



# Enfield Joint Carers Strategy 2013-2016

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# Executive Summary

- NHS Enfield and Enfield Council have jointly identified the improvement of Carers support as a key local priority.
- A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problem.
- This strategy is a local response to the recommendations outlined in the National Carers Strategy – “Carers at the heart of 21st Century Families and communities: a caring system on your side, a life of your own”. The development of this strategy and implementation action plan has been informed by a series of consultations with carers and organisations who support and represent carers.
- Carers are the main resource available to the health and social care sector in Great Britain. There are 6 million carers nationally with over a fifth providing 50 hours plus care per week, and the delivery of high quality support including consideration of safeguarding issues for carers is vital to ensure the provision of good quality care and support for the millions they care for.
- The support of carers prevents admission and speeds up discharge from hospitals, and also prevents admission to care homes and reduces the demand for home care support. Therefore, given the future constraints on public sector finances, it is ever more pressing that we support carers to maintain their caring role, where they wish and are able to.
- In Enfield there are estimated to be 31,000 carers. Many may provide limited care while others provide regular and substantial levels of care but all have a need for support of some kind to help them provide the best quality care possible while also ensuring their own needs and aspirations are met.
- This Carer Strategy covers the period 2013-16. Its primary focus is on the needs of adult carers, though it does encompass the needs of younger carers. It will ensure a higher profile for carer issues amongst key decision making bodies, will deliver more equitable services across the borough, will support more carers to provide good quality care while enjoying a life of their own, and will ensure carers are more engaged in the delivery of care and support services provided for themselves or those they care for.
- The strategy is strongly based on achievement of outcomes that local carers have identified as important, and evaluation of the strategy will be largely based on assessment against these, using the Carers Hub auditing tool developed by the Princess Royal Trust for Carers.
- The strategy also reflects a commitment to the principle of co-production between commissioners, providers and users (carers) of services with regard to the identification of strategic priorities, the design of services, and the evaluation of performance and impact.
- Local strategic priorities for action have been set to enable us to meet these local and national outcomes, and these are to:
  - develop stronger governance structures for decision making concerning issues facing carers, by developing the Enfield Carers Centre as a representative body bringing together carers and support groups representing carers. To raise the profile of carer issues, ensure the active engagement of key partners in decision making, and encourage the allocation of adequate resources to deliver required support services
  - improve carer confidence in the quality of support available to them and the person they care for – in particular the flexibility and responsiveness of services to meet personal needs and aspirations, and the extent to which carers are engaged in decision making regarding the support provided.
- A major aim of the strategy is to increase the number of adult carers in Enfield who access information advice and low level support that enables them to manage their caring responsibilities in a sustainable way for the continued health and wellbeing of themselves and the person they care for.

- A priority is to ensure that carers currently under-represented amongst current services are targeted for support, whether they be from Black and Minority Ethnic communities or have caring responsibilities not traditionally addressed by social care services.
- Implementation and evaluation of the strategy will be overseen by the Carers Partnership Board.
- This strategy sets out how health and adult care services and commissioners will work together to improve the range and quality of local carers services; addressing issues that carers have identified as priorities.
- Carers can expect to be:
  - respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
  - able to have a life of their own alongside their caring role
  - supported so that they are not forced into financial hardship by their caring role
  - supported to stay mentally and physically well and treated with dignity

and

- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Enfield Children and Young People's Plan.



# Our Vision and Commitment to Carers

## Enfield is committed to ensuring all carers are:

- Respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Be able to have a life of their own alongside their caring role
- Supported so that they are not forced into financial hardship by their caring role
- Supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Enfield Children and Young People's Plan.

## By the end of this strategy we will commit to:

- Increased number and quality of carers assessments and review
- 100% of carers assessed to have their own support plan
- 5,000 carers on the Carers Register
- Better information, easily accessible and appropriate
- Improved carers involvement, feedback and consultation in policy and services
- Quarterly Carers Forums
- Carers have access to personalised services and direct payments
- Work in partnership with Enfield Carers Centre to provide open self referral services to carers
- 2,000 carers registered on the Emergency Card Scheme
- Improved emergency support
- Carers supported with training and access to employment
- Access to counselling
- All GP surgeries to be displaying carers information
- Increased partnership work between the Council and Health to ensure carers are considered as key partners.

# 1. Introduction

## 1.1 Who is a Carer?

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

Anyone can become a carer; carers can come from any background or culture and be of any age. Many do not identify with being a 'carer', they just see themselves as doing what any other son, daughter, mother, father, partner or best friend would do. Because of this carers can often be isolated and unaware of the network of support available.

'Care' is defined in a wide-ranging way and includes emotional and administrative support as well as physical care and domestic tasks.

The term 'carer' is often incorrectly used to describe paid care workers working in residential care or other paid support functions. It is important that we are consistent in our language to promote the definition in order to support carers in identifying themselves as such.

## 1.2 About Enfield's Carers Strategy

The Enfield Carers Strategy is a working partnership document which set out the carers agenda and focus of work for the next three years. It builds upon and adds to the excellent work that has already been established within Enfield under the previous Carers Strategy 2005-10.

The structure of this strategy mirrors the vision for the National Carers Strategy. The National Carers Strategy was based of widespread in depth consultation with carers and reflects the outcomes of consultation undertaken in Enfield. It is also appropriate that the funding through Carers Special grant reflects delivering the national priorities at local level.

The needs analysis on which this strategy is based is:

- Demographic profile of Enfield's population
- Results of surveys and consultations with carers and carer representatives
- Existing local strategies, local policies and plans
- Relevant legislation, Government policies and guidance, and best practice.

Whilst this Strategy predominately covers Adults Services, it is important to note that there are many carers under the age of 18 who care for a family member. With this mind, this strategy looks at the needs of young carers and parent carers, those who are caring for a disabled child. Responsibility for these carers falls with the remit of Children's Services and guidance from Health and Adult Social Care is available and provided through a partnership working and joint commitment.

## 1.3 Structure of the Strategy

The Strategy itself looks at the national and local drivers for carers services and lays out the vision and strategy for carers services within Enfield. These visions structure the workplan for the London Borough of Enfield and NHS Enfield over the next four years.

An Implementation Plan will be developed following the public consultation and will be a working document which will be regularly reviewed and updated through the Carers Partnership Board. Whilst the Strategy provides the overarching strategic vision, the Implementation Plan shows how this will be translated and delivered in detail.

## 1.4 Carer Involvement in the Strategy

The draft of this strategy was put out for consultation twice – once in June 2010 and again in June 2012. As part of this consultation, Local Authority and NHS Enfield colleagues, carers and third sector organisations were invited to consultation events on the draft strategy and their comments and feedback were used to improve the strategy.

Consultation in 2010 took part in the following ways:

- Carers Partnership Board event
- Stakeholders Day
- Open consultation events
- Joint Commissioning Group (now known as the Carers Hub).

The responses can be grouped into a number of thematic headings. The groups are useful indicators of where there is common ground with the following themes being prominent in the responses:



- Flexible, responsive access to short breaks
- Awareness raising and training
- Timely advice and guidance including financial advice.

A summary of their comments is attached Appendix B.

Due to the Coalition Government undertaking a review of the National Carers Strategy and publishing a new guide 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' and new research becoming available this Strategy was updated in early 2012 and was consulted on again for three months between June and August 2012.

Consultation in 2012 took part in the following ways:

- E-questionnaire
- Carers Week events
- Open workshop
- Open consultation events
- The Carers Hub.

The responses can be grouped into a number of thematic headings. The groups are useful indicators of where there is common ground with the following themes being prominent in the responses:

- Improved assessments and outcomes for carers
- Personalised, flexible services with a particular focus on breaks
- Benefits advice and support
- Support for health and wellbeing – especially counselling and emotional support.

Results from this consultation are published in the 'Summary of Submissions 2012' document attached as Appendix A.

## 1.5 Strategy Implementation

The Implementation Plan will show the agency and Lead Officer responsible for each action. The Carers Partnership Board has responsibility for monitoring the Implementation Plan. The monitoring will include:

- Regular reporting from those identified as responsible for actions
- Ensuring actions are achieved within agreed timescales
- Consultation with and feedback from carers

- Number of carers assessments
- Number of respite breaks
- Numbers of carers receiving information and advice
- Using the Carers Hub, developed by the Princess Royal Trust as a model for auditing outcomes against the strategic objectives.

## 2. About Carers

### 2.1 National Profile of Carers

There are almost 6 million carers throughout England and Wales, making up 10% of the total population, or approximately 12% of the adult population. In any one year there is a one in fifteen chance of any one of us becoming a carer and the route into and out of caring constantly changes as circumstances for individuals and families change

We value and recognise the contribution carers make and are keen to ensure that we develop our services for carers in line with national policy and in line with what carers tell us they want.

Research for the Princess Royal Trust for Carers<sup>1</sup> tells us that:

- There are 5.8 million carers in England and Wales (Census 2011).
- In the 2001 census 5.2 million carers were identified. This means over the past ten year the number of carers has increased by 11%.
- One in ten adults in the UK is a carer.
- 13 million people can expect to become carers in the next decade.
- 1,360,000 carers spends over 50 hours a week on their caring responsibilities, an increase of 270,000 since 2001.
- 42% of carers are men.
- The peak age for caring is 45-64. 20% of adults in this age group provide care.
- Of the 15.2 million employees aged 16-74 in full-time work, 1.6 million provide at least some unpaid care – 144,000 provide 50 or more hours a week.
- More than 80% of carers say that caring has had an adverse impact on their health.
- It is estimated carers save the Government the equivalent of £119 billion each year<sup>2</sup> yet the decision to care can mean a commitment to future poverty. Many give up an income, future employment prospects and pension rights to become a carer.

Young carers:

- The 2001 Census<sup>3</sup> indicated that there are 175,000

young carers aged under 18 in the UK today. However, a survey undertaken by the BBC in November 2010 highlighted that there is 700,000 young carers in the UK of secondary school age<sup>4</sup>.

- Over 13,000 care for over 50 hours per week.
- Young carers may look after relatives with a range of issues, including mental or physical illness, disability or alcohol or substance misuse.
- The average age of a young carer is 12.
- The lives of young carers are in some way restricted because of the need to take responsibility for the care of a person.
- Almost one third of young carers have educational difficulties. Many young carers miss days off school to care for someone. Some leave school with no qualifications. Most experience bullying and isolation from their peers.

The type of care provided differs greatly depending on many factors, especially the nature of the condition of the person being cared for. Providing care can range from personal care to emotional support. It is important to recognise that the emotional support a carer provides can affect the carer's health and wellbeing as significantly as physical caring tasks may. The 2000 General Household Survey (GHS)<sup>5</sup> found that:

- 51% of the carers looking after someone within their own home provided personal care such as bathing, washing, dressing and toileting.
- 57% provided physical help with getting in and out of bed, walking and getting up and downstairs.
- 26% were involved in providing personal care such as washing, 22% administering medicines and 71% give other practical help.

The General Household Survey also found that where the carer and the person cared for lived in the same household the amount of care provided increased. 63% of carers in the same household spent 20 or more hours a week caring and 31% spent at least 50 hours per week caring.

The Census question did not ask who the carer cared for, however the 2000 GHS revealed that more than half of carers (52%) were caring for their parents or

1 Key facts about Carers, The Princess Royal Trust for Carers, [www.carers.org/articles/information-for-press,2822,CA.html](http://www.carers.org/articles/information-for-press,2822,CA.html)

2 Buckner L and Yeandle S (2011) Valuing Carers 2011: Calculating the value of carers' support, University of Leeds and Carers UK

3 2011 Census results for young carers are not yet available

4 BBC Survey, [www.bbc.co.uk/news/education-11757907](http://www.bbc.co.uk/news/education-11757907)

5 Office for National Statistics Social Services Division (1993) *General Household Survey 1990* HMSO, London.

parents in law, while 18% were caring for their spouse. Nearly one in ten (8%) care for a child (including adult children), while a further fifth (21%) care for another relative and a fifth (21%) for a friend or neighbour.

Most carers look after elderly people. The 2000 GHS indicated that 70% of those cared for are 65 years or over. Sixty two percent of carers look after someone with a physical disability, 6% with a mental health disability and 18% with both a physical and mental health disability.

## 2.2 Local Profile of Carers

The 2011 Census told us the following about carers in Enfield:

- 27,624 people identified themselves as carers. However with lack of self identification it is estimated this figure is closer to 31,000 carers.
- 6,194 carers provide more than 50 hours care a week, an increase of 1,235 since the 2001 Census.
- 4,131 carers provide care for 20-49 hours per week, an increase of 1,178 since 2001.
- The remaining 17,299 carers care for under 20 hours per week, an increase of 603 since 2001.
- Based on the calculation that carers save their local authority the equivalent of **£18,473** in care costs<sup>6</sup>, this means that the 31,000 carers in Enfield save the local economy approximately £572,663,000.

The 2001 census told us the following about carers in Enfield:

- 25,026 people identified themselves as carers. However with the lack of self identification it is estimated this figure is closer to 29,000 carers.
- The highest number of carers live within the Town, Bush Hill Park and Highlands wards.
- The highest number of carers caring for more than 50 hours a week live within the Upper Edmonton, Edmonton Green and Turkey Street wards.
- Based on the calculation that carers save their local authority the equivalent of **£18,473** in care costs<sup>7</sup>, this means that the 29,000 carers in Enfield save the local economy approximately £535,717,000.

- 4,959 carers provide more than 50 hours care a week.
- 2,953 carers provide care for 20-49 hours per week.
- The remaining 16,696 carers care for under 20 hours per week.
- 11% of carers said they suffered from poor health because of their caring role.
- There are an estimated 1,000 young carers, aged under 18, providing care in Enfield.

We also know that:

- 305 carers had an assessment in their own right in 2010/11.
- 2,685 carers had a 'Party to Event' assessment with the person they care for – a joint assessment looking at both the needs of the cared for and carer.
- 630 carers received a service as an outcome of their Carers Assessment.
- A further 2360 carers received information and advice only.
- 50 carers declined an assessment.
- 1,054 carers are on Enfield's Carers Register.
- 445 carers have the Carers Emergency Card.
- 2,750 carers receive Carers Allowance.

## 2.3 Department of Health Carers Experience Pilot Survey 2008/09

The Carers Experience Pilot Survey was developed by the Department of Health to learn more about carers experiences of caring and how and which services made the most difference to their quality of life. It gave a unique look into how carers in Enfield felt about services and support available to them.

One clear message that comes from this is that the majority of carers are satisfied with the services the person they care for receive from social services. However the biggest gaps in need is the support delivered directly to carers – the need for social support, time for themselves and focus on their own health, wellbeing and personal safety.

Further detailed information on the results of this survey is included as Appendix D.

A new survey is to be undertaken in November 2012 and we analyse the results and address them accordingly through the Carers Strategy Implementation Steering Group.

<sup>6</sup> Buckner and Yeandle (2011), *Valuing Carers 2011 – Calculating the Value of Carers Support*, University of Leeds and Carers UK

<sup>7</sup> Buckner and Yeandle (2011), *Valuing Carers 2011 – Calculating the Value of Carers Support*, University of Leeds and Carers UK

## 2. About Carers

### 2.4 Impact of Caring

Carers UK have undertaken a great deal of research into the impact of caring. The following information has been found.<sup>8</sup>

#### a. Financial

The financial costs of caring can be significant. Research by Carers UK<sup>9</sup> found that 72% of carers were worse off financially as a result of becoming carers. The reasons given for this include the additional costs of disability, giving up work to care, the inadequacy of disability benefits and the charges for services. Carers can face higher bills than the rest of the population (including extra heating, laundry and transport costs) and many do not get support from social services, meaning that they have to pay for care themselves. Carers UK's most recent research<sup>10</sup> reveals that nearly two thirds are spending their own income or savings to pay for care for the person they look after.

The same research also found carers reporting financial hardship in a number of areas. More than half (54%) were in debt as a result of caring. Three-quarters struggled to pay essential bills (74%) and could not afford repairs to their house (78%). Half of all carers are cutting back on food just to make ends meet (52%). 32% of those paying rent or a mortgage say they cannot afford to pay it.

#### b. Health

The impact of caring can be detrimental to the health of carers. Carers UK's analysis of the 2001 Census findings<sup>11</sup> found that those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). This difference is especially marked amongst younger people. In the 18-25 age group those providing 50 hours care or more per week are three times as likely to be in 'not good' health as people of that age group not providing care (8% against 2.5%). This backs up earlier research, including a 2002 study, which found that carers were over twice as likely to have mental health problems if they provided substantial care; 27% of those providing over 20 hours a week had mental health problems compared to 13% of those providing less than 20 hours of care.<sup>12</sup>

Analysis of the Census also indicates that carers providing high levels of care are twice as likely to be 'permanently sick or disabled' as those not caring. Altogether 316,000 people in the UK who provide care describe themselves as 'permanently sick or disabled', of these 124,900 care for 50 or more hours per week. Those providing care over a long period of time are at particular risk of poor health and both mental and physical health are likely to deteriorate the longer the carer has been caring.

Other factors contributing to poor health amongst carers are low incomes and lack of breaks. Research by Carers UK found 62% worried about their finances and 53% believed this had an effect on their health.<sup>13</sup> Other research has found that those not receiving a break were far more likely to suffer from mental health problems, 36% compared to 17% of those carers getting a break.<sup>14</sup>

Many carers report that they are forced to ignore their own health because of a lack of alternative care and the absence of emergency planning. Research by Carers UK includes cases of carers discharging themselves from hospital because of an absence of alternative care.<sup>15</sup>

#### c. Employment

The 2001 Census found that 3 million people combine work with caring responsibilities for a disabled, ill or frail relative or friend. This is roughly one in eight workers in the UK. Of these, over 2 million carers work full time and 1 million part-time. Male carers are more likely to be in work than females, six out of ten male carers work, and 90% of these work full-time.

Eight out of ten carers are of working age, i.e. aged between 16 and 65. 400,000 people in the UK combine full-time work with caring for 20 hours a week or more, of these 200,000 are caring for 50 hours per week or more. Combining paid work and looking after a relative or friend causes stress and can lead to carers giving up work.

8 Facts About Carers (2009), Carers UK, London

9 Real Change not Short Change (2007), Carers UK, London

10 Carers in Crisis (2008) Carers UK, London

11 In Poor Health: the Impact of Caring on Health (2004) Carers UK, London

12 Singleton N. et al. (2002) *Mental Health of Carers*. Office for National

Statistics, The Stationery Office, London

13 Hirst M. (2004) *Hearts and Minds: the Health Effects of Caring*, Carers UK, London

14 *Back Me Up: Supporting Carers When They Need It Most* (2005), Carers UK, London

15 *Back Me Up: Supporting Carers When They Need It Most* (2005), Carers UK, London

Carers UK's Real Change Not Short Change survey<sup>16</sup>, which had a higher proportion of heavy end and older carers, found that more than half (54%) had given up work to care. Many had retired early due to their caring responsibilities – an average of 8 years early.

Nearly nine in ten (87%) working age carers looking after their partner had no-one in the household in paid work. The carers who responded to this survey had lost an average of £11,000 per year in earnings because of giving up work, cutting their hours or taking a more junior job.

Another barrier to carers combining caring with paid work is a lack of care services. A major research study of working carers found that only a quarter of them felt they had adequate support from formal services to enable them to combine work and care. Furthermore between 40 and 50 per cent of working carers say that a lack of flexibility and sensitivity in the delivery of services is hampering them.

#### **d. Social Exclusion**

Carers face social exclusion due to the isolation and the difficulties around the practicality of caring.

A major issue raised by carers is how inflexible or unreliable transport services cause frequent care emergencies which have been particularly problematic for working carers.

Carers also have problems accessing leisure services and other social activities due to the cost, lack of accessibility and lack of replacement care.

## **2.5 Carers Services**

Carers are a key to the helping people remain independent and living within the community. However this may affect their own health and wellbeing. Therefore it is essential to recognise the need of services to keep carers healthy and well. These services are known as Carers Services and they are preventative in nature. By providing services that increase or maintain carer's health and wellbeing, provide support and information and reduce their social isolation, carers will be more able to continue with their caring role.

Whilst there is no 'duty' placed upon local authorities to provide Carers Services, the cost effectiveness of such services which enable the carer to continue caring must be recognised as a 'best value' option. The Carers and Disabled Children Act 2000 states *'Such services, if targeting purposively, can be of genuine assistance in sustaining the caring relationship and be cost effective.'*<sup>17</sup>

Carers can access these preventative services predominately through the voluntary and community sector, with the lead organisation in Enfield being Enfield Carers Centre (for adults) and DAZU (for children and young people). However carers may also receive more specific, tailored services as an outcome of a Carers Assessment or a 'Party to Event' assessment when the carers is assessed alongside the care they care for.

However often the outcome of a Carers or Party to Event Assessment is the increase of community care services provided for the disabled person and/or respite care. This therefore is a service that is attributed to the disabled person's care plan and may be financially assessed through fairer charging for all.

<sup>16</sup> Real Change not Short Change (2007), Carers UK, London

<sup>17</sup> Carers and Disabled Children's Act 2000

## 3. Policy Context

### 3.1 The draft Care and Support Bill and 'Caring for our Future' White Paper

Published in July 2012 the White Paper and draft Bill set out the Coalition's reform for social care. It is hoped that it will be confirmed in the Queen's Speech in 2013 for implementation in 2015.

The 'Caring for our future' White Paper sets out our vision for the reformed care and support system. The draft Care and Support Bill creates a single modern piece of law for adult care and support, replacing complex and outdated legislation.

The White Paper sets out a new vision for reformed care and support system. The new system will:

- focus on people's wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services.

The focus of care and support will be transformed to promote wellbeing and independence instead of waiting for people to reach crisis point. This means people will receive better information and advice to plan ahead and be better connected to those around them.

People's experiences of care and support will be transformed through high quality services that respond to what people wants. This means people will have control of their own budget and their own care and support plan. There will be more support within communities, better housing options and improved support for carers. Re-ablement services and crisis response will help people regain their independence at home after a crisis.

The key actions outlined in the White Paper are:

- Stimulating the development of initiatives that help people share their time, talents and skills with others in their community.

- Developing and implementing, in a number of trailblazer areas, new ways of investing in supporting people to stay active and independent, such as Social Impact Bonds.
- Establishing a new capital fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people.
- Establishing a new national information website, to provide a clear and reliable source of information on care and support, and investing £32.5 million in better local online services.
- Introducing a national minimum eligibility threshold to ensure greater national consistency in access to care and support, and ensuring that no-one's care is interrupted if they move.
- Extending the right to an assessment to more carers, and introducing a clear entitlement to support to help them maintain their own health and wellbeing.
- Working with a range of organisations to develop comparison websites that make it easy for people to give feedback and compare the quality of care providers.
- Ruling out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support.
- Consulting on further steps to ensure service continuity for people using care and support, should a provider go out of business.
- Placing dignity and respect at the heart of a new code of conduct and minimum training standards for care workers.
- Training more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
- Appointing a Chief Social Worker by the end of 2012.
- Legislating to give people an entitlement to a personal budget.
- Improving access to independent advice to help people eligible for financial support from their local authority to develop their care and support plan.
- Developing, in a small number of areas, the use of direct payments for people who have chosen to live in residential care, to test the costs and benefits.
- Investing a further £100 million in 2013/14 and £200 million in 2014/15 in joint funding between the NHS and social care to support better integrated care and support.

The draft Care and Support Bill has been designed to bring social care law together to make it clear and concise. The Bill will replace previous pieces of legislation including other Acts relating to assessing and supporting carers.

### **3.2 What the draft Care and Support Bill says about Carers**

The Bill introduced a significant change for carers aged over 18 and their rights to assessment and services. The draft Bill creates a single duty for local authorities to undertake a 'carer's assessment'. This duty removes the requirement for a carer to be providing 'a substantial amount of care on a regular basis'. This means that more carers will be able to access an assessment and the duty to assess is the same as for the person they care for.

The assessment is to consider the impact of caring and determine whether the carer has support needs and what those needs are. It must also consider whether the carer is willing and/or able to carry on caring and whether they want to work.

Following the assessment the local authority must decide whether the carer is eligible for support using an eligibility framework. This framework will be set out in regulations accompanying the Bill. Together the local authority and the carer will then decide how to meet the eligible needs. A support plan will be created in line with the requirements in the Bill. Carers should then receive a personal budget to show them the costs of meeting their needs and how much money is available to them. Carers then have the right to request a direct payment to give them complete control over their services.

Due to the contribution carers make to the local community, in most cases local authorities will not charge for providing support to carers. However the local authority does have the power to charge for support and may do so. If a charge is required, the local authority must do a financial assessment of the carer to ensure they can afford to pay.

The supporting the carer means increasing the care to the person they care for then and there is a charge for this care, it must be the cared for who is financially assessed and not the carer.

For the first time, this Bill creates a new duty on local authorities to meet carers' eligible needs for support. This gives carers the same legal footing as the people they care for. The need for a support plan and regular review is also written into the Bill.

Young Carers will not be covered by this Bill but the Bill includes transition of young carers into adult services. Young carers will have the right to request an assessment early as part of the transition planning. There is also a duty that adult support must be in place by their 18th birthday or the local authority must continue to provide children's services to ensure there is no gap in support.

Parent carers can be assessed under adult law and the local authority may meet their needs under adult legislation, as well as through Children's Services.

### **3.3 How will the draft Care and Support Bill affect Enfield?**

In preparation of the Bill, the Strategy was reviewed to ensure it was consistent with the requirements that will accompany the Bill when passed by Parliament.

The establishment of Enfield Carers Centre highlights our commitment to the development of preventative services which are easily accessible to carers.

The quality review of Carers Assessments and respite provision will ensure that Enfield is working to ensure our assessments process and service provision meets the Bill's expectations.

A Strategy Review will take place once the Bill is passed through Parliament and is ready for implementation.

### **3.4 'Carers at the heart of 21st-families and communities' – The National Carers Strategy**

The National Carers Strategy '*Carers at the heart of 21st-families and communities*' was published on the 10th June 2008, signed by seven Government departments. The strategy sets out medium and long term plans to provide better support and services to carers.

### 3. Policy Context

The strategy was devised through a widespread consultation with carers through online consultation and events in partnership with Carers UK. The strategy says that by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Enfield Children and Young People's Plan.
- Carers often feel forced to give up work to care
- Carers often neglect their own health and need advice to maintain their wellbeing
- Carers need breaks from caring in order to sustain their role as a carer
- Carers feel that the value of Carer's Allowance is inadequate, the rules around overlapping benefits are unfair and the earnings limit is a disincentive to work
- More should be done to identify and support young carers – in particular schools should be more carer aware and the memorandum of understanding Working Together to Support Young Carers should be embedded.

Therefore the Government has now identified four priority areas for the period of 2010-2014:

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

This strategy was part of the *Our Health, Our Care, Our Say* white paper which also introduced a national telephone support line and website for carers, CarersDirect, establishment of comprehensive training for carers through the Caring with Confidence programme and funding to PCTs for emergency support.

#### 3.5 Recognised, Valued and Supported: Next Steps for the Carers Strategy

Over the Summer of 2010 the Coalition Government undertook consultation with carers and the Standing Commission on Carers to decide what the priorities for the next four years should be.

Key messages from the responses showed the following:

- Carers need better and timely access to information – on the illness or condition of the person they care for; on appropriate caring; on accessing benefits and other support and on financial and employment issues
- Carers often feel excluded by clinicians- both health and social professionals should respect, inform and involve carers more as expert partners in care
- Carers find accessing assessments overly bureaucratic and slow, and are often disappointed about the paucity of the services that follow

#### 3.6 The Operating Framework for the NHS in England 2012/13

This governing document for the NHS expresses a clear commitment to supporting carers and states that:

Following a joint assessment of local needs, which should be published with plans, PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets. For 2012/13 this means plans should be in line with the Carers Strategy and:



- be explicitly agreed and signed off by both local authorities and PCT clusters;
- identify the financial contribution made to support carers by both local authorities and PCT clusters and that any transfer of funds from the NHS to local authorities is through a section 256 agreement;
- identify how much of the total is being spent on carers' breaks;
- identify an indicative number of breaks that should be available within that funding; and
- be published on the PCT or PCT cluster's website by 30 September 2012 at the latest.<sup>18</sup>

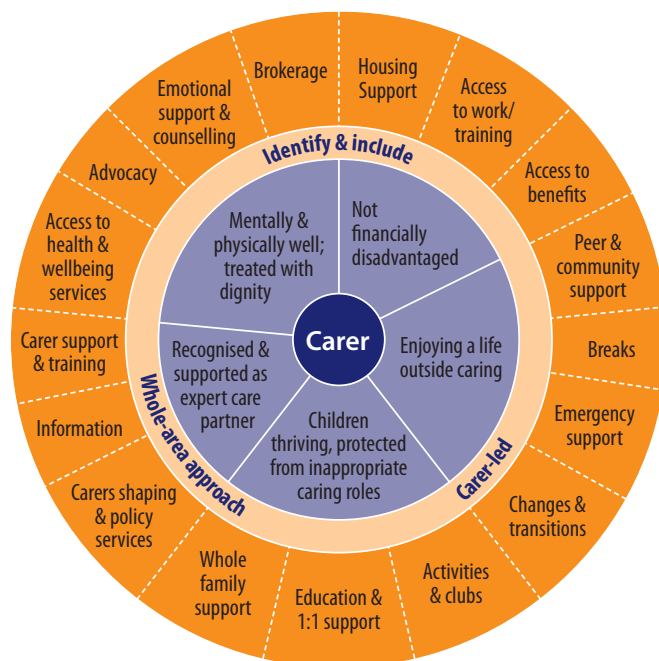
This Strategy acts as the joint assessment for local needs and Health are fully committed to the delivery of the Strategy.

A breakdown of the NHS spend on carers can be found attached as Appendix J.

### 3.7 Commissioning for Carers: an Action Guide for Decision-Makers

This document introduces the model of comprehensive Carers Support as shown on the wheel below. This tool has been to categorise the services that we will provide to carers within Enfield and will provide the structure for the Action Plan which will review the delivery of this strategy. The internal sections of this model reflects the five key visions from the National Carers Strategy and these are the vision that structures our delivery plan for Enfield.

This best practice guide which is a collaborative piece of work between ADASS, Carers UK, The Princess Royal Trust for Carers, The Afiya Trust, I&DEA, The NHS Confederation, the Local Government Association and Crossroads Caring for Carers.



For information on Enfield's local objectives and priorities please refer to Appendix E.

For further information on changes to governance due to the Health and Social Care Act please refer to Appendix F.

For further information on personalisation please refer to Appendix G.

For further information on legislation that affects carers please refer to Appendix H.

<sup>18</sup> The Operating Framework for the NHS in England 2012/13, Department of Health

# 4. Service Provision and Resources

## 4.1 The Market

The current market for carers services is based predominately within the Third Sector. The London Borough of Enfield has provided services to the cared for which give carers a break, culturally sensitive services to address inequalities and suitability of services to all carers in Enfield as well as direct services to carers such as support groups and complementary therapies.

The development of Enfield Carers Centre has begun to provide a central focus for carers services and support to other carers organisations. This will also provide carers with a central point of contact within the Borough.

In addition, young carers receive support through a range of targeted services delivered by DAZU (contracted until 2014), a voluntary organisation with 15 years experience in meeting the needs of Enfield's young carers.

## 4.2 Current Services

Currently through the Carers Grant, funding received through the Area Based Grant, the London Borough of Enfield commissions a wide variety of activities – some focused at providing service for the cared for to allow carers to have a break as well as carers services such as therapies and drop-in support. This can be found as Appendix I.

These services currently funded fall within the scope of the forthcoming Voluntary and Community Sector Strategic Commissioning Framework.

The framework signals a review of currently funded arrangements and is likely to be implemented from early February 2013. A commitment has been given to give 6 months notice to any organisations that are recommended for decommissioning following this review.

Children's Services and the Children's Trust Commissioning Service to deliver services for Young Carers and Parents Carers which funds the following:

■ Direct Payments	£130,000
■ Commissioned Homecare	£50,000
■ Commissioned Playschemes and After School Groups	£79,520
■ Young Carers	£150,000

# 5. Strategic Objectives

This strategy is looking to implement the National Carers Strategy at a local level and therefore our five strategic objectives are the same as those for carers services nationally.

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

### 5.1.1 Information

- The development of a Carers Communications Strategy to raise awareness and ensure a consistent approach to carers' information, signposting and referral. This will govern by a joint working group with representatives from the London Borough of Enfield, NHS Enfield, carers and VCS organisations.
- Information in public places across the Borough to encourage carer self identification and to promote information and support available
- Development of a GP Outreach Programme to work with GPs and practice managers to identify, support and refer carers
- London Borough of Enfield and NHS Enfield website to provide clear and up-to-date information for carers and signposts to Enfield Carers Centre
- Enfield Carers Centre website to provide information, advice and signposting
- Enfield Carers Centre to provide 'drop-in' and telephone support and advice, signpost to other organisations as appropriate, benefits advice and host information and training sessions for carers
- Information pack for newly identified carers
- Information provided to those working with carers around carers rights, assessments and how to support them
- To work with the BAME organisations to ensure information is accessible and culturally appropriate

### 5.1.2 Carers Shaping Policy and Services

- Enfield Carers Centre to develop quarterly Carers Forums where carers are consulted on policies and planning activities
- Increased carers representation on the Carers Partnership Board

- For all boards (including the CCG) to have a dedicated Carers Champion
- Carers consulted and involved in key policy development
- To provide practical and financial support to enable carers to be involved in consultation and policy development
- To increase numbers on the Carers Register
- Annual carers survey
- To promote the Patient Participation Groups to carers within GP practices to ensure carers views are heard
- Linking of Carers Register (Enfield Carers Centre), GP carers register and carers known to the local authority
- Carers to be involved in development and implementation of Council, Health and Mental Health strategies and policies

### 5.1.3 Carers Assessments, Support and Training

- For all care teams to have a 'Carers Assessment and Support Officer' to support frontline staff with carers assessment, review and to act as the Carers Champion
- Ensure the term 'carer' is used appropriately and only to describe carers, not care workers or personal assistants
- Ensure frontline staff attend Carers Awareness and/or Carers Assessment training provided through Learning and Development
- Carers Awareness training to GPs through Protected Learning Time sessions
- Streamline Carers Assessment forms to promote easy information sharing
- Ensure Carers Assessment follow the format introduced in 'A Practitioner's Guide to Carers' Assessments under the Carers and Disabled Children Act 2000' issued by the Department of Health
- To increase the number of carers receiving appropriate services following carers assessment
- To work with GPs to raise awareness and refer carers for assessment
- To quality assess Carers Assessments and Party to Event assessments annually
- To carers to be offered 'Manual Handling', 'First Aid' and 'Dealing with Difficult Behaviour' training when identified as appropriate

## 5. Strategic Objectives

### 5.1.4 Personalised and Flexible Services

- To provide and promote flexible respite options to carers as a result of a Community Care assessment for the person they care for or through a Carers Assessments
- Commitment from all agencies to work in a joint manner, with improved communication and planning for carers
- To provide and promote the Carer Direct Payment
- To review the pilot Carers Direct Payment and make recommendations
- To provide and promote the use of Assistive Technology to support carers
- To ensure carers are informed of all options and support available to them and are supported to tailor support to suit themselves and their families
- To ensure carers are included as a key partners when developing a brokerage scheme
- Advice and support for carers on managing a direct payment and employer responsibilities

### 5.2 Carers will be able to have a life of their own alongside their caring role

#### 5.2.1 Peer and Community Support

- Enfield Carers Centre to develop a range of activities away from the caring role
- Carers Support Groups established
- Activities to younger adult carers developed (aged 18-25)

#### 5.2.2 Breaks

- Audit of existing respite and break provision
- Consultation with carers to gain better understanding is needed into what they wants and need in regards to breaks
- Development of carers breaks with NHS Enfield
- Supporting carers not eligible for the Carers Direct Payment to have access to flexible and person centred respite

#### 5.2.3 Emergency Support

- Review and promote the Emergency Card Scheme
- Promotion of assistive technology
- All carers to have emergency planning addressed as part of their Carers Assessment

- All carers to have support of basic health needs – for example medical, dental appointments – written into their Carers Assessment
- Clear policy on how London Borough of Enfield and NHS Enfield will support carers in emergencies
- Promote the use of Advance Directives to care co-ordinators and carers

### 5.2.4 Changes and Transitions

- Clear and comprehensive Hospital Discharge policy across North Middlesex and Chase Farm hospitals
- Clear policy and procedure for young carers at the point of transition from Children's to Adults Services
- Support for carers at point of recognition
- Support for carers at point of caring ceasing and for at least one year after
- Support for bereaved carers
- Transition frameworks developed for:
  - Independent Living: Supporting Carers
  - Planning for the Future

### 5.3 Carers will be supported so that they are not forced into financial hardship by their caring role

#### 5.3.1 Housing Support

- Housing staff to be trained in the needs of carers
- Housing adaptations, assistive technology and aids to be considered in Carers Assessments
- Carers Champions within Occupational Therapy
- Promotion of housing benefits and council tax reduction for carers

#### 5.3.2 Access to Benefits

- Enfield Carers Centre to provide benefits advice and surgeries for carers via telephone, face-to-face or email
- General benefits information to be available on London Borough of Enfield, NHS Enfield and Enfield Carers Centre's websites
- Information sessions on benefits and pensions
- Work with Chase Farm and North Middlesex hospitals to provide reduced car parking rates for carers
- To work with relevant departments within the Council to review car parking provision for carers
- Support for carers with benefits when the cared for dies

### 5.3.3 Access to Work/Training

- Dedicated support to carers that wish to remain in employment or education
- Ensure working carers can access all support offered to other carers
- Employee Support Scheme for carers working for the London Borough of Enfield and NHS Enfield
- London Borough of Enfield and NHS Enfield to review working policies and procedures to ensure employees that are carers are supported to remain in employment
- Promote flexible working and carers issues to businesses and employers within Enfield
- To support younger carers (18-25 years) into the job market or into further education
- Joint strategy between London Borough of Enfield, NHS Enfield and Jobcentre Plus to support carers back into employment
- Support and workshops in employment issues for carers – job skills, interview skills, CV surgery

## 5.4 Carers will be supported to stay mentally and physically well and treated with dignity

### 5.4.1 Safeguarding

- Ensure carers are aware of Safeguarding procedures and how to report abuse
- Produce information booklets for carers who feel they are being abused and carers who feel they may be at risk of abusing
- Carers involved in the development of Safeguarding strategies and policy
- Advice booklet on Employing Staff Safely

### 5.4.2 Access to Health and Wellbeing Services

- Health Checks through the NHS Enfield Health Trainers programme
- Development of a GP Outreach and Training Programme
- Carers Champions on the Clinical Commissioning Group
- Ensure carers are able to access essential health services
- Joint working between London Borough of Enfield, NHS Enfield and BEH Mental Health Trust to ensure carer's mental health is supported and services provided

- Subsidised exercise activities for carers
- Engage carers in the implementation and monitoring of the Primary Care Strategy and that carers are a key consideration in the Early Supported Discharge planning and care management

### 5.4.3 Emotional Support and Counselling

- Self referral counselling service for carers developed and promoted
- Joint plan on support carers and their mental health between London Borough of Enfield, NHS Enfield and BEH Mental Health Trust
- Peer support and support groups to reduce social isolation
- Befriending service for socially isolated carers

### 5.4.4 Advocacy and Brokerage

- Enfield Carers Centre to provide support and information to carers
- Carers consulted and key partners in the development of Advocacy and Brokerage development

## 5.5 Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Enfield Children and Young People's Plan

### 5.5.1 Whole Family Support

- Parent carers to be offered a Carers Assessment, separately from the family assessment, as routine as recognition of their caring role
- Training for Children's Service staff on young carers, siblings and parent carers
- Young carers offered assessments under the Children's Act 'child in need' legislation
- Families supported to have quality family time
- Joint protocol of working between Adult and Children's Services to support young carers and their families
- Specific support for young carers with End of Life care with a focus on bereavement services

### 5.5.2 Educational and One-to-One Support

- Development of a guide for schools on how to best support young carers and their families

## 5. Strategic Objectives

- Inset training for teaching and support staff to understand issues of young carers
- Enfield Carers Centre to pilot a young carers projects with two primary and two secondary schools and produce a research paper on the outcomes for young carers
- Enfield Carers Centre to pilot a homework club for young carers and siblings
- Counselling available for young carers
- For DAZU to continue to provide the following services to young carers through a contract with the Children's Trust Commissioning Service:

1. Written/verbal information about appropriate services or options, ensuring that they understand this information, and refer or signpost to other organisations if necessary
2. Provision of mediation and representation, within their family and in their contact and negotiation with other organisations, or in formal or statutory processes
3. Access a wider network of services, including statutory, voluntary, peer group and community initiatives and provide general legal advice and advocacy free of charge
4. To undertake an initial assessment to identify a young carer's needs
5. To organise a face-to-face assessment with the young carers and their family
6. To provide counselling to young carers
7. Provide private tutoring for young carers and liaise with schools to help ensure support for the young carer throughout the school day
8. To support young carers in their applications to other funding organisations for grants to pursue educational, leisure and social opportunities, or grants for equipment that may aid education, reduce risks and promote independence.

### 5.5.3 Activities and Clubs

- To support young carers through the provision of clubs and activities – DAZU provide 'break' services, including age-appropriate group work and social activities and day trips to help young carers obtain respite from their caring role
- Specific Carers Week and Carers Rights activities

All strategic objectives come from the National Carers Strategy 'Carers at the Heart of 21st-century Families and Communities' and therefore are set within the national context of service delivery

Rationale	Commissioning Intention
<p><b>Strategic Objective 1: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role</b></p> <p>Recognition from London Borough of Enfield that we do not have enough information on the needs of carers. A full needs analysis for service planning is required, reaching 'hidden' carers and young carers.</p> <p><i>Caring about Carers</i> recognised the importance of information for carers, easy access to comprehensive and up-to-date information at the right time continues to be fundamental in supporting carers, and was highlighted during the consultation. (National Carers Strategy)</p> <p>31,000 carers within Enfield, however only 1,054 are on the Carers Register.</p> <p>Information for carers in different languages and promote within the third sector. Coverage aimed at BME groups e.g. radio stations. (Carers Partnership Board Away Day, May 2009/Carers Workshop, August 2012)</p> <p>A concern for a significant number of carers was the level of support available to them because they had their own independent financial resources. As 'self-funders' their experience was that they received little advice and guidance in relation to accessing support for the person they were caring for. Carers stated they were making decisions about care services without any help or guidance and felt isolated and vulnerable during this process. (Carers Consultation, July 2011/Carers Week event, June 2012)</p> <p>Responsibilities to include voluntary sector and statutory sector working together to provide excellent information and services. (Carers Partnership Board Away Day, May 2009)</p> <p>Over 30% of carers said information was fairly or very difficult to find. (Carers Experience Pilot Survey, 2008/09)</p> <p>Importance of access to timely information, advice and guidance. For many carers navigating their way around health and social care system is often difficult and confusing. (Carers Consultation, July 2011)</p> <p>Feedback from carers has highlighted the need for literature in community languages. (Carers Right Day consultation, December 2008)</p> <p>Carers do not have enough information, especially when new to caring. (Learning Disabilities Carers Forum, November 2008)</p> <p>Ongoing and real engagement with carers in service modernisation and redesign.</p> <p>A greater awareness of carers and the particular issues that they face is needed not only by health and social care professionals but also by professionals working across the piece. they need training so that they can provide the information and services that carers need to support them in their caring role. (National Carers Strategy)</p>	<p>1.1 To ensure carers have access to high quality information which is accessible and appropriate by:</p> <ul style="list-style-type: none"> <li>■ Carers Communications Strategy</li> <li>■ Increased carers information in public places</li> <li>■ GP Outreach Programme</li> <li>■ Up to date 'carers' section on LBE/NHS websites</li> <li>■ Enfield Carers Centre website</li> <li>■ Enfield Carers Centre information and advice service</li> <li>■ Information pack for newly identified carers</li> <li>■ Information specifically focused on carers rights, assessments and support</li> <li>■ BAME partnership work to ensure information is accessible</li> </ul> <p>1.2 To ensure carers and carer representation involvement in shaping services and policy by:</p> <ul style="list-style-type: none"> <li>■ Quarterly carers forums</li> <li>■ Representation on Carers Partnership Board</li> <li>■ Carers Champion for all partnership boards and CCG</li> <li>■ Carers consulted and involved in key policy development</li> <li>■ Practical and financial support to enable carers to engage</li> <li>■ Increased numbers on the Carers Register</li> <li>■ Annual carers survey</li> <li>■ To promote the Patient Participation Groups to carers within GP practices to ensure carers views are heard</li> <li>■ Linking of Carers Register (Enfield Carers Centre), GP carers register and carers known to the local authority</li> <li>■ Carers to be involved in development and implementation of Council, Health and Mental Health strategies and policies</li> </ul>

Rationale	Commissioning Intention
<p>A key theme was concern regarding the current level of awareness and understanding of the needs of carers, specifically amongst professionals from within health and social care. (Carers Consultation, July 2011)</p> <p>Carers expressed feeling undervalued, with professionals not acknowledging the support they were providing and that their own health and care needs were often not identified. (Carers Consultation, July 2011/Carers Workshop August 2012)</p> <p>Carers felt they would benefit from information and training being made available in order to support them with their caring role. (Carers Consultation, July 2011)</p> <p>Need information at point of assessment. (Learning Disabilities Carers Forum, November 2008)</p> <p>Information directory for carers services is needed. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers expressed that frontline professionals often are not aware of, or able to address, carers needs. (Learning Disabilities Carers Forum, November 2008)</p> <p>Practitioners need to be flexible in meeting times etc. to allow carer to be involved. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers would like a more personalised service, for themselves and the person they care for with opportunities to have respite at home. (Carers Consultation, July 2011)</p> <p>Huge range in quality and understanding of carers issues from care workers. (Learning Disabilities Carers Forum, November 2008)</p> <p>Transport is difficult for carers to access. (Carers Rights Day consultation, December 2008)</p> <p>Carers experience lack of flexibility when arranging a break. (Carers Consultation, July 2011/Carers Week event 2012)</p> <p>Need to clarify the use of the term 'carer' and make this clear and standardised. (Learning Disabilities Carers Forum, November 2008)</p> <p>Professionals excluded carers by using 'too much jargon' and by use of too much paperwork. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers see very little return from Carers Assessments – 'nothing ever happens'. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers need to be supported carers and have access to appropriate self-directed support i.e. innovative, carer-led. (Carers Partnership Board Away Day, May 2009)</p> <p>Carers Direct Payment criteria too strict, many carers cannot access. (Carers Workshop, August 2012)</p> <p>Carers Direct Payment's eligibility excludes carers of those with mental health issues. (Enfield Mental Health Carers Support Group, August 2012)</p>	<p>1.3 Carers Assessment, Support and Training</p> <ul style="list-style-type: none"> <li>■ Carers Assessment and Support Officer in all teams</li> <li>■ Promote the correct use of the term 'carer' within health, social care and the third sector</li> <li>■ Training for frontline staff</li> <li>■ Carers Awareness training to GPs through Protected Learning Time sessions</li> <li>■ Streamline Carers Assessment forms to promote easy information sharing</li> <li>■ Carers Assessments in line with Department of Health best practice guidance</li> <li>■ Increased numbers of carers receiving appropriate services following assessment</li> <li>■ Support to GPs to identify and refer carers</li> <li>■ To undertake annual quality assessment of Carers Assessments and Party to Event assessments</li> <li>■ Carers to be offered Manual Handling, First Aid and Dealing with Difficult Behaviour training</li> </ul> <p>1.4 Personalised and Flexible Services</p> <ul style="list-style-type: none"> <li>■ Provide and promote flexible respite options to carers</li> <li>■ Joint work from all agencies working with carers</li> <li>■ Provide and promote the Carers Direct Payment</li> <li>■ To reevaluate the Carers Direct Payment pilot</li> <li>■ To provide and promote the use of Assistive Technology</li> <li>■ Carers are informed of options and support is tailored and person centred</li> <li>■ Carers a key partner when developing a brokerage scheme</li> <li>■ Advice and support for carers on managing a direct payment and employer responsibilities</li> </ul>



Rationale	Commissioning Intention
<p>They can be used, for example, to provide practical support for the carer in activities (such as window cleaning or gardening) that are important to the carer but are hard to manage, or to bring in extra support. It will mean that services can be designed to reflect the particular needs of carers and the people they support, and will continue the move away from the “one size fits all” model. (National Carers Strategy)</p> <p>Carers face difficulty finding out important information about their cared for due to confidentiality. At times of relapse the cared for can withdraw consent leaving the carer without information and support. Advance Directives should be encouraged. (Enfield Mental Health Carers Support Group, August 2012)</p> <p>Importance of Carers Assessment and Support Officers was raised on numerous occasions and the negative impact from vacant posts. (Carers Week events, June 2012/Carers Workshop, August 2012/ Enfield Mental Health Carers Support Group, August 2012/Carers Partnership Board, September 2012/ Enfield Carers Centre October 2012)</p>	
<p><b>Strategic Objective 2: Carers will be able to have a life of their own alongside their caring role</b></p>	
<p>Over 70% of carers can't do many, or any, of the things they wish to do because of their caring role. (Carers Experience Pilot Survey, 2008/09)</p> <p>Over 70% of carers do not have enough, or any, time to be themselves. (Carers Experience Pilot Survey, 2008/09)</p> <p>Over 60% of carers felt lonely, cut off from others or socially isolated. (Carers Experience Pilot Survey, 2008/09)</p> <p>Lack of recognition of what a carer is and self identification, especially within the BME communities. (Carers Rights Day consultation, December 2008)</p> <p>Lack of short break opportunities for people requiring specific care support such as – culturally appropriate services; those with behaviour that challenge or specialist mental health provision. (Carers Consultation, July 2011)</p> <p>There is no doubt that consistent, high-level caring can feel relentless if there is no prospect of a break for carers from time to time. By preventing the breakdown of the valuable support that carers provide, not only is the financial cost of repairing carers' own health avoided, but the additional cost of providing alternative care for the people they are supporting is avoided too. (National Carers Strategy)</p> <p>Need for bereavement services for former carers. (Carers Rights Day consultation, December 2008)</p> <p>Support needed for former carers. (Carers Workshop, August 2012)</p> <p>Emergency respite processes do not always work with carers reimbursement taking too long. (Carers Partnership Board, September 2012)</p> <p>Many carers stated that discharge procedures from hospital need to be improved. Concerns were raised regarding how carers are included in the discharge planning for the cared for person and consulted in relation to the care which needs to be provided. (Carers Consultation, July 2011)</p>	<p>2.1 Development of Peer and Community Support by:</p> <ul style="list-style-type: none"> <li>■ Enfield Carers Centre to develop activities</li> <li>■ Carer Support Groups established</li> <li>■ Development of activities for younger adult carers (18-25 years)</li> </ul> <p>2.2 To ensure carers have access to breaks that are appropriate and accessible</p> <ul style="list-style-type: none"> <li>■ Audit existing respite and break provision</li> <li>■ Consultation with carers regarding respite and breaks</li> <li>■ Development of carers breaks with NHS Enfield</li> <li>■ Supporting carers not eligible for direct payment</li> </ul> <p>2.3 Emergency Support</p> <ul style="list-style-type: none"> <li>■ Review and promotion of Emergency Card Scheme</li> <li>■ Promotion of assistive technology</li> <li>■ Emergency planning included in Carers Assessment</li> <li>■ Support for basic health needs</li> <li>■ Clear policy devised</li> <li>■ Encourage use of Advanced Directives</li> </ul>

Rationale	Commissioning Intention
<p>For some carers their caring role did not cease while the cared for person was in hospital. Hospital staff do not always recognise the impact of providing support in hospital upon the carer. (Carers Consultation, July 2011)</p> <p>Younger adult carers felt there are no opportunities for social activities for their age group. (Carers Week Dinner and Dance, June 2009)</p> <p>Need to provide activities to younger adult carers. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers don't have a 'day off', need a holiday and a break. (Learning Disabilities Carers Forum, November 2008)</p> <p>The move into adulthood for young carers is very likely to be disadvantaged by lack of qualifications, limited social skills and continuing caring responsibilities, making entry into the labour market difficult. (Young Adult Carers in the UK, Experiences, Needs and Services for Carers aged 16-24, Becker and Becker, Princess Royal Trust for Carers, 2008)</p> <p>The transition of young people from children's services to adult care can be a difficult time, both for them and for their carers. This is because they often face an uncertain future, not knowing whether services will continue to be provided or who will be providing them. (National Carers Strategy)</p> <p>Parent carers need support when their child reaches the age for independent living – how the caring role changes and how to 'let go'. (Carers Hub meeting, July 2012)</p> <p>Support needed for carers who care for their child and what happens when they get too old/ill/die. (Carers Hub meeting, July 2012)</p> <p>Carers are not being given replacement care to attend their own health appointments. (Carers Workshop, August 2012)</p> <p>Carers have cancelled operations due to lack of replacement care. (Carers Hub, July 2012)</p>	<p>2.4 Changes and Transitions</p> <ul style="list-style-type: none"> <li>■ Clear Hospital Discharge policy across Enfield</li> <li>■ Clear policy and procedure for young carers at transition from children's to adult services</li> <li>■ Support for carers at point of caring ceasing and for one year after</li> <li>■ Support to bereaved carers</li> <li>■ Frameworks developed for Independent Living: Supporting Carers and Planning for the Future</li> </ul>
<p><b>Strategic Objective 3: Carers will be supported so that they are not forced into financial hardship by their caring role</b></p>	
<p>Carers are not aware of benefits and pension credit that they may be entitled to. (Learning Disabilities Carers Forum, November 2008)</p> <p>Over 3 million people juggle care with work, however the significant demands of caring mean that 1 in 5 carers are forced to give up work altogether. (Carers UK)</p> <p>We agree wholeheartedly with the ambition to help carers manage the balance between caring and work and will try to ensure that, over the next 10 years, all the carers who want to work will be able to do so. This fits in with our wider objectives to maximise employment opportunity for all. Enabling carers to work not only helps them as individuals but also improves the efficiency of the labour market and helps to sustain growth in the economy. (National Carers Strategy)</p>	<p>3.1 Housing Support</p> <ul style="list-style-type: none"> <li>■ Training for housing staff to recognise the needs of carers</li> <li>■ Housing adaptations, assistive technology and aids to be considered in Carers Assessments</li> <li>■ An OT 'carers champion'</li> <li>■ Awareness campaign of housing benefits and council tax reduction for carers</li> </ul>

Rationale	Commissioning Intention
<p>Many carers find they experience financial hardship as a result of caring. Some have to give up their jobs or reduce their working hours to accommodate their caring role; many carers are unclear about what benefits and financial assistance is available to them and how to access financial support. (Carers Consultation July 2011)</p> <p>Transport and parking costs are massive concern for carers – suggestions of a Carers Parking badge (similar to the Brown Badge scheme) free hospital parking. (Carers Workshop, August 2012)</p> <p>Council Tax reductions are not promoted to carers. (Carers Workshop, August 2012)</p> <p>Housing adaptations should suit the carer as well as the cared for. Carers views are never listened to. (Carers Workshop, August 2012)</p> <p>Support is needed before carers have to give up work. (Carers Workshop, August 2012)</p>	<p>3.2 Carers are supported to access benefits</p> <ul style="list-style-type: none"> <li>■ Enfield Carers Centre to provide benefits advice via telephone, surgeries and email</li> <li>■ Websites kept up to date with benefits information</li> <li>■ Information session regarding benefits and pensions</li> <li>■ Work with hospitals to provide reduced/free car parking for carers</li> <li>■ Review car parking provision for carers</li> <li>■ Support for carers with benefits when the cared for dies</li> </ul> <p>3.3 Carers have access to employment and training</p> <ul style="list-style-type: none"> <li>■ Dedicated support to carers that wish to remain in employment</li> <li>■ Ensure working carers can access all support offered to carers</li> <li>■ Employee Support Scheme at LBE/NHS</li> <li>■ LBE/NHS Enfield to ensure working policies are 'carer friendly'</li> <li>■ Promote flexible working and carers issues to businesses within Enfield</li> <li>■ Support younger adult carers into job market/further education</li> <li>■ Joint strategy with Jobcentre Plus to support carers back into work</li> <li>■ Support and workshops in employment for carers – job skills training, CV surgery</li> </ul>
<p><b>Strategic Objective 4: Carers will be supported to stay mentally and physically well and treated with dignity</b></p>	
<p>Over half of all carers surveyed stated they cannot look after themselves well enough with 20% of these carers stating they neglect themselves. (Carers Experience Pilot Survey, 2008/09)</p> <p>Carers should not have to ignore personal health concerns and needs because their caring role does not allow the time to address them, the services and support available to carers must be such that they are able to stay mentally and physically well throughout their caring role. (National Carers Strategy)</p> <p>Carers UK's analysis of the 2001 Census findings found that those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%). (In Poor Health: the impact of caring on health (2004) Carers UK, London)</p> <p>GPs will be effective to promote carers services as over 60% of carers accessed the GP within the past year. (Carers Experience Pilot Survey, 2008/09)</p>	<p>4.1 Carers are safeguarded against harm</p> <ul style="list-style-type: none"> <li>■ Ensure carers and carers organisations recognise and report abuse</li> <li>■ Produce information booklet for carers who may be abused or at risk of abusing</li> <li>■ Carer involvement in Safeguarding strategies</li> <li>■ Advice booklet on Employing Staff Safely</li> </ul>

Rationale	Commissioning Intention
<p>Over 30% of carers had some worries over their own personal safety. (Carers Experience Pilot Survey, 2008/09)</p> <p>Carers found accessing essential health services such as GP appointments difficult and not given enough time to plan. (Carers Rights Day consultation, December 2008)</p> <p>Carers can be 'scared' to complain about services in hospital. (Carers Rights Day consultation, December 2008)</p> <p>Exercise is important for carers to be fit to continue caring. (Carers Rights Day consultation, December 2008)</p> <p>Hospitals need to listen to feedback from carers. (Carers Rights Day consultation, December 2008)</p> <p>Lack of recognition of the emotional strain of caring. (Learning Disabilities Carers Forum, November 2008)</p> <p>This stress can be the result of being on call for long periods of the day and may lead to the deterioration of relationships. Stress may mean that carers neglect their own health, for example by not eating properly, or they may neglect, or even mistreat the person they are caring for. It is very important that this kind of stress is recognised – both by carers themselves and by professionals in contact with them – at an early stage and potentially abusive situations are tackled. (National Carers Strategy)</p> <p>Counselling is needed from day one of caring. (Learning Disabilities Carers Forum, November 2008)</p> <p>Carers can feel great emotional strain and guilt, break up of relationships, strain on family life. (Learning Disabilities Carers Forum, November 2008)</p> <p>The need for peer support, and to meet others who understand your situation is extremely important. (Learning Disabilities Carers Forum, November 2008)</p> <p>Important to be given the opportunity to learn from each other. (Learning Disabilities Carers Forum, November 2008)</p> <p>Counselling service needs to be longer than the six sessions offered from the Carers Centre. Waiting times from Mental Health are too long. (Carers Week event, June 2012)</p> <p>Counselling is essential to stop carers becoming depressed. (Carers Workshop, August 2012)</p> <p>GPs should share information about the medical condition (not the cared for) to give carers a better understanding. (Carers Workshop, August 2012)</p> <p>Professionals need to share more information – changing in service/medication for example, can put the carer at risk unless they are aware. (Enfield Mental Health Carers Support Group, August 2012)</p> <p>An annual health check by the GP will prevent any health issues for the carer. (Enfield Mental Health Carers Support Group, August 2012)</p> <p>GPs should review the carer's health routinely. (Carers Workshop, August 2012)</p>	<p>4.2 Carers have access to health and wellbeing services</p> <ul style="list-style-type: none"> <li>■ Health Checks and Health trainer support</li> <li>■ Development of GP Outreach and Awareness project</li> <li>■ Carers Champion of CCG</li> <li>■ Ensure carers are able to access essential health services</li> <li>■ Joint working between LBE, NHS Enfield and BEH Mental Health Trust</li> <li>■ Subsidised exercise activities</li> <li>■ Engage carers in Primary Care Strategy, especially Early Supported Discharge planning</li> </ul> <p>4.3 Carers have access to emotional support and counselling</p> <ul style="list-style-type: none"> <li>■ Self referral counselling service</li> <li>■ Joint plan to support carers and their mental health between LBE, NHS Enfield and BEH Mental Health Trust</li> <li>■ Peer support and support groups</li> <li>■ Befriending services</li> </ul> <p>4.4 Advocacy</p> <ul style="list-style-type: none"> <li>■ Enfield Carers Centre to provide support and information</li> <li>■ Carers consulted and key partners in development of Advocacy and Brokerage development</li> </ul>

Rationale	Commissioning Intention
<p><b>Strategic Objective 5: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the Enfield Children and Young People's Plan</b></p> <p>Parent carers very aware and concerned about the impact on siblings. (Learning Disabilities Carers Forum, November 2008)</p> <p>Children, both those with additional needs and young carers, need greater supported at transition time. (Learning Disabilities Carers Forum, November 2008)</p> <p>In total, 18% (885) had been assessed, most (11%) under the Children Act. (Dearden and Becker (2004) Young Carers in the UK, Carers UK and The Childrens Society, London)</p> <p>High levels of caring can have an adverse impact on young carers, resulting in friendship difficulties, limited time for social and leisure activities, limited time for school work and home work, and can limit opportunities and make transitions into adulthood more problematic. (Dearden and Becker (2004) Young Carers in the UK, Carers UK and The Childrens Society, London)</p> <p>Schools can be a vital source of support and welcome contact with peers but many young carers feel that the issues and challenges they face are not always understood. Too often, young carers feel they need to keep their status hidden, even from their closest friends. Some do so out of fear of being seen as different – many young carers have highlighted they feel that stigma is still attached to disability and illness. Some do so because they see family matters as private. Others – possibly those in greatest need – do so out of fear of social services' intervention. For many young carers, the resulting isolation and the lack of someone to talk to are particular problems. Opportunities to pick up on problems early are also being missed. (National Carers Strategy)</p> <p>Most young siblings experience lack of parental attention, isolation, ignorance about disability, difficulty coping with their experiences, and the financial impact of disability on the family. Many studies on siblings of children with a chronic illness indicate that siblings are at risk of negative psychological effects. (Developing a Service for Siblings of Disabled Children, Sibs, www.sibs.org.uk)</p> <p>Spend per young carer is very low, need more investment. (Strategy feedback comment, September 2012)</p> <p>Counselling is needed, somewhere between DAZU and CAMHS. (Carers Workshop, August 2012)</p> <p>Adult services often miss the young carer. (Carers Hub, July 2012)</p>	<p>5.1 Whole Family Support</p> <ul style="list-style-type: none"> <li>■ Parent Carers to be offered Carers Assessments as routine and recognition of caring role</li> <li>■ Training on young carers, siblings and parent carers</li> <li>■ Young carers offered assessments under Children's Act 'Child in Need' legislation or a Carers Assessment if aged 16 or over</li> <li>■ Families are supported to have quality family time</li> <li>■ Joint protocol of working between Adult and Children's Services to support young carers and families</li> <li>■ Support for young carers as part of End of Life Care</li> </ul> <p>5.2 Education support for young carers</p> <ul style="list-style-type: none"> <li>■ Development of guide for schools on how to best support young carers</li> <li>■ Inset training for teaching and support staff to understand issues of young carers</li> <li>■ Enfield Carers Centre to pilot a young carers projects with two primary and two secondary schools and produce a research paper on the outcomes for young carers</li> <li>■ Enfield Carers Centre to pilot a homework club for young carers and siblings</li> <li>■ Counselling available for young carers</li> <li>■ For Children's Trust Commissioning Service to contract a Young Carers Service (currently DAZU)</li> </ul> <p>5.3 Activities and Clubs</p> <ul style="list-style-type: none"> <li>■ Support to young carers through clubs and activities</li> <li>■ Specific Carers Week and Carers Rights Day activities for young carers</li> </ul>

## 5. Strategic Objectives

### 5.6 Carers Strategy Implementation Plan

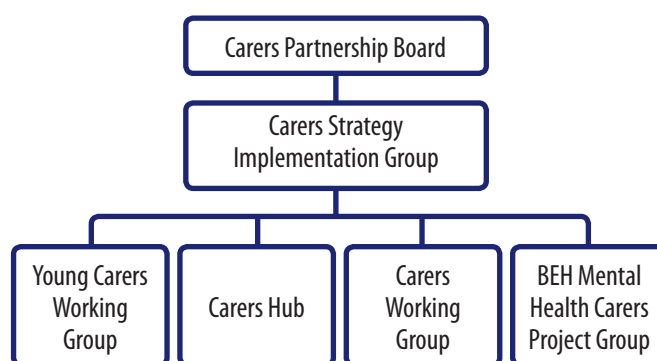
The successful implementation of the Joint Carers Strategy requires ownership by all partners. In order to achieve this it is proposed that an implementation steering group be formed with senior level membership from key implementation partners including:

- Commissioning Manager – Carers Services, LBE
- Enfield Carers Centre Chief Executive Officer
- DAZU Project Officer
- Nominated representative from Clinical Commissioning Group (CCG)
- Children’s Trust Commissioner
- BEH Mental Health Representative
- Learning Disability Representative
- HHASC Operational Services Representative
- Two nominated Carers from the Carers Partnership Board.

The steering group will meet quarterly and be tasked with:

- Directing the implementation of the strategy
- Providing expert guidance
- Providing clinical guidance and governance
- Championing the implementation of the strategy within their organisation/sector
- Securing and managing resources
- Approving action plans
- Receiving reports from the Carers Commissioner and monitoring progress
- Leading (or delegating lead) for specific working groups.

### 5.7 Implementation Governance



The Young Carers Working Group will include representatives from Commissioning in both Adult Social Care and Children’s Trust Commissioning, DAZU, Enfield Carers Centre, Education and a young carer.

The Carers Hub is managed by Enfield Carers Centre and includes the Commissioning Manager for Carers Services at the Council plus all organisations working directly with carers within the Borough.

Carer Working Group is the forum for operational services, Performance and the Commissioning Manager to discuss practice within social care, assessments and issues facing carers. It will also monitor the performance indicators relating to carers.

BEH Mental Health Project Group is attending by a senior member of the Mental Health Trust and the Commissioning Managers for Carers Services from Barnet, Enfield and Haringey. A project plan is in place and the work focuses on training and information to Mental Health practitioners.

## 5.8 Carers Engagement Model



The above diagram shows the different ways that carers will be engaged with over the period of this Strategy.

The open Carers Forums will give carers a platform to speak directly to senior members of the Council and will also be used to consult with carers.

The Carers Employee Forum will give carers employed by the Council to receive support to enable them to remain in work and will listen to suggestions for improvements to working practice.

A continued commitment to a close working relationship with Enfield Carers Centre helps steer the development of Carers Service both from the Centre and the Council and Health. A productive and strong partnership helps achieve the outcomes for carers in Enfield.

Carers Experiences Survey is the survey from the Department of Health looking at carers experiences of social care provision. The results from this survey are used to assess performance and identify new services.

## 5.9 Funding

Where funding is required for new services, it will be identified in the following ways:

- Through partnership work with other organisations
- To work with Enfield Carers Centre to identify alternative funding stream through fundraising and grant bodies
- To review existing carers services with the possibility to decommission where there is duplication or limited impact and reinvest into the outcomes from this Strategy
- Through personal budgets and direct payments.

## 5.10 The Financial Climate

This strategy has been written in the context of the challenging economic environment where a focus is to provide cost efficient, high quality services. New projects and additional projects within this strategy will be managed within current resources by ensuring best value for money, ongoing review to ensure there is no duplication of services and by continued and extensive partnership working. Where additional funding is required, Enfield Carers Centre will pursue avenues of fundraising and grant giving available to the voluntary sector.

## 5.11 Carers Strategy Delivery Plan

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
<b>Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role</b>						
Carers Communications Strategy	1,000	1,000	1,000	Working Group to be established. Bid to Communications for funding. If funding is not sourced, work will continued looking at alternative resources and methods of communication.	Working Group set up by March 2013 Communications Plan developed by July 2013	LBE Carers Commissioner
Increased carers information in public places	0	0	0	Use existing networks to distribute information more effectively	January 2013 information 'drop'. Planned as part of the Communication Plan	LBE/ECC
GP Outreach Programme	0	0	0	Funding to be sought by Enfield Carers Centre from charitable grants. Aim to employ part time GP Outreach Officer (21 hours per week) at Enfield Carers Centre. Without securing funding outreach will be delivered on a reduced scale within existing resources	Funding sourced by April 2013 Officer recruited by September 2013	LBE/ECC
Up to date 'carers' section on LBE/ NHS websites	0	0	0	Ongoing commitment		LBE Website Team
Enfield Carers Centre information and advice service including website	TBC	TBC	TBC	As contracted through the Carers Centre SLA	ECC Delivery Plan monitored by Carers Commissioners on a quarterly basis	ECC
Information pack for newly identified carers	0	0	0	Enfield Carers Centre to produce sample e-pack to Communications Working Group. Pack to include generic information with specialist sections. Funding for printed packs to be sourced through Enfield Carers Centre's fundraising	Work to begin July 2013 Carers consulted about the contents by October 2013 Draft pack produced by March 2014	ECC
Information specifically focused on carers rights, assessments and support	0	0	0	Information review to take place as part of the Communication Plan	Work to beginning July 2013	LBE – Communications Working Group
BAME partnership work to ensure information is accessible	0	0	0	Enfield Carers Centre to build partnerships with BAME community groups to provide support	Ongoing	ECC
Quarterly carers forums	0	0	0	Carers Forums to be organised by the Carers Commissioner, to be held at Enfield Carers Centre and/or Civic Centre	First forum held in Spring 2013	LBE Carers Commissioner
Representation on Carers Partnership Board	0	0	0	Continue to promote the Carer Representative role through carers networks	Article in Spring 2013 'Carers Voice'	LBE Carers Commissioner
Carers Champion for all partnership boards and CCG	0	0	0	Carers Commissioner to review additional representatives needed and recruit if necessary	Contact made to all Chairs by May 2013	LBE Carers Commissioner
Carers consulted and involved in key policy development	0	0	0	For carers engagement to be standard practice in policy development	Ongoing	LBE Carers Commissioner and LBE Communications



Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Practical and financial support to enable carers to engage	TBC	TBC	TBC	To review numbers of carers representatives attending Boards/Project Groups Calculate cost of support Establish payments mechanism	Process in place by January 2014	LBE Carers Commissioner
Increased numbers on the Carers Register	0	0	0	Enfield Carers Centre to increase awareness of the Register	As part of Communication Plan for July 2013	ECC
Annual carers survey	0	0	0	Survey undertaken by the Performance Team	Annual	ECC Performance Team
To promote the Patient Participation Groups to carers within GP practices to ensure carers views are heard	0	0	0	For Health to work in partnership with VCS organisations supporting carers to inform carers the opportunities to engage	Initial contact	NHS Primary Care Team
Linking of Carers Register (Enfield Carers Centre), GP carers register and carers known to the local authority	0	0	0	Task for Carers Working Group	Links established by end of 2013	LBE Carers Working Group
Promote the correct use of the term 'carer' within health, social care and the third sector	0	0	0	Through frontline training and staff bulletins	First staff bulletin sent by April 2013	LBE Carers Commissioner
Training for frontline staff	0	0	0	Delivered through Learning and Development	Throughout year	LBE Learning and Development Team
Carers Awareness training to GPs through Protected Learning Time sessions	0	0	0	Delivered by Carers Commissioner and Enfield Carers Centre. Expenses needed to cover cost of carer to contribute.	Training to be designed by May 2013	LBE Carers Commissioner
Streamline Carers Assessment forms to promote easy information sharing	0	0	0	Carers Working Group to review and create new form	New form by end of 2013	LBE Carer Working Group
Carers Assessments in line with Department of Health best practice guidance	0	0	0	Guidance e-document provided to all social work teams in the council and health. Reviewed by Carers Working Group	E-Booklet produced by July 2013	LBE Carers Commissioner
Increased numbers of carers receiving appropriate services following assessment	0	0	0	As a result of staff training and guidance booklet	As above	LBE Operational Teams
Support to GPs to identify and refer carers	0	0	0	Through GP Outreach Programme	As GP Outreach	ECC
To undertake annual quality assessment of Carers Assessments and Party to Event assessments	0	0	0	Monitoring exercise undertaken	Checklist for quality assessment devised by March 2013 First quality check in Summer 2013 Evaluation report published by January 2014	LBE Carers Commissioner
Carers to be offered Manual Handling, First Aid and Dealing with Difficult Behaviour training	0	0	0	To be developed through Carers Consortium Training contract or Learning and Development	All courses run in 2013	ECC/LBE Learning and Development

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Provide and promote flexible respite options to carers	0	0	0	As part of Carers Assessment and review	Ongoing	ECC Operational Teams
Provide and promote the Carers Direct Payment	500	500	500	Continued promotion, leaflets provided by LBE	Ongoing	LBE Carers Commissioner and ECC
To reevaluate the Carers Direct Payment pilot	0	0	0	Carers Commissioner to undertake review of the Carers Direct Payment	Review to take place in April 2013 Recommendation report produced by June 2013	LBE Carers Commissioner
To provide and promote the use of Assistive Technology	0	0	0	Community Alarm team to promote Telecare to carers through Enfield Carers Centre		LBE Community Alarm
Carers are informed of options and support is tailored and person centred				As part of Carers Assessment	Ongoing	LBE Operational Teams
Carers a key partner when developing a brokerage scheme	0	0	0	To ensure carers needs are considered when developing scheme	Ongoing development work	LBE Commissioning
Advice and support for carers on managing a direct payment and employer responsibilities	0	0	0	Information sessions to be held at last once a year by Direct Payment Support providers and Enfield Carers Centre	First session to be held by Autumn 2013	ECC
<b>Carers will be able to have a life of their own alongside their caring role</b>						
Enfield Carers Centre to develop activities, Carer Support Groups established	0	0	0	As contracted	Ongoing as already established	ECC
Development of activities for younger adult carers (18-25 years)	0	0	0	Consult with younger adult carers to decide what activities they would like. Four outings/activities per year	First activity held by July 2013	ECC
Audit existing respite and break provision Consultation with carers regarding respite and breaks	0	0	0	Evaluate respite options and develop the market. Consult with carers	Project for 2014/15	LBE Carers Commissioner
Development of carers breaks with NHS Enfield	TBC	TBC	TBC	To review what the NHS currently funds and how to allocate funds effectively for best outcomes for carers	2013/14	LBE Carers Commissioner/ NHS
Supporting carers not eligible for direct payment	0	0	0	To ensure the Tier 3 (services after a carers assessment) is understood and that there is a framework for providing one off payments to carers	As part of Carers Direct Payment Review report in June 2013	LBE Carers Working Group
Review and promotion of Emergency Card Scheme	0	0	0	To review the Scheme with Community Alarm and promote through Enfield Carers Centre	Review completed by February 2013 Promotion as part of the Carers Communication Plan	LBE Carers Commissioner/ Community Alarm/ ECC

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Emergency planning included in Carers Assessment				As part of Carers Assessment guidance		LBE Operational Teams
Support for basic health needs	0	0	0	As part of Carers Assessment guidance		LBE Operational Teams
Clear emergency policy devised	0	0	0	Policy to be developed through Carers Working Group. Approved by Carers Partnership Board	Policy approved in early 2014	LBE Carers Commissioner
Encourage use of Advanced Directives	0	0	0	As part of Carers Assessment guidance		LBE Operational Teams
Clear Hospital Discharge policy across Enfield	0	0	0	To work with hospitals and Primary Care Team to develop and produce a clear hospital discharge policy that supports carers	Initial meeting held by May 2013 Draft policy by December 2013 Final policy approved by May 2014	LBE Carers Commissioner/Health
Clear policy and procedure for young carers at transition from children's to adult services	0	0	0	To develop in partnership with Children's Services	Policy approved in early 2014	LBE Carers Commissioner/Children's Services
Support for carers at point of caring ceasing and for one year after	0	0	0	Support groups and counselling through Enfield Carers Centre	Support Groups set up by Summer 2013	ECC
Support to bereaved carers	0	0	0	Additional specialist support with link into End of Life care	Project plan for joint working produced by 2014	ECC/Health
Frameworks developed for Independent Living: Supporting Carers and Planning for the Future	0	0	0	Frameworks developed with Carers Working Group and Learning Disability Service in particular	Draft frameworks by end of 2013 following carers review Final frameworks operational by July 2014	LBE Carers Working Group
<b>Carers will be supported so that they are not forced into financial hardship by their caring role</b>						
Training for housing staff to recognise the needs of carers	0	0	0	Delivered by Carers Commissioner and Enfield Carers Centre	First training session by end of 2013	LBE Carers Commissioner
Housing adaptations, assistive technology and aids to be considered in Carers Assessments	0	0	0	As part of staff training and Carers Assessment guidance		LBE Operational Teams
An OT 'carers champion'	0	0	0	Occupational Therapy to identify 'Carers Champion' to work with Commissioner and ECC	In place by end of December 2013	LBE OT Service
Awareness campaign of housing benefits and council tax reduction for carers	0	0	0	Annually included in Carers Voice Planning as part of the Communications Plan	Promotion in summer edition of Carers Voice annually	LBE Carers Commissioner
Enfield Carers Centre to provide benefits advice via telephone, surgeries and email	0	0	0	As contracted	Ongoing	ECC
Websites kept up to date with benefits information	0	0	0		Ongoing	ECC/LBE Website Team

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Information session regarding benefits and pensions	0	0	0	Contracted with Enfield Carers Centre and through partnership with Jobcentre Plus	2 sessions each year of the Strategy	ECC
Work with hospitals to provide reduced/free car parking for carers	0	0	0	Decision made by each hospital and policy devised	First meeting held by August 2013	Hospitals
Review car parking provision for carers	0	0	0	To investigate scheme similar to Brown Badge	Meeting held by December 2013	LBE Carers Commissioner
Support for carers with benefits when the cared for dies	0	0	0	Enfield Carers Centre to link in with End of Life Project Manager	Meeting with EOLC Project Manager and ECC	ECC
Dedicated support to carers that wish to remain in employment	0	0	0	Support through Enfield Carers Centre and Jobcentre Plus. Information sessions on employment rights from trainer	Information session held by December 2013	ECC
Ensure working carers can access all support offered to carers	0	0	0	Evening support group at Enfield Carers Centre to be continued	Ongoing as already established	ECC
Employee Support Scheme at LBE/NHS	2,000	2,000	2,000	Funding for membership to Employers for Carers who provide networking, information and support to business. Support group so carers can get advice and feel supported	First group to be held by April 2013	LBE Carers Commissioner
LBE/NHS Enfield to ensure working policies are 'carer friendly'	0	0	0	Support from Carers for Employers. Policy reviewed. Carers Policy to be created.	Process for review agreed by October 2013	LBE Carers Commissioner
Promote flexible working and carers issues to businesses within Enfield	0	0	0	Use existing business networks within the council to promote	Project for 2015/16	LBE Carers Commissioner
Support younger adult carers into job market/further education	0	0	0	Through partnership with Enfield Carers Centre and Jobcentre Plus	Project for 2014/15	ECC/JCP
Joint strategy with Jobcentre Plus to support carers back into work	0	0	0	Through partnership with LBE, Enfield Carers Centre and Jobcentre Plus	Project for 2014/15	LBE Carers Commissioner
Support and workshops in employment for carers – job skills training, CV surgery	0	0	0	Through partnership with Enfield Carers Centre and Jobcentre Plus	Project for 2014/15	ECC/JCP
<b>Carers will be supported to stay mentally and physically well and treated with dignity</b>						
Ensure carers and carers organisations recognise and report abuse	0	0	0	Training provided to VCS organisations working with carers. Information in Carers Voice newsletter	Training programme begins April 2013	LBE Safeguarding Team
Produce information booklet for carers who may be abused or at risk of abusing	500	500	500	Booklet providing information, advice and support	Produced by end of 2013	LBE Carers Commissioner/Safeguarding
Advice booklet on Employing Staff Safely	0	0	0	E-booklet, printable for distribution if required	Produced by end of 2013	LBE Commissioning

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Health Checks and Health trainer support	0	0	0	To work with Primary Care Team to increase carer access to Health Checks	Initial planning meeting by April 2013	Health – Primary Care
Carers Champion of CCG	0	0	0	CCG to adopt a 'Carers Champion' and send representation to the Carers Partnership Board	Champion is place by May 2013	Health – CCG
Ensure carers are able to access essential health services	0	0	0	Replacement care provided to allow carers to attend medical and health appointments	Procedure in place by April 2013	LBE Operational Teams
Subsidised exercise activities	0	0	0	To work with Fusion Leisure Centre and Sport Development to develop a reduced cost exercise programme for carers. Activities developed by ECC	Project to begin 2014/15	LBE Carers Commissioner/ ECC
Engage carers in Primary Care Strategy, especially Early Supported Discharge planning	0	0	0	Work with Primary Care Team and Enfield Carers Centre to ensure carers views are heard and procedures include the carers wishes	Meeting to be established Spring 2013	LBE Carers Commissioner/ Health – Primary Care
Self referral counselling service	0	0	0	To continue counselling service at Enfield Carers Centre with ringfenced funding within SLA	Ongoing – service already established	ECC
Joint plan to support carers and their mental health between LBE, NHS Enfield and BEH Mental Health Trust	0	0	0	To include a joint planning into the BEHM Mental Health Project Group	Joint plan approved by July 2014	LBE Carers Commissioner
Peer support and support groups	0	0	0	As contracted		ECC
Befriending services	0	0	0	To look to set up a volunteer befriending service for isolated carers	Pilot established by summer 2014	ECC
Enfield Carers Centre to provide support and information	0	0	0	As contracted		ECC
Carers consulted and key partners in development of Advocacy and Brokerage development	0	0	0	To ensure carers are consulted through the development of new services	Ongoing	LBE Commissioning
<b>Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve the Every Child Matters outcomes</b>						
Parent Carers to be offered Carers Assessments as routine and recognition of caring role	0	0	0	Carers Assessments to be offered to parent carers as routine	Ongoing	Children's Services
Training on young carers, siblings and parent carers	0	0	0	Training provided to Children's Services on young carers issues from DAZU and ECC	Training to be devised by September 2013	DAZU/ECC
Young carers offered assessments under Children's Act 'Child in Need' legislation or a Carers Assessment if aged 16 or over	0	0	0	Training provided to Children's Services on young carers issues	Ongoing	Children's Services

Commissioning Intentions	Indicative Resource Allocation			Further Information	Timescale	Lead Agency
	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16			
Families are supported to have quality family time	500	500	500	Family events during Carers Week. Additional funding sort for a family holiday in 2015	Annually for Carers Week	ECC
Joint protocol of working between Adult and Children's Services to support young carers and families	0	0	0	In line with ADASS requirements	Approved protocol by June 2013	LBE Carers Commissioner/ Children's Services
Support for young carers as part of End of Life Care	0	0	0	Consult with young carers about the support they want. Integrate with End of Life Strategy and Project	Support in place by July 2013	LBE Carers Commissioning/ Health – EOLC
Development of guide for schools on how to best support young carers	0	0	0	In line with pilot Schools Project	Guide produced by September 2013	ECC
Inset training for teaching and support staff to understand issues of young carers	0	0	0	Funding will be sought to produce training packs and produce video of young carers to show 'in their own words'	Training developed by May 2013 Delivery to beginning school year 2013/14	LBE Carers Commissioner/ Children's Services/ DAZU/ECC
Enfield Carers Centre to pilot a young carers projects with two primary and two secondary schools and produce a research paper on the outcomes for young carers	0	20,000	20,000	Funding sought through charitable funding sought by ECC. Part time Project Officer (21 hours per week) salary and information. Middlesex University approached to aid research.	Initial project plan established by ECC by February 2014 Funding sourced by April 2014 Recruitment by June 2014 Schools identified by June 2014 Project begins September 2014	ECC
Enfield Carers Centre to pilot a homework club for young carers and siblings	0	0	0	To work with LBE Library Services to promote current homework clubs. For ECC and DAZU to be available at some clubs for young carer support	Promotion to start March 2013	ECC/DAZU
Counselling available for young carers	0	5,000	5,000	Review current availability ECC to complement DAZU's service Funding from grants to be sourced by DAZU/ECC	Review of counselling available and eligibility criteria 2013/14 Project Plan and funding sought for additional services by January 2014	ECC
For Children's Trust Commissioning Service to contract a Young Carers Service (currently DAZU)	0	0	0	Contracted with Children's Trust Commissioning Service	Established. Retender in 2014	Children's Services
Support to young carers through clubs and activities	0	0	0	Contracted with Children's Trust Commissioning Service	Ongoing	Children's Services
Specific Carers Week and Carers Rights Day activities for young carers	0	0	0	Delivered by DAZU and Enfield Carers Centre	To begin for Carers Week 2013	ECC/DAZU



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## Appendix A

# Summary of Submissions from Consultation 2012

### Introduction

This document provides a summary of submissions received in response to public consultation on the draft Joint Carers Strategy. It also sets out the Council and NHS Enfield response to the comments and suggestions that were received.

In addition to the public consultation, the Strategy was consulted on widely by colleagues within Enfield Council, NHS North Central London Enfield Office and the Voluntary and Community Sector (VCS) who work with carers.

The workshops and presentations were promoted to both carers and professionals and were open for all to attend. These were attended predominately by carers but also had representation from the VCS, care agencies, Social Services and Health.

### Consultation process

Formal public consultation on the draft carers strategy was undertaken over a 3 month period from 14th June to the 14th September 2012.

Stakeholder and public views on the strategy were sought through the following means:

- A e-questionnaire on the Enfield Council website and a link on NHS North Central London's website
- Carers Partnership Board
- Health and Social Care Partnership Boards
- Health and Social Care Scrutiny Panels
- NHS/Health Boards and Panels.

Live consultation events with:

- Open Workshop held at the Civic Centre attended by carers, professionals and VCS representation
- Presentations throughout Carers Week
- Enfield Carers Centre
- Enfield Mental Health Carers
- Enfield Town Show
- Carers Hub meeting with the following organisations represented:
  - Enfield Carers Centre
  - Enfield Mental Health Carers
  - Carers UK Enfield
  - Enfield Turkish Cypriot Association
  - CAPE
  - DAZU
  - Age Concern
  - Naree Shakti
  - Enfield Disability Action
  - Crossroads Care.

The consultation was publicised through the following means:

- The Health, Housing and Adult Social Care Communications Team promoted the questionnaire and strategy through emails to their partners and contacts
- A number of emails to staff in NHS Enfield, Health and Adult Social Care staff, acute trusts, voluntary and community sector providers
- A notice in Enfield Staff Matters
- An article in Our Enfield magazine
- An article in the Carers Voice newsletter.



## Responses

We received a total of 18 responses to the questionnaire from the online consultation.

A total of 52 individuals attended either the workshops or presentations and verbal feedback was received from those attending.

In addition written feedback was received from:

- The Chief Executive of Enfield Carers Centre
- Representatives from the Carers Partnership Board
- Individual carers
- The NHS Primary Care Strategy Team
- Children's Services
- Interested colleagues within the Council and Health.

Verbal feedback was given from:

- Departmental Management Team chaired by Ray James, Director of HHASC
- Learning Disability Partnership Board
- Professional Executive Committee, NHS North Central London
- Commissioning Colleagues within the Council
- The Carers Hub meeting.

## Views on the Strategy

The overwhelming response was positive towards the Strategy and direction of travel for Carers Services.

## Commissioning Intentions

As part of the questionnaire we asked for the area of work to be rank in order of importance:

- 44% of respondents rated carers as expert key partners with access to integrated and personalised services as the most important
- 22% rated carers having a life of their own
- 17% rated carers being supported to stay mentally and physically well and treated with dignity
- 11% rated not being forced into financial hardship due to caring
- 6% rated children and young people enjoying positive childhoods.

## Summary

### *Expert Care Partners and Integrated and Personalised Services*

#### **What the consultation told us**

In this category the top priorities were Assessments, Support and Training and Personalised Flexible Breaks.

Throughout the consultation period, some carers expressed concern over the carers assessment they received which, in their view, did not deliver any additional services to them. Some carers did not receive a support plan, review or any services. However many of these carers had received their assessment a number of years ago and were not aware of improvements that have been made. Carers who had had an assessment more recently were more positive towards the experience and felt supported and many received services as an outcome.

Carers and carers organisations expressed the value of the Carers Assessment and Support Officers based within each care team. Vacancies of these posts had an impact on carers who valued having a named contact who had additional knowledge and experience.

Carers appreciated the manual handling training. However a need emerged for the need for training around dealing with difficult behaviour, with this request coming from both carers of adults with autism and carers of those with dementia. First Aid training was also a popular idea. There was very positive feedback about the training provide by Enfield Carers Centre.

Information was also a key factor for carers – feedback showed the importance of keeping information, simple, jargon free and translated when necessary. The need for translated literature and translators at meetings and events was also expressed for carers and organisations working with BAME carers. Carers raised was not to depend on the internet for information provision, there are many carers, especially older carers that do not have or wish to have access to the internet.

## Summary of Submissions from Consultation 2012

Carers were keen to engage with service planning and delivery but felt if they were to be involved their contribution would need to be respected, taken seriously and valued. Carers felt that the attitude towards carers is becoming more positive and professionals are listening more. Carers would like to be more involved. Carers also expressed the requirement for additional support, in particular replacement care, to enable them to engage.

Some carers felt that the respite provision required reviewing to focus on becoming more personalised and flexible to meet their needs. Carers expressed dissatisfaction regarding the high eligibility criteria for the Carers Direct Payment. However it was acknowledged that this is a pilot scheme.

Carers also expressed views surrounding direct payments – that whilst direct payments can provide increased flexibility which is very positive, it can significantly increase their caring role if management falls to them. Carers requested further support to help them in managing direct payments and employing care for the person they care for. In particular, support is needed around the employment of Personal Assistants.

Mental health carers told us that difficulties sometimes arose around issues of confidentiality and not being informed of significant changes of care, medication that may affect the person they care for. Carers felt that some care co-ordinators are often unsure how to manage information sharing with carers.

### Our response

A priority for Year 1 will be to undertake a quality assessment exercise, reviewing Carers Assessments and Party to Event (joint) assessments. This means we will randomly check Carers Assessments and PTE assessments against a criteria to rate the assessments. A report will be published, looking at what we do well, what we can improve and what action we will take.

We will review the situation regarding the Carers Assessment and Support Officers in light of the development of Enfield Carers Centre. There are now two Carers Support Officers based at the Centre who take on much of the support role that was part of the Carers Assessment and Support Officers remit.

We will also work with Service Managers to take a whole team approach towards carers to ensure that carers are adequately supported by the all social workers and care co-ordinators.

Dealing with Challenging Behaviour and First Aid training will be delivered in 2013.

Carers Communication Steering Group will be established in 2013 to review literature and information and how best to communicate with specific groups of carers.

Carers engagement and the associated costs will be reviewed in line with the Service User and Carer Engagement Policy.

A respite audit will take place, looking at what respite is available and how carers are supported to find a personalised and flexible service that suits them. This review will begin in 2014.

As the Carers Direct Payment is a pilot scheme, a review will take place in April 2013. Carers will be invited to comment during the review.

The establishment of a framework to assess and establish eligibility for services following a Carers Assessment to be established within 2013/14.

Increased support for carers around managing direct payments and employment responsibilities will be provided. The Direct Payment Support Providers will also increase their profile to carers with an information day held at the Carers Centre in 2013.

Support for carers will be written into the specification for the Personal Assistants service.

Training for Mental Health practitioners addressing information sharing, working with carers and Advance Directives.

Encouraged use of Advance Directives.

### *Life of their Own Outside of Caring*

#### **What the consultation told us**

Some carers felt their opportunities for respite were limited and sometimes they do not get the type of respite they want. Concern was raised about emergency respite and the processes. The issue of holidays with care provision was also raised – some carers want a holiday with the person they care for to be able to maintain their relationship but with care provided to allow them a break from caring. The use of direct payments has helped to change this situation for some carers but other carers felt they did not want the responsibility of managing a direct payment.

Emergency respite can sometimes be a confusing process for carers. It was suggested that Emergency Planning became an integral part of the Carers Assessment and held by the Care Co-ordinator. Telecare is seen as useful but some carers have been deterred due to the cost element. The Carers Emergency Card Scheme gives carers peace of mind.

Some carers expressed that they found it difficult to arrange additional or replacement care to be able to attend their own health appointments.

Carers were very happy with the establishment of Enfield Carers Centre and the support it provides. Support groups have reduced the feeling of isolation for many carers. Younger adults have previously expressed the need to just have 'fun'.

Peer support was really valued and that carers have skills to help other carers – suggestions of a befriending service and carer 'advocates'.

All agreed that organised and planned transition for young carers into Adult Social Care was essential. Transition between hospital and home was also seen as a priority as some carers felt they are not fully consulted or prepared.

A number of Learning Disability Carers raised the issue of transition into independent living. As a parent carer it can be difficult to 'let go' and also the nature of the caring role changes. Development of support for carers at this point would be well received.

#### **Our response**

A review of our respite provision will be undertaken – looking at the current market, what carers want and how this can be provided. This will be undertaken in 2014.

Emergency planning to be included in the guidance for Carers Assessments, including factoring in medical and health appointments when looking at an additional care needs. Health to be engaged with supporting carers with medical appointments.

To promote the Telecare service and the Carers Emergency Card Scheme more widely. Ensure carers are aware of the 'no cost' option from Telecare.

Increased access to social activities for younger adult carers.

For clear transition frameworks to be established for:

- Hospital Discharge
- Young Carers into Adult Social Care
- Independent Living: Supporting Carers.

Creation of a befriending service through Enfield Carers Centre.

### *Not forced into Financial Hardship*

#### **What the consultation told us**

Despite the Coalition Government's commitment to supporting carers into employment through the 'Next Steps for the National Carers Strategy' the consultation showed that carers placed this low on their list of priorities with over 80% of those responding to the questionnaire choosing 'access to benefits' as the most important issue.

At the workshops, carers were very engaged and had many ideas about how to improve benefits, particularly around transport costs with arose as a key area – suggestions included a Carers Parking Badge similar to the Brown Badge Scheme, free hospital car parking for carers, freedom passes.

Council Tax was also a concern for carers – many suggested that carers should not pay council tax at all. It was felt that many carers were not aware of the council tax reduction they could receive.

## Summary of Submissions from Consultation 2012

Carers also wanted to see an improved benefits service – the Benefits Advisor at the Carers Centre was said to be useful but sometimes difficult to access due to demand. Use websites and newsletter to update carers.

Information needs to be clear and concise so carers know what they are entitled to.

Working carers expressed the need for support before they have to give up work. Carers also need to know their employment rights. Carers asked that activities, support groups and events are also run so working carers can attend when possible.

Housing systems are often set up that they do not understand the needs of the carer. Housing adaptations and equipment should suit the carer's needs as well as the cared for when possible. Carers on the whole had positive feedback from their experiences with Occupational Therapy.

### **Our response**

To work with hospitals to establish reduced rates for carers parking and to build on the work already being undertaken at North Middlesex Hospital.

To investigate the proposal of carers parking scheme.

To increase the promotion of Council Tax reduction for carers.

Increased Benefits Advice provision.

Working Carers Support Group at Enfield Carers Centre including evening and weekend support for working carers.

Establishment of London Borough of Enfield as a best practice employer for Carers.

LBE Carers Employee Support Group established to support carers that work for the Council.

Training for housing staff on carers issues and working with carers.

## *Stay Mentally and Physically Well*

### **What the consultation told us**

Without support safeguarding issues may arise with some carers – whether at risk of abuse themselves or at abusing due to the stress of caring. Support is needed before breaking point and when a carer says they can't cope, they must be taken seriously.

Those that had accessed the counselling service at the Carers Centre said it was very useful but for some the six sessions were not enough. Carers really valued the space to talk in a confidential environment and felt the development of this service was excellent.

Carers are very keen for the GPs outreach service – it is felt that GPs are key to identifying carers health needs and to refer to support services. It was also felt GPs are in a good position to share information about health conditions, effect of medication (on a general level, not specific to the cared for person) to give the carer a better understanding of the situation. Many carers expressed good support from their GPs but GPs often did not know where to refer them to.

Health checks are also seen as an essential tool for carers – either undertaken annually within a VCS setting such as the Carers Centre or by their GP. This would help identify any health issues that may affect their caring role.

### **Our response**

Development of a e-booklet regarding safeguarding for carers – how to report abuse and how to prevent it.

Funding will be sought for the counselling service at Enfield Carers Centre to be extended, with a referral route for mental health services established to ensure carers are left without a gap in service.

Development in partnership with Enfield Carers Centre of a GP Outreach and Awareness project to ensure carers information is displayed within GP surgeries, that GPs and practice staff are training to understand carers issues, how to identify and refer them to support services. To work with GPs to determine best referral process. Training to GPs delivered through Protected Learning Time sessions.

Through the training and partnership work we will promote Carers Health Checks to GPs and look at ways to build capacity.

### *Children and Young People to enjoy positive childhoods*

#### **What the consultation told us**

Some respondents felt that young carers should be given more support and extra services should be provided – particularly around chances to have fun.

Educational support is essential to ensure young carers have the same opportunities to achieve. There was great interest in the schools pilot project.

Families should be supported to have quality time together to enjoy the same opportunities as other families.

Parent carers need to be offered stand alone carers assessment if they wish to be assessed separately.

Some carers organisations expressed concerns that young carers may need a 'middle tier' level of counselling – more than the counselling provided at DAZU but less than the eligibility for CAMHS.

Concerns were also expressed from carers regarding young carers caring for an adult. Carers organisations expressed that on occasions, Adult Social Care misses the young carer when assessing or does not put additional support in place to relieve the young carer's role. Social workers need to be supported to be proactive as often families feel embarrassed or worried that a child is providing care.

#### **Our response**

We will look to increase young carers service provision within Enfield by working in partnership with existing organisations to build capacity.

We will work in partnership with Enfield Carers Centre to identify charitable funding and develop a support programme and training for school staff in line with the pilot project.

Adult Social Care and Children's Services will continue to work closely together to support families and young carers. Additional training will be provided around Carers Assessments for parent carers and assessing young carers.

To review the counselling provision for young carers within Enfield and look to increase capacity if necessary.

#### **Next Steps**

We would like to thank everyone who contributed to a very comprehensive consultation period. We feel confident we have a strategy that reflects the views of carers as well as those with Enfield Council and the NHS.

Our responses will constitute the changes that will be made to the final strategy.

An implementation plan will also be included within the final strategy and this will outline how the strategy will be delivered over the next three years.

The progress will be monitored by the Carers Partnership Board.

The Strategy will now go through the official approval process at both the Council and the NHS, ready for launch in early 2013.

## Appendix B

# Carers Consultation Summary 2011

### Introduction

The draft of this strategy was put out for three month consultation in June 2011. As part of this consultation, Local Authority and NHS Enfield colleagues, carers and voluntary and Community sector organisations were invited to consultation events on the draft strategy and their comments and feedback were used to improve the strategy.

Consultation took part in the following ways:

- Carers Partnership Board event
- Stakeholders Day
- Open consultation events
- Joint Commissioning Group.

Further consultation in relation to the Implementation and action plan took place during June and July 2011, with groups and organisations that provide support to carers as well as individual carers.

The consultation consisted of individual meetings with organisations who represent carers and carers support groups; as well as two public events open to all carers in Enfield.

This report highlights the findings from the consultation which include the importance of training and awareness raising, advice and guidance including financial advice; and responsive and flexible provision in short breaks (respite).

### Issues raised during the consultation on the Implementation and Action Plan

In addition to the consultation events held within 2010 a range of stakeholders as well as carers were asked for their comments, concerns and suggestion they may have about how to improve the quality of adult health and social carers services for carers during June and July 2011.

The responses can be grouped into a number of thematic headings. The groups are useful indicators of where there is common ground with the following themes being prominent in the responses:

- Flexible, responsive access to short breaks
- Awareness raising and training
- Timely advice and guidance including financial advice.

### Flexible, Responsive Access to Short Breaks and Respite

There was general support from all those who took part in the consultation process that access to short breaks was not as responsive as it could be, and mainly focused on the following:

- There was a lack of understanding from carers how to access respite services, with people not being aware of the Emergency Respite Care scheme or the Culturally Sensitive Respite Care scheme and how to access those resources.
- Lack of short break opportunities for people requiring specific care support such as – culturally appropriate services; those with behaviour that challenge or specialist mental health provision.
- Carers experience lack of flexibility when arranging a break.
- Carers would like a more personalised service, for themselves and the person they care for with opportunities to have respite at home.

### Strategy Response

The strategy makes a commitment that Carers will be able to have a life of their own alongside their caring role by:

1. Ensuring that carers have access to breaks that are appropriate, timely and accessible. Information to be provided to carers regarding breaks, holidays and respite in accessible formats, including eligibility for emergency breaks and how to access support. Additional resources will be made available to increase access to short breaks and respite care services.
2. Review of the 72 hour Emergency Respite Fund and the Culturally Sensitive Respite Fund.
3. Development of the personalisation agenda to allow for more flexible respite provision.

### Awareness Raising and Training, including treating carers with dignity and respect

A key theme throughout the consultation discussions was concern regarding the current level of awareness and understanding of the needs of carers, specifically amongst professionals from within health and social care.

Carers expressed feeling undervalued, with professionals not acknowledging the support they were providing and that their own health and care needs were often not identified.

There was confusion for carers who were supporting people with Mental Health issues as the carers assessment across HHASC and the Mental Health Trust was different and this leads to confusion as to which assessment to access.

Many carers stated that discharge procedures from hospital need to be improved. Concerns were raised regarding how carers are included in the discharge planning for the cared for person and consulted in relation to the care which needs to be provided.

For some carers their caring role did not cease while the cared for person was in hospital. Hospital staff do not always recognise the impact of providing support in hospital upon the carer.

Carers felt they would benefit from information and training being made available in order to support them with their caring role.

### Strategy Response

The strategy makes a commitment that carers should be respected and valued as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role by:

1. Increasing awareness and understanding amongst professionals regarding carers' issues, including young carers; their rights and support available. Develop an awareness programme, including purchasing an e-learning training package, for health and social care staff to increase their knowledge and understanding regarding carers.
2. Commission specific 'Carers Awareness' training programmes and ensure that carers' issues are embedded within appropriate learning and development programmes, across health and social care.
3. Promote and increase the numbers of carers having a Carers Assessment, and increase the number of carers on the Carers Register. The

Carers Assessment will be reviewed and amended to ensure that all carers are added automatically included on to the carers register.

4. Review the carers assessment to consider a single assessment across HHASC and the Mental Health Trust, to avoid duplication and confusion.
5. Provide information at the point of hospital discharge to carers' that is condition specific to assist them with their caring task and identify the training needs of carers supporting those with dementia. The Alzheimer's society will have two dementia forums in Enfield.
6. Provide basic training to carers to support their caring role such as manual handling and back care, and dementia awareness. Enable carers to access learning opportunities which are currently being provided by health and social care and the voluntary sector which may be of relevance to their caring role.
7. Develop a Carers Recognition Card (discount scheme card) valuing the support carers provide. This will be linked to the carers register, to enable carers to access discounted services.
8. Develop the Carers Direct Payment to enable carers to achieve more personalised services in their own right.

### Timely Advice and Guidance including Financial Advice

A key theme expressed by carers was the importance of access to timely information, advice and guidance. For many carers navigating their way around health and social care system is often difficult and confusing.

The importance of accurate, timely advice and guidance was noted in supporting carers in their caring role. Voluntary and community sector organisations can play a large part in providing this support.

Many carers find they experience financial hardship as a result of caring. Some have to give up their jobs or reduce their working hours to accommodate their caring role; many carers are unclear about what benefits and financial assistance is available them and how to access financial support.

## Carers Consultation Summary 2011

A concern for a significant number of carers was the level of support available to them because they had their own independent financial resources. As 'self-funders' their experience was that they received little advice and guidance in relation to accessing support for the person they were caring for. Carers stated they were making decisions about care services without any help or guidance and felt isolated and vulnerable during this process.

### Strategy Response

The strategy makes a commitment that carers will be supported with timely advice and guidance and that they are not forced into financial hardship by their caring role by:

1. Providing information, advice and guidance regarding, support available to carers to be provided in accessible formats.
2. Information regarding housing and council tax benefits, plus access to universal benefit and carers credit to be made available.
3. Develop services to identify and support carers within BME communities, and communities who do not traditionally access support, including 'self-funders'.
4. Enfield Carers Centre will develop a carers' consortium bringing together organisations that provide services for carers across the borough. The consortium will play a large part in increasing access to information, advice and support service for carers across Enfield.
5. Support working carers by promoting carers issues amongst employers, and encourage employers to support their staff who have caring responsibilities. Work with Job Centre plus to support carers who wish to return to employment or training.
6. Promote and encourage carers who are eligible to access the Carers Credit.

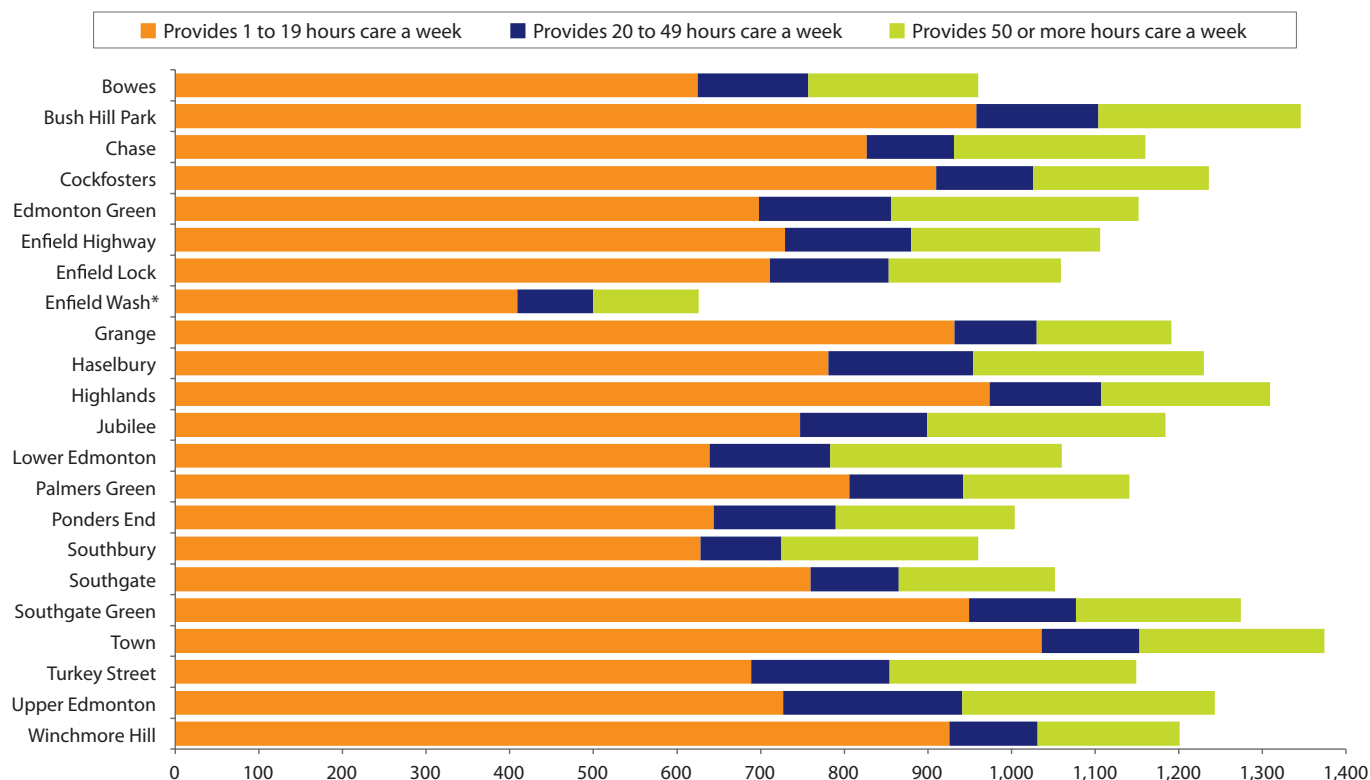
We would like to thank all the carers and the following organisations who contributed to the consultation events; especially the carers who attended the two open consultation events in July 2011. Their influence has shaped the Implementation and Action plan, which accompanies the strategy.

- Age (Concern) UK
- Age UK Carers meeting
- Asian Carers Consortium
- Cape – (supporting parents/carers of adults with a learning disability)
- Care 2 Care
- Crossroads
- Consultation open events with Carers 21/22 July
- DAZU (supporting young carers)
- Ebony
- Enfield Alzheimer's Society
- Enfield Asian Welfare Association
- Enfield Somali Association (Secca)
- Enfield Carers
- Enfield Disability Association
- Enfield Mental Health Carers
- Enfield Turkish Cypriot Association
- Greek and Greek Cypriot Community of Enfield
- Nightingale Community Hospice Trust
- Nightingale Community Hospice Trust – Carers Group
- One to one



## Appendix C

# Number of carers by ward, Census 2001



Variable	Bowes	Bush Hill Park	Chase	Cockfosters	Edmonton Green	Enfield Highway	Enfield Lock	Enfield Wash*	Grange	Haselbury	Highlands	Jubilee
All People	11,678	13,346	12,531	12,536	15,103	14,137	12,714	8,431	11,605	14,485	12,305	13,052
Provides 1 to 19 hours care a week	625	958	827	910	698	729	711	409	932	781	974	747
Provides 20 to 49 hours care a week	132	146	104	116	158	151	142	91	98	173	133	152
Provides 50 or more hours care a week	203	242	229	210	296	226	206	126	161	276	202	285
<b>Total number of carers</b>	<b>960</b>	<b>1,346</b>	<b>1,160</b>	<b>1,236</b>	<b>1,152</b>	<b>1,106</b>	<b>1,059</b>	<b>626</b>	<b>1,191</b>	<b>1,230</b>	<b>1,309</b>	<b>1,184</b>

\*Please note Enfield Wash ward has now been absorbed into Enfield Lock, Enfield Highway & Ponders End

Variable	Lower Edmonton	Palmers Green	Ponders End	Southbury	Southgate	Southgate Green	Town	Turkey Street	Upper Edmonton	Winchmore Hill	Enfield (London Borough)
All People	12,686	13,197	12,978	12,466	12,103	12,897	13,928	12,744	14,843	12,225	<b>281,990</b>
Provides 1 to 19 hours care a week	639	806	644	628	760	949	1,036	689	727	926	<b>17,105</b>
Provides 20 to 49 hours care a week	144	136	146	97	105	128	117	165	214	105	<b>2,953</b>
Provides 50 or more hours care a week	277	199	214	235	187	197	221	295	302	170	<b>4,959</b>
<b>Total number of carers</b>	<b>1,060</b>	<b>1,141</b>	<b>1,004</b>	<b>960</b>	<b>1,052</b>	<b>1,274</b>	<b>1,374</b>	<b>1,149</b>	<b>1,243</b>	<b>1,210</b>	<b>25,017</b>

## Appendix D

# Department of Health Carers Pilot Survey

The postal survey was sent to 265 eligible carers – those who had been assessed or reviewed by social services in the last 12 months. Of the 265 sample, 101 carers returned their questionnaires, a response rate of 38.1%. 69% were female, 46% with aged 55-74 years old, 69% were ethnically white with 18% being Asian/British Asian.

The survey told us the following:

- The biggest support/service that carers received was Information and Advice (25.9%) followed by Carers Allowance (22.4%) followed by Emergency care back up scheme (7.5%).
- 53.8% of carers who were assessed received services, information or help as a result.
- The biggest source of health service support for carers was from their GP (60%) followed by Community of District Nurse (20.1%).
- 57.6% of carers said they did not have any information or training needs at present but 42.4% said they needed further information and/or training.
- Only 36.5% of carers said their home meet their needs as a carer 'very well', worryingly 9.4% said their home 'totally fails' to meet their needs as a carer.
- 74.5% of carers said they were either fairly, very or extremely satisfied with the help they get from Adult Social Care.
- 75% said the help and support they received has made things easier for them.
- 67.4% of carers said it has been quite or very easy getting the support they need for the person they care for, although 21% state it was quite or very difficult.
- However carers found it less easy to get services or support in their own right – 48.9% finding it quite or very easy, with an increased percentage of 27.1% finding it quite or very difficult, with a further 8.3% not getting any service or support they felt they needed.
- 39.2% of carer felt the level of contact with the care manager or social worker was 'about right', whereas 25.4% thinks it should be increased.
- 71.4% of carers felt involved or consulted by Adult Social Care in the services that are provided to the person they care for.
- 59.4% of carers feel the amount of services and support they get is 'about right' and 67% get the services and support at a time that is appropriate to them.
- 37.8% of carer feel they have control of their daily life, with 49% saying they have some control but not enough and the further 13.3% stating they have no control over their daily life.
- 49% look after themselves, with 31% stating that sometimes they can't look after themselves well enough and worryingly 20% stating they neglect themselves.
- 30.7% of carers have concerns over their personal safety.
- Only 8.1% say they have a full social life, 36.4% have 'some' social life, with 40.4% stating they do not have much of a social life and 15.2% stating they have no social life.
- 38.9% are happy with their social situation, 44.2% feel lonely or cut off from others and 16.8% feel socially isolated and/or often feel lonely.
- 39.2% have enough encouragement and support, with 49.5% feeling they do not have enough support or encouragement with the remaining 11.3% stating they have no encouragement or support.
- 75.5% say they are able to access basic services – such as the GP, dentist – but 24.4% state they are unable to access basic services.
- However 87.2% rate their health as either 'fair', 'good' or 'very good'.
- 53.7% of carers were retired, with 23.1% not in paid work. Only 0.9% of carers surveyed were in full time employment.
- 87.9% are caring for someone living in their own household.
- 46.7% of carers are caring for 100 or more hours per week, 19.6% for 50-99 hours and 12% for 35-49 hours per week.

## Appendix E

# Enfield's Local Objectives and Priorities

### Enfield Council: Our Vision and Aims

As a Council, we stand for fairness for all, growth and sustainability and strong communities. We are committed to tackling the inequalities present in the borough and to providing high quality services for all.

In our role as local leader, we will ensure that Enfield makes a strong recovery from the recession, and that growth, businesses and jobs are attracted to the area.

We will invest in and safeguard our children and young people, building strong, empowered communities, where vulnerable people are protected, and residents feel safe, are healthy and take responsibility for their local environment. We will regenerate our most deprived areas and promote sustainability.

### Our vision, aims and priorities

Our vision is **to make Enfield a better place to live and work, delivering fairness for all, growth and sustainability and strong communities.**

Underpinning this commitment we have a number of priorities, the delivery of which will contribute to improving the quality of life for all residents in the borough.

#### 1. Fairness for all

Fairness for all means meeting the needs of all residents in the borough, protecting vulnerable residents and providing fair and equal access to services and opportunities. Tackling the inequalities in the Borough is at the heart of what we want to achieve for Enfield.

#### Our priorities are to:

- Serve the whole borough fairly and tackle inequality
- Provide high quality, affordable and accessible services for all
- Enable young people to achieve their potential

#### 2. Growth and sustainability

Like many areas of the country, Enfield has suffered during the recent recession. Unemployment has risen, and many of the problems already present within the borough have been exacerbated. Demonstrating that Enfield is open for business will ensure that the borough makes a strong and sustainable recovery from the recession.

#### Our priorities are to:

- A clean, green and sustainable environment
- Bring growth, jobs and opportunity to the borough

#### 3. Strong communities

Building strong, cohesive and resilient communities will be vital as Enfield continues to grow and change as a borough. We want Enfield to be a place where people feel proud to live, where people from all different backgrounds are welcomed and supported, where vulnerable people are protected, and where people take responsibility for their own lives and their communities.

#### Our priorities are to:

- Encourage active citizenship
- Listen to the needs of local people and be open and accountable
- Provide strong leadership to champion the needs of Enfield
- Work in partnership with others to ensure Enfield is a safe and healthy place to live

## Enfield's Local Objectives and Priorities

### Enfield's Future

The Sustainable Communities strategy 'Enfield's Future' is an overarching strategy that describes the long-term vision for Enfield developed by Enfield Strategic Partnership after consultation with local people and businesses. The Council strategy sets out the vision of the Labour administration, which is to make Enfield a better place to live and work, delivering fairness for all, growth and sustainability and strong communities. Underpinning this commitment there are a number of priorities, the delivery of which will contribute to improving the quality of life for all residents in the borough.

It is implemented through a series of action plans:

- The local area agreement Building Futures, Changing Lives lists the targets that the whole partnership had signed up to deliver with the national government.
- The 'place-shaping strategy' Shaping Enfield's Future outlines the local plans for transforming the quality of life in Enfield.
- The Council's Business Plan details the actions that the council is taking to realise the community strategy, local area agreement, place-shaping strategy and other important strategies.
- The Council's Medium Term Financial Plan.

This strategy was developed by Enfield Strategic Partnership after consultation with local people and businesses.

### Enfield Strategic Partnership and 'Enfield Together'

The Enfield Strategic Partnership (ESP) exists to improve the social, economic and environmental wellbeing of Enfield's communities, and is committed to making Enfield a fairer, safer, healthy, prosperous and cohesive community living in a borough that is safe clean and green.

In partnership ESP members will set a shared strategic vision to shape Enfield's future. Working together, harnessing collective resources, and building from a diverse base of representation, knowledge and expertise, the ESP recognises that more can be achieved in partnership and through this:

- We will improve the quality of life for everybody in Enfield;
- We will reduce the inequalities that exist in our community and create a fairer and more inclusive borough;
- We will provide services that are fairer, work better and more efficiently and that are delivered in ways that meet real needs.

Following an extensive consultation process, the Enfield Strategic Partnership has agreed a Community Cohesion Strategy for Enfield 2010-2014 called "Enfield Together." Our vision for this strategy is:

To build a borough which all people can identify with, feel proud of and where everyone is valued, built upon positive relationships within local communities, which create a sense of belonging.

The strategy focuses on five aims:

- Local people playing an active part in civic and community life and contributing to local decision-making.
- Local people of all ages and backgrounds have opportunities to mix together.
- Local people have learning and employment opportunities and feel there are good prospects for them.
- Local people feel safe and are safe.
- The Enfield Strategic Partnership provides community leadership, celebrates diversity and promotes equality to enhance community cohesion.

To ensure all aims of the strategy are achieved an Action Plan has been developed, with the involvement of all our partners. This will encourage all partners to work together to achieve the actions which will contribute to community cohesion in Enfield.

## Health and Wellbeing Board and Clinical Commissioning Groups

Changes in legislation has led to major changes in respect of the Health and Wellbeing Board and the London Borough of Enfield is responding in a well organised and focused manner to introduce the changes required from the Health and Social Care Act. In the next section the role of the Health and Wellbeing Board is described in greater detail.

There are three sub-groups to the Health and Wellbeing Board – the Health Improvement Partnership (HIP), Improving GP Access and Quality and the Joint Commissioning Board. The Carers Partnership Board will feed into the Joint Commissioning Board.

## Primary Care Strategy and Enfield's Implementation Plan

This strategy proposes major changes for primary care – the health care that you receive outside of hospital. The Strategy covers all of North Central London, with Enfield having a local implementation plan. The key goals of the Strategy are:

- Relying less on hospital**  
 More services are to be provided in primary care services so that patients avoid unnecessary trips to hospital, visit hospital without being admitted, quickly transferred home from hospital under the supervision of local healthcare teams.
- Enhanced primary care services, closer to home**  
 In addition to your usual service from your GP, practices will offer extra services closer to home.
- Integrated Care Networks**  
 GP practices will become part of a network with nearby practices, sharing specialist clinicians to provide a greater range of services.
- Developed together**  
 Strategy development included engagement from GPs, the Clinical Commissioning Groups, nurses, hospital doctors and other clinicians to ensure it has been built in co-operation.
- Improved IT**  
 Improved communications between clinicians and online services to patients.

- Making the most of every pound spent**  
 NHS North Central London spends half its budget on acute hospitals. This care costs more than providing the services in primary care settings and often much of it could be carried out closer to home.
- New investment**  
 There will be an investment of £47million across the five boroughs of North Central London to enhance primary care services and improve IT.
- Improving health care across all five Boroughs**  
 Standards of primary care differ greatly across the North Central London area. This strategy aims to improve the standard across the whole area.
- Complementing the Barnet, Enfield and Haringey Clinical Strategy**

## The Enfield Implementation Plan

NHS Central London has allocated £11 million to Enfield over the next three years to implement the Primary Care Strategy.

Enfield's outcomes are:

- Improved control of blood pressure and cholesterol levels**
- Improved screening rates for bowel, breast and cervical cancer**
- Patient access to services reported via the GP patient satisfaction survey**
- Reduced A&E attendances during normal GP opening hours**
- Chronic disease management and in particular prevalence recording**
- Childhood immunisation and Child health surveillance (including breastfeeding status)**
- Sexual health care – focusing on early diagnosis for HIV, Chlamydia screening and LARC (long-acting reversible contraception)**
- Early antenatal booking**
- Influenza immunisation uptake**
- Smoking cessation rates**
- Improved uptake of NHS Health Checks.**

## Enfield's Local Objectives and Priorities

Work will be focused around:

- Developing Primary Care Networks
- Integrated care – with three components:
  - Admissions avoidance
  - Early support discharge
  - Case management
- Information Technology
- Improving premises
- Productivity and workforce, leadership and team development.

### Impact for Carers

Many of these changes will be welcomed by carers as it will make managing conditions and treatment of the person they care for easier with services being local and not needing to make so many hospital visits.

There will also be increased support for carers to look after their own health needs – such as access to health checks.

However there are significant concerns about the impact of integrated care will have on carers – particularly the Early Support Discharge where patients are discharged back into their own home. It is essential that carers are involved in the discharge planning and realistic service provision is provided to the cared for so not to impact on the carer.

The Commissioning Manager for Carers Services will work closely with the Primary Care Implementation team to ensure carers are properly identified, assessed and involved in the processes and procedures including hospital discharge.

## Appendix F

# Implications of the Health and Social Care Act

### The Role of Health and Wellbeing Boards

Health and wellbeing boards will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.

By involving democratically elected representatives and patient representatives, and bringing them together with local commissioners across health, public health, and social care; we will significantly strengthen the democratic legitimacy of commissioning decisions, as well as providing a forum for challenge, discussion, and the involvement of local people.

The Future Forum's report fully supports the principles and development of health and wellbeing boards, as a vehicle for local government to work in partnership with commissioning groups to develop robust joint health and wellbeing strategies, which will in turn set the local framework for commissioning of health care, social care and public health.

Following the NHS Future Forum, health and wellbeing boards will have a stronger role in driving a genuinely collaborative approach to commissioning across health and social care.

We are supporting the efforts of local partners by bringing together early implementers in a learning network, focusing on sharing the lessons about what works.

The level of take-up in the early implementer network – 138 of 152 top-tier authorities – shows the appetite in local government to take on the strengthened leadership role which is at the heart of the Government's vision for health and care.

Boards will be under a statutory duty to involve local people in the preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies.

Each health and wellbeing board will have a local Healthwatch representative member. Local Healthwatch will have a formal role of involving the public in major decision making around health and social care and its

work is expected to feed into that of the health and wellbeing boards. All health and wellbeing boards will be accountable to local people through having local councillors as members of the board.

### Clinical Commissioning Groups

Clinical Commissioning Groups are groups of GPs that will, from April 2013, be responsible for designing local health services in England. They will do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services.

Clinical Commissioning Groups will work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups will have, in addition to GPs, a least one registered nurse and a doctor who is a secondary care specialist. Groups will have boundaries that will not normally cross those of local authorities. Clinical Commissioning Groups will be responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices will have to belong to a Clinical Commissioning Group.

The announcement that GPs will take over this commissioning role was made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS'. This is part of the Government's wider desire to create a clinically-driven commissioning system that is more sensitive to the needs of patients.

Providers of health care, whose services are currently commissioned by Primary Care Trusts (PCTs) will compete to work with GP commissioners in the future. In preparation for this transfer of responsibility, a number of GP Pathfinders have been set up as the first Clinical Commissioning Groups. These pathfinders will operate in shadow form alongside the PCTs. In March 2011, 177 pathfinder Clinical Commissioning Groups (formerly known as GP consortia) had already been formed, covering two thirds of the country.

## Appendix G

# Personalisation

Personalisation is part of a large review of how care services are delivered and focuses on putting people first and at the centre of service delivery. Personalisation gives people far more choice and control over their lives and the services they receive.

Personalisation will impact on carers in two ways:

Firstly personalisation should impact the support for the person who is cared for, which may help both the cared for and the carer alike.

Secondly personalisation should affect the support that is provided directly to the carer.

The aim of personalisation is to ensure people have a wider choice in meeting their needs and the ability to access universal services such transport, leisure and education, housing, health and employment opportunities. It will also give people more flexibility over the services they receive.

However it is important to note that although people receive more flexibility over services, they will still receive the support they require to make this work. Also the choice given to the individual is broad ranging – from keeping services the same and delivered directly from the local authority through to receiving an Individual Budget to manage all their services themselves, with support from the local authority.



## Appendix H

# Legislation that Affects Carers

Carers rights have been strengthened with legislation which clarifies the information, services and support carers can expect from both health and social care professionals.

It is important to note that once the Care and Support Bill receives Royal Assent and becomes law it will supersede this legislation below.

Significant pieces of legislation and policy include:

### Assessment and Services

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

Under this Act Carers can ask for an assessment of their own needs when the person they are caring for is having an assessment, or re-assessment, of their needs. Two later Acts have superseded this Act, but the 1995 Act is the only one that does not restrict Carers Assessments according to age, meaning that young carers can have an assessment under this piece of legislation.

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

This Act states that all carers aged 16 or above, who provide a 'regular and substantial amount of care' for someone aged 18 or over, have the right to an assessment of their needs as a carer.

This is provided by the social services department of your local authority as a way to see if they can offer any support to aid you in your caring role.

If there is more than one carer providing regular care in your household, you are both entitled to an assessment.

The local authority has a responsibility to make sure a young carer's own wellbeing is looked after and that they receive the necessary support. So, a 16- or 17-year-old who cares for someone, even for a limited period, may be entitled to an assessment.

If you are a parent or have responsibility for a disabled child, your needs as a carer are assessed under The Children Act 1989. You have the right to a family needs assessment. You do not need to be the mother or father of the child.

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

The Carers (Equal Opportunities) Act 2004 placed a duty on local authorities and health bodies in respect of carers to:

- Inform the carer of their right to a carer's assessment when assessing a disabled adult or child if it appears that they may be entitled
- Ensure that work, life-long learning (education) and leisure are considered when a carer is assessed
- Give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to carers
- Ensure carers are informed of their rights.

This applies to adult carers who receive services from Adult Social Care Services and parent and young carers who receive services from Children's Services.

### Young Carers Assessments and Support

#### *The Children Act 1989*

Under Section 17 (1) of the Children Act 1989 every local authority has a duty:

- to safeguard and promote the welfare of children who are in need, and
- to promote the upbringing of such children by their families.

This would include young carers as the caring role may affect their health and development.

### The Assessment Framework for Children in Need and their Families states:

- "An assessment of family circumstances is essential. Young carers should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances. It should not be assumed that children should take on similar levels of caring responsibilities as adults. Services should be provided to parents to enhance their ability to fulfil their parenting responsibilities. There may be differences of view between children and parents about appropriate levels of care. Such differences may be out in the open or concealed. The resolution of such tensions will require good quality joint work between adult and children's social care services as well as co-operation from schools

## Legislation that Affects Carers

and health care workers. This work should include direct work with the young carer to understand his or her perspective and opinions. The young person who is a primary carer of his or her parent or sibling may have a good understanding of the family's functioning and needs which should be incorporated into the assessment.

- Young carers can receive help from both local and health authorities. Where a child is providing a substantial amount of care on a regular basis for a parent, the child will be entitled to an assessment of their ability to care under section 1(1) of the *Carers (Recognition and Services) Act 1995* and the local authority must take that assessment into account in deciding what community care services to provide for the parent. Many young carers are not aware that they can ask for such an assessment. In addition, consideration must be given as to whether a young carer is a child in need under the Children Act 1989. The central issue is whether a child's welfare or development might suffer if support is not provided to the child or family. As part of the *National Strategy for Carers* (1999), local authorities should take steps to identify children with additional family burdens. Services should be provided to promote the health and development of young carers while not undermining the parent."

### *The Children's Act 2004*

This Act introduces the 'Every Child Matters' agenda and five outcomes all children should be achieving:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

All young carers should receive support to fulfill the ECM outcomes.

## Equality and Employment

### *The Equalities Act 2010*

The Equality Act is a new law that came into effect in October 2010. It protects people from being discriminated against because of:

- race
- sex
- sexual orientation
- disability
- age (in certain situations)
- caring responsibilities (in certain situations)
- religion or belief
- being transsexual
- being pregnant or just having had a baby
- being married or in a civil partnership (in certain situations).

Before the Equality Act, several different laws protected people from discrimination. The Equality Act replaces these, including most of the Disability Discrimination Act.

The Equality Act includes new measures to protect carers of disabled or elderly people from discrimination and harassment. This type of discrimination is sometimes called "discrimination by association". The carer is discriminated against because they are associated with a disabled or elderly person. See the Disabled people section, above, for more details of who is classed as being disabled.

The Government Equalities Office has worked with Citizens Advice Bureau to produce a guide to the Equality Act for carers as well as a general guide to the Equality Act available at [www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/](http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/)

### **Protection for carers at work**

If you're caring for someone who's disabled or elderly, the Equality Act protects you from direct discrimination and harassment at work due to your caring responsibilities.

Direct discrimination could include an employer:

- refusing to offer you a job because of your caring role
- treating you less favourably because of your caring role.

Harassment at work could include:

- impractical or unfair work expectations
- offensive language or jokes
- pressurising or intimidating behaviour.

If you have been discriminated against at work and you can't resolve the problem with your employer, you can take your case to an employment tribunal. There are strict deadlines for doing this – usually three months. It's a good idea to seek advice before doing this.

### **Protection for carers when buying goods or using services**

If you're caring for someone who's disabled, you're also protected against direct discrimination and harassment when buying goods or using services. Goods and services include:

- entertainment venues such as cinemas, pubs, cafes and football grounds
- businesses such as shops or banks
- public service providers such as schools, social services, GPs, hospitals or job centres.

Direct discrimination when you're buying goods or using services could include someone:

- providing you with a worse service than someone who isn't caring for a disabled person
- discouraging you from using a service because of your caring role
- making it impossible for you to use a service because of your caring role.

Harassment in this situation could include:

- offensive name-calling or jokes
- unwanted or patronising assistance
- pressurising or intimidating behaviour.

If you've been discriminated against or harassed because you care for a disabled person, you can complain to the service provider or business, using their complaints procedure if they have one.

If you're not satisfied, you can complain to a regulatory body that deals with that service, for example the Care Quality Commission which regulates health and care services.

If the issue still isn't resolved, the next step would be to take the service provider or business to court. It's advisable to seek legal advice before doing this.

Carers of elderly people aren't currently protected against direct discrimination or harassment outside work. They won't be protected until new parts of the Equality Bill come into effect in the future.

### **Protection against victimisation**

The Equality Act also protects carers of disabled or elderly people from being treated unfavourably if they make a complaint about discrimination or harassment.

### **Work and Families Act 2006 Employment Rights Act 1996**

These two Acts give working carers rights to help them manage work and caring, including the right to request flexible work and leave entitlement.

## Appendix I

## Carers Grant funded activities

Organisation	Services	Funded 2011/12
Age Concern	Respite care, extended Day Centre hours, support group for carers of those with Parkinsons	£80,049.75
Alzheimer's Society Enfield	Carers drop in and support groups, telephone support, complementary therapies, transport, newsletter. Emergency respite provision	£64,054.89
Carers UK Enfield	Carers Drop-in support group; complementary therapies; newsletter	£6,092.10
Crossroads Care	Respite care	£61,672.19
Ebony People's Association	Respite care and support meeting for carers from Caribbean and African communities	£8,805.44
Enfield Asian Carers Consortium	Staff costs, weekend and night respite care, sitting service for the Asian community	£73,119.68
Enfield Asian Welfare Association	Asian specific day care service	£72,511.09
Enfield Association for the Blind	Respite care, home visiting service	£10,292.30
Enfield Carers Centre	Advice, information, drop in, training, counselling, coffee mornings, exercise classes, direct payments, events, newsletter, Carers Register, Emergency Card Scheme	£266,613.36
Enfield Cypriot Association	Emergency respite holiday scheme for the Cypriot community	£6,884.35
Enfield Disability Action	Support group for carers of those with hearing impairment	£12,008.55
Enfield Carers Training Consortium	Training courses for carers	£14,759.09
Enfield Mencap	Weekend respite	£52,026.71
Enfield Mental Health Carers	Outings, activities, holidays, complementary, respite, information and advice and talking therapies	£49,944.69
Enfield Turkish Cypriot Association	Turkish/Turkish speaking Respite service	£14,867.58
Greek & Greek Cypriot Association	Respite care, complementary therapies, counselling for Greek speaking community	£18,660.68
Jewish Care	Respite day care, sitting services	£9,148.48
Nightingale Community Hospice	Respite care	£5,719.09
One-to-One	Emergency respite and family support	£21,728.42
Shakti Sewa EACC	Newsletter, exercise activities, complementary therapies, outings/social activities for Asian community	£24,279.54
Stroke Action Enfield	Time Out Service, Health and Active life sessions	£11,436.15
<b>Total Carers Grant funded activities</b>		<b>£884,674.13</b>

## Appendix J

# NHS Spend on Carers Services in Enfield

Organisation	Services	Funded 2011/12	
Enfield Mental Health Carers	Support and services to offer support to 5 carers a day managed 14 carers a day. Carers of people with mental health problems.	£30,165.18	
DAZU Young Carers of Enfield	Provides support to young people caring for adults with a disability	£15,038.12	
Local Physically Disabled Enfield Disability Action	Provides support to cancer service users and their carers and co-ordinate information on support and self-help groups	£36,091.48	
Local End of Life Care Enfield Disability Action	Provides support to cancer service users and their carers and co-ordinate information on support and self-help groups	£28,000.00	
Joint Head of Commissioning Enfield Disability Action	Provides support to cancer service users and their carers and co-ordinate information on support and self-help groups	£31,465.00	
Local Mental Health Greek & Cypriot Community	Home from hospital purpose of project to assist older people to regain independence after a stay in hospital	£34,075.37	
Home Start	Support for parents and children under 5 with a focus on vulnerable families	£41,000.00	
Older People Crossroads Care Enfield	Provides 2,136 respite care hours to 38 clients. Offers practical and emotional support to carers.	£42,000.00	
Children's Bucket & Spades	Respite care support in school holidays 1 patient	£10,584.00	
Children's	HCP	Respite care 1 night per week	£19,510.00
Children's	HCP	Respite care 2 nights per week	£20,436.00
Children's	HCP	Respite care 24 nights per year	£5,292.00
Children's	Edenvale	Respite care 10 hours per week	£17,264.00
Children's		Respite care 15 hours per week	£9,849.00
Children's		Respite care 4 hours per week	£2,626.00
Children's	HCP	Respite care 10 hours per week	£15,835.00
Children's		Respite care 6 hours per week	£3,940.00
Continuing Care	(Use 16307) Barchester Healthcare S'gate	Respite care	£2,514.29
Continuing Care	ABI Developments 3 Ltd	Respite care	£12,085.72
Continuing Care	Albany Park Nursing Home	Respite care	£4,643.88
Continuing Care	Barchester – Hugh Myddelton	Respite care	£772.16

## NHS Spend on Carers Services in Enfield

Organisation		Services	Funded 2011/12
Continuing Care	Bupa Care Homes (Uses Pay Recipients)	Respite care	£20,360.50
Continuing Care	Care UK Community Partnerships	Respite care	£8,751.73
Continuing Care	Carebase (Sewardstone) Ltd	Respite care	£7,750.00
Continuing Care	Cedar House Co. Ltd	Respite care	£12,350.00
Continuing Care	Cedars Care Nursing Homes	Respite care	£3,218.46
Continuing Care	Central and North West London NHS FT	Respite care	£14,553.24
Continuing Care	Connifers Care	Respite care	£3,577.14
Continuing Care	Curocare Ltd	Respite care	£8,857.14
Continuing Care	Dimensions (ADP) Limited	Respite care	£6,419.16
Continuing Care	Edmonton Baptist Church	Respite care	£200.00
Continuing Care	Four Seasons Health Care T/A Murrayfield	Respite care	£2,795.16
Continuing Care	Goldsborough Home Care	Respite care	£1,791.80
Continuing Care	Haven House Foundation	Respite care	£968.00
Continuing Care	London Borough of Enfield	Respite care	£60,750.72
Continuing Care	Neo Properties (UK) Ltd	Respite care	£4,600.00
Continuing Care	Priory Grange Potters Bar	Respite care	£8,800.00
Continuing Care	Ranyard Trust	Respite care	£4,221.42
Continuing Care	Southgate Beaumont Care Community	Respite care	£362.76
Continuing Care	St Cloud Care Plc	Respite care	£7,000.00
Continuing Care	St Teresa's Home	Respite care	£1,650.00
Continuing Care	The John Townsend Trust	Respite care	£15,984.00
Continuing Care	Westminster Homecare Ltd	Respite care	£2,840.12
<b>Total NHS Spend on Carers Services</b>			<b>£580,988.55</b>



# Carers in Enfield

## Contact Enfield Council

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