 and 2011, which contribute to the London Learning Disability Self Assessment Framework, as well as a user experience survey sent to carers who received assessments or reviews during 2010/11. The following issues are repeatedly identified as important to carers locally:

- ✎ Poor information and lack of awareness of services
- ✎ Respect as expert partners
- ✎ Respite (especially at the weekend when there are no day services)
- ✎ Time for yourself
- ✎ Hospital discharge
- ✎ Financial difficulties
- ✎ Control over one's life
- ✎ Social isolation
- ✎ Health issues (including stress)

3.4 Carers in Tower Hamlets often report not knowing about what services are available and the lack of available information. They would like one single point of access to get information, advice and services. The national strategy recognises that:

Access to relevant and timely information and advice is vital throughout the caring role, particularly at times of significant change, like transition and end of life.

"If you don't know about what's available, it's impossible to find out. No-one is putting information out there. It feels like a secret society. The services should advertise themselves more"¹¹

3.5 Carers of people with mental health issues have highlighted feeling a lack of respect shown towards them by health professionals. Often they are not invited to meetings with Community Psychiatric Nurses and Psychiatrists and if they are invited are expected not to express their views. Family members are used inappropriately as interpreters and assessments go ahead with service users, who have limited English language skills, without interpreters.

3.6 Carers suggest that there should be flexibility for friends and family (other than the primary carer) to provide paid respite. This would allow minimum disruption for the cared-for, good continuity and trust in the quality of care provided, thus minimising the stress involved for the carer.

3.7 Carers often report being unaware of what respite services are available in the borough. Amongst those who do know of services, it is felt that there

¹¹Comment from Tower Hamlets Carer User Experience Survey 2010

are not enough respite services, especially at the weekend when the person they care for does not attend school or day services¹².

- 3.8 Carers sometimes find the aftermath of respite chaotic and struggle to regain the previous routine for the person they care for. Anecdotally there is widespread demand for home based respite in which the individual is able to remain in familiar surroundings.

*"I spent a week away and came back to so many issues, had to spend at least six weeks to resettle my dad in again, he was confused and short tempered"*¹³

- 3.9 The issue of time is central to carers' concerns as many report insufficient time to balance their caring responsibilities with the other important parts of their life; on many occasions carers are invited to attend meetings, forums, user groups etc, and even if they want to go, they are not able to because of time constraints¹⁴
- 3.10 Carers frequently report experiencing difficulty preparing for the transition of the person they care for from children's to adults' services. It is essential that the carer is adequately involved in the care planning for the person they care for, as specified in national guidance¹⁵.
- 3.11 Carers of people with substance misuse problems have identified a lack of education on drugs and on the nature of addiction; a lack of knowledge of treatment services and are unaware of support services for carers, including the Carers Centre and of their eligibility for carers' assessments.
- 3.12 The Carers Centre was described as invaluable and having saved a lot of carers from 'going under', and carers feel that the Centre's services should be advertised more.
- 3.13 Finally over the last 12 months, the new carers journey, as set out in Chapter 7 has been developed locally with representatives of, and in consultation with, local carers.

¹² St Hilda's Carers Focus Group Nov 2009

¹³ Carer of someone with dementia, Tower Hamlets. From Bari R. (2010) Service User and Carer views on Dementia Services.

Carers Centre Forum, October 2009

¹⁴ Carers Centre Forum, October 2009

¹⁵ Department of Health (2010) Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care.

4. Health and Wellbeing Checks for Carers

- 4.1 This was an 18 month project funded by the Department of Health from October 2009 to March 2011, which provided carers with a regular health and wellbeing check and support to access required services. Research has indicated that carers' health is often adversely affected by their caring role and the longer the caring continues; the more significant is the ill health that is experienced¹³. Carers tend to take the cared for person to see a GP, but neglect their own health needs.
- 4.2 This project comprised a team of four Nurses, a Team Leader, a Mental Health Nurse, a Social Worker, Project Support and a Project Manager. Initially the team was based at Tower Hamlets Carers Centre, but moved to Gladstone Place because of building works at the Carers Centre. Over 600 health checks were completed over the life of the project, together with the provision of individual support into services. The total cost of the project was £613,500. Carers of all ages, including Young Carers, and Carers of people with learning disabilities, physical disabilities, older people, mental health and substance misuse problems received health and wellbeing checks across all of the borough. The breakdown of the ethnicity of the carers who had a health and wellbeing check was:

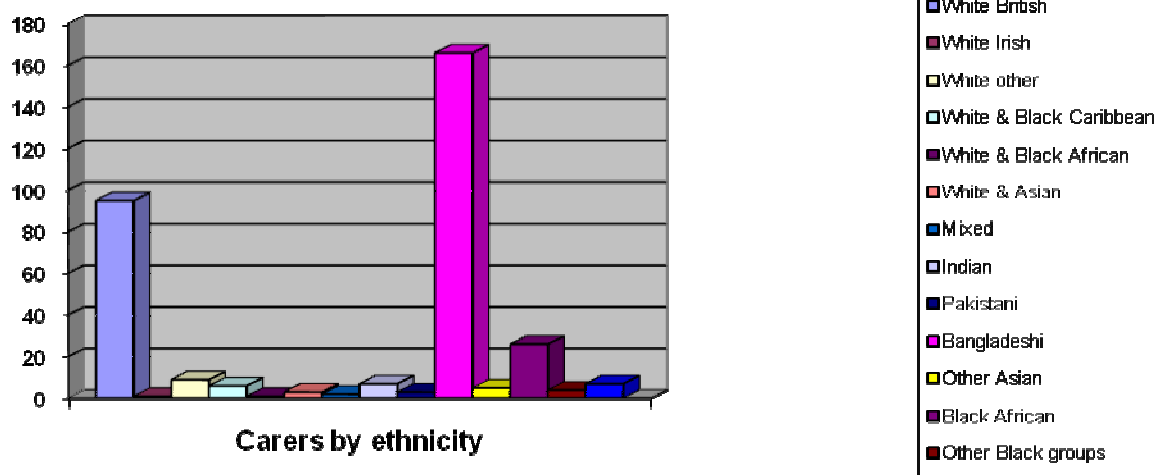


Table 3 Carers by ethnicity

- 4.3 The local evaluation of the project was carried out by Arup¹⁶, an independent firm of consultants. In their evaluation of the Health and Wellbeing Checks for carers they found:

¹³ Health and Wellbeing Checks for Carers August 2011

- ⌘ that the project had taken significant steps towards providing integrated health and social care support for carers, which focused on early intervention in order to prevent avoidable deterioration of carers health and well being, which could have both negative implications for both carers and the people they care for
- ⌘ a key strength of the project throughout all the carer interviews was recognition as a carer, feeling valued and listened to. Being allowed time to talk, and to have space was deemed to be a very important part of the health check
- ⌘ that there was a significant relationship between the length of time someone had been caring, and their health. Over 30% of carers who had health checks had been caring for over 10 years. The quantitative analysis highlighted that many of the carers examined had a BMI of over 25 falling into overweight, obese and morbidly obese categories; 20% of the sample suffered from some type of pain particularly back/shoulder and knee and 65% fell into the blood pressure range of pre-high and high putting them at greater risk of heart disease.
- ⌘ analysis suggested that the Health and Wellbeing Checks service helped carers feel able to take control about things¹⁷
- ⌘ that there is a need to step up the development and maintenance of Carers Registers within Primary Care
- ⌘ the need for regular health checks to be carried out in Primary Care and a way of carers being identified as carers on Primary Care IT systems
- ⌘ as a result of GP practices not being involved as advisors in the development stages of the project, engagement in the implementation of the service proved difficult.

4.5 With the recognition of the benefits of the DH Carers Strategy Demonstrator Site Health and Wellbeing Checks for carers, NHS ELC are funding a new Health Checks for Carers Project from January 2012 to, initially, March 2013, comprising two nurses attached to the new Virtual Community Ward service, which has been successfully piloted in the SW Locality. It is now intended to extend the model across the whole of the Borough.

4.6 The two nurses will carry out health and wellbeing checks on the carers of patients who fall within the remit of the Virtual Wards. They will be based at two practices covering east and west of the Borough, to be in place as the Virtual Ward model is extended across the whole Borough. As the Virtual Ward is predominantly made up of older people, it is the intention of the project team to offer carers of other patient/client groups health checks by linking in with other existing projects for example, the new Dementia Service at Old Montague Street.

¹⁴ ARUP 2011

5. Promoting Independence Strategy

- 5.1 In February 2011, Cabinet adopted the report entitled “The Future of Commissioning in Adult Social Care: Market Shaping and Development” which outlined the key strategic aim to shift resources from long term care into prevention services. The Council made a commitment to shelter the spend on the prevention services, which included funding on carer services, from the efficiency savings.
- 5.2 The Council’s prevention and early intervention strategy, “Promoting Independence” was approved by Cabinet in November 2011.
- 5.3 The Strategy outlines the importance of prevention and early intervention for carers, both in helping carers to sustain their caring role and to improve the wellbeing of carers as individuals in their own right. It focuses on the provision of more accessible and up to date information provided through a hub and spoke network of advice, information and advocacy services for vulnerable people and their carers. Some of the generic services which will be of significant benefit to carers which are described in the Strategy include:
- § The Reablement Service focussed on working with vulnerable adults following a period of ill health or an incident to re-learn the skills necessary for daily living to remain as independent as possible. Carer involvement, carers’ attitudes to re-ablement and their access to ongoing support is a key factor in achieving positive outcomes for service users.
 - § The pilot Virtual Ward in the Community focuses on proactively supporting patients who are at risk of needing acute hospital care. As described in Chapter 4 above, it is intended to fund specific support for carers of people who are using this service. To date, the pilot has worked principally with older adults and people with long term conditions in the SW Locality of the Borough. It is intended to extend this service across the whole of the Borough.
 - § Handyperson’s service for older adults (who may often be carers) to have home repairs and adaptations done at a reasonable cost.
 - § LinkAge Plus, a cornerstone of the Council’s approach to preventative services, has five organisations in the borough working in partnership, reaching out to older people and their carers to reduce isolation.
 - § Telecare, available to aid the promotion and retention of independence, relieve stress on informal carers and improve clinical and care outcomes by providing equipment which supports people to live in their own homes. It is planned to extend the availability and range of telecare within the Borough.

- 5.4 The re-commissioning of Information, Advice and Advocacy Services by the Council, will strengthen the capability of mainstream services to support carers. However it is still intended to commission specialist service in the borough. In addition it is intended to commission specialist providers of carers services and of dementia support to work within the Council's in house First Response Services on a sessional basis to strengthen these services.
- 5.5 The importance accorded by the Council to prevention and carers is in keeping with recent reports from ADASS and the Princess Royal Trust for Carers¹⁸ that state:
- § That applying early intervention thinking to the support of carers can lead to better value for money and better outcomes
 - § That there is an evidence base to support the claim that carer support can create savings for adult services
 - § That considering carer support in the context of hospital discharge, falls prevention, and dementia and stroke pathways can generate systems-wide efficiencies
- 5.6 This report highlights that, although those who have no carer are more likely to be admitted to a care home, carer stress is the reason for admission in 38% of cases and family breakdown (including the loss of a carer) in a further 8%. Evidence suggests that "carers rarely experience a move to long-term care as desirable or a positive choice" and as a result, identifying carers and supporting them to maintain their caring role is likely to result in a reduction in admissions to care homes.
- 5.7 Prevention and early intervention for carers aims to:
- § Help carers to sustain their caring role and avoid crisis which might adversely affect or end the caring role (for example: by providing information, support and training)
 - § Improve the carer's wider well-being, as individuals in their own right (for example, through breaks, support to access training and employment)
- 5.8 Carers are a key component of several national strategies; including "Living well with dementia: A National Dementia Strategy"¹⁹, the National Stroke Strategy²⁰ (2007) and the End of Life Care Strategy²¹ 2008. Each of these strategies outlines the need for carers to have up-to date, accurate and reliable information about the illness and condition of the person they care for, together with medication side effects and how to access integrated health and social care support.

¹⁵ The Princess Royal Trust for Carers and ADASS. Supporting Carers- Early Interventions and Better Outcomes 2010

¹⁶ Department of Health 2009

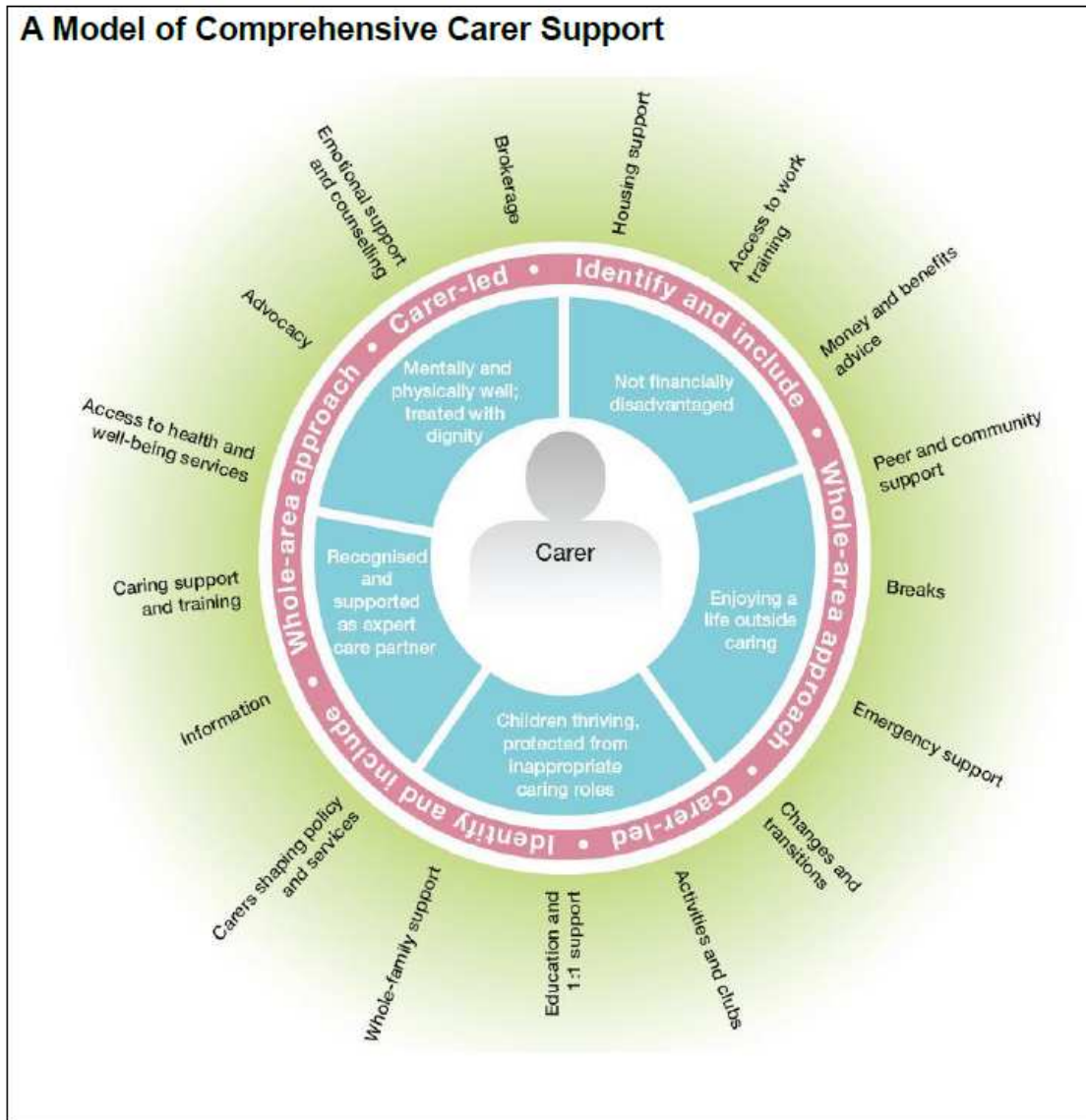
¹⁷ Department of Health 2007

¹⁸ Department of Health 2008

- 5.9 Local strategies in these three areas have included support for Carers. For example in September 2011, a range of new Dementia services was launched including an expanded Memory Clinic, a Dementia Adviser service to support Carers, a Dementia Liaison Service at the Royal London Hospital, and peer support through a dementia café.
- 5.10 In November 2010, a Palliative Care Centre opened at Mile End Hospital to provide a single point of access to advice and information about palliative care services available in Tower Hamlets.
- 5.11 It is acknowledged that further work is required to assess specialist needs of carers of individuals who have suffered strokes which cannot be or are not being met by generic carers support.

6. Principles

- 6.1 Carers will be recognised, valued and supported: this is the overarching principle throughout this document given expression in the diagram below which is from *Commissioning for Carers* September 2009:



Principles

- 6.2 This Plan is underpinned by the following principles:
- § Carers will be valued as being fundamental to strong families and stable communities
 - § Support will be tailored to meet individual needs, enabling carers to maintain a balance between their caring responsibilities and a life outside, while enabling the person they support to be a full and equal citizen

- § Enable carers to design and direct their own support, have access to direct payments and be engaged in the support plan of the person they care for and the assessment where appropriate;
- § Wherever possible, establish whole family approaches that ensure there is integrated support planning that benefits everyone involved;
- § Fully recognise the differing social and emotional impacts of providing support to another person and that these do not necessarily correlate to the number of hours spent, or the tasks undertaken, in providing care; and
- § Develop a range of support options and opportunities to match the diverse needs of carers (including those who do not choose to identify themselves as carers) and the outcomes they wish to achieve in their lives.

6.3 Adults Health and Wellbeing cannot deliver this Plan alone. It will be necessary for a wide range of agencies to support delivery of this Plan, not just those working in health and social care, but many others including leisure services, housing services, and life long learning.

7. Carers' Journey and Carers Personal Budgets

- 7.1 This chapter contains the following proposals to strengthen the support available to carers resident within the Borough, in line with personalisation and the TASC programme (chapter 2):
- § Personal budgets will be made available to eligible carers (continuing to use the current eligibility criteria) up to the limits described
 - § A small specialist carer's assessment and support planning function will be set up to enable carers to have access to a carers assessment independent of the cared-for person. This will be funded from either s256 monies or from redeployment of other commissioning monies.
 - § The funding of specialist brokerage advice for carers within the Access to Resources Team (ART), will be funded from either s256 monies or redeployment of other commissioning monies.
 - § To develop a Respite Policy to ensure increased choice and access based on need.
- 7.2 The chapter sets out current arrangements and then describes the Adult Social Care's offer to carers in terms of universally available support, assessment and the introduction of carers personal budgets. The proposed offer to carers recognises the importance of the role that carers play in supporting people to remain in their home and responds to the comments about respite care and the wish for carers breaks to be more home-based rather than residential.
- 7.3 The proposed Carers Journey also seeks to support carers to maintain the balance between their caring responsibilities and a life outside caring as stated in central government's updated strategy "Recognised, valued and supported" (2010). Carers will be respected as expert care partners and have access to the integrated and personalised service they need to support them in their caring role.

Informal Caring Support Planning for Service Users

- 7.4 We recognised that carers will often become known to AHWB during the course of working with the person they are caring for. It is important that the carer feels that their expertise is recognised, that they are listened to, and able to have a life of their own alongside their caring role.
- 7.5 This important informal support provided by carers is included in service users support planning. Carers are included in the assessment process of the person they care for to ensure their contribution is recognised, even if the person does not recognise themselves as a carer. In line with the recommendation in the JSNA for Carers, we intend to ensure that carers have contingency plans in place in the event of an emergency by monitoring that a contingency plan is included within each service user's Support Plan.

7.6 Currently there are three different types of carer assessments carried out:

- § **Carers' assessments being undertaken by a social care practitioner with the carer directly.** These are usually undertaken following on from an assessment of the cared-for person. Whilst there is an option to provide the carer with their own care/support plan, a carer's support is in most cases identified in the care/support plan of the cared for person.
- § **Carers' assessments undertaken during the assessment of the cared for person.** The identification of a carer during an assessment has up until now constituted a carer's assessment, regardless of whether or not a separate carer's assessment was undertaken. In these cases the support provided will be described in the care/support plan of the cared-for person.
- § **Carers' assessments (non statutory) undertaken by the Tower Hamlets Carers' Centre.** These assessments are undertaken to determine the eligibility for a carer's one-off direct payment. This assessment does not currently lead to any other provision or outcome.

Eligibility for services currently

7.7 *The Carers and Disabled Children's Act (2000)* is:

An Act to make provision about the assessment of carers needs; to provide for services to help carers; to provide for the making of payments to carers and disabled children aged 16 or 17 in lieu of the provision of services to them; and for connected services.

- (1) If an individual aged 16 or over ("the carer")
 - (a) provides or intends to provide a substantial amount of care on a regular basis for another individual aged 18 or over ("the person cared for"); and
 - (b) asks a local authority to carry out such an assessment of his ability to provide and to continue to provide care for the person cared for,

the local authority must carry out such an assessment if it is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of community care services.

For the purposes of such an assessment, the local authority may take into account, so far as it considers it to be material, an assessment under section 1(1) of the Carers (Recognition and Services) Act 1995.

7.8 If a person is assessed as having a "critical" need this means that the local authority is under a duty to make services available to meet that need. However, a categorisation of critical in relation to the caring relationship does not mean that the local authority has a duty to make services available to the carer since there is no duty contained within *The Carers and Disabled Children's Act (2000)* to provide services, merely a power. Carers can access preventative services such as one-off direct payments

following an assessment carried out by the Carers Centre or a social care practitioner.

- 7.9 The criterion for one-off direct payments is that the carer providing a substantial amount of care (more than 15 hours per week) to a Tower Hamlets resident. The payment can only be made once every twelve months period, and can be up to £300. The payment can be used for white goods, breaks, driving lessons, computers and other items to help the carer to continue to care. Payments are only available for the primary informal carer.
- 7.10 Whilst these criteria are couched in similar language to that applied to the cared for person they are in fact different from the FACS eligibility criteria that are used in the assessment of service users which are determined by the *NHS and Community Care Act (1990)* where services are provided to those meeting critical and substantial criteria. It is important to emphasize that for carers, under current legislation (see Appendix 1), there is no legal duty but only a power to provide support.

Table 4 Eligibility Criteria for Carers (*The Carers and Disabled Children's Act (2000)*)

<p>CRITICAL</p> <p>Critical risk to sustainability of the caring role arises when:</p>
<ul style="list-style-type: none"> • their life may be threatened • major health problems have developed or will develop; • there is, or will be, an extensive loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role; • there is, or will be, an inability to look after their own domestic needs and other daily routines while sustaining their caring role; • involvement in employment or other responsibilities is, or will be, at risk; • Many significant social support systems and relationships are, or will be, at risk.
<p>SUBSTANTIAL</p> <p>Substantial risk to sustainability of the caring role arises when:</p>
<ul style="list-style-type: none"> • significant health problems have developed or will develop; • there is, or will be, some significant loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role; • there is, or will be, an inability to look after some of their own domestic needs and other daily routines while sustaining their caring role; • involvement in some significant aspects of employment or other responsibilities is, or will be, at risk; • some significant social support systems and relationships are, or will be, at risk
<p>MODERATE</p> <p>Moderate risk to sustainability of the caring role arises when:</p>

- there is, or will be, some loss of autonomy for the carer in decisions about the nature of tasks they will perform and how much time they will give to their caring role;
- there is, or will be, some inability to look after their own domestic needs and other daily routines while sustaining their caring role;
- several social support systems and relationships are, or will be, at risk.

LOW

Low risk to sustainability of the caring role arises when:

- there is, or will be, some inability to carry out one or two domestic tasks while sustaining their caring role;
- one or two social support systems and relationships are, or will be, at risk.

The New Carers Journey: the carer’s pathway through services

7.11 The new Carers’ Journey, presented below, has been developed over the last 12 months with representatives of, and in consultation with, local carers. This work has resulted in the following six commitment statements that accompany the proposed Carers Journey

1. To ensure that Carers, including individuals and families, are supported to continue with their caring role and maintain a life of their own.
2. To ensure that there is a well-publicised, accessible single point of contact for Carers and that information provided through this avenue is clear, consistent and up to date.
3. To ensure that Carers receive high quality advice and information and that the quality of support available continues to be responsive.
4. To ensure that Carers’ expertise is recognised and that they are treated as equal partners. Assessment must be respectful, relevant and easy to understand.
5. To ensure that Carers are given advice on the range of good support options available to assist them and have a choice as to the level of responsibility they wish to exercise, particularly when using a Personal Budget.
6. To ensure that the Council is transparent in how they determine who is eligible for ongoing support and that this is regularly reviewed.

Universal offer

7.12 One of the major themes in “Think Local, Act Personal” concerns universal services and ensuring that people have fair access to a wide range of services thereby avoiding the need to become dependent upon statutory services.

7.13 Listed below are the most common services that could be broadly described as universal services. These services are available to people without the need for an assessment of eligibility and with the exception of the screening carers’ assessment, carers would not need to contact the council to access

support.

- § Information & Signposting
- § Support to register with GP
- § Support Groups
- § Benefits checks
- § Other generic advice re housing, transport, etc
- § Engagement / participation
- § Training
- § Screening Carers Assessment
- § Access to employment and training
- § Support to stay in employment
- § Complementary therapies
- § General counselling/advice

Assessments for carers

- 7.14 Carers wanting support will be offered a screening assessment by the First Response Service to indicate whether they may be eligible for support in respect of their caring role. Where it is thought that they might be eligible, the Carer will be offered a carer's assessment. For carers where the screening assessment indicates that they are not eligible for support they will be offered information and advice/universal services.
- 7.15 Carers will often become known to AHWB during the course of working with the person they are caring for. In the new carers' customer journey when a carer is identified in this way, they will be offered a choice of having their support needs considered along with the needs of the cared for person or alternatively having a separate assessment of their needs undertaken.
- 7.16 If the carer elects to have their needs assessed along with the assessment of the cared for person, then support arising from that assessment will be included in the support plan of the cared for person. Conversely, if a person elects to have a separate carer's assessment undertaken then they will receive a carers' support plan that will describe the support.
- 7.17 The separate assessment of a carer may be undertaken by the worker involved with the cared for person or by a separate worker. It is proposed that a small team of specialist workers as part of the delivery of the new Carers' customer journey will provide this specialist assessment function and facilitate the planning of support.

Eligibility for support planning and personal budgets

- 7.18 The eligibility criteria (Table 4 above) describes in detail the risks to independence at critical, substantial, moderate and low levels. It is proposed that personal budgets are available for those assessed to be at critical risk and substantial risk.
- 7.19 In addition it is proposed that it be possible to give direct payments to carers in cases where their eligibility can be seen as borderline and, where

there is significant pressure on the carer and their position or situation is likely to deteriorate without support. A limit of £300 pa will apply to these discretionary payments that will be subject to the availability of resources.

- 7.20 This is summarised in Table 5 below which sets out proposed financial bandings to determine indicative budgets against eligibility criteria.

Table 5 Matrix of Carers Indicative Personal Budgets against risk threshold

Carers indicative personal budget	Eligibility
Up to £2,500 pa	Carer at critical risk
Up to £1,250 pa	Carer at substantial risk
Up to £300 pa	Carer at moderate or low risk but concern that without support their position will worsen (within the next three months)

- 7.21 The simple matrix above proposes the provision of personal budgets for carers against the risk threshold that has been identified following screening or assessment.

Support Plans for Carers

- 7.22 Carers support will be provided to carers looking after an adult, following a carer's assessment. The assessor will also facilitate the carer to develop a simple carers support plan, using internal or external support planning services or independently if the carer wishes. The aim of the support plan will be to set out the requirements of the carer to continue in their caring role. The support plan will form the basis of a carer's personal budget.

Carers' Personal Budgets

- 7.23 A carer's personal budget can be used for things that promote the carer's social inclusion and enable them to continue in their caring role. To date carers personal budgets have taken the form of one off direct payments for particular items (see section 3 above). As stated at the start of this chapter, this Plan proposes extending personal budgets beyond the one off payment using support planning and personal budgets. This means that it will be possible for carers to use a personal budget for short carers' breaks which are likely to be in the main home based breaks for the carer but also utilising the proposed Shared Lives Service. Carers, as is the case for service users, can opt to manage this budget directly themselves by taking a direct payment, or they can request us to manage the budget on their behalf.
- 7.24 Access to personal budgets will be subject to the eligibility criteria which will consider risks to independence of both the carer and cared-for person as set out in Table 8 above. Currently, the Council meets the needs of

people who have critical or substantial eligible needs. A carers personal budget must not duplicate support that is already available as part of the cared for person's personal budget.

- 7.25 The "cash sum" available to a carer will be based on the support plan and is called the "carer's personal budget" Carers can then plan how they would like to use the available money within the parameters of the support plan. Carers will be entitled to receive payments up to a total of £50 a week not exceeding £2500 *pa* based on assessed needs and support plan. The frequency of payment will be agreed as part of the support planning process. The total amount allocated can only exceed this ceiling of £50 a week (£2,500*pa*) in exceptional circumstances and would need to be approved by a Senior Manager. These cash limits will not be automatic entitlements and allocations will be based on a costed support plan agreed with the carer.
- 7.26 One off direct payments to carers will continue as currently.
- 7.27 Carer's "sitting services" - carers breaks as part of service user's support package: Many carers prefer to get a sitting service from services provided as part of the cared for person's support package using the same home carer for all support which provides consistency and continuity of care. All service users will have personal budgets by the end of 12-13 and alongside this, carers with "sitting services" will be offered the option of taking a carers' personal budget.
- 7.28 A review of the need for ongoing support for carers will be undertaken annually (or more frequently if required) to ensure ongoing support remains appropriate to the level of need.

8. The Commissioning of Services for Carers for 2012 -2015

Commissioning Priorities

8.1 Our priorities for the next three years are to:

- Ensure that carers have access to a range of information, advice and advocacy, whether they identify themselves as a carer or not.
- To increase availability, access and flexibility of respite care services in the service users' home. This will link to the development of a Respite Policy as noted in chapter 7 above.
- To continue to increase the availability and take up of carers breaks through:
 - Carers personal budgets for breaks
 - Respite provided at home through a personal budget
 - A Shared Lives Service (see below)
 - Easy access to get a break at short notice
- To explore the development of a Shared Lives Service whereby individuals and families in the local communities provide (for payment) respite care locally so that the cared for person get a more personalised service which is culturally appropriate.
- To increase engagement of primary care (general practice and community pharmacy) including improved recognition of specific needs of carers increased use of carers' registers, and greater provision of health checks.
- To extend our reach into BME communities in line with the needs highlighted in the Carers Joint Strategic Needs Assessment. In other parts of the country, a Shared Lives Services has been a key way to achieve this.(see Appendix 2)
- To work with all provider organisations to identify and support Lesbian, Gay, Bisexual, Transgender (LGBT) carers. LGBT carers were identified in the last EQIA for carers as a group for which there is poor data collection and no specific support services
- To provide information and training for all carers of people with long term conditions, in particular those who have had a stroke, people with dementia and those with severe and enduring mental health problems. This may include the commissioning of specialist services where required.
- To recognise the needs of older carers and enable them to access appropriate support

- To work in partnership with the DAAT to support carers of people with substance misuse problems.
- 8.2 These priorities are based on a move away from fitting carers into whatever services happen to be available, to passing control to carers to take direct payments to purchase the services they need to continue caring.
- 8.3 As referred to above in Chapter 2, the Transforming Adult Social Care programme will bring changes in the way carers can take up services following an assessment. In order to give more choice and control to carers, to implement this Plan will require moving resources away from block contracts towards direct payments and personal budgets.
- 8.4 Although this Plan does not cover parent carers of children and young carers, the importance of partnership working around transition and young carers is acknowledged.

Sources of Funding for Carer Services

The Carers Budget and Commissioning Budgets

- 8.5 Carers services were previously funded by a ringfenced Carers Grant. Although the Carers Grant no longer exists as a separate entity, in Tower Hamlets, the original carers grant monies are used exclusively to fund carers' services, as referred to in paragraph 5.6 above. This money, together with additional monies within other parts of the overall Commissioning Budget, funds carers breaks/sitting services as part of the service users support plan and residential respite care. The Carers spend (matching what would have been the old Carers Grant) for 2011/12 was £1,507,700.

Table 6 Carers Spend (former Carers Grant) 2011- 2012

	Service Provided	Contract Provider	Cost £
1.	Carers short term/flexi breaks for people over 50 yrs	Age UK Tower Hamlets	£30,750
2.	Handyperson for carers	Age UK Tower Hamlets	£16,280
3.	Specialist advice, information and emotional support for carers of people who have dementia	Alzheimer's Society	£87,790
4.	Bangladeshi Women's short breaks	Apasenth	£19,200
5.	Carers short breaks	Apasenth	£27,750
6.	Advice and information, referrals, advocacy and emotional support for Somalian carers	Black Women's Health and Family Support	£61,550

7.	Information and advice, emotional support, benefits advice, stress management, and mental health support	Carers Centre	£289,610
8.	Support for carers of people with mental health problems	Carers Centre :Mental Health Worker	£24,000
9.	Support for carers of people with end of life heart failure	Carers Centre: Care Plus (End of Life Care)	£60,832
10.	Advice, information, respite and emotional and practical support	Jewish Care	£4,817
11.	Stress management drop-in bi-annual 2 day stress relieving breaks in the country	London Buddhist Centre	£14,810
12.	Short term flexible respite St Hilda's	St.Hilda's	£70,620
13.	Short term flexible breaks, night respite and emergency care	TLC	£36,880
14.	Advice, information, emotional support for Bangladeshi carers of children and adults	Usha Mohila Somity	£4,000
15.	Leisure passes for carers of people with mental health problems	Greenwich Leisure Ltd	£10,000
16.	Long term breaks	Age UK ,Tower Hamlets	£178,400
17.	Spot purchase respite	Learning Disabilities	£20,500
18.	Support for mental health carers	Family Action	£71,400
19.	Long term breaks	TLC	£120,500
20.	Individual payments to support carers	One off direct payments for carers	£140,000
21.	Spend on respite by social care teams	Respite Commissioning	£142,000
22.	Miscellaneous spend		£76,111
TOTAL FUNDING			£1,507,700

Third Sector Services for Carers

8.6 Most of this funding is with community based services which are provided by the Third Sector to support different groups of carers. These services can be divided into three areas of provision:

- § **General services:** These are all provided by the Carers Centre and include advocacy, welfare rights, carers assessments for one-off direct payments, leisure passes and carers forums for all carers. Specialist services include a Mental Health support worker, and the Care Plus Project for carers of people with end stage heart failure
- § **Non residential respite and sitting services:** including TLC (Triangle, Lockwood and Crossroads) for all client groups and Age UK Tower Hamlets for people over 50 years including night respite, short and flexi breaks and emergency card
- § **Culturally specific and specialist services:** including
 - § Apasenth: weekend breaks, day trips, carer relief at home and Saturday respite for Bangladeshi carers of people with Learning Disabilities
 - § St.Hilda's: breaks for Bangladeshi carers of older people
 - § Black Women's Health and Family Support: advocacy and support for Somalian carers
 - § Jewish Care: support and breaks for older Jewish carers
 - § London Buddhist Centre: residential breaks
 - § Alzheimer's Society: advocacy, group and individual support
 - § Usha Mohila Somity: support for Bangladeshi carers of children and adults with a learning disability

Total Spend on Carers

8.7 The Carers Spend this year 2011/12 totals £1,507,700 and the funding for carers services from the commissioning budgets is projected to total £1,887,358 – the total cost of residential respite: £1,217,181 and carers breaks as part of a service users support plan: £670,177. Thus, the total spend on services for carers is forecast to be £3,395,058.

Joint funding with NHS Tower Hamlets

8.9 The NHS Act 2006 introduced Section 256 partnership funding arrangements, whereby functions can be delegated and resources integrated between the NHS and local authorities. S256 monies are focussed on preventative services. In Tower Hamlets, this includes funding for a pilot Virtual Ward. The Virtual Ward provides community-

based, multidisciplinary support for people with more than one long term condition in order to prevent hospital admissions. The Virtual Ward team will host the health checks for carers' service. This year s256 funding for carers is £140,000 and is allocated for the health checks and support for carers of people with Mental Health problems.

Residential Respite for People with Learning Difficulties

- 8.12 People with learning disabilities are the greatest users of residential respite. This is funded from commissioning budgets which are separate from the funding that used to be called the Carers Grant. Residential respite, including planned and emergency respite, is made up of two elements:
- § A block contract for £582,000, for a seven bed residential respite unit in the borough for people with learning disabilities which provides overnight care services with users often continuing to access their on-going arrangements for day time activity
 - § Spot contracts out of the borough residential respite for 2010/11 at a cost of £436,620 for 22 service users and 46 respite periods.
- 8.13 As stated above, this spend will be reviewed during 2012-13 with a view to achieving procurement efficiencies that can be reallocated to other parts of this Plan. Section 256 will initially fund the development of the Shared Lives Service and personal budgets for carers respite.
- 8.14 Currently commissioning arrangements offer carers of people with learning disabilities limited choice in residential respite care – reflecting the small market for this type of service. However, in the last year, choice has increased with the arrival of new providers within the local market.
- 8.15 The intention of this Plan is to increase the range of options for carers who need respite breaks to include:
- Carers personal budgets for breaks provided in the home
 - A Shared Lives Service
 - Easy access to get a break at short notice

Residential Respite Care for Older People and People with Physical Disabilities

- 8.16 The spend for 2010/11 on respite care for older people and people with physical disabilities was £198,571. Planned respite for carers of older people is usually provided by local residential care homes through block contractual arrangements. Emergency respite care for older people is also provided through the borough's existing residential care contracts and take up of this service is relatively small.

Respite and Short Break Care Policy and legal clarification

8.17 The Carers and Disabled Children's Act (2000) s2(2) states the services referred to are any services which:

- (c) the local authority sees fit to provide; and
- (d) will, in the local authority's view help the carer care for the person cared for, and may take the form of physical help or other forms of support

The type of assistance available under the Act includes services such as relaxation, therapy/counselling, mobile phones; trips/holidays/special events for carers.

Respite/Short Break Care

8.18 The reason that practical assistance at home services are being looked at and re-commissioned within the Carers Plan is because the involvement of the Carer in the take up of these services is critical and furthermore, because many carers have told us they would prefer other forms of respite to residential respite, which they can find very disruptive and unsettling for the service users. Non-residential respite is not a service under the Carers Acts and is legally a community care service.

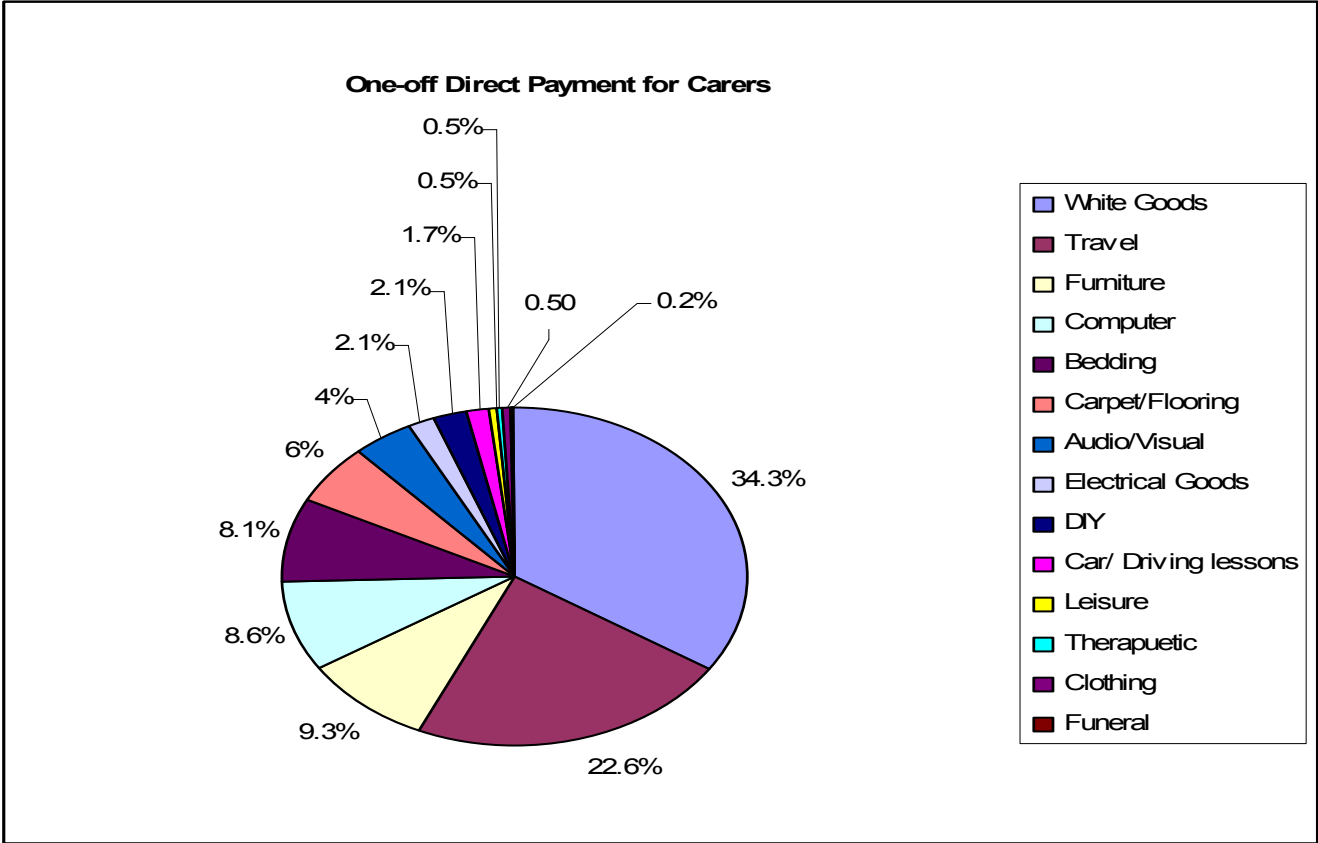
8.19 Our aim is to retender residential respite care with a view to achieving savings that can then be used to increase the range of other types of respite care support the user and the carer.

One off Direct Payments for Carers

8.20 The spend for one off direct payments has increased each year for the last three years from £30,000 in 2008/09 to £140,000 in 2010/2011 due to demand and in 2011-2012 estimated to be £140,000 . One off direct payments are very popular with carers. In 2010/11, 95 carers out of a total of 476 used their one off direct payment for a break. Table 8 gives a breakdown of what carers purchased with a one off direct payments for the financial year 2010/11.

8.21 However, to date, it has not been possible for carers to take a direct payment to fund anything other than one off items. This Plan proposes that this change in the future so that direct payments can be used to fund, for example, regular respite care. This is discussed in more detail above in Chapter 7.

Table 7 Use of one off direct payments for 2010/11



Contract Performance

8.22 The performance of the block contracts for carers are monitored through quarterly reports and regular monitoring visits. Feedback is received from carers at various forums, carer support groups and from complaints.

8.23 Generally carers give very positive feedback about the contracts that provide carer specific services. They value receiving information, advice, advocacy, support from carer groups or individuals and emotional support from staff teams, whom they trust and feel they can talk to about the stress of caring.

8.24 Most of the data that has up to now been collected on a quarterly basis counts activity which gives limited information about the outcomes for carers for example on how the services have improved their lives. This is an area for improvement internally.

Case Study provided by Age UK Tower Hamlets

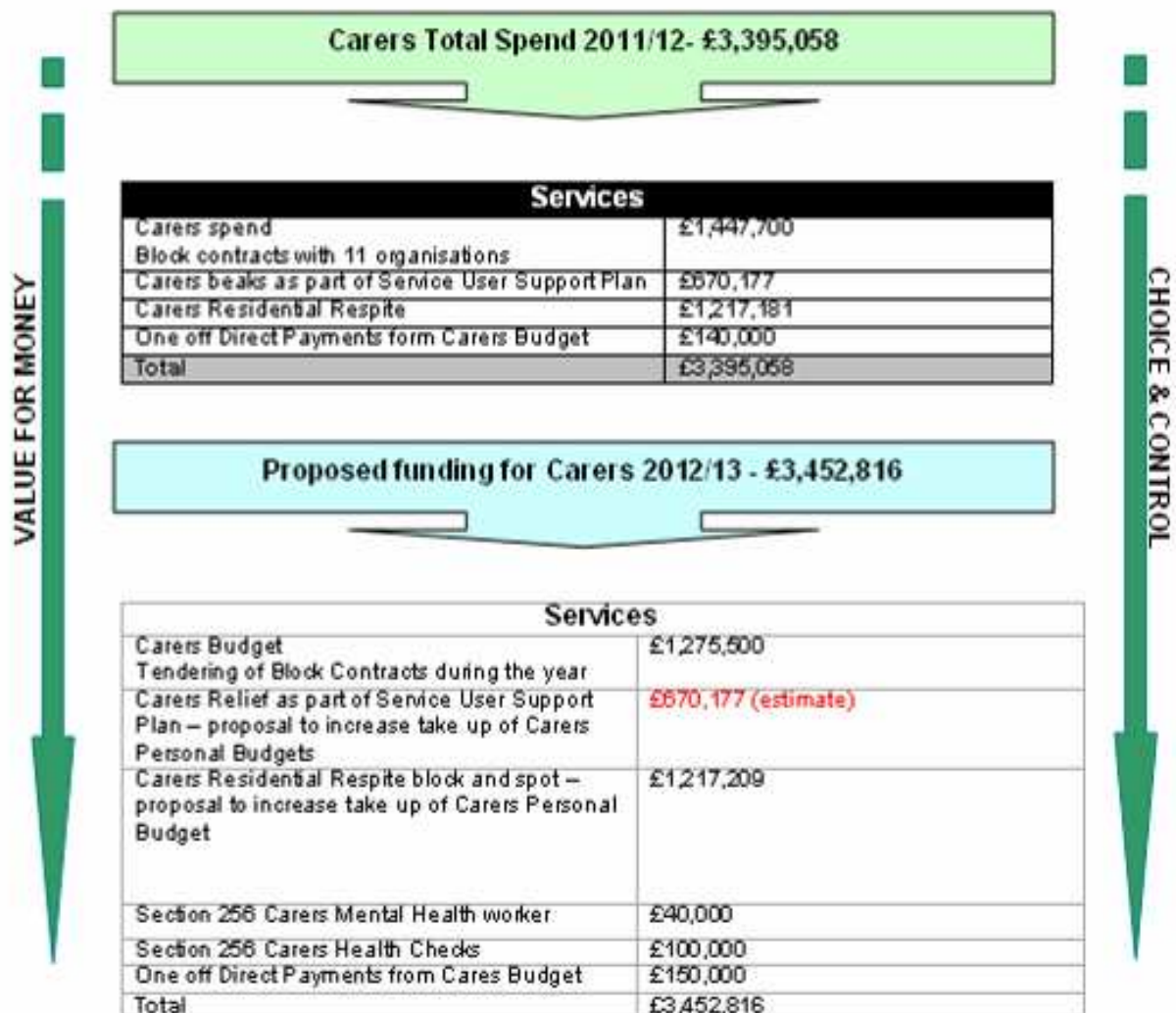
Mr X is from Bangladesh and his wife, Mrs Y, is his main carer. She has been caring for her husband since 2004 and had not had a Carers Assessment. Mrs Y suffers with many health issues: chronic back pain, diabetes, high blood pressure, high cholesterol; these health issues are putting a strain on her caring role. The impact of caring has been immense making it very hard for her to go out as she cannot leave her husband. This means that she finds it difficult to attend essential appointments such as doctors and exercise class and feels isolated. She would like to have some support so she can go out and recharge her batteries.

Since providing the service Mrs Y says she looks forward to time for herself and her husband looks forward to the company and to going out with his respite carer.

- 8.25 Table 9 outlines what we have spent during 2011/12 on carer services including the money coming from the previously ring fenced Carers Grant and the commissioning spend on residential respite and carers breaks as part of the cared for person's support plan and the spend for 2012/13.
- 8.26 Through efficient procurement of the block contracts for carer services including the residential respite contract, we anticipate that monies will be released and available for carers personal budgets and an increase in one off direct payments.

9. Summary of Commissioning Plan for 2012-2015

Table 8 Carers services total spend for 2011/12 and 2012/13



9.1 The commissioning plan for carers over the next three years falls under the following **five** domains:

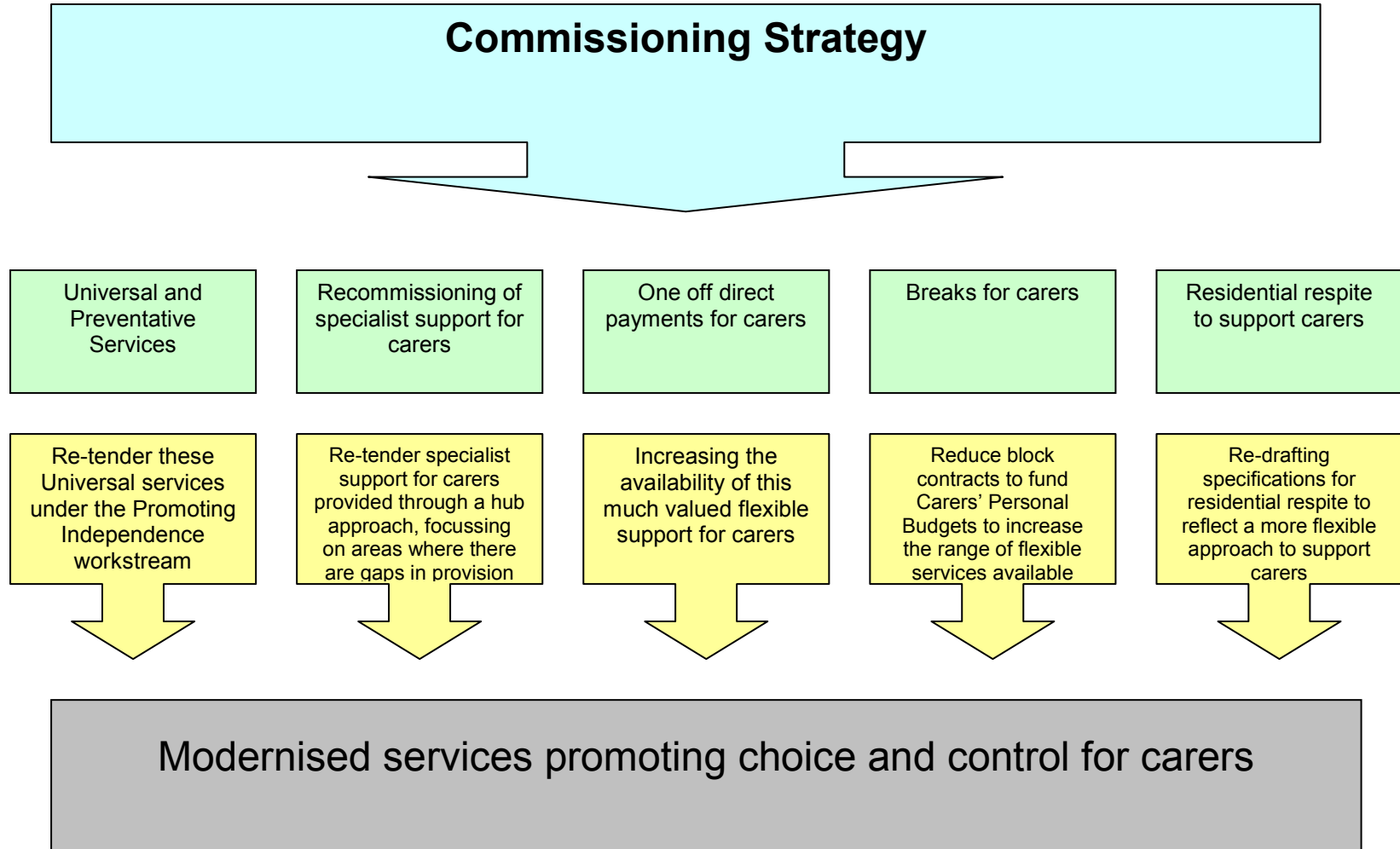
- § **Universal and preventative services for carers** which are currently provided by The Carers Centre, Alzheimer’s Society and culturally specific services (Apsenth, St Hilda’s, Usha Mohila Somity, Black Women’s Health and Family Support and Jewish Care). These contracts all fall within the remit of the “Promoting Independence Strategy and will be tendered during 2012-13.
- § **Recommissioning of the specialist support for carers:** the contract for the Carers Centre expires in the coming year and this will be retendered in line with the Council’s procurement rules. The specification will look to make up shortfalls in support for specific areas (for example support for LGBT carers) as noted in the Strategy above. We will also be looking to

trial specialist input from external providers on a sessional basis to the Council's First Response Team. For example this may include specialist advice for carers of people with dementia.

- § **One off direct payments for carers:** One off direct payments for carers are the reported by the Carers Centre as the most popular service for carers and each year the numbers have increased so that over the last 3 years the budget has increased by 300%. Carers like the flexibility they provide as they can purchase a break, a washing machine, a laptop and driving lessons-anything which helps to support their caring role. It is proposed that the budget for one off direct payments will be held at least at the current level over the next three years.
- § **Breaks for carers:** There are currently four block contracts for carers' breaks: two with TLC that provide short term and long term breaks and two with Age UK Tower Hamlets that provide short term/flexi breaks and long term Carer's breaks. We want to reduce the block contracts and transfer these funds into carers personal budgets and a newly commissioned shared lives service in order to allow carers to choose how they take a break or have a regular arrangement with a family or employ someone to provide respite care at the cared for person's home.
- § **Residential respite for carers of people with learning disabilities and other care groups:** Many of our current service users with a learning disability use Hotel in the Park situated within the borough with increasing take up of Sahara Homes in Barking which is purchased on a spot basis. The opening by Apasenth of a new respite unit in Woodford later in 2012, will increase the choice of provision further. The specifications for these services will be updated and modernised and used in a tendering exercise during 2012-13.

9.2 Table 9 below sets out the above 5 workstreams pictorially:

Table 9 Summary of Commissioned Services



10. Action Plan for 2012-2015

Table 10 Action plan

Priority	Actions	Desired Outcomes	How we know we have achieved the priority	Timescale	Lead Officers/Agency
Process					
1. Carers to be involved in the introduction of the Carers Personal Budgets including the promotion of Direct Payments	<ul style="list-style-type: none"> § Information and advice about personal budgets to be co-produced with carers § Carers budgets to be introduced and expanded to give carers control over the services they choose to receive § Ensure the range of service options for Carers are available on the Community Catalogue 	Carers report that they have informed choice and control	Number of carers receiving a payment	March 2013	Adults Health and Well being ,Carers lead Project Team for Carers Journey

<p>2. Carers to be supported to maintain physical, mental health and wellbeing</p>	<ul style="list-style-type: none"> § Introduction of a new Health Checks for Carers project linked to Virtual Community Wards development § To increase the number of Carers Registers in G.P. practices from 20% of practices to 80% § Training for carers to improve overall health for example training in manual handling 	<p>Carers report improved health and well-being</p>	<ul style="list-style-type: none"> § Number of carers having a health check § Number of Carers recorded on GP Carers' registers. 	<p>March 2012</p>	<p>AHWB and NHS East London and the City</p>
<p>3. Carers to have a life outside of caring through the increase in number and flexibility of carers breaks</p>	<ul style="list-style-type: none"> § Carers continue to be offered one off direct payments for breaks § Carers to receive carers budgets for breaks § To commission a Shared Lives Scheme for Tower Hamlets § Carers breaks can be provided flexibly so that the cared for person can remain at home 	<p>Carers report improved health and wellbeing</p>	<ul style="list-style-type: none"> • Number of carers receiving Direct Payments for a break • Take up of Shared Lives Service • Satisfaction rates of carers from surveys and focus groups 	<p>April 2013</p>	<p>Adults Health and Wellbeing Commissioning NHS ELC</p>
<p>4. Carers to be supported in</p>	<ul style="list-style-type: none"> § Support and promote 	<p>Carers report that they have</p>	<ul style="list-style-type: none"> • Number of carers 	<p>March 2014</p>	<p>Adult Health</p>

accessing lifelong learning, training and ways to access employment	the Job Centre Plus project "Work focused support for carers" and lifelong learning in the borough	increased choice and control	accessing courses, training and employment		and Wellbeing Job Centre Plus
5. Carers are fully involved in and contribute to discharge planning	§ To implement and monitor the number of carers who are involved in the each discharge of the cared for person	Carers report that they have increased choice and control	<ul style="list-style-type: none"> Monitoring of the Decision Support Tools and Support Planning to evidence carer involvement Monitoring of re-ablement and Support Plans to evidence carer involvement 	March 2013	Adult Health & Wellbeing BLT East London NHS Foundation Trust NHS ELC
6. To support carers who experience abuse from the person they care for	§ To include carers in the Safeguarding procedures	Carers reporting improved health and well being	<ul style="list-style-type: none"> The number of carers who report safeguarding issues 	March 2013	Adults Health and Wellbeing
7. To consider a range of options around how carers are assessed and services provided	<ul style="list-style-type: none"> § To explore options around specialist services such as social workers and brokers § Carers have a single point of access to services 	Carers report they have increased choice and control	<ul style="list-style-type: none"> An increase in number of carers assessments 	March 2013	Adults Health and Wellbeing

Service Improvement					
8. To commission a range of community based services which support the health and well being of carers.	<ul style="list-style-type: none"> § Ensuring that the new contract arrangements provide value for money, are focused on desired outcomes for carers, and support the introduction of carers' personal budgets. 	<p>Carers report that they have increased choice and control</p> <p>Better value for money from new style contractual arrangements</p>	<ul style="list-style-type: none"> • Carers have more flexible arrangements for breaks • Increase in take up of specialist carers services 	March 2013	<p>AHWB Strategic Commissioning</p> <p>Council's Procurement Team</p>
9. Carers of people with a learning disability to be aware/ supported to enable the cared for person to take up annual health checks	<ul style="list-style-type: none"> § Joint work with NHS East London and the City to ensure annual health checks of the person they care for take place 	Carers feel more supported by their GPs discuss	<ul style="list-style-type: none"> • Number of people with a learning disability having an annual check • Monitored through the London Learning Disability Self Assessment Framework 	March 2013	<p>NHS East London and the City</p> <p>AHWB</p>
10. Carers of people with Autism have improved access to services and support	<ul style="list-style-type: none"> § To support the implementation of the new Tower Hamlets Strategy for Autism § To support co production of carers support groups 	Carers report they have increased choice and control	<ul style="list-style-type: none"> • Number of carers of people with Autism who receive a carers assessment 	March 2013	<p>AHWB</p> <p>NHS ELC</p>
Overlap with implementation of Autism Strategy					
11. To carry out feasibility study on making Leisure Passes available to carers of all service areas.	<ul style="list-style-type: none"> § To advise carers about free exercise opportunities from GLL § To liaise closely with 	Carers report improved health and fitness	<ul style="list-style-type: none"> • Number of carers accessing opportunities for low cost exercise 	March 2014	<p>AHWB</p> <p>Public Health</p>

	<p>NHS Commissioning re free exercise</p> <p>§ To extend current scheme for leisure passes</p>				Greenwich Leisure Limited
Advice and Information					
<p>13. Carers have easy access to good quality and up-to date information, advice and advocacy about services from a range of Council and NHS venues.</p> <p>Overlap with implementation of the Promoting Independence Strategy</p>	<p>§ The Council's new information, advice and advocacy services caters for the needs of carers</p> <p>§ To provide ongoing training for social care and health staff about minimum standards of information to be provided to carers</p> <p>§ Carers of people with specific conditions like stroke, dementia and substance misuse are provided with specific information and peer support</p> <p>§ To augment the Council's First Response Team and other services by commissioning specialist sessional</p>	<p>Carers report that they have informed choice and control</p> <p>Carers are able to access appropriate advice around their entitlement to benefits and support services</p>	<ul style="list-style-type: none"> • Satisfaction rates of carers from surveys and focus groups 	March 2013	AHWB Strategic Commissioning and NHS ELC

	<p>advice and information sessions.</p> <p>§ Access to information via G.P. practices and community pharmacies</p>				
<p>14 .Carers of people with dementia are able to access a range of appropriate services including specialist information, advice, advocacy and support</p> <p><i>Carried forward through the implementation of the Dementia Strategy</i></p>	<p>§ Ongoing implementation of Tower Hamlets Dementia Strategy and Dementia Awareness Raising Strategy</p> <p>§ Commissioning of services from specialist voluntary group for carers of people with dementia</p>	Carers report improved health and wellbeing	<p>§ Number of carers contacting the Alzheimer's Society</p> <p>§ number of carers contacting and access support through the Memory Clinic</p>	March 2013	NHS East London and the City
<p>15.To provide information and training for carers of people who have had a stroke</p>	<p>§ Joint work with NHS East London and the City to provide information and training as part of follow-up of CQC Review of Stroke services</p> <p>§ To support the co-production of carers groups providing peer support</p>	Carers report improved choice and control	<p>§ Number of carers receiving information and training</p> <p>§ Satisfaction rates of carers from surveys and focus groups</p>	March 2013	NHS East London and the City AHWB
<p>16.Carers of people with substance misuse issues be</p>	<p>§ To work closely with the DAAT team to increase</p>	Carers report improved health and wellbeing	<p>§ Number of carers being signposted</p>	March 2013	DAAT

made aware of help and support available	<p>awareness</p> <p>§ Co-production with carers groups providing peer support</p>		to universal services		AHWB
17.Support for carers of people with mental health problems	<p>§ Support for mental health carers through funding of dedicated worker</p>	Carers report improved health and wellbeing	§ Number of carers who have been supported	March 2012	AHWB ELFT
18.Contingency Plans for carers	<p>§ To ensure carers have contingency plans drawn up as part of support planning</p> <p>§ Carers are aware of the Carers Emergency Card</p>	Carers report improved health and wellbeing	§ Number of carers who have contingency plans in place	March 2013	AHWB

Appendices

Legislation

Current Legislation

- 1.1 Certain carers have a right, under the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children Act 2000, to request an assessment of their needs *as carers*, independent of the needs of the person they provide care to. These are carers who provide, or intend to provide, a substantial amount of care on a regular basis. Carers' assessments have two main purposes. The first is to consider the sustainability of the caring role. The second is to consider whether or not the carer works or wishes to work and whether or not the carer is undertaking or wishes to undertake education, training or leisure activity, and the impact that their caring role might have on these commitments or aspirations. Following an assessment, local authorities have a duty to consider whether or not to provide services to the carer.²²
- 1.2 The Practice Guidance to the Carers and Disabled Children's Act 2000 Act (para 70) requires social services departments to grade the 'extent of risk to the sustainability of the caring role' into one of four categories – namely 'critical, substantial, moderate and low'. The grading system is a formal determination of:
- “...the degree to which a carer's ability to sustain that role is compromised or threatened either in the present or in the foreseeable future by the absence of appropriate support...”***
- 1.3 Although the grading system has strong similarities with the eligibility criteria that regulate disabled people's assessments the consequences of a categorisation are different. If a disabled person's is assessed as having a 'critical' need, then this means that the local authority is under a duty to make services available to meet that need. However a categorisation of critical in relation to the caring relationship does not mean that the local authority is under a duty to make services available to the carer – since there is no duty under the 2000 Act to provide services (merely a 'power').
- 1.4 However, as a matter of public law, the categorising of a risk to the sustainability of a caring role as 'critical' brings with it an obligation by the authority to take steps to ensure that support is made available to ensure that the risks to the carers do not continue (or come to pass). Whilst the local authority is not legally obliged to provide the carer with services it is obliged to act.
- 1.4 In providing support to a carer with a critical risk a local authority may choose to provide the necessary support by either:

²²Prioritising need in the context of *Putting People First: A whole system approach to eligibility for social care Guidance on Eligibility Criteria for Adult Social Care, England 2010 (para 97)*

- Providing support to the carer by way of a service under the 2000 Act
or
- Providing support in the form of additional support to the disabled person by provision of a community care service.

1.6 The bottom line is, however, that the identification of a critical risk in a Carers Act assessment triggers a local authority obligation to make an appropriate response to address this risk.

1.7 The practice guidance accompanying the 2000 Act stresses the importance of local authorities '*focussing on outcomes*' when they construct their eligibility criteria for services. Criteria based solely upon 'risk' could award services regardless of whether they were likely to make a real difference: as the guidance states, 'by focussing on outcomes, criteria should ensure 'best value solutions.

Proposed changes to Carers Legislation

1.8 The Law Commission's review of social care law has recommended the development of a legal definition of carers' rights - removing confusion and improving carers' access to rights. This is a landmark document setting out one of the biggest reforms to social care legislation ever.

1.8.1 The Law Commission has reported to Government. The Minister for Care Services, Paul Burstow MP, has announced his intention to find a new settlement for social care and to reform community care law which will be set out in a White Paper on Social Care (date not known at time of writing).

Provisional Timetable of Change	
Summer	Government considers response
Summer (July)	Commission for Future Funding of Social Care reports (Dilnot)
Autumn	Government looks at both proposals in tandem
Winter (December)	Government issues White Paper on social care reform
2012	Parliamentary Bill on social care reform
2015	Implementation of new social care laws

Proposals from the Law Commission

1.9 That the main parts of the social care law relating to adults caring for adults are incorporated into the new legislation. This means that the Private Member's Bills, for these carers, will cease to exist.

1.10 The proposal is that the ability to make Directions will cease to exist, but the statute will be followed by regulations and a code of practice.

1.11 That there should be a statute for England and one for Wales and that the latter should be made by an Act of the National Assembly of Wales.

1.12 Specific proposals for carers in the legislation include:
§ Keeping assessments for carers.

- § Remove the 'regular and substantial' test so that local authorities have to assess anyone for whom they have the power to provide services.
 - § Balanced and proportionate assessments i.e. you can carry out light assessments if a carer has lighter needs which should help to cut down on bureaucracy.
 - § Removal of need to request assessment – therefore removing a barrier for carers.
 - § New statute would keep main parts of the Carers (Equal Opportunities) Act 2004 – whether a carer wishes to work, or wishes to undertake, education, training or any leisure activity.
- 1.13 Test of 'well-being' for both carers and disabled people, supported by an outcomes checklist.
- 1.14 Development of new eligibility criteria for the provision of carers' services.
- 1.15 Introduction of new duty to provide carers services following assessment, (this is currently a power).
- 1.16 The report proposes a definition of carers' services which does not currently exist in statute.
- 1.17 Local Authorities would have discretion to assess a carer who receives payment for the care they provide or is a volunteer worker where the local authority believes the relationship is not principally a commercial or ordinary volunteering one.
- 1.18 A balancing of needs between disabled person and carer (compatible with human rights approach) so that the needs of one party do not override the needs of another party.
- 1.19 Statute will introduce ability to set out in regulations charging frameworks for social care services.
- 1.20 Proposal that rights for parent carers and young carers which would be beyond the scope of this legislation – are set out in a different statute and the thresholds for them will be set at similar levels as this legislation.

APPENDIX 2

Joint Strategic Needs Assessment May 2010

Executive Summary

- 2.1 This needs assessment provides a summary of the health and social care needs of carers of all ages in Tower Hamlets. The proportion of the Tower Hamlets population providing unpaid care does not differ substantially from the London or England average, but a higher proportion of the population provides 20-49 hours or 50 hours or more of unpaid care in Tower Hamlets than the London or England average. Tower Hamlets has a higher proportion of the population providing 50 hours or more of unpaid care per week than any other Inner London borough. At least 3.7% of the Tower Hamlets population (all ages) provide 20 hours or more unpaid care per week. This equates to around 9,000 people in the borough in 2010 who provide 20 hours or more unpaid care per week, of whom around 5,800 provide 50 hours or more per week. The majority of these carers are not currently recorded as receiving services in Tower Hamlets.
- 2.2 Certain groups of carers do not appear to be receiving the appropriate proportion of carers' assessments or reviews. Services should therefore be targeting:
- Asian women of all ages
 - Asian male carers aged 18-64
 - Carers of older people aged 65 and over with physical disabilities
- 2.3 Investigate whether the low levels of Chinese carers and carers of mixed heritage reflect actual low levels of caring or a lack of recognition of the caring role and entitlement to services.
- 2.4 It is important to identify and focus attention on the most vulnerable carers, including older people who care for adults with learning disabilities, and other such mutual caring relationships. It is vital that the most vulnerable carers receive assessments or reviews on an annual basis at a minimum.
- 2.5 Carers' services in Tower Hamlets (especially the Carers' Centre) should be advertised more widely in accessible formats, to increase awareness of the range of services currently available to support carers. Plans must be put in place to account for any expected increase in service use.
- 2.6 Carers identify experiencing financial difficulties and finding the benefits system difficult to navigate. Housing issues add a substantial amount of stress to already burdened caring roles. The Carers' Centre staff, and in particular the Welfare Benefits Advisor post should continue to be supported in providing advice and help with benefits and housing.

- 2.7 The specialist needs of people caring for someone with mental health conditions should be addressed separately, perhaps with a new Mental Health Carers' Strategy or action plan.
- 2.8 Home-carers should be appropriately trained to understand the specialist requirements of people with dementia, learning disabilities, mental health conditions, etc.
- 2.9 It appears that uptake of respite services would be improved if respite could be delivered sensitively in the home of the service user. This would increase service satisfaction and decrease disruption to important routines for the service user and carer.
- 2.10 All carers should be able to access appropriate psychological care, with any mental health needs (as well as physical health needs) identified at assessment or review, or through the carers' health checks. This is particularly applicable to carers of people with dementia or mental health conditions.
- 2.11 The 'work-focused support for carers' scheme at Job Centre Plus should be promoted as widely as possible.

**Carers Joint Strategic Needs Assessment
ACTION PLAN**

#	Recommendation	Action	Lead	Date due	Comments
Process					
1	All relevant stakeholders are informed of the results of the Carers JSNA and engaged in future feedback processes.	Present findings to a wide audience for consultation, including user groups.	Rachael Chapman/Natalia Clifford		<ul style="list-style-type: none"> § OPPB § Carers Strategy Implementation Group § MH carers Group § LDPB § Pan Disability Panel § Carers Centre Forum § Alzheimer's Society Forum § St Hilda's Carer's Group § Family Action-Carers Connect § Carers JSNA on Tower Hamlets webpages
2	All relevant stakeholders to agree additional recommendations in light of the carers survey results.	Present findings of carers' survey to a wide audience for consultation, including user groups.	Joanne Starkie / Carers Strategy Implementation Group		<ul style="list-style-type: none"> § OPPB § Carers Strategy Implementation Group § MH carers Group § LDPB § Pan Disability Panel § Carers Centre Forum

					<ul style="list-style-type: none"> § Alzheimer's Society Forum § St Hilda's Carer's Group § Family Action-Carers Connect
Service Improvement					
2	Every carer should have a high quality assessment or review at least once a year ²³ .	A standardised carers' assessment template is developed and used by all health and social care services. Quality indicators are included in performance monitoring data.	Deborah Cohen / Penny Collier		<p>All carers assessments and reviews should address</p> <ul style="list-style-type: none"> § Employment § Education § Leisure § Physical health needs § Mental health needs § Age-related needs § Emergency Card Scheme
3	Reduce inequalities in people receiving carers' assessments or reviews.	Increase uptake of carers' assessments or reviews by Asian women (All ages); Asian male carers (aged 18-64 years); Carers of Older People (aged 65 and over) with physical disabilities.	Health and Social Care providers / Penny Collier / Carers Strategy Implementation Group	New contracts in place by April 2013	<ul style="list-style-type: none"> § A system for monitoring and reviewing carers assessments to be set up across with voluntary sector at re-tender stage
4	All carers receive an annual health check which identifies any physical or mental health need.	Continue to support the Carers Health Checks Programme and monitor uptake.	Deborah Cohen / Carers Strategy Implementation Group	Recruitment of nurses complete by 31.05.12	New system for setting up health checks via Virtual Ward pilot and agreed by Older Peoples Delivery Group being

					progressed
5	High quality respite care is available when and where carers need it.	Ensure respite care is available at nights and weekends, both in and outside the home. All home-carers are trained to deliver high quality homecare that is sensitive to the specific needs of the service user (i.e. awareness around dementia, learning disabilities, etc).	Penny Collier / Carers Strategy Implementation Group		<p>§ Links across to commissioning Action Plan 2012-15 – Table 10 in main body of Plan</p> <p>§ Domiciliary Care re-tender specification addresses training needs</p>
6	Carers have contingency plans in case of an emergency in which they are unable to look after the person they care for.	Encourage uptake of the emergency card scheme	Penny Collier / Carers Strategy Implementation Group		To be reviewed as part of Customer Journey
7	People looked after by older carers are able to access adaptable care packages according to the capacity of the older carer.	Identify people with an older carer and ensure their care plan is up to date with the appropriate care package in place and with a contact if they need to access extra care support.	Penny Collier / Barbara Disney		If a carer has an urgent need for additional support they should be advised to contact First Response as part of new Customer Journey
8	Older carers of people with Learning Disabilities and those they care for are supported in unison to cope with the complex mutual caring relationship.	Identify people with Learning Disabilities who are cared for by older people and provide appropriate support for mutual caring.	CLDS / Cheryl Spencer / Penny Collier		If a carer has an urgent need for additional support they should be advised to contact Duty Social Service at CLDS
9	Improve specialist Young Carers Services and joint working between AHWB, Children's Services and NHS Tower Hamlets.	See Young Carers Strategy for actions.			

Access and Information					
10	All carers are easily able to access service information.	Revisit attempts to implement a single point of access for carers wishing to contact services.	Deborah Cohen / Penny Collier		<p>§ The national carers' helpline (0808 808 7777) should be promoted for general information and advice. However, this service is limited to Wednesdays and Thursdays only.</p> <p>§ If already in receipt of support, the Community Catalogue is also a source of information</p>
11	All carers and service users are aware of and able to access services in Tower Hamlets to support carers	Develop an information pack to include details of all services in the borough as well as national helplines for health and social care staff to give to people as soon as they are identified as potential carers. Promote the use of the online Healthy Lifestyle Programme Directory (in development).	Penny Collier / Carers Strategy Implementation Group		<p>§ Make a Change website contains information about healthy lifestyles and available services</p> <p>§ If already in receipt of support, the Community Catalogue is also a source of information</p>
12	Carers are easily able to access housing and welfare benefits advice and information.	Continue to support the Carers' Centre Welfare Benefits Advisor post and consider extending to include housing advice.	Penny Collier / Lyn Middleton		Ongoing

13	Carers are supported to be in employment as appropriate.	Continue to support and promote the Job Centre Plus 'work-focused support for carers' scheme.	Penny Collier / Carers Strategy Implementation Group		Ongoing
14	All carers of people with dementia are able to access specialist advice and support.	The Alzheimer's Society national helpline should be promoted for carers of people with dementia.	Richard Fradgley / Deborah Cohen		<p>§ The National helpline is open 8.30-6.30 Monday to Friday, 0845 300 0336 (calls charged at local rate) with a comprehensive translation service catering for many languages.</p> <p>§ GP referrals are available to Memory Clinic</p>
15	All carers are involved throughout the transition process for the person they care for between children's and adults' services.	Social workers and transition teams involve the carer as thoroughly as possible during transition	CLDS		<p>§ The development of the Transitions Team in CLDS is working across Childrens and Adults social care service to manage transition</p>
Plan					
16	Responsibility for carers needs is integrated across NHS TH, LBTH, ELFT and third sector organisations to ensure that carers' needs are considered across the patient pathway.	Health and social care providers, commissioners and carers to meet regularly and to promote the Carers Plan implementation Group as a	Barbara Disney/Penny Collier/NHS colleagues including Mental		<p>§ Identify NHS representation</p>

		partnership board and encourage attendance from NHS TH and LBTH	Health		
17	The needs of carers of people with mental health conditions are addressed.	Develop a Mental Health Carers' Plan or include in the refreshed LBTH Carers Plan (due 2012). Identify a commissioning lead for carers of people with mental health conditions.	Deborah Cohen / Richard Fradgley		§ Identify a commissioning lead for carers of people with mental health conditions.
18	Improve data quality of carers known to services.	Services to record postcode level data and share with commissioners (with carer consent) to enable appropriate provision of services and targeted interventions. This should be included in the AHWB Information Strategy.	Karen Sugars/Razia Bari		§ To be considered as part of new Monitoring Framework
19	Increase the number of carers known to services.	Develop a public and professional awareness campaign about the importance of recognising carers and signposting to relevant services. Work to increase self-recognition as carers, particularly amongst the Chinese community in TH.	Deborah Cohen / providers / Communications		§ There is an urgent need to address the issue of promoting services in the borough and providers' ability to cope with increased demand. § Increase recording in GP Registers. § See Carers Service

					Communications Plan 2010-2011.
20	Carers' needs are taken into account throughout any changes to care packages as a result of personalisation.	Ensure that all support planners fully involve carers in any discussions around changes to service users' care packages as appropriate.	Leah Keast/Catherine Weir		If a carer has a need for support they should be advised to contact First Response as part of new Customer Journey

Appendix 3

Carers Strategy Implementation Steering Group members – Sept 2011

Deborah Cohen	Service Head, Commissioning & Strategy, AHWB (Chair)
Caroline Bailey	Senior Borough Manager
Lyn Middleton	Chief Executive of Tower Hamlets Carers Centre
John Webb	User and Carer Involvement Manager (DAAT)
John Kiedan	Commissioning Manager, NHS Tower Hamlets
Alli Anthony	Alzheimer's Society
Bill Gibbons	Alzheimer's Society
Samantha Rashid	PALS Manager, BLT
Stephanie Diffey –	Associate Director. Community Mental Health and Social Care, LA and ELFT
Tina Maynard	Job Centre Plus, Carers Lead
Natalia Clifford	Public Health Strategist
Sharron Currie	Carer Representative
Dianne Barham	THINK, Urban Inclusion, Director.
Joanne Starkie	User and Carer Involvement, AHWB
Khalida Khan	Children with Disabilities Integrated Service Manager, Children Services
Maxie Syma	Age UK Tower Hamlets - Care Services Manager
Mainul Haq	St Hildas, Carers Coordinator
Joycelyn Hayford	Operations Director, Black Woman's Health and Family Support
Sherine Briscoe	Social Work Student at TH Carers Centre
Penny Collier	Carers Commissioning Officer, AHWB
Hatice Kaya	Carers Monitoring Officer, AHWB (Minutes)

Voluntary Groups Providing Services for Carers

Tower Hamlets Carers Centre (Princess Royal Trust) |21 Brayford Square, Off Commercial Road, Stepney Green E1 0SG | Tel. 0207 790 1765 | www.carerscentretowerhamlets.org.uk
Carers hub providing benefits and financial advice, assessments for One Off Direct Payments and leisure passes, advice and advocacy, case work, carers forums, mental health support officer and therapies and outings

Alzheimer's Society Tower Hamlets (for carers of people with dementia and memory problems) | Tel: 0207 392 9631 | www.alzheimers.org.uk
Individual advice, advocacy and support for carers of people with dementia, carers groups and development worker for Bangladeshi community

Family Welfare Association (for support to families of people with mental health conditions) | 22-28 Underwood Rd, E1 5AW | Tel: 0207 364 3406
Carers support group, advice, advocacy and individual case work and breaks such as outings for carers of people with mental health problems

Age UK Tower Hamlets (for carers of older people) | 82 Russia Lane, E2 9LU | Tel: 0208 981 7124 | www.acth.org.uk

Short term/flexi breaks provided for carers in the form of a sitting service for carers of people over 50 years of age, permanent Carers Relief Service and Handy Person service for carers

APASENTH Care Services (for Asian families caring for someone with a learning disability) | The Brady Centre, 192-6 Hanbury St, E1 5HU | www.apasenth.org.uk

Weekend breaks for carers and weekend residential trips in the summer for Bangladeshi carers

St Hilda's East Community Centre | 18 Club Row, E2 7EY | Tel: 0207 739 8066 | www.sthildas.org.uk

Short flexible breaks for Bangladeshi carers

Black Women's Health and Family Support (support for Somalian carers) | 82 Russia Lane, E2 | Tel: 0208 980 3503 | Email: bwhafs@btconnect.com

Advice, information and advocacy for Somalian carers

Jewish Care | Tel: 0208 922 2222 | www.jewishcare.org

Assessments, support following hospital discharge and flexible breaks for older Jewish people

London Buddhist Centre | 51 Roman Road, Bethnal Green, London, E2 0HU | Tel: 0845 458 4716

A Drop-In service for carers, advice about relaxation and mindfulness and residential weekend respite

TLC Care Services | 3rd Floor, 77 East Road, London, N1 6AH | Tel: 020 7017 2836 | Fax: 020 7017 2837 | Email: towerhamletsrespite@tlccare.org.uk | www.tlccare.org.uk

Short term and long term break service and Emergency Card scheme

Usha Mohila Somity Group (Asian women's group for carers of children and adults with a learning difficulty)Discovery House,31-33,Sellman Street, London ,E1 5LQ | Tel:0207375 2792
| Email:info@ushamohiilasomity.org

Regular term time support group for Bangladeshi women with children who are adults and children with a learning disability. The project has an advice worker, SOL teacher and development worker

The Community Catalogue

The Community Catalogue is an information guide, which was set up in 2011 and lists of all the services and organizations that provide a service for customers and carers including information, advice, advocacy or support services.

The Community Catalogue is available on Tower Hamlets' Council web site

Visit: www.towerhamlets.gov.uk/communitycatalogue

Appendix 2. Carers Outcomes Framework

National Outcomes for Adult Carers	Expected service outcomes	Performance measures	Measured by
Carers feel mentally and physically well, treated with dignity	<p>Carers report feeling supported in their caring role</p> <p>Accessible and relevant support for carers</p> <p>Carers feel better informed about accessing support services</p> <p>Both carers and the cared for persons health and emotional wellbeing are maintained</p> <p>Carers from hard to reach groups know where to go for information</p>	<ul style="list-style-type: none"> • Number of carers receiving a Carers Assessment • Number of carers receiving a One Off Direct Payment • Number of carers who have received a Leisure Pass • Number of carers who have been signposted to a health check and been linked to G.P. practice • Number of carers of people with a long term condition supported to access a service • Number of carers supported in a crisis § Number of carers, previously not known to services supported into services § Number of carers who report feeling better after involvement with the Carers Hub 	<p>% of carers reporting that they feel supported</p> <p>Quarterly Monitoring information</p> <p>% of carers reporting a reduction in stress</p> <p>% of health checks completed/GP links made re carers health</p> <p>% of carers receiving specialist support around a range of long term conditions</p> <p>Quarterly Monitoring information</p> <p>Quarterly Monitoring information identifying a range of different carers</p> <p>Self reported by carers</p>
Carers are recognised and supported as an expert partner	More carers sustained in caring role	<ul style="list-style-type: none"> • Number of carers accessing carers' support services and types of support 	<p>% of carers reporting that they feel more recognised as an expert partner</p>

	<p>Carers are supported to feel confident in their caring role through training to care</p> <p>Partner organisations help identify carers and know where to signpost carers for advice and support</p>	<ul style="list-style-type: none"> • Number of carers ,who have had their training needs identified and received training re manual handling, stress relief etc § Number of peer support groups established and numbers of those who attend • Number of new referrals with source of referral 	<p>Quarterly Monitoring information</p> <p>% of carers reporting that they feel supported by peer groups</p> <p>Quarterly Monitoring information</p>
Not financially disadvantaged	<p>Carers know where to go for information and advice about benefits and the welfare reform changes</p> <p>Carers able to take part in educational, training or work opportunities</p>	<ul style="list-style-type: none"> • Number of carers receiving welfare benefits advice • Amount reclaimed for carers from Benefits Agency • Number of carers referred for training, educational and work opportunities 	<p>Quarterly Monitoring information</p> <p>Quarterly Monitoring information</p> <p>Quarterly Monitoring information</p>
Enjoying a life outside caring	<p>Carers are able to participate their local communities, including social and leisure activities</p> <p>Carers can balance their caring role and maintain a quality of life</p> <p>Carers have a voice in service development</p>	<ul style="list-style-type: none"> • Number of carers supported to access a break from their caring responsibilities • Number of carers accessing a relaxation therapy • Number of carers involved in service development,including London Borough of Tower Hamlets and NHS developments 	<p>% of carers reporting feeling better due to having a break</p> <p>% of carers reporting they have a life outside of caring</p> <p>% of carers reporting they have a voice in service development</p>

