

DRAFT

## Joint Strategy for Carers 2016 to 2020

### Building a thriving carer community in Bromley



**NHS**  
**Bromley**  
**Clinical Commissioning Group** &

**Bromley**  
THE LONDON BOROUGH  
[www.bromley.gov.uk](http://www.bromley.gov.uk)

Commissioning and providing co-ordinated support services for carers in Bromley which make best use of all our available resources

Welcome to this joint strategy for carers from the London Borough of Bromley and NHS Bromley Clinical Commissioning Group. Our strategy describes what we would like for Bromley's carers and what we, as commissioners and providers of health and care services in Bromley, will do to support carers over the next five years. It replaces our previous strategies.

There are over 30,000 people living in Bromley, caring for someone in their family or a friend, many with no extra payments, and often with a number of other roles in their lives. Most of these people do not see themselves as carers; they see themselves as carrying out their responsibilities. Yet, under national laws and policies, we must recognise them as carers and we have responsibilities towards all carers, as well as the people that they care for. But it is more than our legal duty that we want to demonstrate with this strategy; we want to show that we value Bromley's carers.

We recognise that each of Bromley's carers is unique and individual. Many of you tell us that you get real satisfaction from your role; however, you also say that caring can have a significant impact on your own health, wellbeing and independence. Some of you say you would like support for yourself. Some of you say that it is just important for us to support better the person you care for. Either way, we know that much can be done to improve the lives of carers in Bromley.

"If people feel resentful about their caring role they will become sick and over stressed. A positive attitude to caring is vital."

Carer of a person over 85 years old providing over 50 hours of care a week

***It is our vision that over the next five years Bromley will have a thriving carer community where carers are heard, connected and supported.***

This means that Bromley's carers will be listened to as expert partners, be involved as much as they want to be as carers, not be isolated, and know how to get support. Carers entitled to additional support will get the support they need when they need it.



As commissioners and providers of health and care to carers and the people they care for, we know that we have a big part to play in achieving this vision, but we recognise that we cannot do this alone.

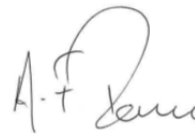
Whilst designing this vision and building the content of this strategy, we listened carefully to Bromley's carers, and to people working in health, social care, the voluntary and the third sectors. The voices came through loud and clear that people want a strategy that is as simple and short as possible and one which will serve to make a difference across Bromley. We heard that carers want tangible outcomes to hold us accountable for delivering, and professionals want knowledge and resources to help them support carers better.

We have listened and published this short, clear document that contains overviews of our priorities and plans, and is backed up by detailed documents available on our websites. The whole strategy is designed through engagement, consideration and research, and we hope that those who contributed can see their views reflected in it.

Five years is a long time to plan for, and therefore our first commitment is for our organisations to work together better to support carers. Our priority has been to set-up a system to govern, review and evolve our plans. We are still working on the detail of this, and intend to involve carers and our partners in it. We hope that this will enable all our partners to share this vision for Bromley's carers, and to help it to be a reality. We know that if we all work towards this vision, Bromley's carers will be much better supported with a more integrated network than if we were alone in delivering it.

Going forward, we would like people to be active in delivering this vision with us. Please get in touch with us and we will join you up with Bromley's carer network – everyone is welcome, you don't have to be a carer to be in it. We look forward to working with you to deliver a thriving carer community across Bromley.

<insert signature>



Councillor Robert Evans  
Elected council member & Portfolio  
Holder for Care Services  
London Borough of Bromley

Dr Andrew Parson  
GP & Clinical Chair  
NHS Bromley Clinical Commissioning Group





## Overview of the Current Position

### National Position

In England around 5.4 million people identified themselves as providing care for family members and friends, of which about 160,000 are children between 5 and 17 years old. These people are termed 'carers' or sometimes 'unpaid carers' (see Box 1 for formal definition of carers). About 1.4 million of these carers provide 50 or more hours of care every week. It is estimated that the cost of providing this unpaid care in England would be equivalent to £108 billion a year.

#### Box 1: Who is a carer? Who is a young carer?

- A carer is someone 18 or over who provides, or intends to provide, care and support, or looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.  
(Care Act 2014)



- A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol.  
(Children and Families Act 2014)

Recent national changes are influencing how carers are valued and supported locally. In 2014 the Children and Families Act 2014 became law, and in 2015 we saw the introduction of the Care Act 2014. For carers this has meant, for the first time, new rights to be supported by local authorities in the same way as people who receive care (see Box 2 for carers' rights). For local authorities there are further requirements to work closer with the whole of the health system and other organisations which provide support, and to adopt a family-centred approach to providing care and support. The National Health Service (NHS) policy makers also have requirements of the local NHS on how carers need to be supported. In addition, the Government is revising the current national strategy for carers and a new one expected is in early 2017. For a breakdown of the national context, including national data and policy requirements, see Appendix 1.

#### Box 2: Summary of local authority duties for carers under the 2014 Acts

Local authorities must:

- promote the wellbeing of carers in order to prevent, reduce or delay them developing needs for support.
- recognise and respond to carers that have needs for information and advice services that are general or personal to their caring role.
- assess carers who provide or intend to provide care for another adult or child, and it appears that the carer may have any level of need for support.
- meet the eligible needs of carers. Adult carers may be charged for services they receive in their own right.
- provide the carer with eligible needs with a written support plan.

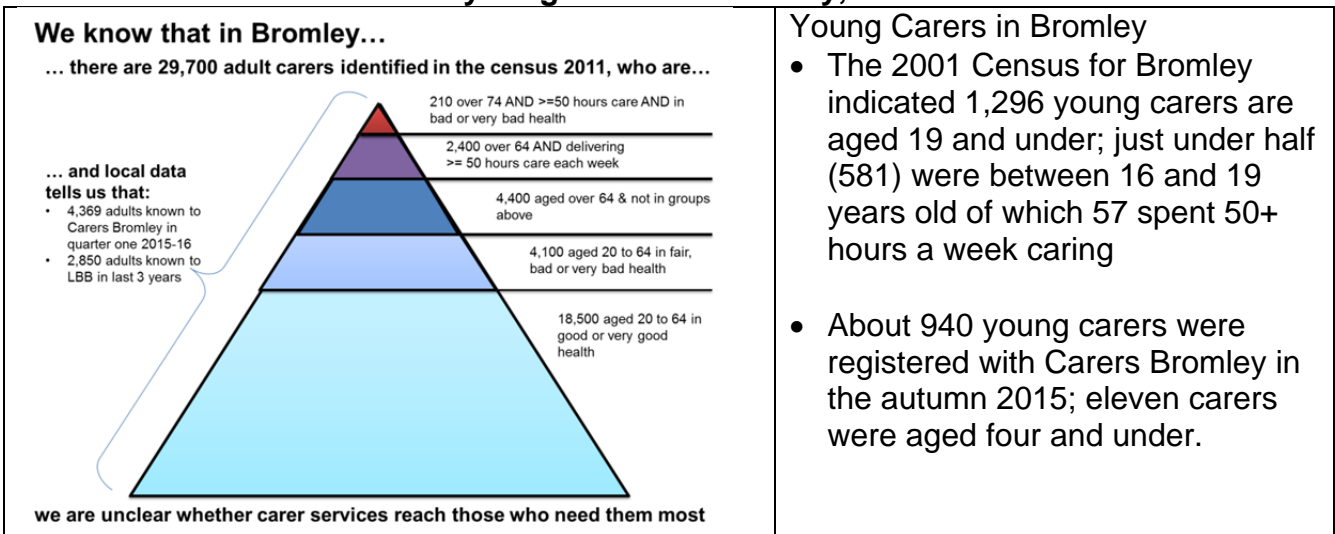
Source: London Borough of Bromley's Carers Policy Practice Guidance and Procedures

## Bromley Position

It is estimated that there are about 30,000 carers in Bromley (see Box 3). Within this group of carers there are about 2,400 adult carers who are caring for many hours each week whilst also being older than most carers. There is a smaller group of adult carers who are additionally in bad or very bad health. Some of Bromley's 1,300 young carers, are also caring for many hours a week, and some are very young. In Appendix 1 we have described other facts we know about Bromley's carers, such as:

- the numbers of Bromley's carers are increasing at a faster rate than Bromley's population
- Bromley's carers feel more socially isolated than England's carers but feel similarly to London's carers

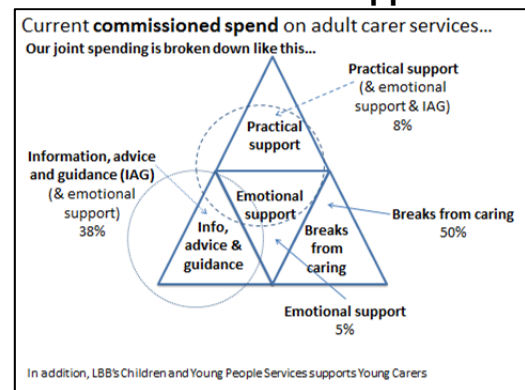
### Box 3: Numbers of adult and young carers in Bromley, and a bit about them both



We currently spend around £1.25 million on support services that we commission specially for carers from the third sector (mainly charities), and other organisations. This spend includes our commissioned support for young carers, and excludes the support services to cared-for people (Box 4).

A list of the services we commission and more information on the current context in Bromley is in Appendix 1.

### Box 4: Breakdown of current spend on commissioned carer support services



As well as the national influences to Bromley, there are some further major influences to the delivery of our vision. At this time, and looking to the future, we are experiencing reductions in our overall funding levels; changes to where some funds come from, and increases in some groups of our population, particularly the numbers of older people with more complex needs. Some of these changes are projected to continue over the next five years and for others there is uncertainty. We recognise that carers contribute significant economic savings to Bromley's health and care services. It is our commitment that we will do our best to be open and transparent about any funding changes to carer support services and the services to those they care for.

## Our Vision for 2020 and Our Principles

Our vision is for Bromley to have a thriving carer community by 2020, where carers are **heard, connected** and **supported**

It is within these three themes – heard, connected, supported - that we present our joint strategy. We will call these themes our ‘pillars for delivery’ as by delivering on each of them we believe our vision can be delivered. Box 5 describes our vision and what it means for Bromley’s carers.

### Box 5: Our vision

<b>A Thriving Carer Community in Bromley</b>		
 <b>Carers are heard</b>	 <b>Carers are connected</b>	 <b>Carers are supported</b>

This means that Bromley’s carers will be listened to as expert partners, be involved as much as they want to be as carers, not be isolated, and know how to get support. Carers entitled to additional support will get the support they need when they need it.

As commissioners of services, and providers of support to some people, we will commit to working together to achieve this vision, given our present position and how we see the future currently. We have built into our strategy the ability to adapt our plans to suit the changing environment. However, we have agreed principles which will remain constant. Our principles will underpin what we will be working to and commissioning for, and are described in Box 6.

### Box 6: Principles we will work to and commission for

We will:

1. Promote wellbeing
2. Recognise Bromley’s carers in all that we do
3. Seek to support Bromley’s carers to provide good, safe, care to stop them reaching crisis point and to progress well when needs change
4. Ensure staff identify, recognise, appreciate and listen to Bromley’s carers; make robust assessments of need and timely, appropriate referrals; and deliver integrated, timely and accessible support
5. Build independent and resilient carers in order for them to make decisions about their lives; choosing and achieving their own goals
6. Encourage people across Bromley’s local communities to support each other well

In order for us to know how well we are working towards achieving our vision, we need to monitor our progress. We will do this by tracking key performance indicators, and by periodically evaluating the whole strategy. However, first we needed to agree our priorities and plan how to deliver them.

## Our Priorities

We know that the way we deliver our vision is the key to it being achieved. We sought people’s views on this and on what they would like our priorities to be. Following exploratory work, we sent an electronic survey to carers and to staff in our organisations and our partner organisations. Using the survey results and the output from a workshop, alongside input from other engagement and our governance processes, we have compiled and agreed our five short-term priorities (Box 7). The reasons for us choosing these five priorities are explained in Table 8.

### Box 7: Our priorities in the short-term

During 2016 we will:

- Set-up a formal group to oversee and deliver the strategy which includes carers, partners and stake-holders and reports into the health and social care commissioners.
- Agree and promote a pathway showing the route to access all support services for carers in Bromley, including what to do urgently and in emergencies.
- Encourage all staff in the health, care, voluntary and third sectors to be trained to ‘think carer, think family’; identify and involve carers, and to direct carers to support services when necessary.
- Continue improving the carer’s assessment process from beginning to end.
- Make decisions on what carer support services will be commissioned and then delivered from April 2017.

Over the next five years our medium and long term priorities will be determined by how quickly we deliver on our short-term priorities. In the medium term we would like to join up Bromley’s carers, and those who support them, around education, training, information and social group activities. The evidence shows that this will help people to learn from and support each other, and to not be isolated. The carer support services we commission will be crucial to delivering our vision in the medium to long term.

**Table 8: Reasons for choosing our top five short-term priorities**

Priority	Main reasons why this is a priority for Year 1	What we heard
Strategy implementation group	<ul style="list-style-type: none"> <li>• Demonstrate our commitment to delivering our vision.</li> <li>• Involve carers and our partners in making the vision a reality.</li> <li>• Holds us to account.</li> <li>• Evidence points to effective support for carers must be done in strong partnerships, and must involve carers in service development.</li> </ul>	<ul style="list-style-type: none"> <li>• “Crucial to delivering the whole strategy”</li> <li>• “It is very important to do this - full stop”</li> <li>• “It takes time to build and implement workable strategies”</li> </ul>
Pathway showing route to support for carers	<ul style="list-style-type: none"> <li>• Carers, and people who had cared for people in the past, ranked it most important to do very soon.</li> <li>• Health staff, particularly those working in general practices, want a clear pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• “Unless carers know how to access the system, the best services are worthless”</li> <li>• “At present, difficult to know who to ask for help”</li> <li>• “Many carer services seem difficult to access and the pathway to support isn’t always clear or equitable”</li> </ul>

Priority	Main reasons why this is a priority for Year 1	What we heard
<p>'Think carer, think family' across Bromley's services</p>	<ul style="list-style-type: none"> <li>• Early identification of carers before 'crisis point' was seen as crucial by everyone throughout the engagement process.</li> <li>• Need to ensure all staff are aware of carer's concerns in general, can identify when carers are under pressure, can provide support if possible, and sign-post carers to support services, and that this is ongoing.</li> <li>• Can do this for NHS &amp; LBB providers through variations to contracts.</li> <li>• Can encourage Bromley's other providers to do this through current partnership contracts.</li> </ul>	<ul style="list-style-type: none"> <li>• "Very important for all agencies in contact with carer to help them understand that they are 'carers' and that their health and wellbeing is paramount to be able to continue their caring role"</li> <li>• "This will build confidence in carers to receive timely intervention"</li> <li>• "Having a good relationship with the carer will make them feel able to talk before reaching crisis point"</li> </ul>
<p>Carer's assessment process</p>	<ul style="list-style-type: none"> <li>• One of the recommendations over the last few years in the carers section of the Joint Strategic Needs Assessment is to improve carer's assessments.</li> <li>• The survey showed that carers and people who had been a carer ranked this third to do in the very short-term.</li> <li>• The documents used to assess carers have been rewritten to be compliant with the Care Act 2014 and are being implemented. Reviewing the whole process is planned for end of 2016.</li> </ul>	<ul style="list-style-type: none"> <li>• "Caring is usually a progressive occupation and assessment of current situation is very important"</li> <li>• "Vital, as all carers and their particular needs are different, one size won't fit all"</li> <li>• "The assessment must be meaningful"</li> </ul>
<p>Commissioned carer support services</p>	<ul style="list-style-type: none"> <li>• The current contracts with our third sector providers will end soon.</li> <li>• Engagement and research has shown that we could be reaching more people with our universal services and targeting our support better to those who need it the most.</li> <li>• When asked what to commission more of, people told us they wanted more respite services, but provided in more innovative, tailored ways.</li> <li>• When asked what to commission less of, most people told us that there was nothing to do less of, though a few said less emotional support as it could be provided elsewhere.</li> <li>• Existing evidence for what works for carers support services points to targeted education, training, information and social group activities, and accessible welfare advice.</li> </ul>	<ul style="list-style-type: none"> <li>• "Many people are struggling and don't know where to access help"</li> <li>• "I have found support so thin during crisis that I don't know where to start"</li> <li>• "If practical support processes are in place there will be less need for emotional support"</li> <li>• "Endless piles of leaflets which sit on shelves in unreachable offices, look at using more innovative technology"</li> <li>• "Some carers lead very lonely lives... targeted support would help them considerably"</li> </ul>



## Our Plan for Delivery and Young Carers

We plan to keep up the momentum gathered from building this strategy. We have put together a proposed action plan in Appendix 2 and have summarised the key actions over time in Table 9. Our first task will be to appoint a joint lead for carers to work across both organisations as the lead commissioner. During the time it takes to appoint the person, we will begin to set-up the partnership group to implement the strategy. The implementation group’s first responsibility will be to design new commissioned carer support services.

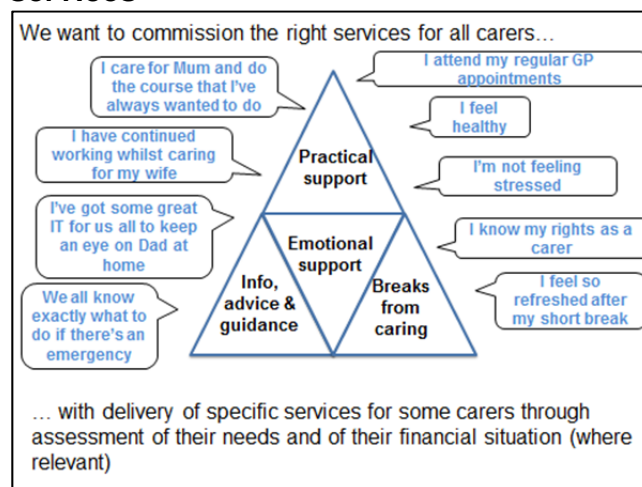
“Important to do these things (delivering the strategy) in a measured time frame that is realistic and sustainable”  
Carer who has cared for someone over 85 or above in the past

**Table 9: Proposed actions for delivering each pillar over time**

Timeline	Immediate	Short Term	Medium Term	Long Term
Pillars for delivery	Year 1 2016	Year 1 2016	Year 2 2017	Years 3 to 5 2018-20
Carers are heard	Include carers in strategy implementation group to oversee and deliver the strategy	Proactive identification & recognition of carers by all staff in health, care, third and voluntary sectors	Seek carers views on Year 1 strategy implementation	2018 onwards and each year, until new strategy for 2020:  Review implementation of the strategy every year and evaluate every other year, and make changes
		Understand what general practices want to support carers better, and agree what to provide		
Carers are connected	Set-up strategy implementation group to oversee and deliver strategy			
	Agree Bromley’s pathway for carer support	Publicise Bromley’s pathway for carer support	Revise Bromley’s pathway in light of new support services	
Carers are supported	Continue reviewing current carer support services	Design new commissioned support services with partners, and sign contracts	New commissioned support services begin	
		Review how well the whole carer’s assessment process is being implemented.	Complete any recommended improvements to the carer’s assessment process	

Through our engagement with carers about commissioned services (Box 10) we heard many views about what needed to change. The 61 carers, who answered the question in the survey about what services they would like us to commission more of, left over 100 separate comments. One in four comments were about more breaks from caring, which included short and long breaks, in the person's home and elsewhere; and about innovative and flexible ways of receiving those breaks. Additionally, carers would like more practical support, emotional support and specialist support, such as support for caring for people who are disabled or mentally unwell.

### Box 10: Commissioned carer support services



## Young Carers

This strategy covers both young and adult carers and does not differentiate between them. This means that throughout this document and our plans, we include young carers in the carers group. However, we recognise that there are differences, in terms of our duties and responsibilities, and the services we commission. Therefore in Appendix 3 is a detailed action plan to support young carers and the implementation of our strategy with respect to young carers.

Young carers moving to adult services in Bromley were included in our survey as we wanted to know more about their experiences. We heard from eight people about their experiences. One young carer between 18-24 years old who is now working and still caring for between 1-19 hours a week. She/he said "As a young carer I would find it difficult to take care of the family home and attend school" and would like more support and for us to prioritise carer's assessments. Eight people (out of 153) who either were a young carer a while ago, or were a parent of young carers/adults, told us about their experiences. Eight people are not enough from which to draw conclusions, however, given there was not one positive comment; we have passed on all the information to the relevant teams for them to act upon. Clearly we need to understand the current situation better. This is a high priority for children's services.



## Our Plans for Monitoring & Evolving, and Conclusion

The new strategy implementation group will have responsibilities for monitoring and evaluating the strategy and for evolving our plans. One of its first responsibilities will be to agree an outcomes framework. As far as possible it will use the monitoring indicators and review plan described in Appendix 4 and will integrate these plans with our other local plans. In summary the monitoring and evaluation proposals are:

- Regularly report on the status of each action and set agreed levels for performance and outcome indicators
- Annually review the overall status of the actions and performance and outcome indicators, describing what has been achieved in the year
- Report any agreed changes to the targets for the year ahead, and reflect on what went well in the previous year, and where the situation could be improved
- Every other year evaluate the impact of the strategy using information gathered in the monitoring phase as well as additional data available annually, and local information (see Box 11 for examples of what could be included). We are aiming for the first evaluation to be by the end of 2017.

### Box 11: Examples of information for reviews and evaluation

<b>Regular and annual reviews include:</b>	<b>Evaluation includes:</b>
<ul style="list-style-type: none"> <li>• Informal feedback from carers</li> <li>• Structured reflection on current situation in key areas</li> <li>• Indicators of outcomes and performance</li> </ul>	<ul style="list-style-type: none"> <li>• Formal, web-based survey of carers' and staff's views on impact</li> <li>• New data from the National Carers Survey (next dataset due spring 2017) showing changes over three surveys</li> <li>• Structured reflection on changes since baseline</li> </ul>

## Conclusion

To conclude, we will aim for all the support provided to carers to be the best possible quality and we will make best use of our available resources. For example, we want to see good recognition of carers by all staff, offering his or her best support to them, and we want to commission carer support services that reach carers who need them most. Whilst there will be uncertainty around the future commissioning of some services, and the prioritisation of others, overall, we are committed to designing a more integrated approach right across Bromley's health and care system, and to working together to deliver it.

We have written a series of appendices to this strategy containing the evidence to support our plans. These are:

- Appendix 1: National and Bromley Contexts
  - National. Includes key facts on carers; social care and health care policy and legislation, and evidence on effective carers support services
  - Bromley. Includes key facts on carers; updates on previous carer strategies, and current commissioned services
- Appendix 2: Proposed Action Plan. Includes by when and who.
- Appendix 3: Young Carers Action Plan. Includes by when and who.
- Appendix 4: Monitoring & Evaluation Proposals. Includes example indicators and suggested next steps

## Our Commitments and How to Get In Touch

This strategy is agreed jointly between the London Borough of Bromley, NHS Bromley Clinical Commissioning Group, and our departments. It reflects the shared commitments we hold to:

- work together to achieve our vision of a thriving carer community in Bromley
- design and deliver a more integrated approach right across Bromley's health and care system
- do our best to be open and transparent about any funding changes to carer support services and the services to those they care for



“It is essential to ensure Carers are made aware of the help that is available before they need it.”

Carer of a person 85 years old or above, providing over 50 hours of care a week

### Getting In Touch

Carers Bromley is our strategic partner currently. We commission it to be the first place for Bromley's carers to seek support and provide a number of carer support services.

Carers Bromley	Call: 0800 015 7700 / 01689 898 289 Web: <a href="http://www.carersbromley.org.uk">http://www.carersbromley.org.uk</a> Twitter: @carersbromley Email: <a href="mailto:help@carersbromley.org.uk">help@carersbromley.org.uk</a> Address: Anglesea Place, 1 Kent Road, St Mary Cray, Orpington BR5 4AD
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### Further Information

There are other organisations that support carers in Bromley, these can be found at the **Bromley MyLife website**: <http://bromley.mylifeportal.co.uk/home>

# Appendix 1: National and Bromley Contexts

February 2016

**Joint Strategy for Carers 2016-2020**

**Building a thriving carer community in Bromley where carers are heard, connected and supported**

## Contents

1. Appendix 1 includes an introduction and then the following sections:

- National Context
  - Key facts on carers
  - Social and health care policy and practice
  - National budget position
  - Evidence on commissioned carer support services
- Bromley Context
  - Previous carers' strategies
  - Key facts about carers
  - Local relevant strategies
  - Current commissioned services for carers

## Introduction

2. This appendix describes the current context for carers in England and in Bromley. It is not a comprehensive account. Information that is missing is due to time constraints and the vast amounts of information available on carers. Nothing has been left out purposefully.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the overall context for carers in England and Bromley.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
Appendix 1: National and Bromley Contexts	This appendix	
Appendix 2: Proposed Action Plan	Includes by when and who.	
Appendix 3: Young Carers Action Plan	Includes by when and who.	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	



**Building a thriving carer community in Bromley where carers are heard, connected and supported**

## National Context

### Key facts on carers

4. The 2011 Census in England showed that around 5.4 million people identified themselves as providing unpaid care for family members and friends, of which over 160,000 are children between 5 and 17 years old. About 1.4 million people provide 50 or more hours of care every week. Women carers provide a higher share of care across the ages up to 64 years old, and more unpaid care than men, whether working full-time, part-time or unemployed, or whether a student.
5. The 2011 Census also showed that nearly three in four of these carers (3.9 million or 73 per cent) are in good or very good health. However, carers are associated with higher likelihoods of 'Not Good' general health among all age groups including young carers, this percentage rose with greater amounts of unpaid care provided. London had the highest proportion of young people providing 50 hours or more care per week in 'Not Good' health, at 17 per cent.
6. Changes between the 2001 and 2011 Censuses show that overall numbers of carers have grown by about 550,000 in England since 2001, an increase of about 11 per cent. The highest increase in the numbers of carers occurred in the group of carers providing 50 hours or more each week. There was also an increase of 19.5 per cent in the number of young carers aged 5 to 17 in all regions; London increased by 19 per cent.
7. The health and wellbeing of carers receiving support from their local authority is being measured through a national survey. The survey is run every other year and has been run twice to date. The results show that there has been a reduction in the health and wellbeing of local authority supported carers. This reduction is seen in all the wellbeing indicators, such as: carer reported quality of life; overall satisfaction of carers with social services; ease of finding information about services, and in having as much social contact as they would like.
8. The 2011 Census showed a slightly higher percentage of white British people are carers (86 per cent) than in the general population (80 per cent), and that a slightly higher percentage (64 per cent) of white people than the percentage (59 per cent) of other ethnic categories<sup>i</sup>, provide 1-19 hours of care a week. Carers UK have looked further into the context for Black, Asian and Minority Ethnic (BAME) carers. It concluded that BAME carers are younger and therefore less likely to have older parents; and that they are more likely than white carers to provide care for at least 20 hours. It also has evidence of BAME carers not accessing support services due to a lack of information, advice and culturally appropriate services.
9. At today's prices for providing paid care, Carers UK estimated that the cost of the care that carers provide in England would be equivalent to £108 billion a year.

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<sup>i</sup> Irish, Gypsy or Irish Traveller, Other White, Mixed/multiple ethnic group, Asian/Asian British, Black/African/Caribbean/Black British, Arab, Any other ethnic group

**Building a thriving carer community in Bromley where carers are heard, connected and supported****Social and health care policy and practice**

10. Better, more coordinated support for carers integrated across health and care services is asked for from many national organisations.

**Social care policy**

11. In 2015 local authorities began new responsibilities to assess carers and provide support to them, under the Care Act 2014 and the Children and Families Act 2014. The main strategy document includes the Act's definitions of carers and young carers, as well as summarising local authorities' duties under the acts.

12. The Care Act 2014 replaces much of the existing legislation for care and support for adults and the law relating to support for carers. It became law in 2014 and most of the Act came into force in April 2015; the rest will come into force in April 2016. With respect to carers, it is for adults who care for adults, and children under 18 years old who care for adults, and covers:

- Prevention
- Information, advice and advocacy
- Integration with health services, partnerships and transitions
- Diversity of provision and market oversight
- Safeguarding

13. The Children and Families Act 2014 made 'provision about children, families, and people with special educational needs or disabilities' and 'about the right to request flexible working'. With respect to carers, it covers parent carers who care for children under 18 years old, and for children under 18 who care for children under 18. It, alongside other child/family legislation, covers:

- Identification of young carers and prevention of inappropriate care
- Assessing young carers individually, or combined with the person they care for, or whole families if appropriate
- Safeguarding

14. Fundamentally, for carers, whether under 18 or over 18, the new acts ensure that they are eligible for an assessment if they may have needs for support. If the assessment identifies eligible needs for support then the local authority must meet those needs, though the local authority can charge for services if that is its policy.

**Health policy**

15. Recognising the support provided by carers and offering support to carers has been embedded in successive government's ambitions for the National Health Service (NHS) since the first national strategy of 1999. Following the change of government in May 2015, the Department of Health (DH) is developing a new carers' strategy due to be published in the final quarter of 2016-17, to replace the current national strategy for carers (the fourth).

16. In response to the DH's strategies, the NHS publishes how it will implement the Government's policy. Since November 2013, NHS England has published a mandate for the 8,300 NHS organisations. The 2013 mandate contained eleven references to carers. In the 2016-17 Mandate there are two references to carers:

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- ‘Carers should routinely be identified and given access to information and advice about the support available.’
- ‘Improve quality of post-diagnosis treatment and support for people with dementia and their carers.’ There is an additional requirement for local areas to ‘agree an affordable implementation plan’ for dementia during the year’.

17. In May 2014 NHS England published ‘NHS England’s Commitment to Carers’ containing 37 commitments with deadlines for each. This document contained tangible resources to support the NHS with case studies and evidence summits. In December 2014 NHS England presented ten principles for local NHS commissioners to deliver the level of care and support that carers told them they needed. The principles focused on the key actions that ‘are most likely to achieve the best outcomes from the evidence and case studies’ received. The document is designed as a self-assessment questionnaire.

#### Regulation and improvement

18. There are a number of regulatory and improvement organisations which include the experience of carers in the processes they use to carry out their functions. For example, the Care Quality Commission, which monitors, inspects and regulates all providers of health services and social care services, gathers feedback from carers and tells all providers that they should be paying special attention to them. Specifically for general practices, there is guidance and good practice examples of what can be done to support carers.

19. The Royal College of General Practitioners had its own ‘Supporting Carers Programme’ aimed at enabling GPs and general practices to implement good practice in their surgeries. The programme closed in March 2015 but resources on the RCGP’s website remain: self-assessment and e-learning tools, and examples of how to improve identification and support carers.

#### National budget position

20. Since the Government’s first Budget in 2010, local authorities’ funding has been reduced by about 40 per cent whilst there has been and continues to be extra funding for the NHS and for integrated care through the Better Care Fund.

#### Evidence on commissioned carer support services

21. In general there is a lack of solid primary research in carers support services which makes it difficult to draw evidenced-based conclusions on what services are effective. The existing evidence points to: proper support for the people that carers care for; targeted education, training, information and social group activities, and accessible welfare advice.

22. The second national carers strategy in 2008 called for more research on what works for carers, and invested in pilots to test the effectiveness and cost-effectiveness of carers support services. The pilots were evaluated and the results published in 2011. Recommendations, drawn from the conclusions, were that developing and delivering effective support for carers must be done in strong partnerships with local authorities, NHS organisations and the voluntary sector and must involve carers in service development.

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## Bromley Context

### Previous carers' strategies

23. Since 1999 there have been four published strategies for Bromley's carers.

These strategies have been created with Bromley's carers and other local stakeholders, including health service commissioners and providers. The last strategy was an interim refresh due to the forthcoming changes to national legislation, and made recommendations for preparing for those reforms, as well as for responding to other local situations. In addition, the Health and Wellbeing Board Strategy for 2012-15 included 'support for carers' as a priority.

24. Progress on the latest action plan has been made since the last carers' strategy. For example, the carers section of the Joint Strategy Needs Assessment (JSNA) has been updated annually with new data and information. The JSNA provides an analysis of the issues facing carers nationally and locally in Bromley and makes recommendations to the Health and Wellbeing Board. Specifically for young carers, in 2013, two protocols between Children's Social Care (CSC) and health, and CSC and education were implemented. These have led to a better shared understanding between key partner agencies of the issues faced by many young carers, and of the responsibilities of professionals to effectively identify and refer young carers to the appropriate support services. In addition, policies and practices have been updated with changes to the legislation, and all staff are working to the new duties.

### Key facts about carers in Bromley

25. Data from the two national Censuses which include information about carers are analysed in the Joint Strategic Needs Assessment (JSNA) for Bromley. The JSNA brings together national data sources, and other local surveys and engagement, to assess carer's needs and describe what the data shows for residents in Bromley. It has two parts, one on adult carers and the other on young carers.

26. In Bromley, the 2011 Census showed that 31,012 people (10 per cent of the population) identified themselves as unpaid carers.

- 6,299 (20 per cent) stated that they provide more than 50 hours of unpaid care per week
- 3,439 (11 per cent) stated that they provide between 20 and 49 hours of unpaid care per week
- 21,274 (69 per cent) stated that they provide between 1 and 19 hours of care per week.

27. Further analysis of the 2011 Census showed that:

- Of the adult carers, this is about 10% of Bromley's population and is similar to the national position, but higher than the average of 8.5% for London boroughs.
- For younger carers, this is about 2 per cent of children and young people in Bromley.
- The majority of adult carers (18,500 or 62 per cent) are in good and very good health. There are about 2,400 who are over 64 and delivering greater

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- than or equal to 50 hours of care a week. There are some, 210, who are over 74, providing greater than 50 hours of care, and in bad or very bad health
- Of the 1,296 young carers up to and including age 19; just under half (581) were between 16 and 19 years old, of which 57 spent 50+ hours a week caring.
28. The 2015 JSNA described some changes between the 2001 and 2011 Censuses. The national position showed that the number of carers increased at a faster pace than the increases in the general population; Bromley's data reflected this pattern.
29. The JSNA 2015 provided some information at a national and local level from the National Carers Surveys in 2012-13 and 2014-15. One indicator highlighted in the 2015 JSNA on social isolation shows that 'Bromley carers have reported a level of social isolation comparable with London but higher than nationally'. About one in three (36 per cent) carers reported that they had as much social contact as they would like. For London this was 36.5 percent and for England 41.3 percent.
30. The London Borough of Bromley has had contact with 2,850 carers over the last three financial years. Those carers will have been asked if they wanted to have a carer's assessment either by themselves or with the person they care for. In recent years there has been a significant decline in total numbers of assessments from a peak of 2,569 in 2009-10 to 1,134 in 2013-14. The number of separate assessments and reviews has increased steadily for seven years as it has been a policy decision to encourage these. During this same period, the number of joint assessments and reviews has reduced for a number of reasons, such as, there are no carers to assess and carers declining to be assessed, both alone and with the person they care for.
31. The latest annual report Bromley Safeguarding Adults Board for 2014-15 analyses groups of people who are alleged to have caused harm against where the harm took place. The results showed that 'the most common combinations are in their own home by a person known to them'. This accounted for over a third of investigations. It goes on to say that 'the most prevalent combination of relationship and type of abuse was Neglect and Act of Omission by a Paid/Contracted Person (nearly a fifth); followed by Physical Abuse by someone known to the person (some 15 per cent).'
32. Carers Bromley, our strategic partner commissioned to provide support services for carers, have 5,397 carers known to them as at December 2015:
- 4,433 are 18 and over
  - 964 are under 18
33. Bromley's 30,000 carers contribute significant economic savings to Bromley's health and care system. The value of this contribution is difficult to quantify. By making some assumptions from the Census data, the Carers Trust estimated the value to be about £570 million for Bromley.



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**Local relevant strategies**

34. Other relevant strategies for carers in Bromley include: Joint Strategic Needs Assessment; Out of Hospital Care Strategy; Health and Wellbeing Board Strategy, and the Early Intervention Strategy for children and young people. There are other relevant strategies that are in development which will be relevant to carers: the information, advice and guidance strategy, and the dementia strategy. Support for carers is an important element in all these strategies.

**Current commissioned services**

35. Services to support carers are commissioned by the London Borough of Bromley (LBB) and NHS Bromley Clinical Commissioning Group (BCCG). Together they spend around £1.25 million on the services in Table 2.

Table 2: Carers Support Services in Bromley commissioned by LBB and BCCG

Provider	Service	Funded by	Numbers 2014-15 (where available)	Description of activity
Bromley & Lewisham Mind	Respite at home: block contract	LBB	103 clients	A range of respite at home services, including respite for carers of people with advanced forms of dementia and evening and weekend respite. Also provided is a respite service for carers of people with early onset dementia, aimed to provide greater stimulation to the service user.
Bromley & Lewisham Mind	Respite at home: spot purchase	LBB	Included in clients for block contract	Service is as above
Bromley & Lewisham Mind	Support for Carers of People with Dementia	LBB	303 carers	Joint project with Carers Bromley called Coping with Caring. Support is provided through individual advice and support, group workshops and individual training in people's own homes.
Bromley Mencap	Complex Needs Respite Scheme	LBB & self funders	18 families	To provide respite to carers of adults with complex needs. The service allows attendees to undertake a number of group activities and day trips to local facilities which can accommodate the personal care needs of the group. There is a 'Saturday Club' fortnightly for whole family activities.
Bromley Mencap	Mutual Carer Support	LBB	25 families / 45 mutual carers	A trained project co-ordinator works with and provides practical support for carers in Bromley who are in a mutually caring situation which is when the person with a learning disability has started to take on a caring role. It is often the case that the person with the learning disability is over 70 years old and is looking after parent/s who are in their 80s-90s.
Bupa	Care Home Beds for planned respite	LBB		Block procurement of 2 care home beds which can be booked in advance

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Provider	Service	Funded by	Numbers 2014-15 (where available)	Description of activity
Carers Bromley	Back Care Advisor	BCCG	102	To promote the health of carers' backs in the borough and to provide carers a risk assessment, training and support in their own homes. To monitor safe back care practice for individual carers and to review, following an initial assessment and training.
Carers Bromley	Hospital Discharge Worker	LBB & BCCG	436	The hospital discharge worker is based within the social services team at the Princess Royal University Hospital, identifying and supporting carers of patients. The worker will complete Carers Assessments and assessments of carers who are caring for someone at the end of their life
Carers Bromley	Mental Health Worker	LBB		Provide information, advice and guidance to carers of people with mental health problems and run Carers Education Programmes (CEP) for carers. Raise awareness of carers and Carers Bromley; provide advice, guidance and training to Oxleas staff, and increase the number of carers' assessments undertaken with mental health carers.
Carers Bromley	Respite at home	LBB & self funders	109 carer breaks	The respite at home service allows carers to have a break from their caring role, ranging from 1-2 hour sits up to 8 or 24 hour breaks. Carers can self-refer or be referred to the service.
Carers Bromley	Strategic Partnership	LBB & BCCG	4,276	Providing information, advice and guidance through multiple channels including face to face, telephone and web based services. Among the services offered to carers are; emotional support, a 'check in' service and an emergency carers card.
Carers Bromley	Support for Carers of People with Dementia	LBB	1,044	Joint project with Bromley & Lewisham Mind called Coping with Caring. Support is provided through group workshops or individual training in people's own homes.
Carers Bromley	Young carers project	LBB	909	Support and advice for Young Carers aged between 4 and 18 years old resident in Bromley with problems related to being carers for others, particularly those in need of 1:1 contact, emotional support, advocacy and respite.
St Christopher's Hospice	Bereavement support for carers	BCCG		The purpose of this service is to provide post bereavement support for all those people who are bereaved whether the death is expected or sudden/unexpected.

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<b>Provider</b>	<b>Service</b>	<b>Funded by</b>	<b>Numbers 2014-15 (where available)</b>	<b>Description of activity</b>
Stroke Association	Support to carers of people who have had a stroke	LBB		To support survivors of stroke and their families, providing information, advice and support on adjusting to changes caused by stroke, and optimising the quality of life for the survivor and their families. Ongoing regular contact will be maintained with stroke survivors to ensure they are supported in the most appropriate manner.
The Heathers	Care Home Beds for planned respite	LBB		Block procurement of one care home bed for people with dementia who need nursing care which can be booked in advance
Various providers	Nursing home care	LBB		Spot purchase of nursing home care beds by care managers
Various providers	Residential home care	LBB		Spot purchase of residential home care beds by care managers

## Appendix 2: Proposed Action Plan

February 2016

Joint Strategy for Carers 2016-2020

**Building a thriving carer community in Bromley where carers are heard, connected and supported**

### Introduction

1. This appendix lists the key actions for achieving the vision, and the teams and individuals responsible for delivering those actions. Each action is linked to a pillar for delivering the strategy, and the four time periods:



2. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposed plans for implementing our strategy.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
Appendix 1: National and Bromley Contexts	National. Includes key facts on carers; social care and health care policy and legislation, and evidence on effective carers support services  Bromley. Includes key facts on carers; updates on previous carer strategies, and current commissioned services	
Appendix 2: Proposed Action Plan	This appendix	
Appendix 3: Young Carers Action Plan	Includes by when and who.	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	

Key:

LBB: London Borough of Bromley

BCCG: NHS Bromley Clinical Commissioning Group

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	Pillars for Delivery	Proposed Actions	Lead/s
<b>Priority Actions from now to 31 May 2016</b>			
1.	Carers are Heard	Invite carers to be on the strategy implementation group.	LBB & BCCG commissioning leads
2.	Carers are Heard	Begin processes of supporting all health and social care professionals to identify, recognise & listen to carers, such as through aligned CQUINs and contract variations.	LBB & BCCG contracts teams, BCCG medicines management team and primary care team
3.	Carers are Heard	Ensure the Integrated Care Network Care Navigator role includes responsibility for sign-posting carers, and possibly leading and running local carer 'forums'.	Out of Hospital Care Programme
4.	Carers are Heard	Encourage all staff to have carer awareness training from Carers Bromley.	Carers Bromley and Voluntary Sector Strategic Network
5.	Carers are Connected	Plan a 'Campaign for Carers' to include training for staff, identification of carers, and messages about accessing support.	Carers Bromley
6.	Carers are Connected	Agree a pathway for carers in Bromley: - Decide where it will be hosted on the web - Use current services and adapt pathway as situation changes - Be clear about route for emergency and urgent support - Include resources and links to other resources	LBB & BCCG carers lead
7.	Carers are Connected	Design and set-up a strategy implementation group with terms of reference covering: - People who are carers, and the named carer lead representatives from LBB & BCCG and each of the providers and stakeholders, consider including, employment, housing, technology and education leads - Reporting route through to LBB's Care Services Portfolio Plan and BCCG's Governing Body - Monitoring system which uses this action plan and the strategy's monitoring & evaluation plan - Consideration of how to split the monitoring of the commissioning outcomes and the responsibilities for delivering some functions (eg, carers' assessments) - Consideration of how to ensure carers can contribute fully	LBB & BCCG carers lead with leadership from LBB & BCCG Joint Investment Commissioning Executive (JICE)
8.	Carers are Supported	Align end of contracts for current commissioned support services for carers to 31 March 2017.	LBB & BCCG contracts teams
9.	Carers are Supported	Review contents of strategic partnership contracts.	LBB & BCCG contracts teams



**Building a thriving carer community in Bromley where carers are heard, connected and supported**

	<b>Pillars for Delivery</b>	<b>Proposed Actions</b>	<b>Lead/s</b>
10.	Carers are Supported	<p>Scope the future commissioned support services using the list of current support services, feedback from engagement, and this:</p> <ul style="list-style-type: none"> <li>- quick initial 'assessment' to check whether carer is at or near 'carer breakdown', and how to provide proactive support to them immediately</li> <li>- Information, advice and guidance on carers is available to everyone, with some tailored for carers with support needs</li> <li>- Practical support, tailored for individual carers with support needs and targeted for groups of carers with similar support needs or social group activities</li> <li>- Review 'Link Worker' roles and responsibilities</li> <li>- Clarity needed on what breaks from caring are available to everyone; to those with complex support needs, and to those with eligible support needs</li> <li>- Use evidence of effectiveness of services where available, as well as best and good practice case studies</li> </ul>	LBB & BCCG carers lead for the strategic implementation group to consider
11.	Carers are Supported	<p>Discuss the important decisions to be made:</p> <ul style="list-style-type: none"> <li>- who the joint lead for carers is</li> <li>- how the commissioned support services will be funded</li> <li>- who will be lead commissioner for each of the services</li> </ul>	LBB & BCCG Joint Investment Commissioning Executive
12.	Carers are Supported	Collate all LBB's policies, practices and procedures for carers' assessments and ensure they are up to date with current legislation.	LBB & BCCG carers lead
13.	Carers are Supported	Seek to understand what all general practices want to help them support carers better and encourage shared learning about good practice across the Borough.	BCCG Primary Care Team
14.	Carers are Supported	Collect unidentifiable information from general practices on numbers of carers and carer health, and feedback findings. Analyse nationally available data at local level (eg, Census, National Carers Survey, GP Survey) to show changes over time, and comparison with London and England. Publish in JSNA 2016 and consider including in local dashboards.	Public Health Team & BCCG Performance Team

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	Pillars for Delivery	Proposed Actions	Lead/s
<b>Actions from 1 June 2016 to 31 December 2016</b>			
15.	Carers are Heard	Consider setting-up 'social prescription' for GPs to give carers, for example, to take part in relevant and practical training, education or social group activities.	Out of Hospital Care Programme / BCCG primary care team
16.	Carers are Heard	Provide GP practices with EMIS search tool to monitor and improve their 'performance' with carers and identify carers with most needs.	BCCG primary care team; Public Health team, EMIS IT lead
17.	Carers are Heard	Monitor CQUINs and the changes to the contracts on an ongoing basis.	LBB & BCCG contracts teams
18.	Carers are Heard	LBB & BCCG review their own policies and procedures with 'think carer' viewpoint.	LBB & BCCG carers lead
19.	Carers are Heard	Ensure that the strategy implementation group has a shared purpose and its member organisations sign-up to it, and ideally the strategy's vision.	LBB & BCCG carers lead
20.	Carers are Connected	Launch carer pathway of support	LBB & BCCG carers lead
21.	Carers are Connected	Roll out 'campaign for carers'.	Carers Bromley
22.	Carers are Supported	Decide on what is included/excluded in the strategic partnership contracts.	LBB & BCCG carers lead and Contracts Teams
23.	Carers are Supported	For each commissioned support service: - decide on funding share of the total resource available - design service specifications with carers, perhaps include carer leads from other local authorities	LBB & BCCG carers lead
24.	Carers are Supported	Make decisions on: - who the joint lead for carers is - what the funding of the commissioned support services will be - who will be lead commissioner for each of the services - amount of carer support budget	LBB & BCCG Joint Investment Commissioning Executive
25.	Carers are Supported	Consider providing what general practices want to help them support carers better.	BCCG Primary Care Team

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	<b>Pillars for Delivery</b>	<b>Proposed Actions</b>	<b>Lead/s</b>
26.	Carers are Supported	Review the whole beginning to end process of carrying out all carers' assessments (single assessments for those under 18 and those 18 and over; joint assessments with those who are cared for, and family assessments). Need to define: - for each step; what it is, how long it takes, who does it - what the possible outcomes are so those doing the assessments know what can be offered - the data that needs to be collated and fed into 'needs-analysis' monitoring Include feedback from carers and care managers Make recommendations and implement	LBB & BCCG carers lead
<b>Actions from 1 January to 31 December 2017</b>			
27.	Carers are Heard	Evaluate 2016 (Year 1) strategy implementation; include survey of carers and other methods for hearing carers' views.	LBB & BCCG carers lead
28.	Carers are Heard	Review the strategy's action plan following evaluation and agree changes. Refresh the strategy's action and monitoring plans.	LBB & BCCG carers lead
29.	Carers are Connected	Report on delivering the strategy every year.	LBB & BCCG carers lead
30.	Carers are Connected	Update the carer pathway with new support services and all other changes to the pathway.	LBB & BCCG carers lead
31.	Carers are Supported	Launch of new strategic partnership contracts.	LBB & BCCG carers lead
32.	Carers are Supported	Launch of new commissioned support services for carers.	LBB & BCCG carers lead
33.	Carers are Supported	Ensure all recommended changes to carer assessment process have been implemented by mid 2017.	LBB & BCCG carers lead
<b>2018 onwards and each year, until new strategy for 2020-2025</b>			
34.	Carers are Heard	Evaluate 2017 (Year 2) strategy implementation, include surveying carers.	LBB & BCCG carers lead
35.	Carers are Heard	Review the strategy's action plan following evaluation and agree changes. Refresh the strategy's action and monitoring plans.	LBB & BCCG carers lead
36.	Carers are Connected	Review the carer pathway and make changes as necessary.	LBB & BCCG carers lead
37.	Carers are Supported	Review of commissioned support services for carers.	LBB & BCCG carers lead
38.	Carers are Supported	Review the whole end to end process of carrying out all carers' assessments.	LBB & BCCG carers lead

## Appendix 3: Proposed Young Carers Action Plan

February 2016

Joint Strategy for Carers 2016-2020

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**Building a thriving carer community in Bromley where carers are heard, connected and supported**

### Introduction

1. Since March 2014, new regulations on young carers for local authorities in England have come into place from the Care Act, the Children's Act, and the Young Carers (Needs Assessment) Regulations. These statutory requirements include an enhanced right for young carers to have an assessment of their needs; an enhanced responsibility for local authorities to take reasonable steps to identify the extent of young carers within their area, and statutory instruments specifying the details of what young carers assessments must include.
2. This appendix lists the key actions required to meet not only these new statutory requirements and responsibilities, but also the strategic vision of the Joint Strategy for Carers 2016. Each action is linked to a pillar for delivering the strategy and will be considered by the soon-to-be created Young Carers Steering Group. The Steering Group will agree any necessary changes, identify further relevant work streams, and confirm the designation of teams and individuals responsible for delivering these actions in their first meeting, which is anticipated to take place in April 2016.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposed plan for supporting young carers in Bromley.

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Table 1: Links to the main strategy and the other appendices

<b>Title of document</b>	<b>Content</b>	<b>Link &lt;to be inserted once known&gt;</b>
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Appendix 2: Proposed Action Plan	Includes by when and who.	
Appendix 3: Young Carers Action Plan	This appendix	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	

## Key:

CSC: Children's Social Care

ASC: Adult's Social Care

BSCB: Bromley Safeguarding Children's Board

BSAB: Bromley Safeguarding Adult's Board

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	Pillars for Delivery	Actions	Lead/s
<b>ID</b>	<b>Priority Actions to be considered by the Young Carers Steering Group in April 2016. Action plan to then be updated and new time frames devised.</b>		
1.	Carers are Heard	Invite young carer representatives to be on the Young Carers Steering Group.	Third sector
2.	Carers are Heard	Consider how best to encourage training for all relevant CSC and ASC staff on how to identify young carers and the issues many young carers face. Training will include guidance on how to use and understand the new young carers' assessment tool when it is introduced.	BSCB, BSAB, and third sector partners
3.	Carers are Heard	Consider how best to encourage voluntary and third sector staff, particularly from health and education services, to undertake young carer awareness training from Carers Bromley so professionals from these areas can begin to better identify, recognise, and listen to the needs of young carers. This training will include raising awareness of the young carer protocols currently in place between CSC, health, and education services.	Third sector
4.	Carers are Heard	Ensure there is regular consultation of the views of young carers through the Young Carers Forum in each evaluation and review of the progress of this action plan.	Third sector
5.	Carers are Connected	Design and set-up a Young Carers Steering Group with aims to include representatives from ASC, health, education, early intervention services, Carers Bromley, and the Young Carers Forum with the terms of reference to be decided at initial meetings.	CSC and third sector
6.	Carers are Connected	Information sharing of good practice between Bromley's CSC and neighbouring local authorities' Young Carer Social Workers through the creation of a South London Local Authority Young Carers Network. This will ensure Bromley is aware of the policy developments and programmes of neighbouring local authorities and of any opportunities for cooperation between those local authorities on the issue of young carers.	CSC
7.	Carers are Connected	The Young Carers Steering Group will report on delivering these agreed action points on a quarterly basis and work to identify relevant work streams.	CSC
8.	Carers are Supported	Introduce a young carer's assessment tool that all practitioners can use to better identify young carers needs and those of the family.	CSC
9.	Carers are Supported	Consider how best to monitor the quality and completion of young carers assessments through CareFirst and the auditing of assessments through the Adult and Children's Safeguarding Boards.	BSAB, BSCB, third sector
10.	Carers are Supported	Consider how best to use IT to host relevant information on young carers, and a young carers self-assessment tool for young people, professionals, or parent carers to use.	CSC and ASC

## Appendix 4: Monitoring and Evaluation Proposals

at February 2016

**Joint Strategy for Carers 2016-2020**

**Building a thriving carer community in Bromley where carers are heard, connected and supported**

### Contents

1. Appendix 4 includes an introduction and then the following sections:
  - Monitoring Proposals
  - Evaluation Proposals
  - Additional Next Steps

### Introduction

2. This appendix describes how we propose to monitor our progress and evaluate the strategy. It is not a comprehensive account of how to do this. Information that is missing is due to time constraints. Nothing has been left out purposefully.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, this appendix must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used also a standalone document for people to understand the context for carers in Bromley.
4. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposals for evaluating and monitoring our strategy.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
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Appendix 2: Proposed Action Plan	Includes by when and who.	
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Appendix 4: Monitoring & Evaluation Proposals	This appendix	



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## Monitoring Proposals

5. We plan to monitor our progress on implementing the strategy and on working to and commissioning for our principles (see Box 6 in our strategy). The strategy document summarises the planned monitoring process as:
- Regularly report on the status of each action and set agreed levels for performance and outcome indicators
  - Annually review the overall status of the actions and performance and outcome indicators, describing what has been achieved in the year
  - Report any agreed changes to the targets for the year ahead, and reflect on what went well in the previous year, and where the situation could be improved

### Box 11 (from the strategy): Examples of information for reviews

**Regular and annual reviews include:**

- Informal feedback from carers
- Structured reflection on current situation in key areas
- Indicators of outcomes and performance

6. Once the strategy implementation group is set-up, we will carry out further work to agree on the exact contents of the monitoring plan. We will ensure that the monitoring plan includes contract management information as well as a major focus on outcomes and performance, and impact. We will agree baseline data for all of our indicators, and aim to set ourselves targets for what we would like to achieve.
7. Examples of indicators that we will consider monitoring are in Tables 1 to 5. The indicators have been matched to the delivery pillars and the overall outcome of a thriving carer community. Some of the indicators may not be captured at present, and may be difficult to measure regularly.

Table 1: Examples of Monitoring Indicators for ‘Carers are Heard’

ID	Indicator	What’s good?
1.	Number of carers new to each carers support service	Increasing numbers
2.	Number of carers identified on general practice records	To be agreed
3.	Number of carers identified on LBB’s central database (CareFirst)	To be agreed
4.	Number of referrals to Carers Bromley from: General practice NHS Community services NHS Acute services Pharmacy services Other third sector organisations Businesses Other	To be agreed
5.	Number of staff from NHS and LBB organisations being trained in carer awareness by Carers Bromley	Increasing numbers
6.	Numbers of carers involved in NHS care planning processes	Increasing numbers

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Table 2: Examples of Monitoring Indicators for ‘**Carers are Connected**’

<b>ID</b>	<b>Indicator</b>	<b>What’s good?</b>
7.	Length of time between carer begins caring and before carer is in touch with / knows about support services	Average time is reducing (or is short to start with)
8.	Number of carers’ assessments	To be agreed

Table 3: Examples of Monitoring Indicators for ‘**Carers are Supported**’

<b>ID</b>	<b>Indicator</b>	<b>What’s good?</b>
9.	Number of carers receiving practical support, such as, back care advice; education, such as, dementia training	To be agreed
10.	Number of carers using technology to support them	Increasing numbers
11.	All carers having carers’ assessments have support plans which include emergency/contingency plan	100 per cent
12.	All carers having carers’ assessments make a positive impact on the carer	100 per cent
13.	Number of carers having NHS Healthchecks	Increasing numbers

Table 4: Examples of Monitoring Indicators for a ‘**Thriving Carer Community**’

<b>ID</b>	<b>Indicator</b>	<b>What’s good?</b>
14.	Number of emergency admissions to commissioned care home beds due to carer being in crisis	Reducing numbers
15.	Number of emergency admissions to hospital due to carer being in crisis	Reducing numbers
16.	Number of readmissions to hospital within 30 days due to carer being in crisis	Reducing numbers
17.	Length of stay in hospital of cared for person	Reduced length of stay
18.	Number of safeguarding concerns due to carer	Unclear
19.	Attendance levels at school for young carers	Increasing numbers

Table 5: Examples of Performance Indicators

<b>ID</b>	<b>Indicator</b>	<b>What’s good?</b>
20.	Carer awareness training is in all NHS and LBB corporate induction training	100 per cent of organisations
21.	BCCG and LBB contracts with providers include standard statement about expectations towards carers	100 per cent of organisations
22.	All GPs know how to code carers for their databases using ‘Is a Carer’ and ‘Has a carer’ Read Codes	100 per cent of GPs

## Evaluation Proposals

8. We plan to evaluate the impact of our strategy. The main strategy document summarises our evaluation plan as:
- Every other year evaluate the impact of the strategy using information gathered in the monitoring phase as well as additional data available annually,

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and local information (see Box 11 for examples of what could be included). We are aiming for the first evaluation to be by the end of 2017.

**Box 11: Examples of information for the evaluation**

**Evaluation includes:**

- Formal, web-based survey of carers' and staff's views on impact
- New data from the National Carers Survey (next dataset due spring 2017) showing changes over three surveys
- Structured reflection on changes since baseline

9. For evaluation to be effective it first needs to be clear what the intended outcomes are of the strategy. One of the first tasks for the strategy implementation group will be to agree a set of outcomes. In building this outcomes framework, we will consider other organisation's outcome frameworks, such as the one used by the Health and Social Care Information Centre to present data from the National Carer Survey.

10. Given the lack of reliable monitoring information to carry out an evaluation, a mixture of methods will be used. The evaluation methods are likely to include: analysis of monitoring data and nationally available data; case studies of what was done; survey of carers and staff, and perhaps some documentary analysis and structured interviews. We will consider using the same questionnaire for the 2013 Bromley Council Carers Survey, using the 2013 data as a baseline.

Examples of what we are likely to be evaluating include:

- Pathway of carer support is understood and followed, indicating a more structured, streamlined and joined up carer support services
- Carers' and staff's views on how well we are achieving our vision:
  - Improved awareness of local support services for carers
  - Increased involvement in care planning and decision making
  - Improved levels of trust, compassion and respect between carer/cared for person and staff
- Spend on services is within budget
- Commissioned support services for carers are achieving their objectives

**Additional Next Steps**

We recognise that there is much to be developed in terms of the way monitoring indicators are measured and how they will be interpreted, as well as how the evaluation will work in practice. Additional things that we are considering to do are:

- Devising and agreeing a short 'dashboard' to track progress easily
- Developing a tool to measure the outcomes and areas of support that carers value
- Continuing to learn from other local authorities and from national guidance and good and best practice
- Examining how to review services for the different demographic groups in Bromley
- Including ways to measure and monitor the outcomes in all the contracts for carer support services