



BIRMINGHAM CARERS VISION AND COMMISSIONING STRATEGY 2018+

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Easy Read Summary



**“ENABLING A
LIFE ALONGSIDE
CARING.”**



BIRMINGHAM
CHILDREN'S TRUST



WELCOME



Welcome to Birmingham's new carers strategy.



Carers, the National Health Service (NHS), Birmingham City Council, The Birmingham Children's Trust and voluntary and community sector are working together.



This is a vision and commitment to carers and a plan for the future.



Carers make a critical and often under-appreciated contribution, not only to loved ones, neighbours and friends, but to the sustainability of the health and social care system.



It has already been well established that most people are likely to be affected by, or have caring responsibilities at some stage in their lives.



Forward Carers estimate there are 107,380 carers living in Birmingham.



We think nationally that as care needs go up the number of carers is estimated to more than double by 2030.



Many people are now balancing work, children and caring for an aging parent.



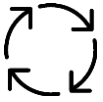
Increasing numbers of older people often care for their partner and grandchildren.



Parents of children with complex needs know they will be lifetime carers.



The move away from care homes to living independently, with care at home, will only increase the need for carers.



The strategy will take a whole life approach to reduce the impact of the change between different ages and stages of life.



We want to ensure that people get the right type and level of support at the right time.



This approach relates to the Care Act 2014 for carers and to the priorities identified in Think Local Act.



It also recognises the importance of promoting positive health and wellbeing including self-care and self-management.



We are confident that by working together, using our experience our new strategy will bring changes and improvement to make a positive difference to carers in the City.



We want to promote carers, the council, health and the voluntary sector working together.



But we want to work together to take forward the aims and objectives making the best use of assets and experience.



We look forward to working together to make the changes needed to deliver this strategy and achieve our shared vision for Birmingham.



Paulette Hamilton

Cabinet Member - Health and Social Care



Kate Booth

Cabinet Member - Children's Wellbeing



OUR COMMITMENT



In Birmingham we want to make a commitment to carers to enable a life alongside caring.



We want to make sure carers feel valued and supported in their roles.



We want to do this by working with carers (including adult, parent carers and young carers) and across agencies to make sure the needs of carers are met in the best way possible.



The goal is that carers will feel supported in their caring role, feel valued in their communities and have their important role recognised and respected by professionals.



Support will be tailored to meet the individual's needs.



This will allow carers to maintain a balance between their caring role and a life outside caring.



Our **six** commitments, co-designed with carers, are on the **next page**.



To do this we need to work together and the strategy offers the chance to bring everyone together to provide the right service, at the right time and in the right place.



Graeme Betts

Corporate Strategic Director - Adult Social Care and Health



Paul Jennings

Chief Executive Birmingham and Solihull CCG (NHS)



Andy Couldrick

Chief Executive - Birmingham Children's Trust



COMMITMENTS

1

Recognise and respect carers (including adult, parent and young Carers) as partners in delivering care and support.

2

Support young Carers through childhood and education.

3

Promote Carer friendly employers.

4

Build a Carer friendly City.

5

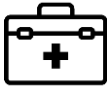
Support Carers to be physically and mentally well.

6

Support Carers to plan their money for today and tomorrow.



INTRODUCTION



Care and help is usually provided due to frailty, age, physical illness, mental health condition, or addiction.



Anyone can become a carer, regardless of who they are, and caring may be sudden, unexpected or develop over a period of time.



A caring role may only be for a few months or could last for the rest of someone's life.



Each caring role is unique.



It may include many tasks and responsibilities.



The things a Carer may do:



Personal Care – Support with dressing, washing and toileting.



Domestic Care – Support with cooking, housework, and shopping.



Physical Care – Support with lifting and help when moving around.



Financial Care – Support with money.



Health Care – Support managing illness or helping to with medication.



Emotional Care – Listening, moral support or providing company.



Communication Care – Supporting with a listening or communication impairment, including translation.



ALL AGES – ALL CARERS

This strategy is for everyone and all carers:



Adults who care for other adults.



Parent carers.



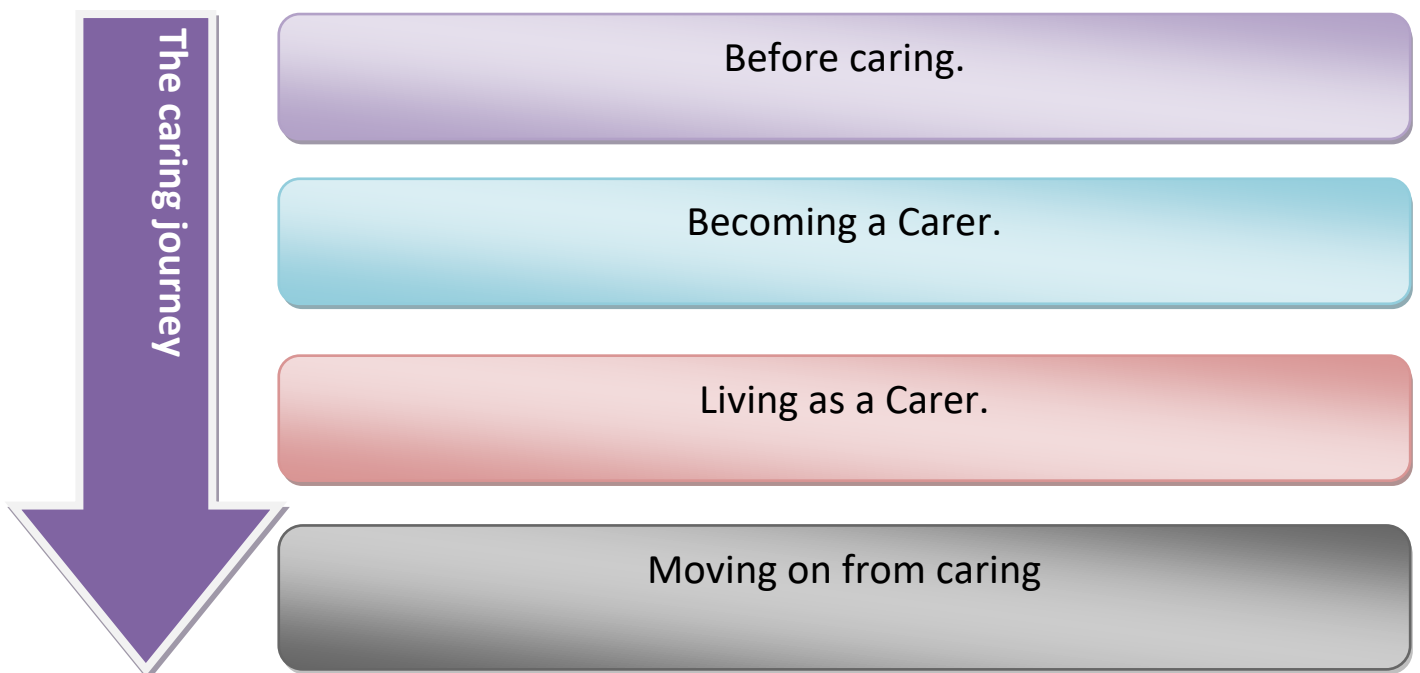
Young carers.

We want people to get the right type and level of support at the right time.

We understand that carers may look after more than one person.

The strategy will take a whole life approach to reduce the impact of the change between different ages and stages of life.

The caring journey is shown below:



We will carry out workshops and visits groups to ensure that the strategy gives a true representation of the needs and priorities of carers.



OUR VISION

“Birmingham is a place recognised as first choice for carers and families that supports and values the role of carers in society”.

The aims and objectives of our strategy are taken from Birmingham’s commitment to carers:



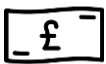
Respect, recognise and value carers at all times for their caring role.



Enhance awareness and understanding of the carer role and facilitate their voice in care provision.



Assess carers for their needs and give emotional, psychological and physical support.



Minimise the financial burden and help carers to find and access social support around money.



Create supportive workplaces that recognise caring roles.



Enable young carers to experience and progress through education

‘ENABLE A LIFE ALONGSIDE CARING.’



DEFINING A CARER

This strategy considers a carer to be anyone who helps another person in their day to day life.



IMPACT OF CARING



Carers can face big challenges in providing good care.



Balancing work, education, having multiple roles and travel.



There are also challenges to their own health as well as having a life of their own alongside a caring role.



The impact of caring depends on the amount of care provided, age and length of time they have been providing care.



The needs of the person being cared for and the relationship with their carer can also have a big effect.



The main impacts are:



Health and wellbeing.



Employment (Jobs).



Financial (Money)



Social (Getting out and about)



Relationships (Seeing friends and family).



Educational (Affects upon learning).



VALUE OF CARING



It is difficult to estimate the full value of the care and support provided by informal carers.



But, without it the demands on our health and care services would increase dramatically.



We could not cope without the support that they give to friends and family members.



There are over 6.5 million unpaid carers in the UK.



1.4 million people providing over 50 hours of unpaid care per week.



The cost saving of Carer's is estimated at £132 billion every year.



Recognising this, The Care Act 2014 promotes wellbeing.



The Act includes rights for carers such as an assessment if a they appears to have a need for support regardless of the amount of care provided, their financial situation or if the person cared for has an eligible need.



It also includes:

- Equality for carers and the person cared for.
- Principles of wellbeing and personalisation.
- Shared rights to information and advice.

**HEALTH AND SOCIAL CARE SYSTEM
UNSUSTAINABLE WITHOUT UNPAID CARE.**



A PRIORITY FOR BIRMINGHAM



Carers are a priority nationally **and** for Birmingham.



There is a national commitment to improving support for carers.



This values carers and prioritises future actions to ensure the best possible outcomes for carers and those they support.



Particular focus was given to increase knowing who carers are.



There are laws and strategies (see Appendix A) that focus on carers.

The two main Acts are:



- **Care Act 2014**



- **Children and Families Act 2014**

In Birmingham the 2011 Census estimated there were 107,380 unpaid carers:



10% of the city's population are carers.



Of these 11,642 are young carers aged 5 to 24 years old.



They contribute care of around £2.1bn a year.

There are also three local visions and strategies that relate to carers:

1. **Vision and Strategy to modernise Adult Social Care.**
2. **Putting Prevention First**

The model will deliver the following prevention outcomes for citizens:

- Reducing and overcoming isolation.

- Increasing income.
- Better health and wellbeing.
- Good quality housing and support.
- A good quality of life for Carers.

3. **Strategy for Early Help in Birmingham 2015 – 2017** – focus is on prevention and early help.

Further laws can be seen in Appendix A at the back of this leaflet.



WHAT YOU TOLD US

You told us the following was important to you:

- ✓ All carers should enjoy the same rights, choices and opportunities.
- ✓ Support should be appropriate, timely, responsive and flexible.
- ✓ Clear and consistent communication.
- ✓ Information on what to do as a back up.
- ✓ One place to go to for all information, advice and guidance.
- ✓ Sign posting to services and support groups.
- ✓ Being able to take time off and know the cared for is looked after.
- ✓ To be involved and updated.
- ✓ Agreeing what carers can or can't do when the cared for is in hospital.
- ✓ Support on discharge from hospital and be included in the process, especially if caring responsibilities have changed.
- ✓ Support for possible change of role in relationships.
- ✓ Information and costs of adapting homes.
- ✓ Specialist and appropriate care, equipment and facilities.
- ✓ It's all about the person being cared for and not yourselves.
- ✓ Making friends, developing relationships and socialising.
- ✓ Listening and understanding.



Young Carers told us:



Schools need to be more supportive.



They couldn't make plans or go out with friends but it brought the family closer together



It was emotionally challenging and they needed time to think.



They wanted somewhere to socialise and choices to stay overnight



They appreciated having the chance to share their experiences and meet other young carers.

You also told us:



People don't always see themselves as carers



People don't always want to be 'labelled' as a carer



You don't want to ask for help for the fear of being seen as unable to cope and potential consequences.

Carers do not always want to go through assessments with different organisations, we are having to tell our story all over again...

I feel listened to for the first time in a long time



Appendix B shows how and when your comments and thoughts were captured.

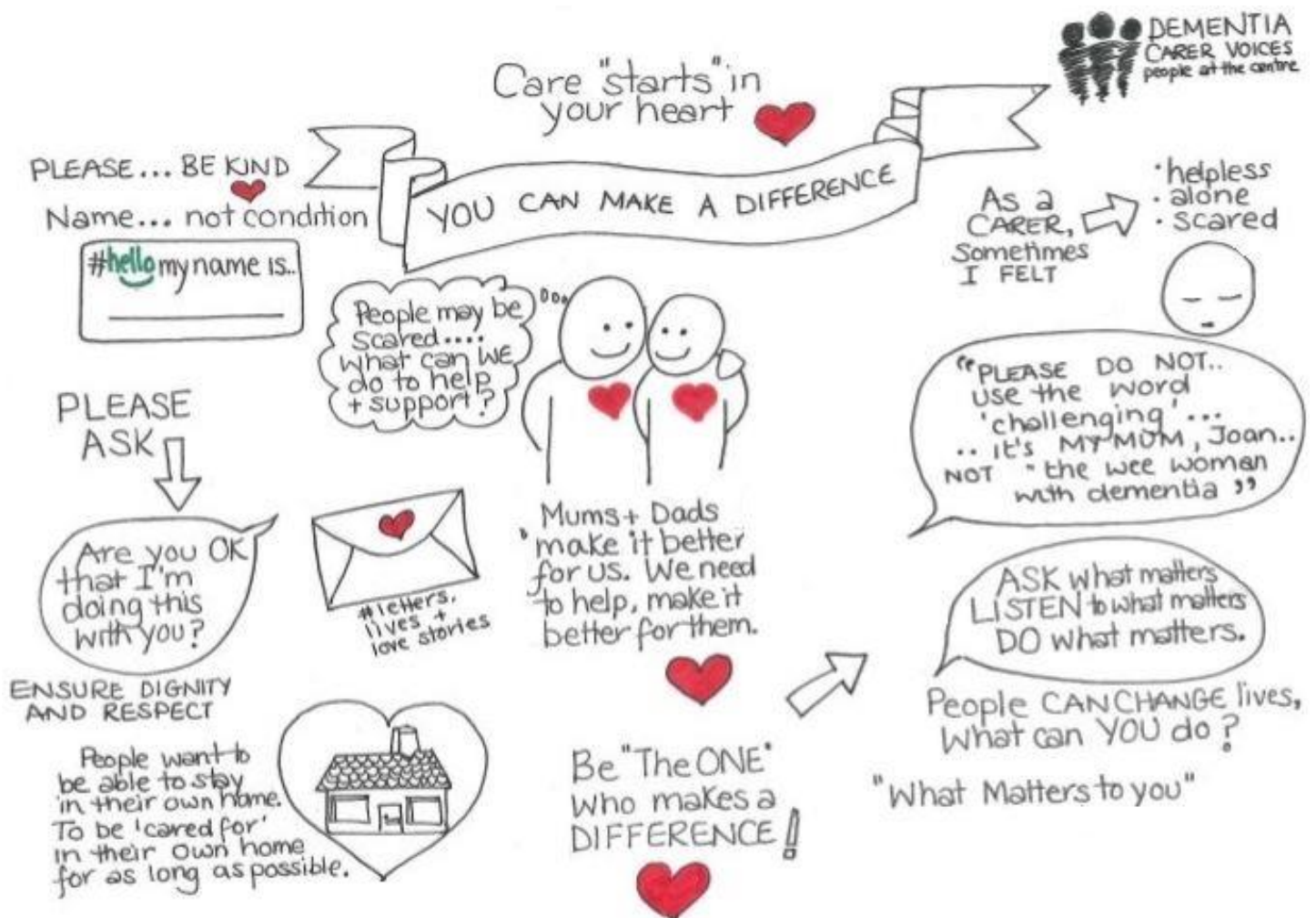
Tommy Whitelaw works to raise awareness of for people living with dementia and their carers.

He cared for his mother who had vascular dementia and they struggled together with the understanding of dementia, the caring and the isolation and loneliness as their world became smaller.

For Tommy, to combat his loneliness, he started a blog to talk about his experiences and talked to others who were also living with dementia to see if their struggles were the same as his.

This was the start of him raising awareness of dementia through campaigning and engaging with health and social care professionals.

You can see some of Tommy's experiences and views and a picture of what matters and is important to carers below:





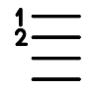
FUTURE ENGAGEMENT



The strategy will be a live document and as we move forwards we want to ensure we continue to talk and work with you.



We know what works so far but want to commit to getting better.



We want to work together to co-design a model that provides a **menu of options**.



We want carers to have a choice as to how they want to get involved and to dip in and out depending on what's needed.



The model **on the next page** shows a range of options with which we could engage with carers.



MENU OF CHOICE MODEL:



GPs



Social Media



Telephone



Events



Email



One-to-one



Post



Groups



Newsletters



OUR CHALLENGE



Nationally the 2011 Census revealed there were 6.5 million carers in the UK.



It is estimated that around 10% of Birmingham's population are caring for someone.



For every 100 patients on a GP practice list 10 will be carers giving under 20 hours care per week.



Out of the 100 patients, 3 to 4 carers will give over 20 hours per week.



Out of the 100 patients, 2 will be caring for at least 50 hours per week (12.5%).



In Birmingham 65% of carers registered with our Carers HUB provide more than 50 hours of care per week.



Women are more likely to be carers than men. But, as carers age over half are men over 75.



Nationally the top ages for caring is 50 to 64 years and in Birmingham 30% of carers are this age, but 34% are 65 or older.




In Birmingham a quarter of carers live with the person they care for.




For a carer to carry out their role they need to be well. However, 21% have their own health needs and 12% have a disability.

Local data from Young Carers project shows that the young people supported:

 Around three quarters are vulnerable and classed as children in need.


 Whilst caring, 12% have child protection plans.

 A quarter of young carers are at risk from exclusion from post 16 education, employment and training opportunities.

To be successful the strategy cannot just be delivered by specialist carers services or statutory services.

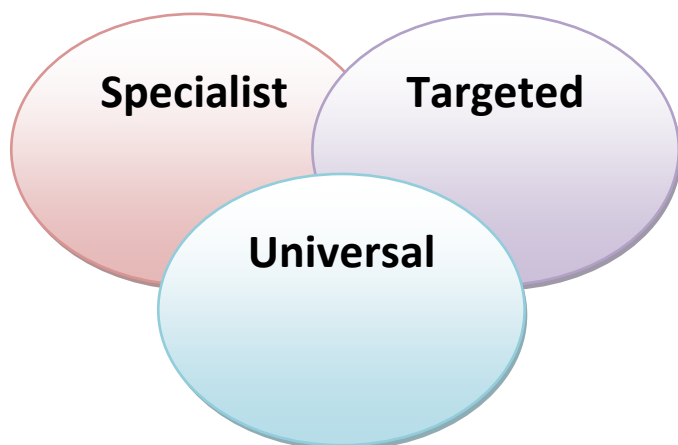
To be successful the challenge is for everyone to work together in a carer centred way.

OUR APPROACH – THE POSITIVE PATHWAY

 The Positive Pathway is built on working together, best practice and services joining up.

3 The pathway sets out three key areas that are flexible to make sure that no matter what stage carers enter they will be supported as early and effectively as possible.

The three key areas are:



Universal – early help and prevention.

Targeted – short term to support and enabling independence

Specialist – targeted services and usually long term.

TO ACHIEVE EXCELLENCE THE PATHWAY IS RELIANT ON CONTINUAL FEEDBACK FROM CARERS, THOSE CARED FOR AND CITIZENS.

UNIVERSAL - FOR ALL

- Early help.
- Prevention.

EXAMPLES OF SERVICES

- Advice/information
- Training.
- Signposting.
- Support access other services.

TARGETED – FOR SOME

- Early help.
- Support and enable independence.

EXAMPLES OF SERVICES

- Emergency & planned response.
- Grant funding.
- Family support.
- Schools based work.

SPECIALIST – FOR A FEW

- Specialist provision.

EXAMPLES OF SERVICES

- Short breaks disabled children.
- Dementia cafes.
- Residential activities.
- Support transition to adult Carer.

ASSESSMENT

CAN ACCESS MORE THAN ONE SERVICE





DELIVERING OUR VISION

Responsibility for oversight of the strategy:

Oversight

Cabinet Member Health and Social Care
Corporate Director Adult Social Care and Health
Director Children's Trust TBC



Assurance

Assurance of effectiveness of strategy:
Health and Wellbeing Board



Accountability

Accountable for the strategy:
Better Care Fund Board



Monitoring

Monitoring and progress reporting:
Prevention and Early Intervention Team
Carers Strategy Group



Equality Duty

The Public Sector Equality Duty (Equality Act 2010) requires public bodies to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

As such, our approach has and will continue to be informed by the latest available intelligence when determining key actions associated with the delivery of our strategy vision.

Joint Action and High level Commissioning Plans

In the past, the creation of carers services have sometimes been delivered separately by both the local authority and health partners.

The strategy provides the chance to set out a joined up approach in the future.

The joint plan begins to think about the types of services that maybe required in the future.

It links them to the commitment we made to our carers at the start of the strategy and the high level commissioning plan will turn this into reality providing details of what services we propose to create.

It is vital that we deliver the **right service** in the **right place** at the **right time**.

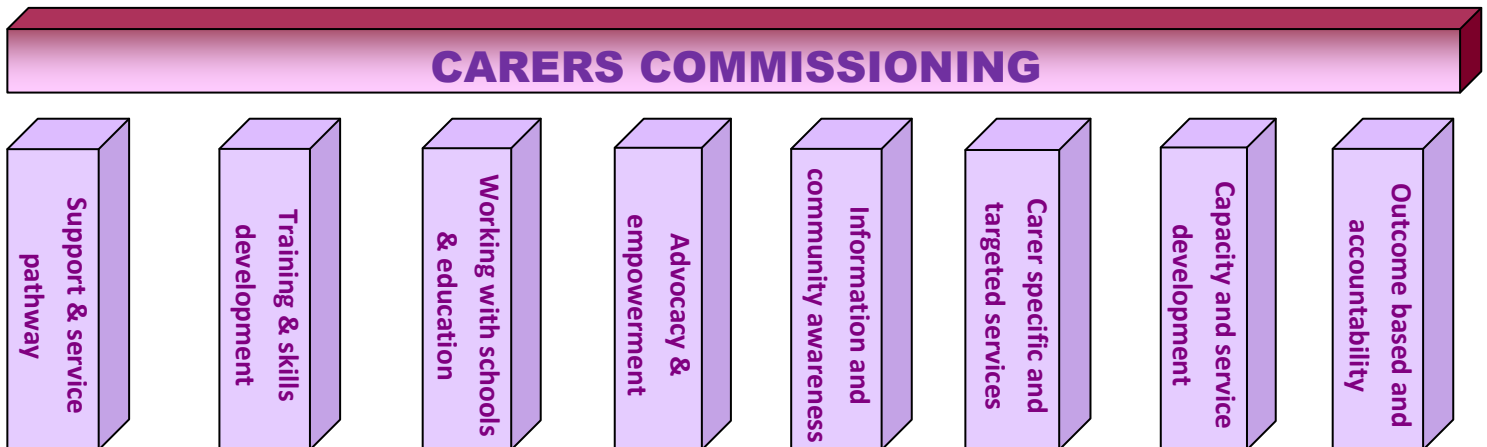


HIGH LEVEL COMMISSIONING PLAN

The strategy gives us the chance to develop a new carer's support and services model.

The aim is to:

- ④ Enable carers to better navigate the system for support and services.
- ④ Services are 'joined up' so that carers don't have to provide the same information and details over and over again.
- ④ Better sharing of information avoiding unnecessary duplication of services.
- ④ An improved carers experience.
- ④ An increased focus on carers priority needs.
- ④ Improved health and wellbeing outcomes.
- ④ More carers supported in the community.



Key principles are:

- ④ A connected carer support and service pathway
- ④ A prevention approach with a shift towards early intervention
- ④ Quality and appropriate level and diversity of services
- ④ An outcome approach to measure achievement and effectiveness of support and services.



APPENDIX A

National legislation

A new national Carers strategy – expected summer 2018
Care Act 2014
Care Matters Green and White papers 2007
Carers Action Plan 2018 to 2020
Carers and Disabled Children’s Act 2000
Children and Young Persons Act 2008
Data Protection Act 1998 amended 2005
Education Act 2002
Equality Act 2010
Gender Recognition Act 2004
Human Rights Act 1998
Health and Safety at Work Act 1974 plus relevant guidance
Independent Living Strategy (2008)
Protection of Freedoms Act 2012
Public sector Equality Act 2010
Putting People First (2007)
Special Educational Needs and Disability Act 2001
Social Value Act 2012 and amendment 2013
The Children and Families Act 2014

Local priorities

Aging Well Programme
Locality agenda
Public Sector Equality Act 2010
Putting prevention First
Strategy for Early Help in Birmingham 2015 to 2017
Vision and Strategy to modernise Adult Social Care

References

ADASS
Care Act 2014
Carers UK
Census 2011
Children and Families Act 2014
Emerson Jones (*permission granted to use material*)
Equality and Health Inequality Research on Carers’ Experiences – Birmingham and Solihull Clinical Commissioning Group
Forward Carers
National Carers Strategy
Positive Pathway – St Basils
Princess Royal Trust for Carers
Putting Prevention First
Strategy for Early Help in Birmingham 2015 to 2017
Supporting carers to be Healthy and Connected (*research summary carers week 2018*)
Think Local Act Personal guidance
Tommy Whitelaw (*permission granted to use material*)
Vision and Strategy to modernise Adult Social Care



APPENDIX B



What you told us

Date	Event/Document	Method	Numbers
December 2016	Standards for Working with Carers	Distribution and discussion	100+ staff and volunteers
January-March 2018	Visit 9 Carers Groups	Focus groups	113 carers
23 rd March 2018	Carers Event	Co-design workshop	100+ carers
13 th June 2018	Recognising the needs of the carer in an acute hospital setting	Individual discussions with carers	5 carers