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**Appendix C**

**ADULT SOCIAL CARE SERVICES**

**LUTON CARERS STRATEGY**

**2008 - 2013**

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### **1 EXECUTIVE SUMMARY**

This draft Luton Carers Strategy sets out a ten-year vision of how services for carers and family support will be developed by Adult Social Care, together with commissioning proposals for the next five years. It gives an overview of the challenges faced and the strategic options and choices that have to be made to meet them.

The principal aims of this draft Carers Strategy are to

- Outline a shared vision of how Social Care, Health, Housing and other partners' services can improve and reshape the range of services to deliver better outcomes for more carers within available resources.
- Describe the need to work in partnership with carers, other family support and community services to enable people to enjoy a meaningful life.

Although a start has been made in developing carers and family support services, further change is needed to ensure that carers are part of our core business and not an extra add-on.

In the Luton context this means that carers should be given more choice in the services available and have more influence in shaping services. These aspirations are reflected in the seven outcomes of Our Health, Our Care, Our say and these issues below.

- Involvement of carers not only in their own situation but in wider planning
- Carers issues being acknowledged in all policies (not just Health and Social Care but fields such as social inclusion, Economic Development, Leisure and Human Resource Management)
- Transparency of Information
- Action Plans where progress can be evidenced

The services in Luton will be measured by carers achieving beneficial outcomes both for themselves and for the person they care for, enhancing the quality of their lives.

The direction of travel is based on previous strategies and will build on:

- New Legislation
- New Government policies and guidance
- Feedback from carers through various mechanisms

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### **2 INTRODUCTION**

#### **Who is a carer?**

A carer is someone who looks after a relative or friend who needs help to carry on living at home. The relative or friend may need support because they are frail, have a physical or learning disability, or because they have a mental illness. Carers do not have to live with the person they are helping. To be included in this policy Carers can be of any age, they do not need to live in Luton, but the person they are helping must do so. Carers may themselves have care needs and could be getting care help in their own right.

Young carers are children or young persons under the age of 18, who provide or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving the care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problems or other condition connected with a need for care, support or supervision.

Recent research reported that carers contributed the equivalent of £57 billion a year to care budgets, which is equivalent to running the NHS for 1 year (carers UK).

#### **What do carers do?**

Below are some of the tasks that carers assist with:

- Washing/Bathing;
- Dressing;
- Walking around the home;
- Getting in or out of bed;
- Cooking or keeping the home clean;
- Communicating because of hearing, sight difficulties or difficulty understanding;
- Helping with finances or paying bills;
- Collecting medication or making sure someone takes prescribed medication

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#### **3 WHO IS COVERED IN THIS STRATEGY?**

The strategy is designed to commission services which support all carers over the next 5 years. It is proposed as an over-arching strategy, signed up to by Carers themselves and all relevant agencies.

The strategy covers

- Carers of all ages (including young carers whose lives are affected by caring responsibilities)
- Carers for all age groups
- Carers of people with physical disabilities, sensory loss, frailty associated with old age, learning disabilities and mental health issues including drug and alcohol problems.
- Both carers who are providing substantial and regular care, and those who are currently caring but the responsibilities of caring are not yet having a substantial impact on their lives.

As resources are restricted, the majority of resources are likely to be targeted at carers who most need support to carry on caring.

However, preventable crises and breakdowns in caring situations, could be avoided by providing quality information to carers who are not yet at a critical stage to enable them to make informed decisions about their future. This strategy will seek to ensure measures are in place to meet this objective.

This strategy will be consulted on with representatives from carers, a range of health and social care organisations and voluntary organisations.

#### **4 NATIONAL CONTEXT**

##### **i. Carers in Britain**

The latest national census shows that: around 5.2 million people in the UK are carers and this includes about 55,000 young carers; A fifth of carers look after someone for more than 50 hours per week and a quarter have been looking after someone for more than 10 years; Half of all carers look after someone over the age of 75. It is anticipated that by 2037, the number of carers in Britain will increase by about 60%

##### **ii. Legislative Framework**

There is a series of Acts of Parliament, passed since the 1990s, which govern Local Authorities work with Carers. These are:

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#### **The Carers (Recognition and Services) Act 1995**

Under this act, individuals who provide or intend to provide a substantial amount of care on a regular basis are entitled to request an assessment of their ability to care and to continue caring. Local authorities are required to take into account the results of that assessment in making decisions about the type and level of community care services to be provided to the person receiving care. The 1995 Act applies to carers of all ages.

#### **The Carers and Disabled Children Act 2000**

This act applies to carers over 16 and gave local councils mandatory duties to support carers by providing services to carers directly . it also gave carers the right to an assessment independent of the person they care for. It empowered local authorities to make direct payments to carers and enabled councils to support flexibility in provision of short breaks through the short break voucher scheme

#### **The Carers (Equal Opportunities) Act 2004**

This act placed a duty on councils to inform carers, in certain circumstances, of their right to an assessment of their needs and provided that when assessing a carer's needs, councils must take into account whether the carer works or wishes to work, undertakes or wishes to undertake education, training or leisure activities. It also facilitated co-operation between authorities in relation to the provision of services that are relevant to carers.

#### **Children Act 1989**

Under this legislation young carers are treated as 'Children in need'.

In the wider context. the **Local Government paper Strong and Prosperous Communities (2006)** places a statutory duty on Local Authorities to work with third sector partner agencies and to work more closely with Health through Local Area Agreements (LAAs) and this will be particularly important for carers

#### **iii. Government Policy**

In 1999 the Government published a document called 'Caring About Carers'. It describes ways of helping and supporting carers and covers the wide range of issues that affect carers' quality of life. These include:

- Providing information
- Recognising and assessing carers' needs;

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- Listening to the voice of carers in service planning;
- Having Quality Services;
- Opportunities for a break;
- Emotional Support;
- Training and advice to care;
- Financial security (and support to remain in employment).

. Government policy and statements concerning adults including carers is outlined in the White Paper Our Health, Our Care, Our Say and underlined by the feedback from Carers in response to the consultation on the New Deal for Carers. Our Health, Our Care, Our Say also includes the 'New Deal for Carers' which is aimed at improving support for carers through a range of measures. These include:

- Establishing a central help line to offer advice to carers
- Ensuring that short-term, home based breaks support to carers in crisis or emergency situations is established in each council area
- Allocating specific funding for the creation of an expert carers programme, which will provide training for carers to develop the skills they need to take greater control over their own health, and the health of those in their care.

## **5 PRESENT AND FUTURE NEEDS**

### **Carers in Luton**

The last census (2001) showed that out of Luton's population of 184,371 –

- 16,092 (8%) provide unpaid care to another person.
- 1954 (12% of identified carers) provide between 20 and 49 hours unpaid care a week and
- 3332 (21% of identified carers) provide more than 50 hours unpaid care a week.

(source 2001 census).

The population of retirement age and older in Luton, in line with national trends, is forecast to more than double in the twenty years to 2021. However while the older population is forecast to increase, the proportion of working age is expected to fall, by 15.6%. This is likely to mean a growing proportion of Luton residents involved in caring and a growing number of older people with only their peers, rather than a younger generation, to support them.

Currently 71% of Luton's population are from British, Irish and other white backgrounds. This is predicted to fall to 67.1% by 2021 (Source: Research and Intelligence Team, Luton Borough Council) Therefore a growing number of carers will

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be coming from Black and minority ethnic groups within the next ten years and carers services will need to be equally accessible to them as to the rest of Luton's population.

The number of Young Carers identified in Luton over a three year period is 180 and these are or have been supported through the Young Carers project.

#### **ii Carers views**

A consultation exercise with our Carers in November 2006 identified a number of themes; these included:

- A need to bridge the gap between statutory support and the rest
- Quality assessments & training, as current process for both carer and cared for is negative and demoralising
- Need infrastructure to build capacity
- Need to move away from 'menus' towards bespoke support and the use of soft outcomes on care planning
- Information and advice services for carers and need for consistent contact point with a named individual
- Respite really valued, although not always accessible
- Fear of getting services reduced if they query/complain
- Direct payments need to be easier and less restrictive
- Strong approval for improving carers' participation but current ways of involving carers felt to be just paying lip service

## **6 CURRENT SERVICE PROVISION**

### **i. Summary of Progress in meeting Carers needs**

In the light of carers comments about assessments significant emphasis has been placed on adult social care workers offering and completing carers assessments when in contact with service users and their carers. Currently in excess of 900 carers assessments are carried out each year. Following those assessments in 06/07, approximately 250 (7.0%) of all clients receiving a community-based service also resulted in service directly to the carer. It is anticipated that the finalised figure for 07/08 will be in excess of 300 (8%)

### **ii. Summary of Carers Breaks**



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Taking time off is essential to a carer's welfare. Adult Social Care and the Children with Disabilities teams (within the Children and Learning Department) both purchase and provide a range of break services through Community Care budgets and through the carers grant.

The aim is to put the Carer and User in control of their breaks and we use various mechanisms that help that to happen (direct payments, individual budgets, carers grants etc.) Breaks are offered to carers through a variety of means. Those which result in a service directly to the service user, such as domiciliary care, day care or residential respite care (or direct payments to purchase these types of services) are **not** included in the above percentage. Many carers are content when the package of care offered to the person they care for includes one of the above, as such services simultaneously meet both the service user's needs and the carer's need for respite.

In addition Luton Borough Council offers up to 4 hours per week sitting services to enable the carer to leave the cared for person, support groups for carers, grants to enable individuals to take a break or manage their caring role more easily (e.g. purchase of a mobile phone, driving lessons or white goods). In addition the Council uses the Carers grant to support a number of services provided by the Third Sector and accessible by carers without going through the Care Management system. These include Hospice at Home, Alzheimer's Carers Haven and their Meet and Greet service at the Memory Assessment Clinic and Asian and African Caribbean luncheon clubs and carers groups

## **7 FEEDBACK FROM SERVICE USERS AND CARERS**

Engaging with carers and users is critical to making improvements to services happen and it is essential that this strategy is grounded in an understanding of current services and an appreciation of carers/families expectations. This strategy, along with other commissioning strategies, will therefore be widely consulted on. Our current engagement with carers tells us they would like:

- More support to enable them to continue caring for a person at home
- Easier access to an increased availability of day opportunities, respite and planned respite facilities (within Luton when ever possible)
- Better support before, during and after assessment as they feel that they are not sufficiently supported in knowing what is available and want easily accessible Information and training.
- Better information and support accessing direct payments and in considering self directed care

These views from carers and family support have contributed to the shape and outcomes of this strategy. This process of actively engaging the views and

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experiences of carers will continue and will shape the current and future action plan.

## **8 AIMS OF SERVICE REMODELLING IN LUTON**

This Luton Carers Strategy aims to make a reality the objectives and values set out in the government's paper 'Our Health, Our Care, Our Say'.

Within this context, this strategy seeks to embed Carers issues in all service areas, Involve Carers in policy formulation, monitoring and commissioning of services and strengthening the carers voice in Luton.

The overall aim will be to provide services that are accountable, transparent (in relation to value for money), and shaped by people that use them.

## **9 COMMISSIONING PROPOSALS**

The major commissioning proposal is for the establishment of a carers centre in Luton, managed and run by a Third Sector organisation including carers themselves. This will run as a thread through the following proposals.

The full proposals for commissioning carers services in Luton are drawn together here and related to the seven outcomes which services seek to meet.

### **1. Improving health and emotional well being**

Through access to information and advice that is in formats that are fully accessible to a range of carers, including children, young people, those with disabilities themselves, people from Black and Minority Ethnic communities, gay and lesbian carers etc.

- i. Update the information available to carers both in printed leaflets, on tape or CD and on the website. This will include commissioning the publication of a Luton Carers Handbook.
- ii. Ensuring through training and information that LBC staff are aware of and respond to issues raised by carers
- iii. Re-establishing the multiagency group to ensure that carers receive appropriate health services, information and signposting from other agencies
- iv. Continue to offer emotional support to carers through facilitation of support and self help groups and voluntary bodies such as Alzheimers and Hospice at home.
- v. Using the Carers centre to provide support and advocacy when appropriate.

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#### **2. Improving the quality of life**

- i. Continuing to ensure that social care worker always offer a carers assessment, explaining its potential benefits and the range of service which could be available to meet a carers needs.
- ii. Establish an emergency planning service so that carers are confident that there are proper plans in place to care for their relative/friend in the event of an emergency preventing the carer from carrying out his or her role.
- iii. Use carer's week and other opportunities through out the year to publicise carer's services in order that more people are made aware of carer's services.

#### **3. Making a positive contribution**

- i. As an integral part of the development of the service improvement programme, ensure that feedback from carers at assessment and reviews is fed back into the commissioning process for both this and other strategies.
- ii. Ensuring that representative groups of carers are given regular opportunities to meet with senior managers and Members.

#### **4. Giving increased choice and control**

- i. Ensuring that carers play a full part in the commissioning, development and management of the carers centre.
- ii. Ensuring that carers are made aware of their right to an assessment and that the proportion of carers exercising this right in Luton rises.
- iii. Offer information and training (Carers N-Able days) to carers so that they are able to take more control of their caring responsibilities.
- iv. Ensure that the Carers centre includes a provision for advocacy to strengthen carers' voices in dealings with statutory bodies.

#### **5. Ensuring freedom from discrimination and harassment**

- i. Commission carers services (information and advice and carers breaks) from the Asian and African Caribbean luncheon club/day services
- ii. Continue to engage with the BME project workers working in these groups
- iii. Ensure that the specification for the carers centre includes the needs of all of Luton's diverse population of carers

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#### **6. Enabling economic well-being**

- i. Use sitting services, respite care (including emergency care) and carers grants to support carers where there is an assessed need to enable them to take up or continue in work
- ii. Work with the benefits advisors at carers events to make financial/benefits advice more widely available
- iii. Include financial advice/signposting in the specification for the carers centre.

#### **7. Maintaining personal dignity and respect**

- i. Ensure that all workers carrying out carers reviews and assessments have the skills to do this in a respectful manner and with a view to outcomes which support carers, as well as service users, personal dignity.

### **10 FINANCIAL RESOURCES AND IMPLICATIONS**

The overall budget situation is expected to be difficult for the Council over the next five years, following what is expected to be a stringent Comprehensive Spending Review. This is likely to mean that the financial settlement for local authorities will not keep pace, either with the increasing demand for older people services, or with the escalating costs of existing services, rising at more than 2% above inflation each year.

Accordingly, the majority of the service improvements in this carer's strategy will have to come from both efficiency savings and from the commissioning of ever more creative and cost-effective services. It is clear that for Luton Adult Social Care, the relationship between commissioning and de-commissioning must be transparent.

The Carers Grant, which comes from the Department of Health to Luton Borough Council, will as from April 1<sup>st</sup> 2008 be channelled through the LSPF and Local Area Agreements. Although the grant is not ring fenced it will in Department of Health terminology be 'badged' for carers.

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#### **Current Finances**

The exact amount of the Carers grant from the Department of Health is only known for 2008/9 and 2009/10 although there is no indication that following years will differ from this pattern, although full three-year settlements will be aligned with the next Comprehensive Spending Review Cycle (2008-11).

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The figure for the carers grant for Luton for 08/9 is £823 000 and for 09/10 is £880 000. The expectation is that 20 % of this sum is to support children's services and 80% to adult care.

## **10 PERFORMANCE MANAGEMENT**

Following consultation with all relevant stakeholders on the key themes of this carers' strategy, it will be amended and finalised. The strategy will then be translated into an annual round of service improvement planning. This will allocate resources and set targets to be met at every level of management, identifying lead managers for all service improvement initiatives.

Every service will put in place a systematic process for eliciting feedback from service users and carers. Representative groups of service users, carers and service providers will meet annually with the Adult Social Care Service Improvement Board and with the Scrutiny Committee to review progress and to advise on the priorities for the next annual round of service improvement planning.

All services will also be monitored in accordance with the Service Improvement Framework, focussing on the achievement of beneficial outcomes for carers and users, in particular, upon the achievement of increased independence.

In addition to these core outcome measures, the following performance indicators will also be taken into account:

<b>Commissioning, Care Management and Advocacy</b>
<ul style="list-style-type: none"><li>• Delivering the strategy within budget</li><li>• The % of carers receiving an assessment of needs</li><li>• The % of carers receiving services of all receiving services</li><li>• The satisfaction levels of carers</li><li>• The take-up of services by ethnic minority carers, relative to the population as a whole</li><li>• The opening of a carers centre within the time frame specified in the action plan</li><li>• The number of short term breaks provided (measured in days)</li><li>• The number of carers benefiting from short term breaks as a % of those receiving community care</li></ul>

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#### **APPENDIX 1**

##### **PROCESS OF PUBLIC CONSULTATION**

It is proposed that this draft Strategy is the subject of a formal round of public consultation through 2008.

An easy to read Summary of the Strategy will be made available to:

- Existing service users and carers
- Relevant social care service units
- Independent sector organisations, providing services and/or advocacy support to carers
- Relevant community services; housing, lifelong learning, leisure and transport
- Relevant staff in health and social care
- Trade union representatives

The consultation will also be extended to the following bodies in Luton:

- Bedfordshire and Luton Health Overview and Scrutiny Committee
- Luton Teaching Primary Care Trust
- Practice Based Commissioning Steering Group
- Health, Older Peoples and Social Care Forum
- Luton Strategic Partnership
- Local Involvement Network

A feedback form inviting both general and specific responses to the issues, identified in the Strategy, will accompany this Summary. The Summary and Feedback Form will be available on request in other languages and formats e.g. Large Print, Braille or tape.

Respondents are also able to read the draft Strategy on-line. Features will be appearing in other publications, such as LutonLine, with provision made for email responses.

In addition, a number of consultation events are to be held, throughout the consultation period, for carers in both the daytime and evenings, with support offered to enable carers to attend. Separate consultation events are being held for service-providing organisations and for health and social care staff.

This strategy will be subject to wide ranging consultation ~ and consultation questions such as these will be put ~

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1. Do you agree that this strategy will be sufficient to make an impact on the lives of carers and is achievable?
2. Do you agree that the themes and objectives are the right priorities for carers service development in Luton? If not what other objectives would you recommend?
3. Do you agree with a need to commission a carers centre in Luton?
4. How would you improve services, information, and access to carers?
5. What would make life easier for those who are willing to use direct payments and self directed care?
6. What should be the top three spending priorities on services to carers over the next three years?

The draft Strategy will be amended in the light of the feedback and the Strategy will be re-submitted to the Luton Borough Executive in late 2008 for final approval.

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### **APPENDIX 2**

#### **SERVICE VALUES AND STANDARDS**

##### **Service Values:**

These are the values and attitudes that will inform the way that staff delivers services.

1. Treating people with courtesy, honesty, dignity and respect, including respect for the confidentiality of personal information shared.
2. Helping people to feel safe and secure, protected as far as possible from avoidable harm.
3. Treating people fairly on the basis of need with no discrimination on grounds of age, disability, ethnicity, gender, gender reassignment, HIV status, of religious belief.
4. Valuing the individuality and the diversity of both service users and their carers.
5. Empowering people to be as independent as possible and to reach their full potential, including responsible risk taking and exercising control of their own care.
6. Working fully in partnership with service users, their carers and other associated organisations.

##### **Service Standards:**

These standards focus on the way in which services can be measurably monitored for their quality

1. Assessments of need will be conducted in a timely and responsive way, resulting in individualised care plans if eligibility criteria are met.
2. Potential service users and/or their carers will be provided with full information and advocacy support as necessary, to make informed choices and decisions about their own care.
3. All care plans will identify measurably beneficial outcomes, agreed with service users and their carers that are reviewed at least every twelve months.
4. Services will be commissioned in an open and transparent way, applying best value principles and maximising social inclusion.
5. Individual preferences, continuity of care and cultural appropriateness will be accommodated in all services as far as is possible within available resources.



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Ongoing feedback and involvement by service users, their carers and other stakeholders will inform a commitment to continuous service improvement.

## **APPENDIX 3**

### **Draft timetable for implementation**

The implementation of this strategy will require synchronised changes across all service areas, and will form part of the wider, more detailed service plans for Adult Social Care. The Older Persons Strategy and those for Learning Disabilities and Physical Disabilities will be synchronised and dovetailed.

There is more certainty about the commissioning intentions for the first year but this draft timetable is likely to be amended a considerable number of times both pre and post consultation.

#### **Year 1**

- Commissioning strategies finalised, agreed and presented to members
- Public consultation on strategies undertaken
- Carers' strategy implemented which maintains an integrated approach to valuing carers in maintaining people in their own homes.
- Carers' centre commissioned
- Carers' leaflets and publicity reviewed and update
- Further training on carers issues for adult social care staff
- 5 carers events delivered by each BME luncheon group/day service
- Emergency care planning commences

#### **Years 2 -3**

- Carers centre in operation
- Carers Handbook produced
- Carers advocacy service developed

## **APPENDIX 4**

### **Luton Carers Strategy and Implementation Steering Group action plan**

#### **a) Providing Information**

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
To keep carers up to date with current information and carers legislation to help	All agencies: Adult Social Care (Housing and	Consultation (future)  Various planning groups	Strategy and Implementation group meetings  Carers Forum meetings set up and

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them make informed choices about their caring role	<p>Community Living)</p> <p>Luton Primary Care Trust</p> <p>All Voluntary and independent sector agencies providing service to carers</p>	<p>Through Adult Social Care Customer Service Dept</p> <p>Various Primary Care Health sites (e.g. GP Surgeries)</p> <p>Through Voluntary Organisations providing carers services</p> <p>Building up Carers Database both individual and carers groups</p> <p>Public Meetings</p>	<p>running</p> <p>Carers Centre Opened</p> <p>Web pages on the Council's and NHS Internet sites</p> <p>Number of carers on the database</p> <p>Carers Handbook</p> <p>The Learning Disabilities Partnership Board Newsletter</p> <p>Primary Care Trust websites and newsletters</p> <p>Articles in Luton Line Update and Staff newsletters</p>
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#### b) Recognising and assessing carers needs

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
Carers to be recognised as partner providers of care	All Agencies	<p>Professionals to listen to carers and acknowledge their expertise</p> <p>Carers to be fully involved in the assessment process</p>	<p>Needs led assessments that take account circumstances and needs of the carer</p> <p>Involvement of carers in all planning groups for areas of development of services</p>
Carers will be offered an individual assessment of their own needs and be fully involved throughout this as stated in Carers legislation Carers Recognition Act 1995 Carers and (Disabled Children) Act 2000 The Framework of assessment for Children in need Carers Equal Opportunities Act 2004	<p>Social Services with the assistance of their Health and Voluntary Sector partners</p> <p>Luton Children Schools and Families Division</p> <p>Luton Young Carers Project</p>	<p>Care Managers to offer all carers an assessment of need</p> <p>Evaluate current procedures</p> <p>Record number of carers assessments and refusals</p> <p>Social Services Children's Services and Primary Care Trust to actively promote good practice.</p>	<p>Through Performance Indicators</p> <p>Feedback from individual carers.</p>
All carers who provide regular and	Bedfordshire and Luton Mental Health	Key Workers of CPA ensure that the carers	Through Performance Indicators

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<p>substantial care for a person with mental health needs on CPA (Care Program Approach) should:</p> <p>Have an assessment of their caring, physical and mental health needs repeated on at least an annual basis</p> <p>Carers will have their own written care plan which is given to them and implemented in discussion with them.</p>	Foundation Trust	assessment is completed and included as part of CPA	<p>Monitoring the take up of support schemes such as</p> <p>Befrienders</p> <p>Rethink</p>
Carers will be consulted about the level of care they are able to offer	All agencies	Through Carers Assessments and Care Management	Sampling of Carers Assessments for quality
To identify the number of carers over the age of 70 looking after someone with a learning disability in line with the objectives of 'Valuing People' and putting services into place to help meet those needs.	<p>Luton Social Services</p> <p>Luton Primary Care Trust</p>	<p>Luton Learning Disabilities assessment teams</p> <p>Luton Learning Disabilities Partnership Board (Carers Subgroup)</p> <p>Contracts and Commissioning Teams</p>	<p>Knowledge of carers</p> <p>Monitoring and evaluation of Local Partnership Board Action Plan</p>

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#### c) Voice of Carers in Service Planning

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
Carers to be involved in drawing up future versions of this strategy	All Agencies	Consultation and work groups	Renewed strategy produced with carer involvement
Carers to be entitled to fair and equitable access to services and clarity about eligibility	All Agencies	Current assessment and care management reviewed in line with Fair Access to Care	Evidence of written procedures Clear eligibility criteria Clear access criteria
Carers to be treated with sensitivity, with no assumptions being made about the needs of the carer	All Agencies	Drawing up local standards for Carers Services	Reviews with carers Monitoring the number of complaints and compliments
Carers to be able to have confidence in the way services are delivered, their consistency and reliability and the expertise and competency of staff	All Agencies	Service Specifications which outline standards of care as per Commission for Social Care Inspection regulations.  Multi-agency training and development initiatives  Strategic Health Authority workforce planning arrangements	Quality assurance contract standardisation and monitoring  Health and Social Care workforce planning reviews.

#### d) Opportunities for a break

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
Carers of people who are assessed as being in need of community care services will have the opportunity to access flexible care to enable them to have a break from their caring role for a few hours, a weekend or longer	Care Managers and Service Providers	Through an assessment provided under the NHS and Community Care Act 1990 and other carers' legislation	Take up of:  Residential Respite Day Services Adult Placements  Direct Payments  Respite to carers looking after someone with palliative care needs

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### Appendix C

depending on the outcome of the assessment			<p>Various other voluntary sector initiatives</p> <p>Children with Disabilities : Team/Teen clubs, Holiday Play Schemes, Saturday Clubs, After school clubs.</p> <p>Young Carers breaks/ clubs / activities</p>
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#### e) Emotional Support

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
To recognise the emotional needs of all carers regardless of gender, race, age, disability, religious beliefs, and sexual orientation	All Statutory and voluntary Agencies.	<p>Quality services</p> <p>Assessments that recognise the need for support</p> <p>Providing Feedback to carers</p> <p>Further development of communication methods</p> <p>Appropriate sign-posting to relevant agencies</p> <p>Fund Carers events in Voluntary Organisations</p>	<p>Focus groups</p> <p>Open Dialogue with carers</p> <p>Involvement of carers in consultation, Local Implementation teams and Partnership Boards</p> <p>Carers Support Groups</p>

#### f) Training and Advice to Care

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
Staff will be aware of the particular training needs and caring issues faced by carers with disabilities, young carers, carers in the workforce, lone carers and older carers			

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### Appendix C

#### g) Financial security / Carers in employment

Objectives	Designated area of responsibility	Method(s)	Evidence of outcomes:
Carers to be sign-posted to advisors who will provide them with accurate up to date information on the range of benefits available.	All agencies	Referrals to Reach Out Project Culturally appropriate voluntary organisations Disability Resource Centre	Monitoring of take up of benefits  Number of referrals increased for Benefit advice and up to date assessments of eligibility for financial help with benefits
Carer friendly employment policies so carers who wish to be employed and carry out their caring responsibilities	All agencies	Human Resources Personnel and Team Managers awareness of carers issues	Flexi working arrangements are available in council and PCT  Set up a data base of employees who are carers.  Set up working carers network meeting within Council
Community Care and carers assessments will take into account a carers need to work	All care managers	Carers are enabled to continue in or return to work if they wish to do so. Therefore maintaining emotional well-being and financial support.	Numbers of carers assessments which include employment issues