

Joint Strategy for Carers



2011-2014



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1. Foreword



Ian Currell
Managing Director, NHS Tameside and Glossop

Carers play a vital role in the provision of care, making an enormous contribution to supporting people in the community. Our overall direction is to work in ways which give people real control and choice over how they are supported. At a time when the NHS and the Council are facing major changes in the way both organisations operate, it's really important that we make sure that Carers are not forgotten.

We are committed to working together with service users and Carers to plan and develop integrated services for local people. Our Joint Strategy for Carers will provide a framework for identifying needs and commissioning the best possible services to meet the needs of Carers in Tameside and Glossop.



Stephanie Butterworth
Executive Director, Community, Environment, Adults and Health Services, TMBC

This, our second joint Carers strategy with NHS Tameside and Glossop reflects our ongoing commitment to work for, and in partnership with, Carers. We recognise the vital and demanding role that Carers play and are committed to ensure we continue to work with Carers as equal partners in care to enable them to achieve the recognition and status they deserve. I am proud to be able to re-enforce our commitment to keep Carers high on our agenda.



Charles Walker
Chair of Carers Action Group (Tameside)

As Chair of Carers Action Group (Tameside) I feel immensely proud that we are being asked to work with our partners within the Carers Strategy.

This can only be good news for Carers in Tameside; the former Carers Council had a good working relationship with the bodies responsible for Care in Tameside, and brought many issues to the forefront and in some cases actually getting them changed.

We have found that over the years Adult services have always worked with us in the furtherance of Carers issues, and long may this continue.

Carers in Tameside, and in some ways the Carers of Tameside can feel themselves lucky that we have partner organisations that recognise the value of Carers to the community and indeed the country at large with the tremendous savings in costs to the government.

I promise to continually work for the betterment of Carers in Tameside.

2. Executive Summary

This is the second Joint Strategy for Carers for NHS Tameside and Glossop and Tameside Metropolitan Borough Council, and builds upon the good work that has been done over the last three years. It has been developed by a partnership of Carers' representatives, service users and partner organisations. This strategy is aimed at improving services for Carers, enhancing the quality of life for the people they care for, and to increase the effectiveness and efficiency of health and social care services. It recognises the key roles that Carers play in providing unpaid support to family or friends and the impact it has on their health and well-being. It emphasises that reduced levels of caring by Carers would have an adverse effect on many aspects of society, such as increased NHS cost, increased social care costs, poor school performance by Young Carers and less paid employment in working age Carers.

Resources can be used more effectively when services are commissioned jointly. Therefore, working in partnership, we will identify any areas of Carer services which we can jointly commission to provide integrated Carer services in the most cost effective way.

This Carers Strategy has been produced in response to the refreshed National Strategy: "Recognised, Valued and Supported Carers Strategy 2010"¹. The four priorities identified in this refreshed strategy are:-

1. Identification and Recognition
2. Realising and Releasing potential
3. A Life outside Caring
4. Supporting Carers to Stay Healthy

The economic value of the contribution made by Carers in the UK is a remarkable £119 billion per year, this is equivalent to £2.3 billion per week.²

We know that Carers need more help and support, not only in being a Carer but also with having a life outside of their caring role. We will work closely with our partners to ensure the successful implementation of this strategy to support Carers to maintain their own health and wellbeing.

The main objective of this strategy is to provide a strategic framework with clear commissioning intentions to further improve and develop services to effectively support Carers in Tameside and Glossop, building on the good work that has already taken place. This strategy will identify gaps in services, responsibilities and priorities for future developments in line with government policy.

¹ <http://www.sociology.leeds.ac.uk/assets/files/research/circle/110512-circle-carers-uk-valuing-carers.pdf>

² Valuing Carers – calculating the value of unpaid care, Carers UK



3. Priorities and Scope of the Strategy



In the context of 'Recognised, Valued and Supported: Next Steps for the Carers Strategy 2010', this strategy will combine the associated action plans of all partners. The aims of this strategy can only be achieved by partners working together to ensure that Carers needs are clearly defined, staff are trained to understand Carers' issues and that partners work to support Carers in their areas of responsibility. Making this a reality requires changes at a local level and ensures national and local policies address issues affecting Carers and that Carers' needs are incorporated by all service providers.

A key theme throughout the strategy are for Carers to have access to a wide range of advice and information, to support them to carry out their caring role and having a greater choice and control over their own health needs. This strategy will reflect on four priorities and translate them into local actions, these are:-

1. Identification and Recognition

Supporting those with caring responsibilities to identify themselves as Carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

2. Realising and Releasing Potential

Enabling those with caring responsibilities to fulfil their educational and employment potential.

3. A Life outside Caring

Personalised support both for Carers and those they support, enabling them to have a family and community life.

4. Supporting Carers to Stay Healthy

Supporting Carers to remain mentally and physically well.

The main focus will remain delivering this strategy in line with Government's personalisation agenda.

The strategy will:-

- Make clear who this strategy is for and about
- Detail the relevant national and local guidance and research relating to Carers
- Address the four priority areas underlying the strategy
- Address the needs of adult Carers, parent Carers and young Carers
- Consider health, education, social care and employment needs
- Be crucial in ensuring that priorities are acted upon and monitored and reviewed by working collaboratively with Carers, service users and partner organisations
- Acknowledge existing activity
- Identify gaps in service provision
- Integrate identified actions

4. National Context

The National Carers Strategy 2008 set the following strategic vision for Carers:

“Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual’s needs enabling Carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be full and equal citizen”³.

It focuses on the following outcomes for Carers:

- Carers will be recognised and supported as an expert care partner
- Carers will be able to enjoy a life outside of caring
- Carers will be supported so that they are not financially disadvantaged
- Carers will be supported to stay mentally and physically well and treated with dignity
- Children will be thriving, protected from inappropriate caring roles

The new coalition government refreshed the Strategy in late 2010 ‘Recognised, Valued, Supported; Next steps for Carers Strategy’ with key outcomes to be achieved for Carers over next four years. This Carers strategy will reflect these priorities and translate them into local actions.

Our Joint Strategy for Carers has also been guided by national strategies and legislative direction. The legislative framework that has shaped the context of this strategy can be found in **Appendix (1)**. Within each of these areas there is an established national policy framework to guide local actions. These guidelines make it clear that health and social care should have mechanisms in place to support Carers, in a wider context of personalisation, prevention and early interventions.

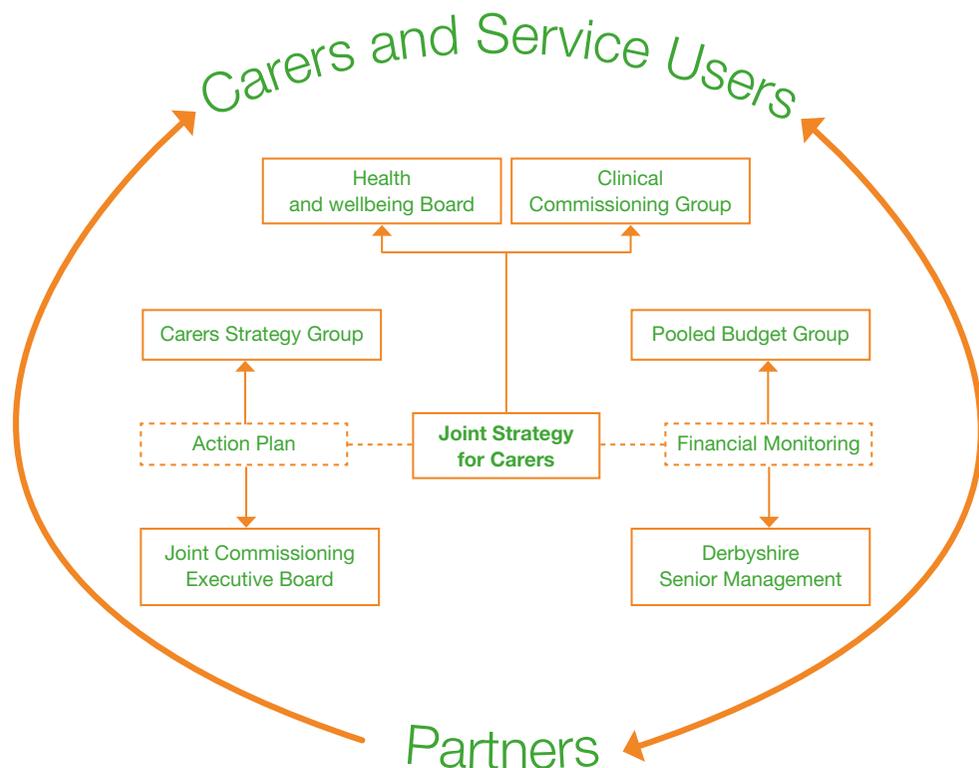
³ National Carers Strategy 2008



5. Local Context

Our vision is in accordance with the national vision outlined above. Our commitment is to set out a number of actions to support Carers. In order to deliver this Carers agenda, we are ensuring that personalisation works for both service users and their Carers. Whilst this strategy specifically focuses on Carers we have recognised the needs of Carers in other strategies and also builds on the Carers Needs Assessment. Implementing the strategy action plan will ensure that individuals, organisations and agencies are 'Carer aware'.

The local governance around the strategy is illustrated in the diagram below:



6. Who is a Carer?

Within the strategy the term Carer is taken from the Government's National Carers Strategy:

“A Carer spends a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems”⁴

Within this definition there are three types of Carers:-

- **Adult Carers**
Adults aged 18 and over that care for an adult over the age of 18
- **Young Carers**
Children or young people under the age of 18 that care for another child, young person or adult
- **Parent Carers**
Parents caring for a child or young person under the age of 18 who has a disability

⁴ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085338.pdf

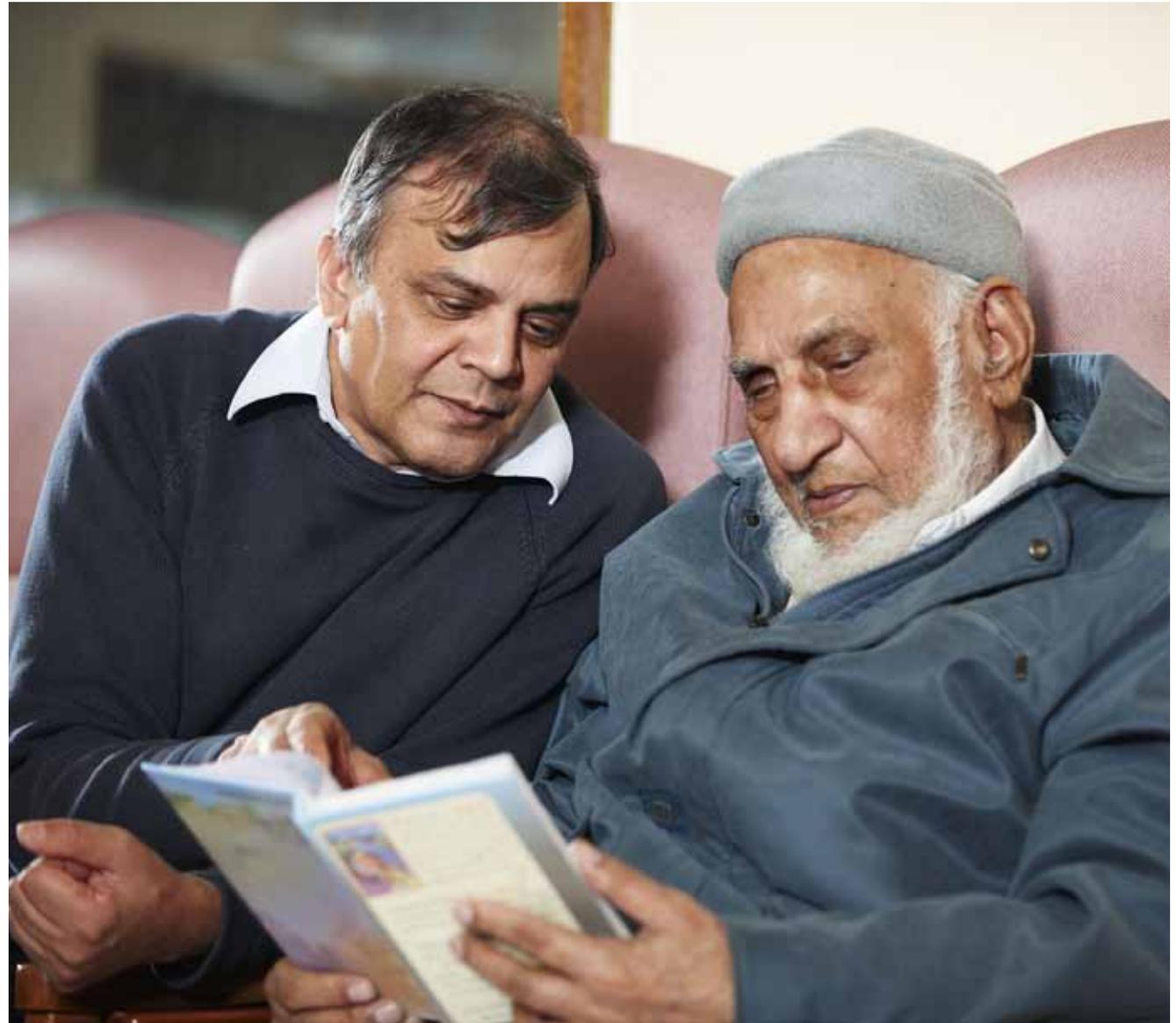
7. What do Carers do?

Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner. People are unpaid Carers because they want to help. Many Carers do not recognise themselves as Carers and simply see themselves as a husband, wife, son, daughter, parent or friend, and therefore could be missing out on valuable support services. These are known as 'Hidden Carers'.

Carers provide assistance with activities of daily living, emotional support to the person cared for, dealing with continence, feeding and mobility. Due to the high burden and responsibilities, Carers experience poorer self-reported health, engage with fewer health promotion activities than non-Carers, and also report lower life satisfaction.^{5 6}

Young Carers are children and young people who take on the adult responsibility of providing care for a member of their family who may be suffering from a wide range of problems such as – long term illness, disability, mental health problems, or problems related to misuse of drugs and alcohol.

Young Carers take on many responsibilities that may often comprise of – domestic duties, nursing and personal care and providing emotional support to the people they care for.



⁵ Amirkhanyan and Wolf (2003) Caregiver stress and noncaregiver stress: Exploring the pathways of psychiatric morbidity. *Gerontologist*, 43: 817 -827

⁶ Danhauer et al. (2004) Do behavioural disturbances in persons with Alzheimer's disease predict caregiver depression over time? *Psychology and Aging*, 19: 198 - 202

8. Carers in Tameside



There are approximately 22,240 Carers in Tameside. 10.4% of the population of Tameside take on the role of Carers, with many providing care for over 50 hours a week.

Carers' health is often overlooked as focus is placed on the cared for. According to national research, Carers are more than twice as likely to suffer ill health than the general population, have lower income and less likely to be in work than those without a caring role. Carers are seen as "at risk" and "disadvantaged" in terms of health care needs because they are vulnerable to both physical and stress related ailments. More than 80% of Carers believe that caring has harmed their own health, according to the Princess Royal Trust for Carers. Taking a break is vital in helping Carers to manage the impact of caring on their lives⁷.

The general health of the population of Tameside is worse than England.

The number of people with a limiting long term illness (LLTI) in Tameside is approx. 21%, compared to 18% for England. For those people who are in good health (around 65% for Tameside) is below the England average of around 69%.

Of the people who provide unpaid care in Tameside, around 65% provide care between 1-19 hours a week, which is below the national average of 69%. A higher percentage of Carers in Tameside (12%) provide between 20-49 hours of care in comparison to the England average of 11%. Tameside also has a higher percentage of Carers (around 24%, i.e. 5223 Carers) providing unpaid care of 50 or more hours a week in comparison to England of 21%.

Carers are more likely to be women than men. 60 % of Carers in England are women, and these figures are reflected by the Tameside population with a similar percentage split.

Of those providing care for 20 hours or more each week, 60 % are women. This means that more women provide care for longer periods than men, both nationally and at a local level.

As part of the development of this joint strategy a Tameside Carers Needs Assessment has been produced. This considers the needs of Carers in Tameside and compares it to national need, describes current service provision and compares it to evidence of effectiveness of service provision for supporting Carers and recommends local priorities for the Tameside Carers Strategy. The findings are described below.

8.1 Carers and employment

By 2017 we will reach the tipping point for care when the number of older people needing care will outstrip the numbers of working age family members currently available to meet that demand.⁸ With an ageing population and an ageing workforce, supporting people to continue to work and care will be critical to national and local economies.

⁷ NHS Choices – Your health your choice (<http://www.nhs.uk/Livewell/caringforalovedone/Pages/Respitecare.aspx>)

⁸ Carers UK (2011) Carers and Employment: Making a difference, realising potential

Table 1: Estimated number of Carers in Tameside by Employment

Working status	England %	Tameside
Working full-time	26%	5782
Working part-time	20%	4448
Retired	27%	6005
Looking after home or family	13%	2891

Source: Health & Social Care Information Centre Survey of Carers in Households, 2009-10

In Tameside around half of Carers are in some form of paid employment (either full-time or part-time). 27% had retired from paid work and 13% were looking after their family or home. The largest individual group (27%) consisted of people who had retired from paid work, and are therefore in the older age group.

As women are more likely to be Carers than men, they are particularly disadvantaged.

Table 2: Total hours spent (percentage at National level) caring.

Working status	Where care provided in same household	In another household only	Amount of time spent caring per week	
			Under 20 hours	20 hours or more
Working full-time	21%	32%	35%	17%
Working part-time	15%	26%	22%	18%
Retired	34%	21%	23%	32%
Looking after home or family	18%	9%	8%	19%

Source: Health & Social Care Information Centre Survey of Carers in Households, 2009-10

The table above shows that for England, Carers who provide care for more than 20 hours per week are more likely to live in workless households (i.e. retired or looking after home and family). As stated previously, Tameside reflects the breakdown at a national level; we can therefore conclude that Carers in Tameside caring of more than 20 hours a week would be more likely to live in a workless household.

8.2 Carers registered in General Practice

There are 43 General Practices in Tameside and Glossop. Of the 38 General Practices within Tameside only 25 (around 2 thirds) were able to provide information on patients who were registered as Carers within their Practice. There 1268 people registered as Carers within these general practice in Tameside.

There are approximately 22,240 Carers in Tameside which constitutes 10.4% of the local population, indicating that there is a high proportion of people undertaking a caring role that are not registered as Carers within general practice. This highlights the difficulty in being able to provide adequate support to these 'Hidden Carers' as they are not known to primary care.

There are fewer patients recorded as having a Carer than those who are providing care within Tameside (around 415 or 0.3%) of the total number of registered patients. There are fewer men (47%) who have Carers than women (53%). This shows some disparity between those patients registered as Carers and those having a carer.

8.3 Young Carers

The 2001 census highlighted that in the UK, there were 175,000 children and young people who had taken on the responsibility of caring. There is every possibility that this figure maybe an underestimation as many families do not divulge accurate information.⁹

There are four times more Young Carers in the UK than are officially recognised.¹⁰ This indicates that the 279 young people registered as Young Carers in Tameside is a much lower estimate.¹¹

The real number of Young Carers is much higher as the census makes no mention of alcohol or drug problems and many Young Carers are 'hidden' due to the stigma attached to these conditions. Some do not come forward as they and their families are worried about interaction with social workers and fear that they may be split up. Many do not even report to their teachers or friends that they provide care to a member of their family.¹² Although identification of young Carers in schools in Tameside is generally good.

8.4 BME Carers

One of the main challenges faced in supporting BME Carers is the lack of self-identification among BME individuals of their status as Carers, which leads to stereotyping assumptions of their needs.

Research indicates that BME Carers face many barriers in accessing services even when they are identified as Carers. These include – difficulty in communicating, lack of cultural competency in service providers, lack of awareness about services available and a sense of isolation experienced by Carers who are refugees and asylum seekers.¹³

The largest ethnic minority group in Tameside is the 'South Asian' ethnic group, which includes people from India, Pakistan and Bangladesh. The non-white British community (i.e. the BME community)

represents 7.4% of the Tameside population. Applying this rate to the total percentage of Carers in Tameside (i.e. 10.4% of the total population of Tameside), we can assume that there are approximately 1,450 BME Carers in Tameside.

National statistics from the 2001 Census indicate that Carers from Indian, Pakistani and Bangladeshi communities provide higher levels of care than other groups.¹⁴

⁹ Ofsted (2009) Supporting Young Carers: Identifying, assessing and meeting needs of young Carers and their families.

¹⁰ BBC (2010)[Online] Available at: <http://www.bbc.co.uk/news/education-11757907>

¹¹ Building resilience and reducing risk to emotional well-being in school-age children and young people in Tameside and Glossop – a needs assessment.

¹² The Princess Royal Trust for Carers (2010)[Online] Available at: <http://www.Carers.org/>

¹³ The Institute for Research and Innovation in Social Services (2010) Improving support for black and minority ethnic (BME) Carers. [Online] Available at: www.iriss.org.uk

¹⁴ Wirral JSNA consultation document September 2008

8.5 Hidden Carers

A majority of Carers are 'Hidden Carers', not realising that there could be a wider carer network of local support available to them.¹⁵

Nationally 10% of claimants were in receipt of Carers Benefits, which is higher than the percentage in Tameside (8%).

Nationally 11% of Carers reported being in receipt of Carer's Allowance and 27% received Disability Living Allowance/Attendance Allowance. When looking at the number of Carers who cared for 35 hours or more per week this rose to 23% receiving Carer's Allowance and 50% receiving Disability Living Allowance/Attendance Allowance. Therefore, if there are fewer numbers of Carers in the Tameside claiming Carer Benefits, this may indicate that there are more 'Hidden Carers' within Tameside.

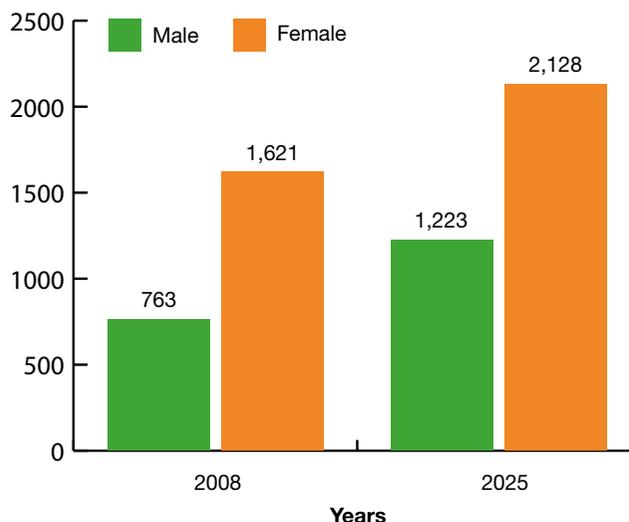
8.6 Caring for people with long term conditions (including dementia)

Managing and living with long-term conditions has a huge impact on an individual's quality of life and also affects their family. The incidence of these health conditions increase with age. According to the World Health Organisation (WHO), long-term conditions will be the leading cause of disability by 2020 and if not managed well, will become the most expensive problem for health care systems.¹⁶

With an ageing population the prevalence of dementia is likely to increase. Dementia is a group of related symptoms associated with an ongoing

decline of the brain and its ability to function. It affects people's thinking, language, memory, understanding and judgment.

Figure 3: Estimate of Population with dementia in Tameside.

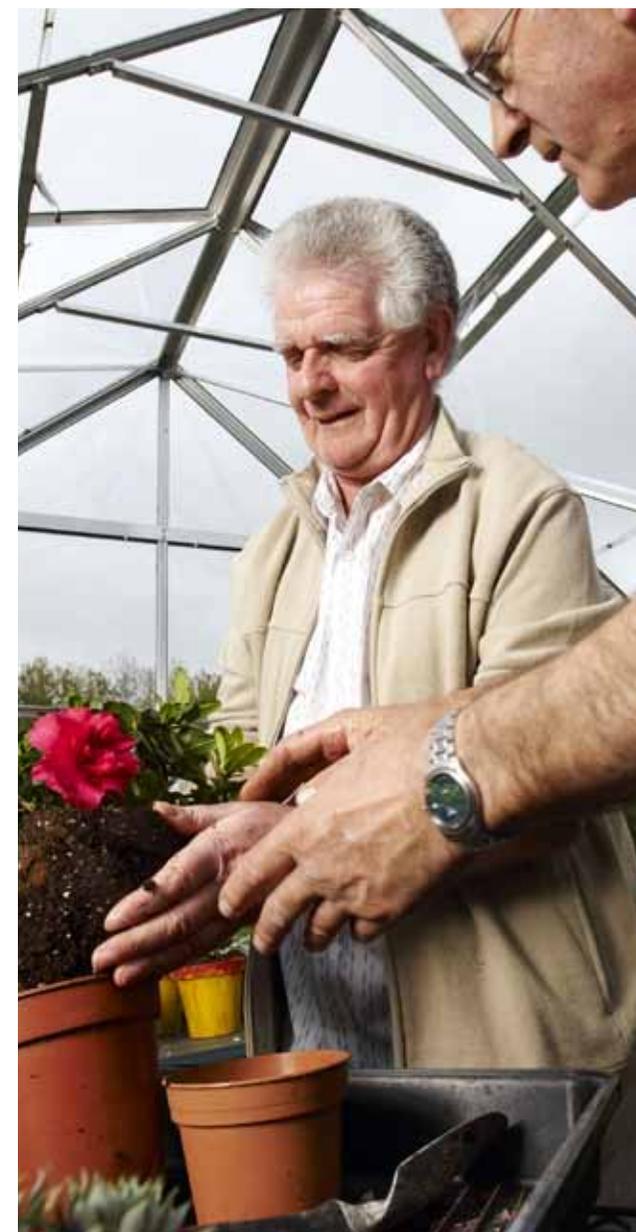


Source: *Tameside and Glossop Dementia Strategy (2010)*

It is estimated that in 2008 there were 2,384 people over the age of 65 with dementia in Tameside. By the year 2025 this total is expected to rise by 40.6% to reach 3,351 people.

¹⁵ Tameside and Glossop Pharmaceutical Needs Assessment 2011

¹⁶ Department of Health (2004) Improving Chronic Disease Management



9. Derbyshire Carers

The Derbyshire JSNA looks at Carers' need in High Peak including Glossop.¹⁷ NHS Tameside and Glossop serves a population of Glossopdale (area of High Peak). The 2001 Census indicated that there are 89,433 people living in High Peak. Of the total it is estimated that:

- **9710 (10.9%) are unpaid Carers**
- **73.73% provide unpaid care: 1-19 hours a week**
- **8.94% provide unpaid care : 20-49 hours**
- **17.33% provide unpaid care: 50 hours and over**

As the prevalence of dementia is increasing there is a significant number of people who are caring for somebody with dementia. There is an estimated annual increase of 4.3% in the number of Carers in Derbyshire.¹⁸

Derbyshire County Council (DCC) has a Joint Strategy for Carers in place to support Carers in many different ways. We will work with DCC and Derbyshire Carers Association (DCA) to target Glossop residents to support Carers.¹⁹

¹⁷ http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/how_adult_care_works/joint_needs_assessment/derbyshires_jsna/default.asp

¹⁸ Derbyshire's Joint Strategic Needs Assessment 2008

¹⁹ http://www.derbyshirecounty.nhs.uk/assets/pct/services%20we%20buy/your_health/Carers/Carers_strategy.pdf

10. Priorities for Action

10.1 Identification

Identifying Carers will be a crucial part of early intervention and prevention. Front line health and social care staff and organisations are often the first point of call for Carers in their caring role and therefore play a key part in improving outcomes for Carers. Identification of Carers can take place in GP surgeries, hospital wards, mental health services, substance misuse services (particularly for Young Carers), schools, in community settings and in the work place.

The benefits of early intervention and support were also identified strongly in the 'Call for Views' national consultation.²⁰ The key themes that had a high number of responses were 'training for professionals', 'information and advice', 'listened to by the clinicians' and 'early identification'.²¹

It is important that Carers are identified when they are visiting their GP or hospital. The recent published guide 'Supporting Carers: An action guide for general practitioners and their teams'²² has been jointly developed by the Royal College of General Practitioners and The Princess Royal Trust for Carers. The guide will help put systems in place to identify Carers, their health needs, provide useful information and draw on the range of Carer support organisations in most communities. We will ensure this is incorporated into our action plan.

To help identify Young Carers, a Young Carers action plan is being incorporated within this strategy led by the TMBC's Children and Young People's Services to ensure that the work of Children's and Adult Services is joined up and coordinated.

²⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_117249

²¹ Call for views Annex A Recognised, Valued, and Supported; next step for Carers Strategy 2010

²² <http://www.rcgp.org.uk/pdf/Carers%20Action%20Guide.pdf>

Supporting those with Caring responsibilities to identify themselves as Carers at an early stage, the action plan will seek to:

- Begin to organise Carer awareness sessions for health and social care staff, community groups, faith groups, voluntary organisations and local employers
- Identify Carers within primary care settings
- Identify Carers within acute trust
- Involve GP's at an early stage of the formation of the clinical commissioning group
- To engage Carers in developing stronger communities

10.2 Recognition

Involving Carers in service design is a vital step in recognising as expert Carer partners. Front line health and social care staff who come into contact with Carers need to promote the Carers Assessment and assist Carers to access them.

Certain Carers have a right to request an assessment of their needs as Carers,²³ independent of the needs of the person they provide care to. These are Carers who provide, or intend to provide, a substantial amount of care on a regular basis. Carers' assessments have two main purposes, the first is to consider the sustainability of the caring role, the second is to consider whether or not the Carer works or wishes to work and whether or not the Carer is undertaking or wishes to undertake education,

training or leisure activity, and the impact that their caring role might have on these commitments or aspirations. Following an assessment, local authorities have a duty to consider whether or not to provide services to the Carer.²⁴ The duty on local authorities to inform Carers of their rights to assessment emphasises the requirement to actively seek out 'Hidden Carers'.

The Common Assessment Framework Consultation 2009 recognises the need to address the impacts of a person's needs on family members and Carers.²⁵ An assessment of need must be offered wherever a health or social care worker identifies that a Carer may have a need for community care services. With regards to Young Carers, a referral to Children and Young People's Services should be made, or to the person's GP, if the identified need is primarily health related.²⁶

To recognise the value of the Carers contribution and involving Carers from the outset both in designing local care provision and in planning individual care packages, the action plan will seek to:

- Improve information and communication for Carers so they receive it at the earliest time
- Involve Carers including young Carers in service development/changes
- To recognise and value the Carers knowledge and experience
- Work with acute trust to identify Carers and promote Carers assessments and referrals.

10.3 Employment and training

It is estimated that around six million adults in Britain are providing unpaid care to a sick, disabled or elderly person, and that three out of five people will be Carers at some point in their lives. The challenges of combining paid work and informal care are substantial and affect the type of work that can be done, the hours of work, and the likelihood of gaining or remaining in employment. Caring, particularly intensive long-term caring has been identified as a primary cause of decisions to reduce working hours and/or to give up work altogether.²⁷



²³ (Recognition & Services Act 1995), (Carers & Disabled Children Act 2000)

²⁴ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113155.pdf

²⁵ Common Assessment Framework - Summary Consultation Document 2009

²⁶ Department of Health/CSIP – Proposal for Common Assessment Framework for Adults (draft) – p12

²⁷ <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep597.pdf> - (Milne et al., 2001)

Not having a 'choice' about staying in work when becoming a Carer, and the difficulty of re-entering the job market were both identified as key issues by Carers who took part in the 'Call for Views consultation'.²⁸

Combining the caring role with work can be a real challenge. Carers have additional employment rights to enable them to stay at work. In commissioning services we will ensure all partners have a lead role to play, to enable Carers to be better able to combine paid employment with their caring role and re-enter the job market after their caring role has ended through:

- **Encouraging flexible working opportunities**
- **Increased training provision**
- **Employer awareness and support**

It can be hard to stay in education particularly with the challenges of being a Carer. The learning opportunities available for adults and children across the borough will be publicised to Carers at every opportunity.

To enable those with caring responsibilities to fulfil their educational and employment potential, the action plan will seek to:

- Identify staff Carers within organisations
- Work with local employers to identify and support Carers and ensure employers are aware of the Equality Act 2010
- Education, training, work and leisure will be taken into consideration when assessing the Carers needs

- Explore learning and developmental opportunities for Carers
- Ensure Carers are not financially disadvantaged

10.4 Education and young Carers

Young Carers want their school, teachers and other school staff to be more supportive of their caring role, recognising that they are balancing a demanding home life with education. Young Carers can be bullied/socially isolated and this can have an adverse impact on their education and social development.²⁹

According to Princess Royal Trust figures there are:

- **There are 175,000 Young Carers in the UK. 13,000 care for over fifty hours a week.**
- **50,000 children and young people look after someone with a mental health problem in the UK.**
- **68% of young Carers are bullied in school.**

Recognising the role of Young Carers is essential in order for the young person to access appropriate services. In order to enable young Carers to access education and training, use of children's Needs Framework and Integrated Processes will help to reduce the levels of inappropriate care.

To enable children to thrive and be protected from inappropriate caring roles, the action plan will seek to:

- Continue to work with schools to raise awareness to identify, recognise and signpost young Carers
- Continue to consult young Carers to ensure young Carers views are known and children and young people are fully involved in the planning and delivery of young Carers breaks
- Promote the use of the Children's Needs Framework in order to recognise the level of additional need and provide the appropriate support
- Think family approach to assessments where a child Carer is identified
- Services to focus on the child as well as the adult presented in front of them
- Involve young Carers, develop ways of supporting and encouraging young Carers in consultation and feedback
- To be aware of the needs for breaks and other services as identified by young Carers
- To increase the number of family breaks available to young Carers

²⁸ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122550.pdf

²⁹ Recognised, Valued, and Supported; Next Step for Carers Strategy 2010

10.5 Personalisation

Personalisation means putting people in control of how they want their services to be delivered and it places the individual in the centre of the process offering more choice and control. The Carers Strategy recognises the need for further developing effective breaks for Carers, in line with the wider personalisation agenda. The research, “The Individual Budgets Pilot Projects” found that Individual budgets can greatly improve Carers’ quality of life when compared with Carers of people using conventional social care and health services. Carers identified Individual Budgets to have greater flexibility, choice and control particularly Carers of older people.

Alongside the Carers Strategy, ‘Carers and Personalisation’³⁰ was also produced by the Department of Health. It covers the following topics, providing examples of good practice:

- **Carers as expert care partners and whole-family approaches**
- **Early intervention and prevention**
- **Making self-directed support processes work**
- **Market and provider development.**

The learning from this document is included in the action plan

The refreshed strategy highlights Carers having a life outside caring, and sees the delivery of jointly developed and funded personal budgets as pivotal to this. It also outlines that services should be developed in a family centred way.

To ensure personalised support both for Carers and those they support, enabling them to have a family and community life, the action plan will seek to:

- Ensure all services and support available to Carers are tailored to their specific needs as far as possible
- Increase choice and control over the resources used to secure the services needed
- Reducing the time waiting for assessments both for Carers and the people they support
- Continue to develop flexibility of support services and emergency short term situations
- Deliver Expert Patient Programme to appropriate Carers
- Continue to work with relevant professionals/ organisations to identify young Carers and protect them from inappropriate caring and give them the right to be children

10.6 Carers Breaks

Those who care for long hours are twice as likely to be in poor health. Carers are likely to suffer from anxiety, depression, low self-esteem and loss of

confidence.³¹ Breaks from caring responsibilities are one way in which this stress can be alleviated. There are many different ways for Carers to get a break from caring. The breaks are designed to be tailored to Carers’ needs as the outcome of a Carers’ Assessment, which should consider all choices, including health, work, leisure, learning and other commitments.

It is vitally important for both the physical and mental health of a Carer to get a break from caring. It may be for just a short period of time, say an hour here or there, or it could be for days or weeks. There are many different ways that people can get a break from caring, including the more traditional community groups, planned respite care, sitting service and day services

Breaks should also be personalised, available to suit individual needs. Regular breaks are critical for keeping Carers healthy throughout their caring role and preventing Carer breakdown. Research carried out by Carers organisations, the National Carers Strategy and Call for Views Consultation all highlight the importance of taking a break from caring responsibilities.

³⁰ Carers and Personalisation: improving outcomes (2010), DH

³¹ Carers UK – www.Carersuk.co.uk

To support Carers to remain mentally and physically well, the action plan will seek to:

- Ensure Carers have access to relevant information, advice and interventions at the right time
- Build into the Carer pathway to encourage Carers to take up the offer of a free NHS health check for 40-74 year olds via NHS health check programme
- Ensure that the link between the Carer's Strategy and Dementia Strategy is supported, in practical terms
- Ensure that the growing number of military members that are becoming Carers due to family members being injured in military operations are identified and supported
- To be aware of the need for breaks as identified by young carers
- To increase the number of family breaks available to young carers
- Ensure Carers have access to and information regarding breaks
- Promote health and wellbeing in local communities

10.7 Information

Access to relevant information at the right time is crucially important for all Carers. Frontline health and social care staff and organisations have a vital role in providing information for Carers at the earlier stage of the caring role as well as at a time of crisis such as discharge from hospital.

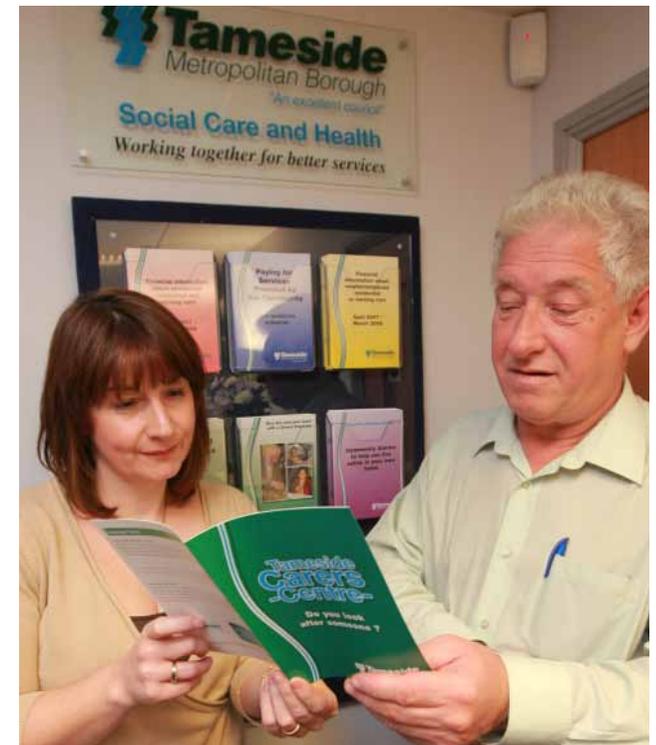
The National Carers Strategy 2008 makes it clear that Carers should be treated and respected as expert partners in caring, and have access to integrated and personalised services to support them. Carers want early advice and information on specific illnesses so they can make informed choices and have access to appropriate services and in turn improve outcomes for both Carers and the person they care for.

We will ensure access to information is provided in various ways, the action plan will seek to:

- Improve Information and Communication for Carers so they receive information at the earliest time
- Review and update as necessary all information available to Carers including those on the councils and NHS website
- Produce a range of information targeting specific Carers issues including:
 - Safeguarding
 - Dementia

- Mental Health
- Stroke
- End of life

- Ensure Carers have access to relevant information, advice and interventions at the right time
- Ensure Carers have access to and information regarding breaks



11. Views and priorities for Carers

There has been widespread and ongoing consultation with Carers for the last decade that has been fundamental in helping us to determine the strategic direction of Carers support and services.

We will continue to work with Carers in developing and delivering our strategy into the future.

We are committed to engaging Carers through a variety of forums, support groups and through Carers Action Group (Tameside), a fully constituted group who represent views of Carers. We will continue to engage with Tameside Local Involvement Network (LINK), and in the future Healthwatch. We will utilise our newly formed Information Ambassador Network (IAN) to ensure we reach a far wider range, and greater numbers of people.

The Carers Strategy Group will monitor the progress of both the strategy and its action plan. The group meets quarterly with partners from Health, Social Care, Children and Young People's services with an equal number of places for Carers Action Group Tameside.

An Equality Impact Assessment (EIA) has been carried out on this Joint Strategy for Carers. A mini case study was also shared with the Consumer Advisory Group (based at the PCT, including professionals and lay representatives) for comment/feedback. The aim of the EIA is to focus on outcomes which improve inclusion and fair access to information, services and premises for service users and staff from the protected characteristic groups (PCGs) which includes Carers. The EIA tool was used to identify the potential impact of this strategy on partner organisation's policies, service designs, re-designs or functions on its service users and staff.



12. Resources

Already the NHS fund Carers Breaks, working in partnership with our local authorities. The Department of Health has made an additional £2m resource available to NHS Tameside and Glossop and the GP Clinical Commissioning Group (CGG) over the next four years. Funding will be allocated to local authorities for the provision of short breaks for Carers and development of a joint work plan for the provision of such breaks. A range of options will be included for Carer breaks, such as sitting services and access to local leisure services. This investment in breaks will help to ensure that Carers have a life outside of their caring role.

It has been agreed by NHS Tameside and Glossop and Tameside Council that from 2011/12 strategic joint management of existing and additional allocations to support Health and Social Care across the Tameside borough will be managed via pooled budget arrangements. The Joint Strategic Pooled Resource Management Group will be jointly accountable to the Shadow GP Commissioning Consortium (sGPCC) and the Health and Wellbeing Board. The aim is to oversee the intergrated commissioning of Carers breaks as far as practicable via direct payments or personal health budgets.

Tameside Council recognises Carer's vital contribution to society and will continue to invest resources equivalent to Carers grant by ensuring services previously paid for by the grant become part of the Council's mainstream provision.

Proposals for investment include:

Tameside Metropolitan Borough Council

- Carers personal budgets
- Health and Wellbeing grants
- Dementia Support
- Sitting and Support
- Support for Young Carers Activity Breaks

Derbyshire County Council

- Personal budgets - to including sitting services
- Young Carers
- Mental Health Carers
- Dementia Support
- Carers Activity Breaks



13. Carers Joint Action Plan

This Joint Action Plan can be found in Appendix 2 and has been developed in partnership based on the objectives embedded in our strategy. The aim is to work together in partnership with Carers and local organisations to implement local actions. It is a working document that will be reviewed and updated annually. Throughout the course of the strategy, further actions may be added depending on the progress made and any national or local Carers developments.

14. How will we know if we have been successful?

We will use performance management indicators to measure year on year improvement. We will also look at Carers' assessment reviews and expect to see an improvement in outcomes. This will be evident through the increase in the number of Carers Assessments, increased numbers identified at GP surgeries and referred to partner agencies and offered support, and an increase in the uptake of activities offered to Carers in maintaining health and well being. We will be obtaining feedback from Carers and service users and effective monitoring will be put in place from the Carers Action Group.

Our performance indicators have been set using the outcome indicators in the social care outcomes framework³² the public health outcomes framework³³ and National Carers Strategy³⁴ and are listed below:

Adult Social Care Outcomes

- Enhancing quality of life for people with care and support needs
- Ensuring that people have a positive experience of care and
- Safeguarding adults whose circumstances make them vulnerable, and protecting them from avoidable harm

Public Health Outcomes

- Improving the wider determinants of health: improvements against wider factors that affect health and wellbeing and health inequalities
- Health Improvement: people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Carers Strategy Outcomes

- Carers are recognised and supported as an expert care partner
- Enjoying a life outside caring
- Not financially disadvantaged
- Mentally and physically well; treated with dignity
- Children will be thriving, protected from inappropriate caring roles

We will monitor our progress via the performance indicators below:

- Number of Carers on the Register – breakdown of age, disability, gender, town
- Number of Carers accessing information and Advice only
- Number of Carers assessments completed
- Number of Carers in receipt of a personal budget
- Number of Carers received a break service
- Number of Referrals - breakdown where from e.g. GP, social Worker etc
- Number of Carers to be removed from the register
- Number of registrations by Town
- Number of registrations by ethnicity
- Number of registrations by age
- Main disability of person cared for
- Number of Carers on GP practice registers
- Number of young Carers assessments
- Number of young Carers on the register, including breakdown
- Number of young Carers accessing a break and/or attending a group

³² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131059

³³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132410.pdf

³⁴ National Carers Strategy 2008

15. Conclusion

This strategy provides a shared vision for the development and provision of services for local Carers over the next 3 years. Working jointly with partner organisations we have already taken positive actions to support Carers and we will continue to build on this.

The contribution of Carers is significant and we have much more to achieve in terms identifying 'Hidden Carers'. Through this joint strategy, we are committing ourselves to continue to work proactively together through the economic challenges that the next three years will bring.

Through the implementation of the action plan of this Joint Strategy for Carers, we hope to ensure the most appropriate use of resources and best outcomes for Carers in Tameside and Glossop. We envisage that through partnership working, Carers will have more choice and control, to have a life of their own alongside their caring role.

Appendix 1 - Legislation & Guidance

This strategy takes into account national guidance and local legislation regarding Carers and our ongoing consultation with Carers and Service Users. The legislation that has the main impact on Carers are:

- **Carers Recognition and Service Act 1995**
Carers' rights are enshrined within this legislation which sets out the responsibility of Social Services to carry out a Carers Assessments for all Carers.
- **The Carers and Disabled Children's Act 2000**
The right for a carer to request an assessment of their needs, even when the person they care for refuses an assessment of their care needs. The carer has to be aged over 16 and has to be providing or intending to provide regular and substantial care for someone aged over 18
- **The Carers Equal Opportunities Act 2004**
Gives Carers more choice and opportunities to lead a more fulfilling life.
- **The Work and Families Act 2006**
Gives Carers new rights at work. The act builds on the rights to request flexible working for parents of children under 6 years old or under 18 years for disabled child.
- **The White Paper 'Our Health, Our care, Our Say' 2006**
Announced a New Deal for Carers with the aim of improving support for Carers.
- **National Carers Strategy 2008**
Carers at the heart of 21st century families and communities, a caring system on your side, a life

of your own - sets out Government's vision for Carers and actions required over the next 10 years. Support will be tailored to meet individuals' needs, enabling Carers to maintain a balance between caring responsibilities and maintain own health.

- **Putting People First; a shared vision and commitment to the transformation of Adult Social Care – 2007**
Makes clear that personalisation is linked to investment in all aspects of support for people and their Carers. This includes universal services, early intervention and prevention, choice and control and Social capital.
- **Transforming community services**
Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all
- **Every Child Matters**
The Children Act 2004. Its aim is for every child, whatever their background or circumstances, to have the support they need to: be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic well-being.
- **Equality Act 2010**
Provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to deliver a simple, modern and accessible framework of discrimination law which protects individuals

from unfair treatment and promotes a fair and more equal society. The basic framework of protection against direct and indirect discrimination, harassment and victimisation in services and public functions; premises; work; education; associations, and transport.

Appendix 2- Carers Joint Action Plan 2011-14

This Carers action plan has been developed by NHS Tameside and Glossop PCT and Tameside Metropolitan Borough Council. It will be reviewed annually and action will be taken whenever there is a new development either at a local or national level.

The Carers Strategy Group (CSG) and Adults Joint Commissioning Executive Board (JCEB) will be responsible for the monitoring of this action plan. Updates will be provided on progress made and fed into the CSG and JCEB on a regular basis.

The intended outcomes of the coalition government's refreshed National Carers Strategy states that by 2018 every carer should be:

- i. Recognised and Supported as an expert care partner
- ii. Enjoying a life outside of caring
- iii. Not financially disadvantaged
- iv. Mentally and physically well; treated with dignity
- v. Children will be thriving, protected from inappropriate caring roles

In the refresh document Recognised, Valued and Supported: Next Steps for the Carers Strategy 2010 four priority areas were identified for action over the next four years. These priorities relate back to the outcomes that the Government is seeking to achieve:

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 both 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 remain mentally and physically well.

It is our aim to act on these 4 priorities to achieve the five outcomes that are the overall goal of the refreshed National Carers' Strategy and the basis for successful commissioning of services.

Priority 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 both in designing local care provision and in planning individual care packages

Priority	Action	Outcome	Responsibility	Timescale
1.1 Begin to organise Carer awareness sessions to identify Carers at an early stage for:- - Health and social care staff - Community groups - Faith groups - Voluntary organisations - Local employers - Schools	Arrange awareness raising sessions for front line staff within TMBC & NHS T&G and acute and other professionals with clear referral processes in line with the service redesign/new pathway.	Recognised and supported as an expert care partner	All Partners	Ongoing
	Through the TMBC Health & Wellbeing Services in each locality - implement an ongoing programme of outreach to health and social care, community groups, faith groups, employers and voluntary organisations to identify and sign post Carers	Recognised and supported as an expert care partner	TMBC	Ongoing
	Arrange awareness raising sessions for local employers and support them to develop policies to support their workforce that are Carers.	Recognised and supported as an expert care partner	TMBC PCT	Ongoing
	Continue to work with the young Carers service to identify young Carers reaching transition. Support young Carers in transition (aged 17+) to the adult Carers service, as per the memorandum of understanding, ensuring 'Think family' principles are used where a child Carer is identified within a family and to work with the family to ensure the needs of the young Carer are addressed and that the child is not exposed to inappropriate or excess levels of caring. Continue to work with schools to raise awareness to identify, recognise and signpost young Carers.	Recognised and supported as an expert care partner Children will be thriving, protected from inappropriate caring roles	TMBC Children & Young People Young Carers Service and Health & Wellbeing Service	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
1.2 Identify Carers within Primary Care settings	Continue to develop and offer training/awareness raising sessions for GP's, District Nurses and practice staff to reinforce the mechanism for recognising Carers and referring on for support to ensure Carers become "everyone's business".	Recognised and supported as an expert care partner	All partners	Ongoing
	Continue to disseminate "your GP needs to know if you are a Carer" leaflet to general practice staff, helping to accommodate practice Carer protocols and QOF management indicator 9.	Recognised and supported as an expert care partner	All partners	Ongoing
	Seek data/information from each general practice for number of Carers identified on their practice registers on a quarterly basis in order to track the increase	Recognised and supported as an expert care partner	All partners	April 2013
	Promote the use of Social Prescribing tool – prescription pad to register Carers on to the system	Recognised and supported as an expert care partner	All partners	Ongoing
	Promote the use of Carers identification and referral tools within Primary care	Recognised and supported as an expert care partner	All partners	Ongoing
	Continue to update the Investors In Carers (IIC) Carer notice boards within Primary Care settings and expand where appropriate.	Recognised and supported as an expert care partner	All partners	Ongoing
1.3 To improve Information and Communication for Carers so they receive information at the earliest time	Review and update as necessary all information available to Carers including those on the councils and NHS website.	Recognised and supported as an expert care partner	All partners	Ongoing
	Produce a range of information targeting specific Carers issues including: <ul style="list-style-type: none"> - Safeguarding - Dementia - Mental Health - Stroke - End of life Publicise national help lines and web services for Carers	Recognised and supported as an expert care partner	All partners	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
1.4 To recognise and value the Carers knowledge and experience	Continue Carers representation in decision making by including Carers in consultations and service planning	Recognised and supported as an expert care partner	All partners	Ongoing
	Involve Carers in discharge arrangements and individual care packages	Recognise Carers as expert partners in care	All partners	Ongoing
1.5 Identify Carers within acute trust	Include identification, assessment, recording and referrals of Carers in hospital discharge policy	Recognised and supported as an expert care partner	All partners	Ongoing
	Identify Carers Champions within the hospital Trust	Recognised and supported as an expert care partner	All partners	Ongoing
1.6 Involve GP's at an early stage of the formation of clinical commissioning groups	To ensure GP Practices can take a number of easy steps to embed the identification and support of Carers within their practice, working with their local Carers organisations, which will mean more Carers are supported earlier.	Recognised and supported as an expert care partner	TMBC, Clinical Commissioning Group, NHS T&G	Ongoing
1.7 To engage Carers in developing stronger communities	Use the information ambassador network to identify and support more hidden Carers. Continue to engage with Tameside Carers Action Group, NHS T&G Consumer Advisory Panel, Tameside Local Involvement Network (LINK), and in the future Healthwatch	Recognised and supported as an expert care partner	All partners	Ongoing
1.8 Involve Carers in service developments/changes	To continue to support Carers Action Group (Tameside) to represent Carers in Tameside.	Recognised and supported as an expert care partner	All partners	Ongoing
	Engage with Carers through a variety of Carers/ Service user forums, support groups (Glossop) and through the Carers action group (Tameside)	Recognised and supported as an expert care partner	All partners	Ongoing
	Continue to consult young Carers to ensure young Carers views are known and children and young people are fully involved in the planning and delivery of young Carers breaks	Recognised and supported as an expert care partner Children will be thriving, protected from inappropriate caring roles	All partners	Ongoing

Priority 2

Enabling those with caring responsibilities to fulfil their educational and employment potential

Priority	Action	Outcome	Responsibility	Timescale
2.1 Identify staff Carers within organisations	Develop registers of staff Carers within all partners organisations and promote flexible working policies	Not financially disadvantaged	All partners	By April 2013
	Work with local employers to identify and support Carers and help to develop flexible working policies and raise awareness of the Equality Act 2010	Enjoy a life outside of caring	All partners	Ongoing
2.2 Education, training, work and leisure to be taken into consideration when assessing the Carers needs	<p>All staff carrying out assessments to inform Carers of their right to an assessment and the support available, to take into account education, training, work and leisure opportunities during the assessment process</p> <p>Think family approach to assessments where a child Carer is identified</p> <p>Services to focus on the child as well as the adult presented in front of them</p> <p>Promote the use of the Children's Needs Framework in order to recognise the level of additional need and provide the appropriate support</p>	<p>Not financially disadvantaged</p> <p>Enjoy a life outside of caring</p> <p>Children will be thriving, protected from inappropriate caring roles</p>	TMBC – all staff carrying out assessments.	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
2.3 Explore learning and developmental opportunities for Carers	Continue to refer Carers, including young Carers for support with education/employment opportunities e.g. job centre plus and routes to work	Not financially disadvantaged Children will be thriving, protected from inappropriate caring roles	TMBC	Ongoing
	Explore the development of learning opportunities for Carers in partnership with the college and other providers.	Enjoy a life outside caring Not financially disadvantaged Children will be thriving, protected from inappropriate caring roles	All Partners	Ongoing
	Continue to promote learning opportunities to all Carers via the network including e-learning which is available in every community to develop existing skills and prepare for new careers	Enjoy a life outside caring Not financially disadvantaged Children will be thriving, protected from inappropriate caring roles	All Partners	Ongoing
2.4 Ensure Carers are not financially disadvantaged.	Continue to refer Carers for relevant benefit checks to maximise their income.	Not financially disadvantaged	TMBC	Ongoing
	Continue to host a welfare rights weekly clinic specifically for Carers.	Not financially disadvantaged	TMBC	Ongoing

Priority 3

Personalised support both for Carers and those they support, enabling them to have a family and community life

Priority	Action	Outcome	Responsibility	Timescale
3.1 Ensure all services and support available to Carers are tailored to their specific needs as far as possible	Continue to ensure advice and Information is inclusive for all, including disabled Carers, young and older Carers, inter-generational Carers, Lesbian, Gay, Bisexual and Transgender (LGBT) Carers, Carers from ethnic minority groups and that universally available services should be flexible in their approaches in order to support Carers	Enjoying a life outside of caring	All Partners	Ongoing
	Continue to identify and support Black Minority Ethnic (BME) Carers through targeted outreach	Enjoying a life outside of caring	All partners	Ongoing
3.2 Increase choice and control over the resources used to secure the services needed	Introduce personal budgets for Carers to contribute to greater independence for both Carers and the people they support, enabling Carers to have a life of their own.	Enjoying a life outside of caring	All partners	By 2013
3.3 Reducing the time waiting for assessments both for Carers and the people they support	Wellbeing advisors to carry out Carers assessment and early intervention assessments	Enjoying a life outside of caring	TMBC	Ongoing
3.4 Continue to develop flexibility of support services and emergency short term situations	Inform all Carers via Carers assessment of the Tameside Emergency Carers Card and encourage Carers to sign up.	Enjoying a life outside of caring	All staff carrying out Carers assessments	Ongoing
3.5 Deliver Expert Patient Programme to appropriate Carers	Work with commissioned services to ensure Carers organisations are working in partnership to deliver Carers support in the most effective and efficient way	Enjoying a life outside of caring	NHS Tameside & Glossop	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
3.6 Continue to work with relevant professionals/ organisations to identify young Carers and protect them from inappropriate caring and give them the right to be children	<p>Think family approach to assessments where a child Carer is identified</p> <p>Services to focus on the child as well as the adult presented in front of them</p> <p>Promote the use of the Children's Needs Framework in order to recognise the level of additional need and provide the appropriate support</p>	<p>Enjoying a life outside of caring</p> <p>Children will be thriving, protected from inappropriate caring roles</p>	All partners	Ongoing

Priority 4

Supporting Carers to remain mentally and physically well

Priority	Action	Outcome	Responsibility	Timescale
4.1 Ensure Carers have access to relevant information, advice and interventions at the right time	Provide Information and focussed support at key stages along the care pathway.	Mentally and physically well; treated with dignity	All partners	Ongoing
	Ensure Carers are signposted/referred for appropriate support at the right time e.g. Decaf (Dementia Support)	Mentally and physically well; treated with dignity	All partners	Ongoing
	Ensure Carers services are promoted. Provide a wide range of advice, including equipment to assist with lifting and moving, or assistive technology which supports service users to maximise their independence as well as enabling Carers to continue to work and to engage in social and leisure activities.	Mentally and physically well; treated with dignity	All partners	Ongoing
4.2 Build into Carer pathway to encourage Carers to take up the offer of a free NHS health check for 40-74 year olds via NHS health check programme	All staff to promote to Carers in all areas of services.	Mentally and physically well; treated with dignity	All partners	Ongoing
	Increase the number of Carers identified and recorded on Carer's /QOF register and the number being invited for regular health checks.	Mentally and physically well; treated with dignity	All partners	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
4.3 Ensure that the link between the Carer's Strategy and Dementia Strategy is supported, in practical terms	Ensure Carers services identify and support Carers of people with Dementia with their caring tasks. (Carers assessments)	Mentally and physically well; treated with dignity	All partners	Ongoing
	Ensure Carers of Dementia patients have clear information and are sign posting to a range of health and social care support, housing, assistive technology and telecare services at appropriate points on the dementia pathway.	Mentally and physically well; treated with dignity	All partners	Ongoing
	Increase provision of home based respite support	Mentally and physically well; treated with dignity	All partners	By 2013
	Develop flexible breaks for Carers of people with dementia to ensure choice is available	Mentally and physically well; treated with dignity	All partners	Ongoing
	To continue to work with services e.g. mental health, alcohol & substance misuse to ensure Carers are identified, signposted and supported through local Carers services, acute services and community services	Mentally and physically well; treated with dignity	All partners	Ongoing
4.4 Ensure that the growing number of military members that are becoming Carers due to family members being injured in military operations are identified and supported	Ensure Carers referral route is identified and services are promoted.	Mentally and physically well; treated with dignity	All partners	Ongoing
	Encourage GP's and primary care staff to refer Carers to services and ensure they have access to therapeutic services	Mentally and physically well; treated with dignity	NHS Tameside & Glossop	Ongoing

Priority	Action	Outcome	Responsibility	Timescale
4.5 To be aware of the needs for breaks and other services as identified by young Carers	Involve young Carers, develop ways of supporting and encouraging young Carers in consultation and feedback	Children will be thriving, protected from inappropriate caring roles	All partners	Ongoing
	Deploy a member of staff to oversee breaks for young Carers	Children will be thriving, protected from inappropriate caring roles	All partners	Ongoing
4.6 To increase the number of family breaks available to young Carers	Offer an increase in the amount of money available to as a family holiday grant	Children will be thriving, protected from inappropriate caring roles	All partners	Ongoing
4.7 Ensure Carers have access to and information regarding breaks	To develop and promote the use of personal budgets	Mentally and physically well; treated with dignity	All partners	Ongoing, by 2013
	To inform Carers regarding what break services are available. To develop the use of individual budgets	Mentally and physically well; treated with dignity	All partners	Ongoing, by 2013
	To design Carers breaks in a personalised way and are not offered on a one size fits all basis	Mentally and physically well; treated with dignity	All partners	Ongoing, by 2013
4.8 Promote health and wellbeing in local communities	Joining up health services across the NHS, social care and public health	Mentally and physically well; treated with dignity	TMBC, Healthwatch, health and wellbeing boards, information ambassador network	By 2013
	Actively involve people, Carers, families and communities in the design, development, delivery and review of innovative care and support arrangements			

