

# Public Document Pack

**Mike Kelly FCIQB MCIM**  
**Chief Executive**

*Our Ref* AJT  
*Your Ref* HSC/AJT  
*Date* 20 August 2013  
*Please ask for* Andrea Tomlinson  
*Direct Line* 0161 253 5133  
*E-mail* a.j.tomlinson@bury.gov.uk

Legal & Democratic Services  
Division

Jayne Hammond LLB (Hons)  
Solicitor  
Assistant Director of Legal &  
Democratic Services

**TO: All Members of Health Scrutiny Committee**

**Councillors :** A Audin, D Bailey, P Bury (Chair), L Fitzwalter, S Haroon, T Holt, K Hussain, D O'Hanlon, N Parnell, A Simpson, S Smith and R Walker

Dear Member/Colleague

**Health Scrutiny Committee**

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

|                             |   |
|-----------------------------|---|
| <b>Date:</b>                | Wednesday, 28 August 2013   |
| <b>Place:</b>               | Peel Room, Town Hall, Bury  |
| <b>Time:</b>                | 7.00 pm   |
| <b>Briefing Facilities:</b> | If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted. |
| <b>Notes:</b>               |   |

**AGENDA**

The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.



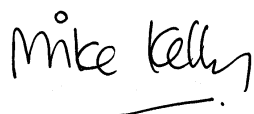
**Electronic service of legal documents accepted only at:  
E-mail:**

**Town Hall  
Knowsley Street  
Bury BL9 0SW  
www.bury.gov.uk**

The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at [www.bury.gov.uk](http://www.bury.gov.uk) – click on **Agendas, Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

**Yours sincerely**

A handwritten signature in black ink that reads "Mike Kelly". The signature is written in a cursive style with a horizontal line underneath the name.

**Chief Executive**

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of the Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the Agenda and, if so, to formally declare that interest.

### **3 MINUTES OF THE LAST MEETING (Pages 1 - 6)**

The Minutes of the Meeting held on 10 July 2013 are attached.

### **4 PUBLIC QUESTION TIME**

Questions are invited from Members of the public present at the meeting on any matters about the work or performance of the Council or the Council's services.

Approximately 30 minutes will be set aside for Public Question Time if required.

### **5 CARERS STRATEGY FOR BURY 2013 - 2018 - CARING FOR CARERS (Pages 7 - 82)**

Report from Councillor Rishi Shori, Cabinet Member for Health and Wellbeing.

### **6 ANNUAL COMPLAINTS REPORT (Pages 83 - 98)**

Report from the Executive Director of Adult Care Services.

### **7 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

This page is intentionally left blank

**Minutes of:** **HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** Wednesday 10 July 2013

**Present:** Councillor P Bury (in the Chair); Councillors A Audin L Fitzwalter, K Hussain, A Simpson, S Smith and R Walker

**Public in attendance:** There were no members of the public present

**Also in attendance:** Hemlata Fletcher - Adult Care Services  
 Linda Jackson – Assistant Director of Operations ACS  
 Pat Jones - Greenhalgh - Executive Director, Adult Care Services  
 K Patel – Chair of the CCG  
 Councillor Rishi Shori  
 Lorraine Gundy, Pennine Care NHS Trust

**Apologies for absence:** Councillors D O'Hanlon T Holt, N Parnell and

---

**HSC.196      DECLARATIONS OF INTEREST**

Councillor Andrea Simpson declared a personal interest as she was employed by the NHS in Salford.

**HSC.197      PUBLIC QUESTION TIME**

There were no members of the public present to ask questions under this item.

**HSC.198      MINUTES OF THE LAST MEETING**

**It was agreed:**

That the Minutes of the Meetings of the Health Scrutiny Committee held on 19 June 2013 be agreed as a correct record and signed by the Chair.

**HSC.199      PUBLIC SERVICE REFORM – DRAFT IMPLEMENTATION PLAN**

Dr Kiran Patel and Linda Jackson gave a presentation setting out the future of integrated care in Bury. The presentation covered the Delivery Plan, the Concept Model, Progress and Plans for enablers, Achievements and Challenges.

The aim of integrated care was explained:-

To ensure that people take responsibility for their own health and wellbeing through self care, ownership and accountability of their lifestyles.

Health Scrutiny Committee, 10 July 2013

- Provision of information and access to advice to help people understand what's available in the community to facilitate them taking ownership and accountability for their lifestyles.
- Where someone requires support; the support will involve the person's/family's natural circle of support and maximise the use of the community assets.
- Integration will help facilitate this approach by providing the right workforce in localities in the right place at the right time.

It was explained that the shared vision would be seven days a week, 365 days a year in appropriate locations. There would be more self care with patient information being shared across provider and support agencies and partner groups.

The partners involved were reported as Bury Clinical Commissioning Group and member practices, Bury Council, Pennine Care NHS Foundation Trust, Pennine Acute Hospital NHS Trust, GP Federation, GP Out of Hours, Third Sector Development Agency.

The Governance Arrangements were set out and it was explained that the Partnership Board was responsible for overall direction and management of the Project. The Board was jointly chaired by Pat Jones Greenhalgh, Executive Director of Adult Care Services and Stuart North, Chief Executive, Bury Clinical Commissioning Group and with key partners, accountable to the Team Bury Wider Leadership Group (BWLG) and reporting to the AGMA Wider Leadership Group.

Bury Integrated Health and Social Care Partnership Board had been established and was chaired jointly by Pat Jones-Greenhalgh and Stuart North.

Linda explained the Concept Model of providing services and explained that different services would have to be delivered differently across each area. Some services could be clustered into localities but as each township had different demographics there would be different needs which would mean different services. Each Township area's needs would have to be regularly mapped to ensure that the needs of the population within those areas were being met.

It was explained that to prevent people from being admitted to hospital it was crucial to ensure that education and prevention was promoted as much as possible before support became an issue.

It was explained that it was not just health and Social care providers that provided care and support, individuals received this from a range of agencies including; Primary Care; Secondary Care;

Health Scrutiny Committee, 10 July 2013

Community Services, Social Care; Third Sector; Department of Works and Pensions; Hospice; mental health services; Housing services and Education.

An example snapshot of the timescales involved for the implementation of the Concept model was set out within the presentation. An update on the work carried out to date would be presented to AGMA at a meeting in September.

It was reported that as the move to integrated care progressed it was expected that the workforce would follow with the shift into primary, social and community services.

Pilot work had been carried out jointly with NWAS around Falls and there had also been a Complex Care Pilot. Work around Crisis Response and Urgent treatment had also been undertaken.

The roll out of Social Care budgets would continue.

It was acknowledged that data sharing between different partners and agencies would be challenging but had to be established and work was being carried out in this area and being led by Team Bury to define solutions.

The achievements to date were set out and included:-

- Crisis response for adults
- Integrated Health and Social Care Discharge Team
- Pilot integrated care team 'Radcliffe' with wider roll out to another area over the following two months
- Children's Trust Board
- Partnership Boards
- Complex care arrangements
- Existing links between CCG, Council and some providers are strong
- Adults and Children's Safeguarding Boards
- Successful Public Health integration into the Council.

The possible barriers were explained as:-

- Integrated records
- Quality Assurances Processes
- The ability to maintain stable acute services whilst investing in community services.
- Changing cultures required in partner groups and with other professionals
- People's expectations increasing, need to change public attitude towards taking ownership of their own health and wellbeing.

Health Scrutiny Committee, 10 July 2013

Current contracting arrangements make it difficult to break

- down spend
- Registered v resident

Those present were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Shori referred to the fact that the population was growing rapidly and with larger numbers of elderly people. Councillor Shori asked how services would change compared to what is currently in place.

Dr Patel explained that it would not be possible to continue with what was currently in place, the current bed-stock would have to be cut and the money released into primary care. The level of resource to be moved had been identified but it was paramount that there was no dual services running and for this to be the case there had to be confidence in the systems in place. All current services would be looked at to identify any duplication and spending cultures needed to be reviewed.

- Councillor Simpson referred to the need to educate service users so that the changes had the buy in from them and the need for a budget to facilitate this. She also referred to the fact that primary services were already stretched which then affected services such as A & E and the Walk in centres and it would be a mistake to reduce this provision.

Dr Patel explained that it was essential that the changes had patient buy in to ensure that the integration of services ran smoothly. He also stated that it wasn't an exercise to get rid of services; it was about working differently to achieve more value.

- Councillor Smith stated that she was afraid that during the interim stages people may fall through the gaps. She also asked how long the transition period would be.

It was explained that the project was due to take place over the coming 3 – 5 years. Money had already been identified to invest in primary care. All partners were sharing the vision and it was accepted across the board that the changes would be done in large steps.

- Councillor Fitzwalter explained that she had personal experience as well as constituent complaints relating to communication and correspondence across the NHS. She stated that this was an issue that really needed to be sorted out before any integration would be successful.



Scrutiny Committee, 10 July 2013

Councillor Walker also stated that communication between the Health different partners and agencies needed to be improved. He had first hand experience of poor communication to the point where he now took his own records.

Councillor Walker referred to the possibility of consultants working on communities and asked how this would work.

Dr Patel explained that not all specialists would be suited to work in the community but it would be suitable for some areas.

It was also explained that there were a lot of good examples of communication being used such as text messages and e-mails which would be supported across the integrated system.

### **It was agreed**

1. That a sub group would be established to review the integration of services in more detail.
2. That the possibility of establishing a sub group to look at appointments be considered.

### **COUNCILLOR P BURY**

#### **Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.35pm)**

This page is intentionally left blank

# REPORT FOR DECISION

|                    |  |
|--------------------|--|
| <b>Agenda Item</b> |  |
|--------------------|--|

|   |  |
|---|--|
| <b>DECISION OF:</b>                     | Health Scrutiny / Cabinet  |
| <b>DATE:</b>                            | 28 <sup>th</sup> August 2013 / 18 <sup>th</sup> September 2013   |
| <b>SUBJECT:</b>                         | Carers Strategy for Bury 2013-2018 - Caring for Carers   |
| <b>REPORT FROM:</b>                     | Councillor Rishi Shori, Cabinet Member for Adult Care and Wellbeing  |
| <b>CONTACT OFFICER:</b>                 | Tracy Minshull, Head of Commissioning and Strategy, Adult Care Services  |
| <b>TYPE OF DECISION:</b>                | Cabinet - key decision   |
| <b>FREEDOM OF INFORMATION/STATUS:</b>   | This report is within the public domain  |
| <b>SUMMARY:</b>                         | <p>This report seeks approval for the draft Carers Strategy 2013-2018 and the supporting Equality Analysis. The strategy is owned jointly by the local authority and NHS Bury.</p> <p>Bury's Carers Strategy 2013-2018 has been written in response to the national Carers Strategy (Recognised, Valued and Supported: Next Steps for the Carers Strategy, 2010). It pays particular regard to the four key areas prioritised by the Government and identifies how we will develop and improve services for carers within each.</p> <p>The Carers Strategy 2013-2018 supersedes Bury's Carers Strategy 2009-2012 and has been written by members of the Carers Strategy Group.</p> |
| <b>OPTIONS &amp; RECOMMENDED OPTION</b> | <ol style="list-style-type: none"> <li>1. Approval of the Bury Carers Strategy 2013-18. The Carers Strategy Group will monitor the implementation of the action plan. This is the recommended option.</li> <li>2. Approval of the Bury Carers Strategy 2013-18 with amendments. Any proposed changes would need to</li> </ol>  |



## **1.0 BACKGROUND** *[brief]*

1.1 The Government published Recognised, Valued and Supported: Next Steps for the Carers Strategy in 2010. The main vision for the national strategy is that carers are identified, acknowledged and supported to balance their caring role with other responsibilities.

1.2 The four main priorities cited within the national strategy are:

### Identification and recognition

Supporting those with caring responsibilities to identify themselves as a carer at an earlier stage and to recognise the value of their contribution.

### Realising and releasing potential

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

### A life outside of caring

Personalised support both for carers, and those they care for, enabling them to continue their family and community life.

### Supporting carers to stay healthy

Supporting carers to remain mentally and physically well.

## **2.0 ISSUES** *[brief]*

2.1 Consultation for this strategy took place over a three month period and included the following events/carers groups:

- § Questionnaires sent to 3,320 known carers (known to the Carers Centre and Bury Council's Carers Services Team. 397 questionnaires were completed and returned);
- § Consultation events in Bury, Prestwich and Whitefield;
- § Substance Misuse Carers Support Group;
- § Bury Carers Forum;
- § Rethink Mental Health Group;
- § Pinfold Lane Carers Group;
- § Carers Services Officers;
- § Male Carers Support Group;
- § Federation of Jewish Services;
- § Black and Asian Minority Ethnic (BAME) carers;
- § GP Practice Managers.

2.2 The Bury Carers Strategy 2013-2018 has been developed in collaboration with a range of stakeholders and has sought to capture the range of views expressed. The following priorities will be developed in line with these views:

### *Information and advice*

The range of information required includes: information on the condition of the person they care for, advice about the support carers can access in their community, support on retaining employment and details on the Carers Assessments available.

### *Identification and referral*

Professionals do not always understand the caring role and what it means. Some carers felt they were not acknowledged by health and social care professionals and that they were not consulted on the care of the person they cared for.

### *Respite*

Time away from the caring role was an issue that was discussed widely. We were told that current opportunities within day services and respite are not flexible enough. More opportunity to spend time away from the person cared for, whilst knowing that person is receiving high quality care, is an issue that requires a lengthy discussion.

### *Data*

There are gaps in the data we hold about identified carers in Bury (this includes ethnicity and age). We have agreed an action within the carers strategy action plan to collect this data. We will be working with commissioned services to ensure this happens.

- 2.3 The outcome of the Equality Analysis shows that carers (current and future) will benefit from an increased awareness of the caring role and how it can support the person being cared for. The strategy will have a positive impact on carers by assisting their identification, ensuring they are aware of their rights and being signposted to appropriate services. Every effort is made to ensure equal access to carer support and services. By taking account of the needs of carers, services will become more inclusive and accessible.

Bury's Carers Strategy aims to create opportunities for creating robust partnerships with existing groups and services to help develop support networks for carers.

- 2.4 Any risk will be managed by the Carers Strategy Group. Although there is no new funding attached to the implementation of this strategy, the majority of the actions in the action plan will be achieved by greater partnership working and identifying new ways of working. Any financial implications will be discussed as part of the development of the action plan. It is important to note, however, that any financial implications would be managed within the carer's existing budget, but with no negative impact on assessed service provision.

### **3.0 CONCLUSION** *[brief]*

- 3.1 The Bury Carers Strategy 2013-2018 aims to ensure that carers are respected, that they have access to good quality information, they receive the services and support they need to care for their relative or friend and that they have a life of their own. A detailed action plan is currently being developed to underpin the delivery of the strategy. This will be monitored by the Carers Strategy Steering Group.

---

### **List of Background Papers:-**

1. Bury Carers Strategy 2013-2018
2. Action plan
3. Equality Analysis

**Contact Details:-**

Tracy Minshull  
Head of Commissioning and Strategy  
Telephone: 0161 253 6844  
E-mail: [t.m.minshull@bury.gov.uk](mailto:t.m.minshull@bury.gov.uk)

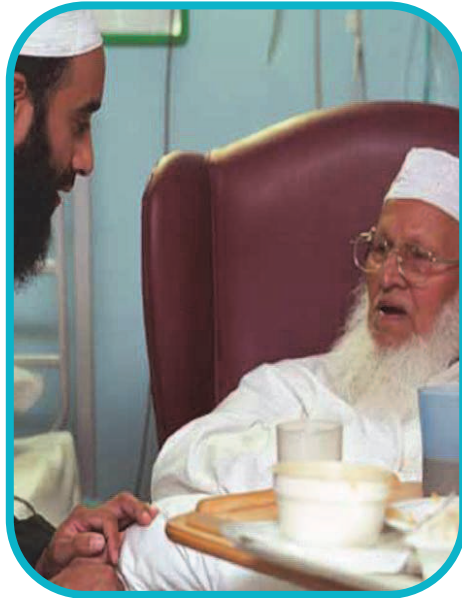
This page is intentionally left blank



# Bury Adult Carers Strategy

## Caring for Carers

2013 - 2018



This Strategy acknowledges the huge amount of work undertaken by carers in Bury. Through consultation you have given us an understanding of your caring role and have worked tirelessly to ensure we recognise the value of this. You offer incredible support to the people you care for and for that we are truly grateful and we thank you.





# Contents and quick read guide

We want to make this strategy easy to read. By explaining below what each of the main sections contains, you can go straight to the part you want.

| Main heading     | Page | What it contains                            |
|------------------|------|---|
| Welcome          | 2    | Foreword                                    |
| Introduction     | 4    | Our vision                                  |
|                  | 4    | Our aims for this strategy                  |
| Where we are now | 7    | Where are we now?                           |
|                  | 7    | Who are Bury's carers?                      |
| Our priorities   | 15   | Identification and recognition              |
|                  | 21   | Realising and releasing potential           |
|                  | 25   | A life outside of caring                    |
|                  | 29   | Supporting carers to stay healthy           |
| Finance          | 34   | Bury Council                                |
|                  | 37   | Bury Clinical Commissioning Group           |
| The next steps   | 42   | The next steps                              |
|                  | 43   | Acknowledgements                            |
|                  | 44   | Bibliography                                |
| Appendices       | 45   | Appendix 1: Young carers transition pathway |
|                  | 46   | Appendix 2: Details of carers consultation  |



# Welcome to the adult Carers Strategy for Bury

---

## Foreword

We are delighted to publish the Adult Carers Strategy for Bury 2013-2018 as part of our commitment to carers within Bury.

The number of unpaid carers is increasing steadily throughout the UK. In Bury alone, we currently know of 3,320 adult carers but we acknowledge that there may be many more who do not receive any support to undertake their caring role.

The Government recognises and values the contribution of carers and has pledged to personalise support on key areas such as employment, information and respite. Bury Council and Bury's Clinical Commissioning Group have written this strategy in response to these priorities whilst ensuring it aligns with the needs of carers within Bury.

We acknowledge that caring for another person can be a rewarding, as well as a difficult, time. Supporting carers through the difficult times is one of the main priorities within this strategy.

This strategy has been written using the expertise of carers and service providers and we are very grateful to them for their valuable contributions.

**Councillor Rishi Shori**

**Executive Member, Adult Care and Wellbeing, Bury Council**

**Dr Audrey Gibson**

**Clinical lead, Bury Clinical Commissioning Group**

**April 2013**





# Introduction



# Introduction

---

## Our vision

This strategy is an important document and will be used by Bury Council and Bury CCG to understand how to work with and support local carers. It will also support us to define priorities and responsibilities for the future, identify potential gaps in services and illustrate how we will work towards them. This strategy will enable us to coordinate the vast range of partner organisations required to achieve these priorities.

Our vision for this strategy is 'to recognise, enable and support carers of all ages from the whole community to have a quality life of their own'. This vision has been agreed by Bury Carers Strategy Group and illustrates our commitment going forward.

## Our aims for this strategy

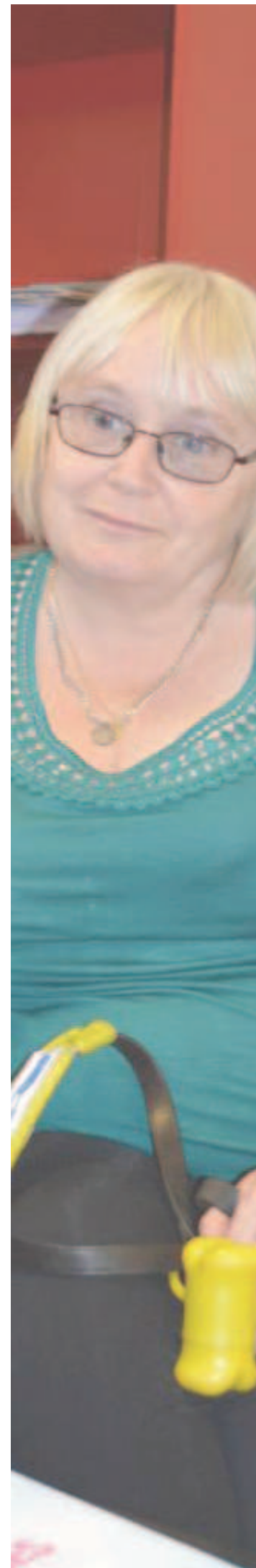
The current Government has paid tribute to carers and has promised to support them within their caring role. This support is defined within the national carers strategy: '*Recognised, Valued and Supported, the next steps for the Carers Strategy*'<sup>1</sup>. This strategy aims to ensure that carers are respected, that they have access to good quality information, that they access the services and support they need to care for their relative or friend and that they have a life of their own. The Government's strategy sets out four main priorities agreed as part of its consultation:

1. Identification and recognition;
2. Realising and releasing potential;
3. A life outside of caring;
4. Supporting carers to stay healthy.

The priorities of Bury Council and Bury CCG are aligned with the four national priorities and include a clear description of how we will know these priorities have been achieved.

There are other pieces of local and national strategy, policy and legislation which will affect this strategy. These include<sup>2</sup>:

***Living well in Bury: Making it happen together, our vision for health and wellbeing. The DRAFT Bury Health and Wellbeing Strategy (2013-2018)***



# Introduction

---

This joint draft strategy is Bury's overarching plan to deliver its vision for the health and wellbeing of the people who live and work in Bury. The draft strategy focuses on improving health and wellbeing across a person's whole life cycle. This includes increasing support for carers.

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

Under this Act, individuals who provide or intend to provide a substantial amount of care on a regular basis are entitled to request an assessment of their ability to care and to continue caring (at the time the person they care for is being assessed for community care services). This assessment looks at the carers ability to provide care and the sustainability of this. This Act applies to carers of all ages.

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

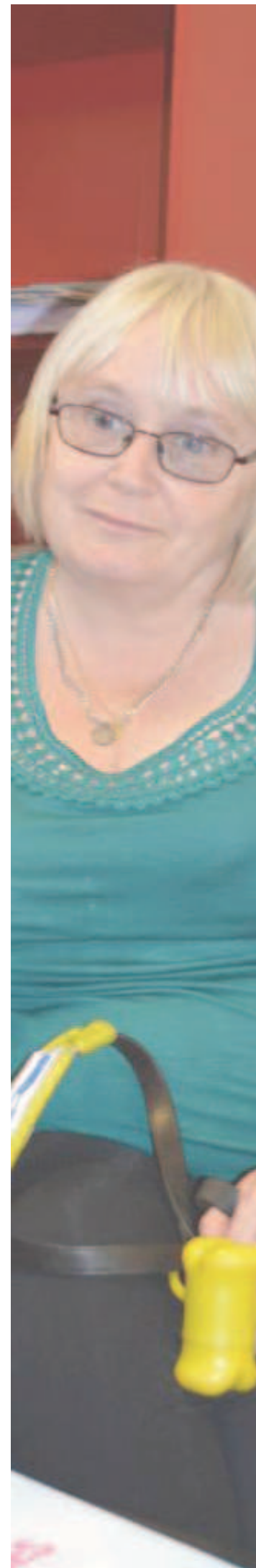
The Carers and Disabled Children Act (2000) made four principal changes to the law, with the objective of enabling local authorities to offer support to carers to help them maintain their own health and wellbeing. It gives carers the right to an assessment independent of the community care assessment for the person they care for. The Act applies to carers aged 16 and over and people with parental responsibility for disabled children.

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

This act legislates that local authorities have a duty to inform carers of their right to an assessment of their needs. It also promotes better joint working between local authorities and the health service to ensure support for carers is delivered in a more joined up way.

## ***Caring for our Future White Paper (2012)***

This white paper sets out how people will be supported to stay independent for as long as possible. This includes improving support for carers, providing better information so people can make informed decisions about their care and improving the quality of that care.





# Part 1





# Part 1: Where we are now?

---

## Where are we now?

This Carers Strategy for Bury replaces *Caring Together: the Carers Strategy for Bury 2009-2012* (a joint strategy between Bury Council and Bury CCG) and builds on the achievements already made. These include:

1. Bury Council continue to fund a Carers Services Team. This team provides strategic and operational support to carers, carer groups and local providers. The team also commissions services for carers to support them to maintain their caring role within the community;
2. Bury Council and Bury CCG continue to fund the Gaddum Centre to provide a Carers Centre on its behalf. This centre opened in 2008 and offers a wide range of information and support to carers;
3. 567 people in receipt of a Carers Personal Budget (a pilot scheme in place since April 2011). This pilot not only meets the national requirement of *Putting People First*<sup>3</sup> but means that carers have the flexibility to choose their own support services;
4. All 33 GP practices in Bury have an identified lead for carers;
5. Bury Council including the caring role in its protected characteristics under the Equalities Act 2010<sup>4</sup> (this was a local decision to illustrate the value of carers);
6. Since the implementation of Carers Personal Budgets, Bury Council has held a range of workshops with local care providers, day centres and residential care homes to ensure closer partnership working to support carers receiving a service.

## Who are Bury's carers?

The Carers Trust defines a carer as '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 problems'<sup>5</sup>. In response to this, this strategy does not identify someone who provides care as part of a contract of employment as a carer. The role of carer is rarely chosen and is often an expression of love, respect and affection for another person<sup>6</sup> (although this is not always the case). It will frequently come as a result of an illness or someone becoming older and needing more support.

According to the 2011 census, there are 185,100 people living in Bury, making it the 16th largest borough within the North West<sup>7</sup>. There is an almost even split between males (49%) and females (51%) and 85.3% of the population is recorded as White British<sup>8</sup>.

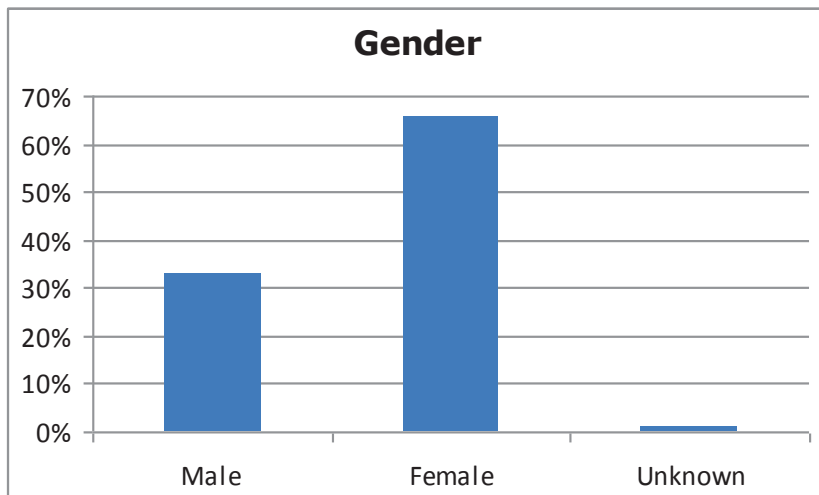
The census also tells us that the number of people who state they provide unpaid care in Bury is 19,954 (11% of our population). This is an increase of 723 individuals in the last 10 years. On a national level, the Carers Trust states that there are almost six million carers in the UK<sup>9</sup>. This equates to approximately one in ten people, which illustrates that the numbers in Bury are comparable with the national average.

The best source of information about carers in Bury is a register of 3,320 carers held by the Carers Services Team and the Carers Centre. Considering we have a population of 19,954 people currently providing unpaid care in Bury, it is clear that more work needs to be undertaken to identify carers.

The register of 3,320 known carers tells us the following information:

66% (2,208) of unpaid carers, of whom we are aware, are female. The Carers Trust states that 58% of carers in the UK are women<sup>10</sup> so this female majority is something we would expect to see.

Figure 1: Gender of Bury Carers



Source: Carers register 2012

We know the ages of 64% (2,114) of known carers. Of this, 30% (1,009) are aged between 55 years and 74 years.

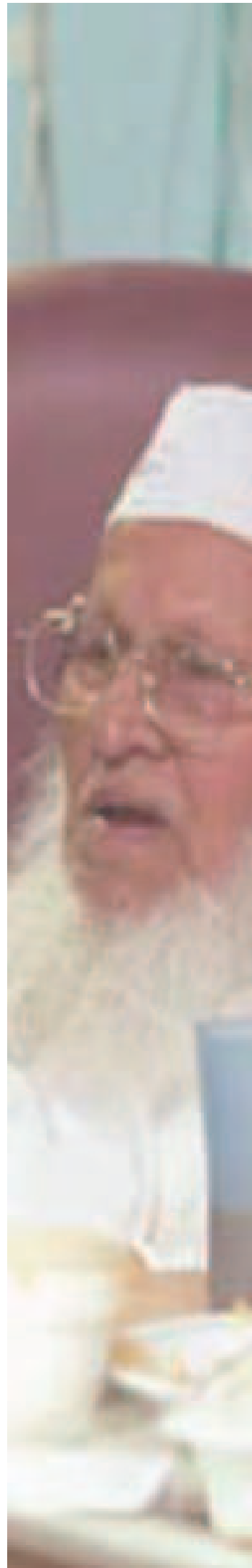
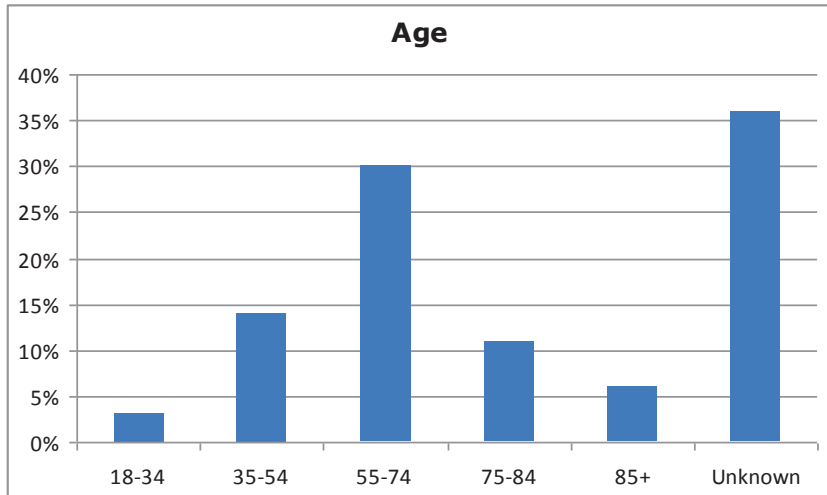


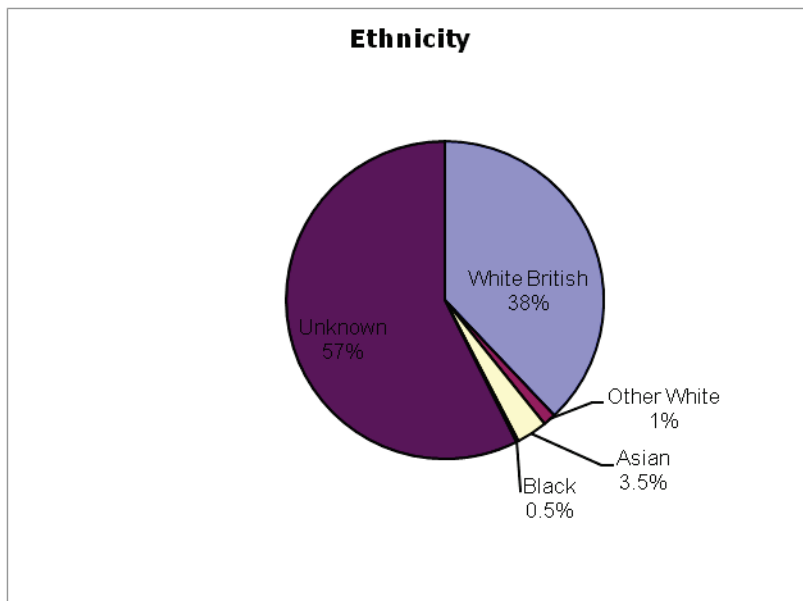
Figure 2: Age of Bury Carers



Source: Carers register 2012

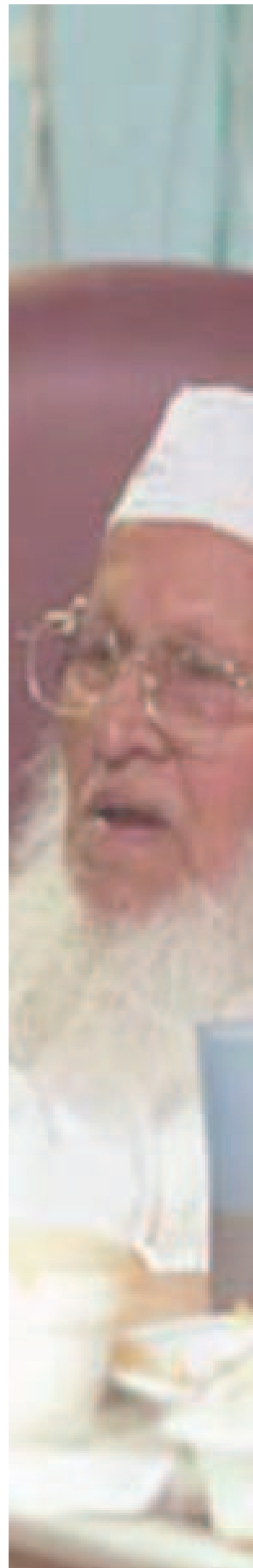
The majority of unpaid carers (1,259) in Bury are White British. (57% have not given this information.)

Figure 3: Ethnicity of Bury Carers



Source: Carers register 2012

It is clear from the data provided that important demographic details are missing or incomplete. For Bury Council and partners to have a full understanding of the carers in this Borough we need to have access to more detailed information, including age, gender and ethnicity. This will



enable us to identify packages of care and services to suit their individual needs. The Carers Centre and Bury Council's Carers Services Team do collect demographic information but acknowledge that historic information was not always complete. The database will be updated to ensure we have the best possible information on Bury carers.

Figure 4 (geographical spread of Bury carers) details where our known carers live. It clearly illustrates that a higher concentration of carers live in Bury East, Bury West, Whitefield, Unsworth and Radcliffe. It is vital that commissioners in Bury Council, Bury CCG and Public Health understand the geographical spread of carers to know if services are being targeted in the right locations.

Comparing the number of carers cited in the census with the register, it is clear that there are many carers in Bury who are yet to be identified. Reasons for this could include individuals taking on a caring role without realising it (for example, caring for a spouse during an illness or being a parent to child with a disability), not being identified by a health and social care professional or being unable to attend services which are specific to carers (for example, the Carers Centre).

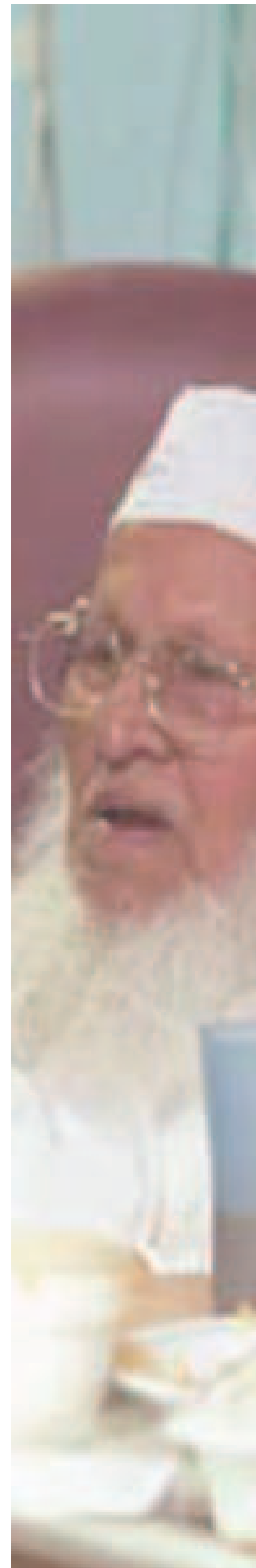
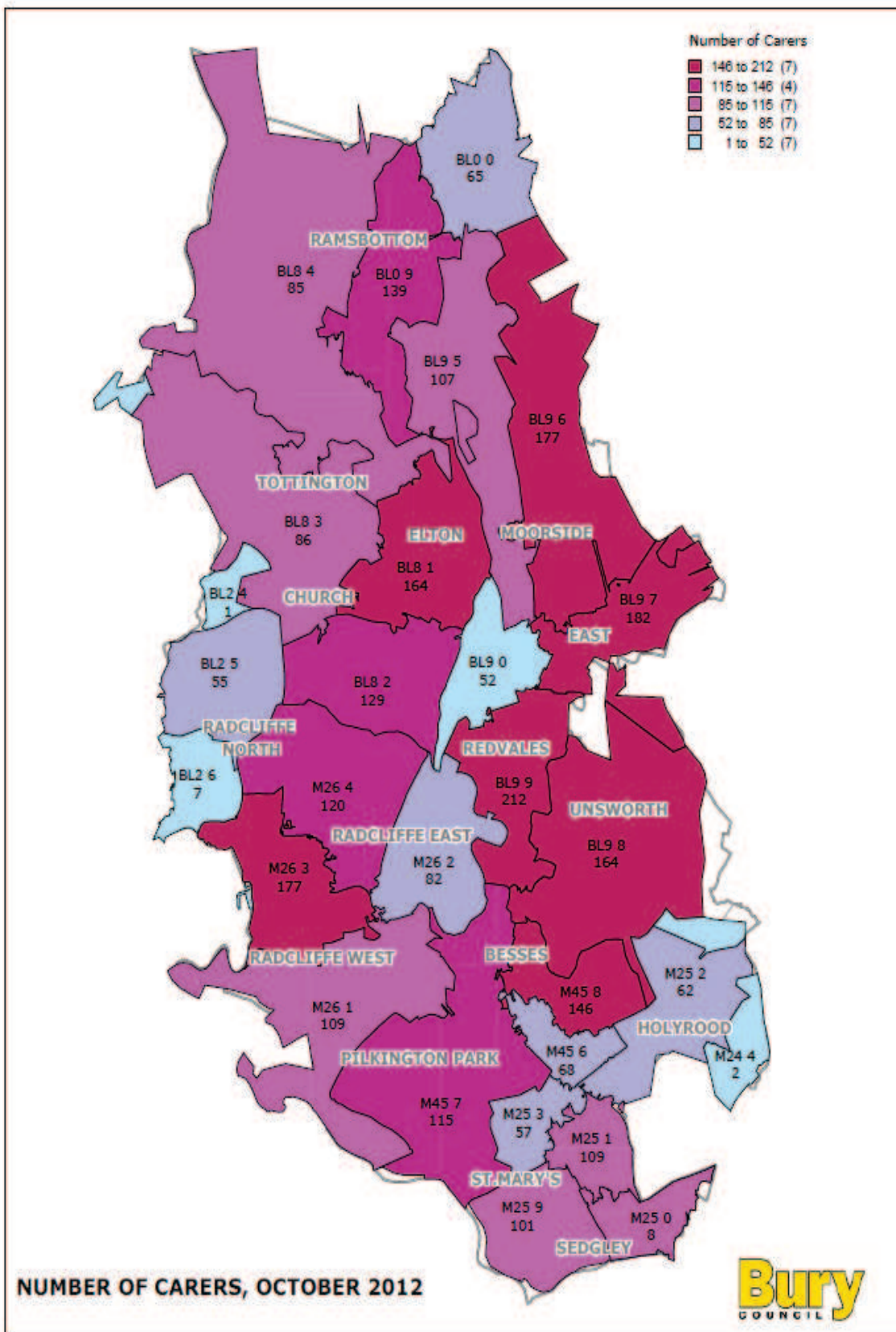
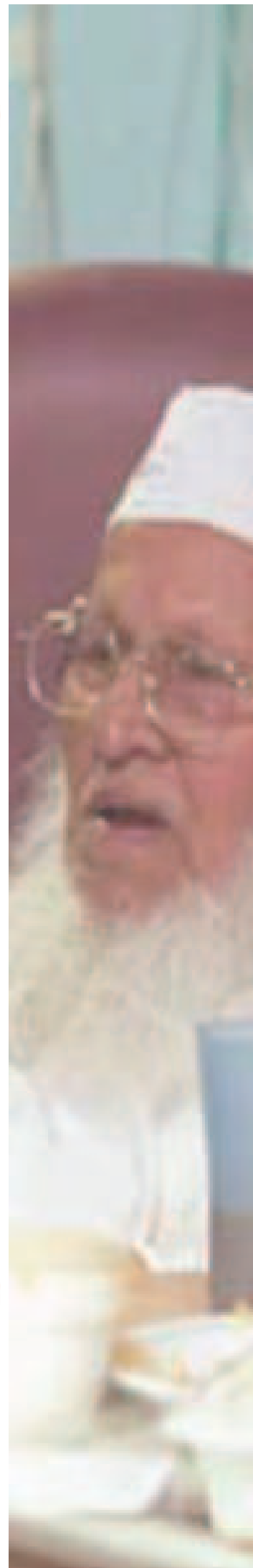


Figure 4: Geographical spread of known Bury Carers



(c) Crown Copyright. Bury MBC 100023063/2012

Source: Bury Council Carers Register 2012



## Culture and Ethnicity

This Strategy recognises and respects the full diversity of Bury's population. Although carers from diverse backgrounds face the same challenges as all carers, they also encounter additional barriers (for example stereotypes and cultural barriers) which can increase ill health and social isolation. The following quotes from Bury carers reinforce this:

"As a daughter-in-law, there is a cultural expectation that you will care for your mother-in-law or father-in-law." (Bury Carer)

"Being an Asian carer can feel even lonelier when you have a different language and culture to work with." (Bury Carer)

To ensure we are offering services specific to the needs of all carers in Bury, it is vital we have a clear understanding of the ethnicity and religion of known carers. This highlights the need for complete demographic data to be collected.

## Working Carers

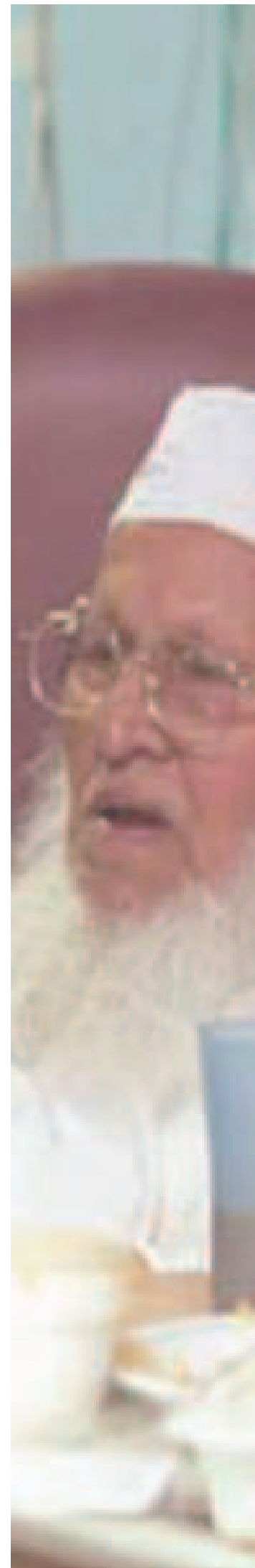
The Carers Trust states that there 'are currently over three million working carers in the UK'<sup>11</sup>. For many carers, sustaining their working role is a vital way of maintaining income and sustaining social contact. Carers now have the right to request flexible work patterns and leave entitlements. Employers are encouraged to offer flexibility to support carers to balance their working life with their caring role.

The right to request flexible working was introduced in 2003 for parents of young and disabled children. Since April 2007, the Work and Families Act 2006 has given carers, as well as parents, the right to request flexible working. The request can cover changing hours, times or place of work. A flexible working pattern might make the difference between a carer continuing to work or having to resign; flexible working opportunities benefit everyone – employers, employees and their families.

Evidence has shown that a flexible working approach attracts and retains staff, reduces stress and sick leave, increases productivity, improves service delivery, produces cost savings and improves people management.

## Young Carers

Bury Council Children's Services department offers a service specifically for young carers aged between 7 years and 18 years. The team consists of a Lead Family Intervention Practitioner and two part time workers. Currently they are working with 80 children and young people, providing initial visits following referrals, a weekly drop-in and a holiday activities



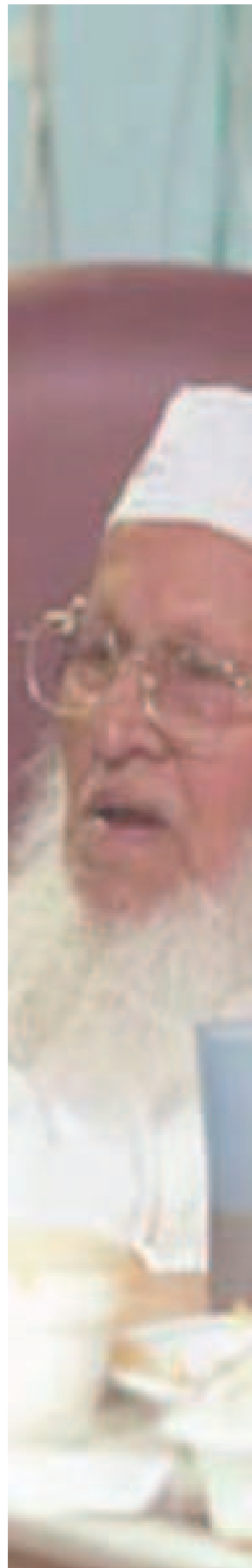


programme (all held outside school hours).

From the age of 16, the Young Carers Team develops a transition plan to introduce them to adult services (see appendix 1 for the Transition Pathway). A *Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Care Services* is also being developed in Bury. This is a practitioners support tool which aims to ensure an effective response to young carers and their families during transition to adulthood.

### **Unidentified Carers**

Bury Council's Carers Services Team, the Carers Centre and partners (including the private and voluntary sector) continue to identify unknown carers by working on an outreach basis with carers support groups, GPs, health centres, libraries and supermarkets. This ensures that as many carers as possible are identified and represented at strategic meetings, service reviews and consultation events.





**Part 2**



## Part 2: Our priorities

---

Each of the following four sections have been aligned with the national carers strategy: '*Recognised, Valued and Supported, the next steps for the Carers Strategy*'. Within each section we will detail what services are available for carers in Bury (at the time of publishing), what carers in Bury have told us about them<sup>12</sup> and how we will develop these over the term of this strategy. The agreed priorities at the end of each section will form the basis of an overarching Commissioning Intentions document.

### **Identification and Recognition**

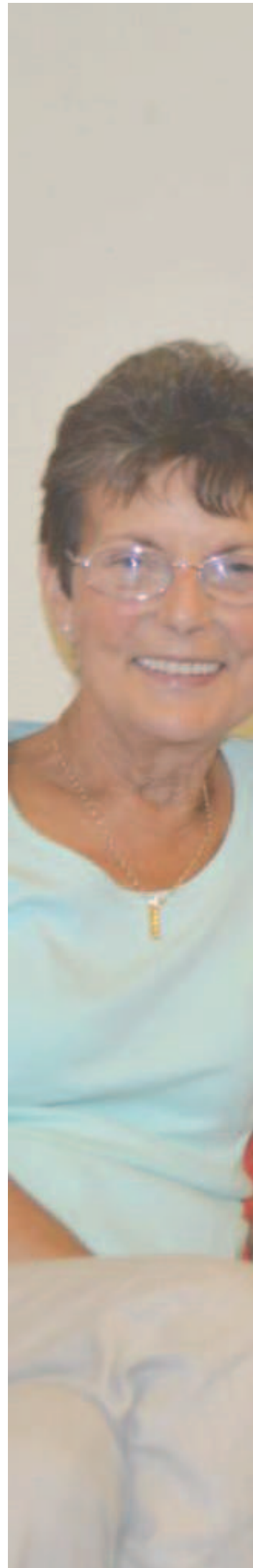
Within *Recognised, Valued and Supported, the next steps for the Carers Strategy*, the Government has acknowledged that carers do not always identify with the term 'carer' and that health and social care professionals are not always recognising the carer's role in relation to the person being cared for. As a result, many carers currently miss out on the support, including emotional support and financial assistance, to which they may be entitled.

#### **What is available in Bury?**

##### ***Carers Assessments***

In line with the *Carers Equal Opportunities Act (2004)*, each local authority has the duty to inform all carers that they have the right to have their needs assessed in line with their caring role. The needs assessment is carried out by health and social care professionals and looks at the emotional, physical and practical impact of caring. The following teams can undertake a Carers Assessment:

- Hospital Social Work Team
- Assessment and Reintegration Team
- Federation of Jewish Services
- Learning Disability Team
- Older Peoples Mental Health Team
- Community Mental Health Team
- Vulnerable Adults Team



### ***Carers Centre***

The Carers Centre provides a hub for all carers over the age of 18 years who live in Bury (even if the person they care for lives elsewhere). It provides many opportunities for carers, including the following:

1. General advice and information including signposting and advocacy;
2. Emotional support;
3. Focused workshops on a range of issues including pensions;
4. A place for carers to meet new people;
5. An allotment space for growing vegetables;
6. A space for complementary therapy treatments.

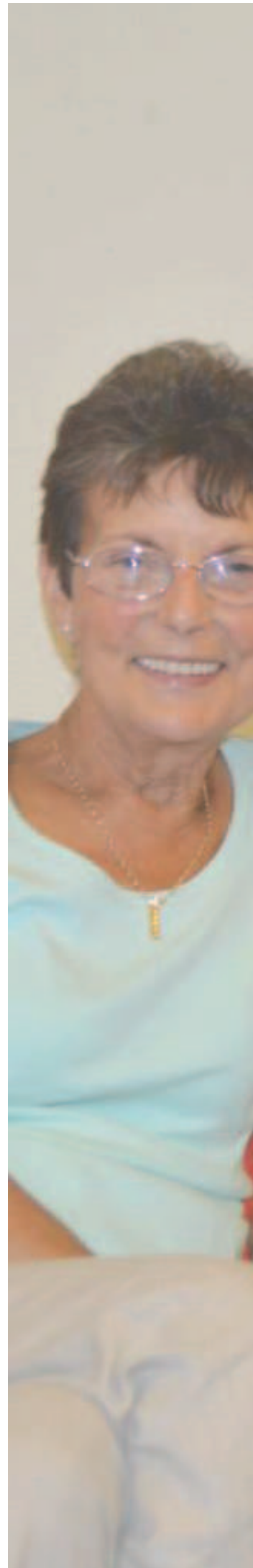
A Carers Forum is also held which provides carers with an opportunity to raise their concerns, issues or recommendations about services in Bury. This forum includes a number of support groups which focus on the specific conditions of the person being cared for, for example, substance misuse carers support group, stroke carers support group and cerebral palsy carers support group. A male carers group and a group for Black and Asian and Minority Ethnic communities also run to ensure that their needs are voiced and considered.

### ***Federation of Jewish Services***

There are specialist carers support officers who work within the Jewish community, offering individual emotional support and practical advice. They can assist carers to complete an assessment of their needs to enable them to access financial and emotional support if necessary. A number of social activities are also offered, including:

1. An annual pampering day;
2. An annual Chanukah celebration;
3. Monthly 'coffee and chat' sessions.

These activities are held during the daytime and in the evening to fit in with work and caring schedules. Bury Council provides part funding to the Federation of Jewish Services for a volunteer carers break service (called 'Time for You') for Jewish carers. It enables carers to have a few hours break from their caring role.



### ***The Dementia Café***

Making Space currently runs five Dementia Cafés in Bury. Each Café provides a unique support group for both the carer and the cared for and provides information and signposting to both specialised dementia services and community activities. The Dementia Cafés have a vibrant set of volunteers who offer a befriending scheme, ensuring that both carers and the cared for can access social opportunities. At the time of publishing, there were 30 volunteers befriending 84 individuals.

### ***NHS Quality Outcome Framework***

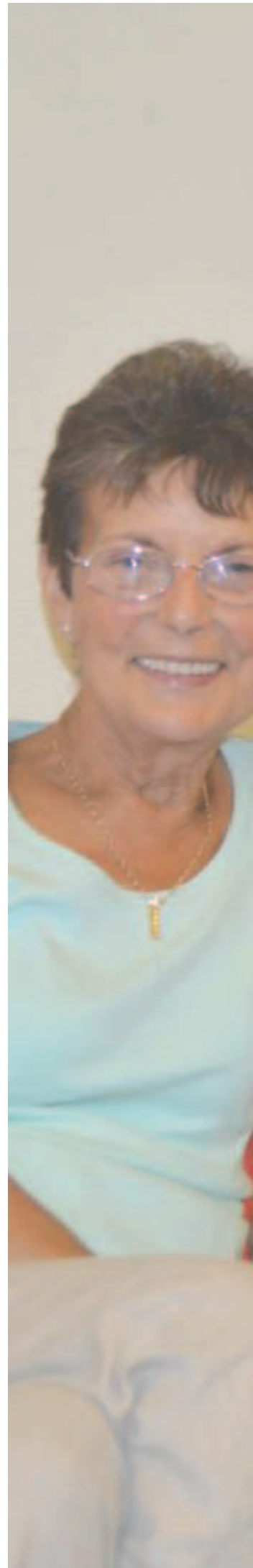
The Quality Outcome Framework (QOF) states that each GP practice 'has a protocol for the identification of carers and a mechanism for the referral of carers for a social services assessment'<sup>13</sup>. We will continue our focus on raising awareness of carers issues with GPs and will support them as necessary.

### ***Joint Working***

Bury CCG and Bury Council work in partnership with the voluntary, private and independent sectors to develop further the carers agenda. To facilitate this, Bury CCG has identified a lead member who will ensure that GPs identify new carers and signpost them to support as necessary.

### ***Future Developments***

We acknowledge that there are a number of agencies within Bury which offer bespoke services or support to carers in Bury. This includes projects already in existence and those which are currently being developed. Examples of these include market place events, supermarket initiatives, events throughout Carers Week and a new project called 'Musical Memories' which will be run by Crossroads<sup>14</sup>.



**What have carers told us?**

“I am a carer now, not a wife. I struggle with this.” (Bury Carer)

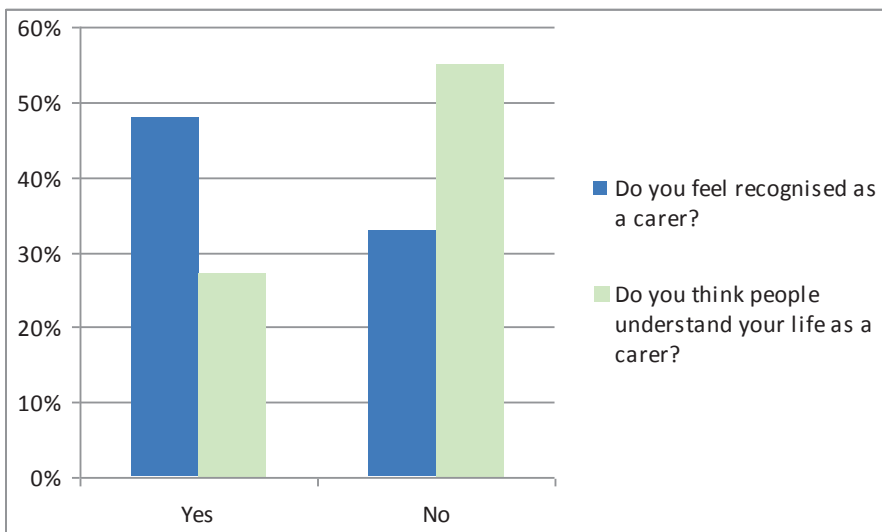
“Dad doesn't have to go into a home. He has a home with me.” (Bury Carer)

“The Carers Centre is a lifeline.” (Bury Carer)

“It means a great amount getting love back from my wife for all the things I do for her, mainly keeping her well with medication.” (Bury Carer)

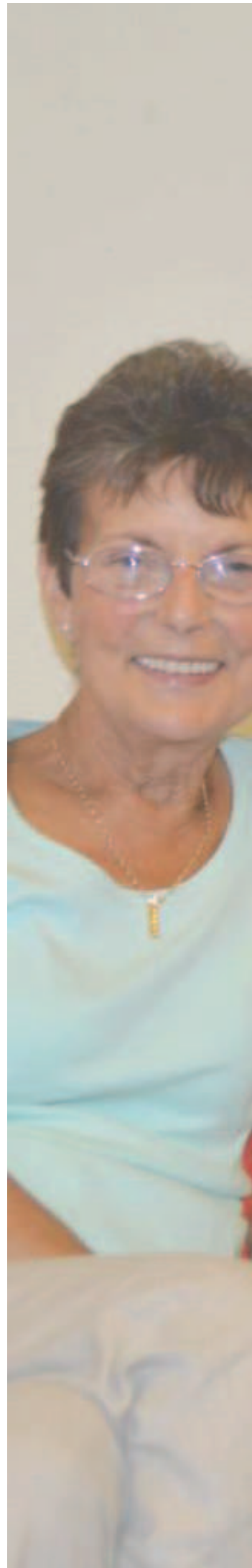
Figure 5 (Recognition) illustrates that only 48% (184) of the carers who responded during the consultation felt recognised as a carer and only 27% (101) believed that other people understood what this meant to them. It is interesting to note that carers do not always tell family and friends of the activities they undertake within their caring role, preferring to keep some aspects confidential between themselves and the person they care for.

Figure 5: Recognition



Source: Carers Consultation 2012

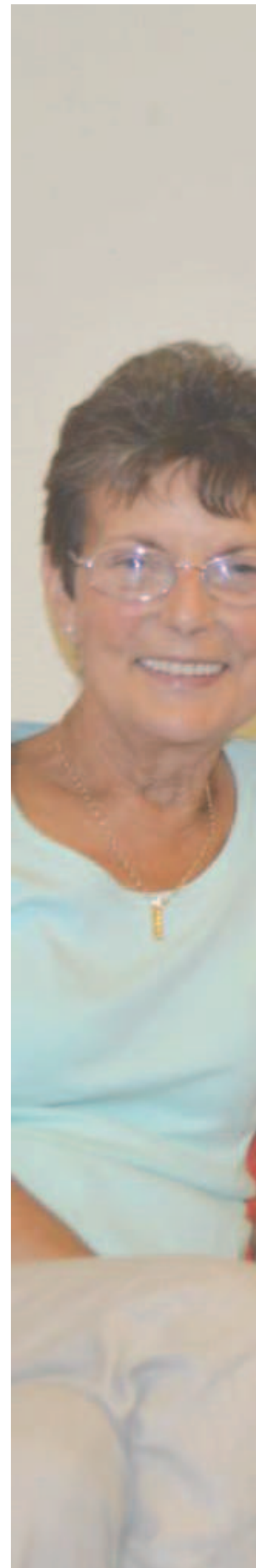
59% (221) of respondents felt that it was easy to get the information they needed to support them. 56% (208) stated that the information they received was either excellent or good. There were some respondents, however, who told us that information on Bury Council’s website and in GP surgeries was difficult to access and they preferred to talk to other carers or go to the Carers Centre.



Throughout the consultation, carers were asked what they valued in their caring role and what worked well for them. The main response we received throughout the consultation was that carers were satisfied that, for the most part, they cared for the person they love and managed to keep them in their own home for longer.

The following table identifies further comments raised by carers within this first priority: identification and recognition.

| Subject                 | What have carers told us?   |
|-------------------------|---|
| Understanding           | <p>Professionals do not always understand the caring role and what it means. Some carers felt they were not acknowledged by health and social care professionals and that they were not consulted on the care of the person they cared for.</p>   |
| Identification          | <p>Professionals do not always identify carers. A number of the carers we spoke to told us that signposting to carers services was not routinely done.</p>  |
| Information and support | <p>GP surgeries were cited as a vital source of information but we were told that this information was not always available. Where information was available, it was often out of date.</p> <p>Although the Carers Centre is a much valued resource, we were told that carers do not always know about it. Carers have also told us that they were not always able to travel to the centre of Bury to access it.</p> <p>Some carers and professionals felt that the activities offered at the Carers Centre were not appealing to the young carers or male carers who needed advice and support. In addition to this, current opening hours do not always support carers who work or who are in full-time education.</p> <p>Information on the services available is needed by all carers. Some self funders do not receive good quality information and are left to research options themselves.</p> |

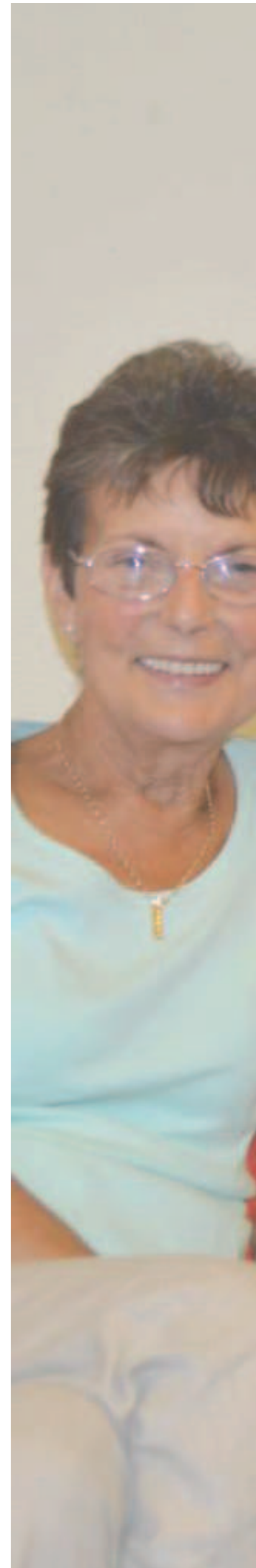




**Our priorities**

Looking at the comments received during the consultation, a number of priority areas to be developed have emerged. The priorities below illustrate how we will identify and recognise carers in Bury:

| Our priority   | How will we know this has been achieved?  |
|--|---|
| <p>Collect essential demographic information about carers in Bury and analyse effectively.</p> | <p>We will understand the demographic trends of known carers in Bury. This will support the commissioning process by identifying a particular need.</p>   |
| <p>Carers are identified and supported appropriately.</p>                                      | <p>There is improved access to information. This is to include information for carers on the condition of the person being cared for.</p> <p>Self funders have access to good quality information and can make informed decisions about the support they purchase.</p> <p>Increased awareness of health and social care staff (to include GPs) on the role of a carer.</p> <p>Carers are identified and an assessment is undertaken.</p> <p>We will review the accessibility of existing services and consider options to ensure that resources have the greatest impact.</p> <p>Health professionals will identify a carer on diagnosis of the cared for and signpost effectively.</p> |



## **Realising and Releasing Potential**

In the national strategy, the Government states that individuals with a caring responsibility need to be supported to continue with their career and/or educational attainment. Too many carers stop working as they believe there is no other option available to them. In April 2003, the Employment Act (2002) introduced the right to request flexible working patterns for all working parents and this was extended, in 2007, to include employees who care for an adult. Despite this, the Carers Trust states that 'one in five carers gives up employment to care'<sup>15</sup>.

### **What is available in Bury?**

#### ***Jobcentre Plus***

Work Preparation Support for Carers provides help and support to carers to make a successful move into work, including access to training and advice on job hunting and applications. Carers might be able to get help with the cost of replacement care while they take part in training or attend interviews.

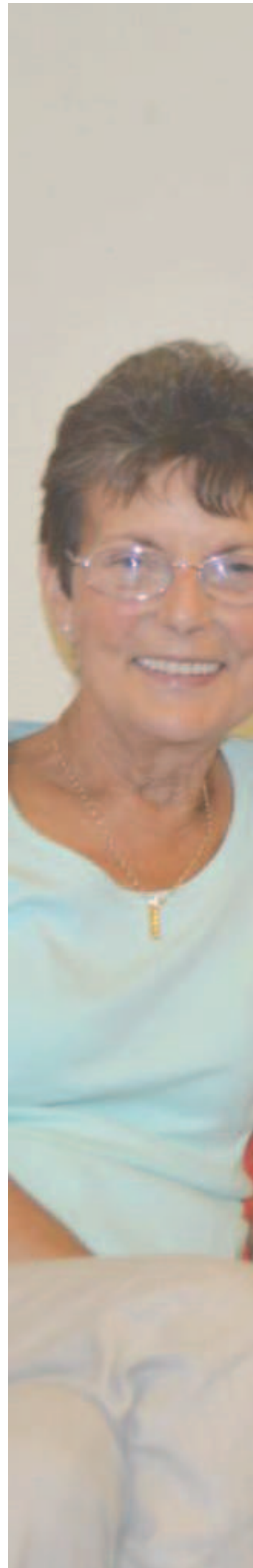
#### ***Citizens Advice Drop-in***

The Citizens Advice Bureau provides information to carers on a range of subjects. It holds a number of satellite clinics across Bury, including a fortnightly drop-in at Bury's Carers Centre.

#### ***Universal Offer***

Bury has a wealth of education establishments including Bury's Adult Learning Centre and local colleges which support further education for carers. The Carers Centre also offers courses from its premises.

To support working carers further, the Carers Centre opens late one evening per month and additional flexible support arrangements can be agreed. In addition to this, staff can support employers to develop carer friendly policies and procedures.



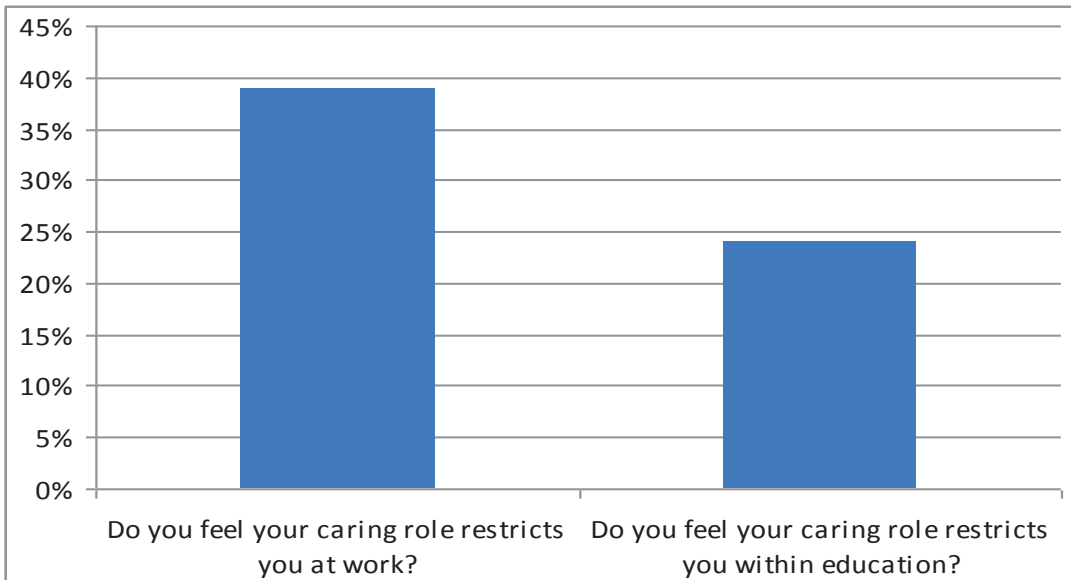
**What have carers told us?**

“I cannot work as my partner needs full time care.” (Bury Carer)

“I am unable to do any educational courses as I am at home looking after my partner’s needs.” (Bury Carer)

We asked carers if they felt restricted either in the work place or in an educational setting. Figure 6 (restrictions in work/education) illustrates that 39% (115) felt they were restricted at work and 24% (70) felt they were restricted within education. At first look, you may have expected to see a higher percentage (particularly within work) but we need to remember that the majority (207) of respondents were aged between 55-74 years<sup>16</sup> and therefore are of retirement age.

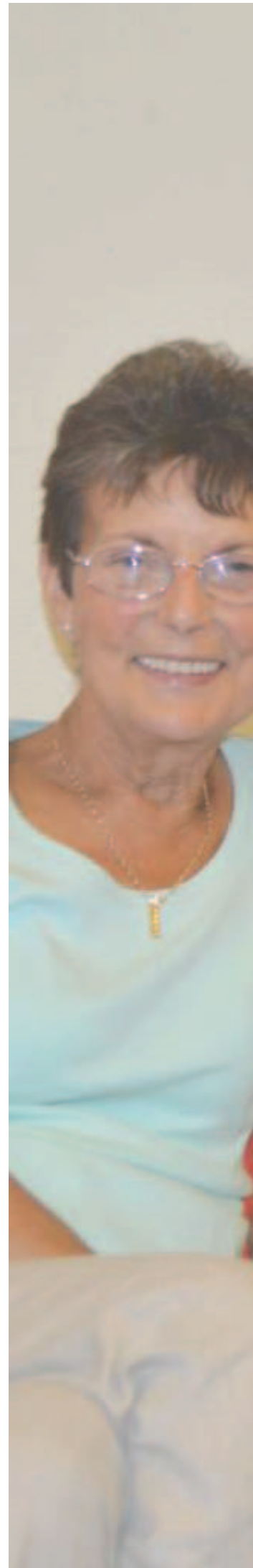
Figure 6: Restrictions in work/education



Source: Carers Consultation 2012

Of those carers who answered the question, some did not tell their employer they were caring for someone because they feared repercussions. Those who did inform their employers felt their employers were not as understanding as they could be regarding time off for medical appointments and being called home at a moments notice. Some carers thought employment was not a realistic option for them.

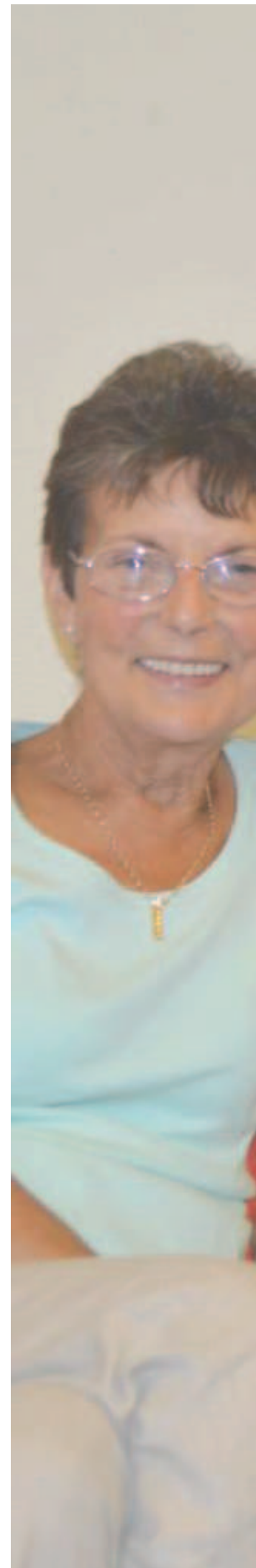
Finance was discussed at length throughout the consultation period and many people felt that this was one of biggest strains of being a carer. Although some financial support is available to carers, some felt it was not enough. For the carers who work, the need for day opportunities for the person being cared for became more apparent. Daytime respite care, enabling carers to work, was paramount to sustaining their role.





The following table identifies the themes raised by carers within this second priority: realising and releasing potential.

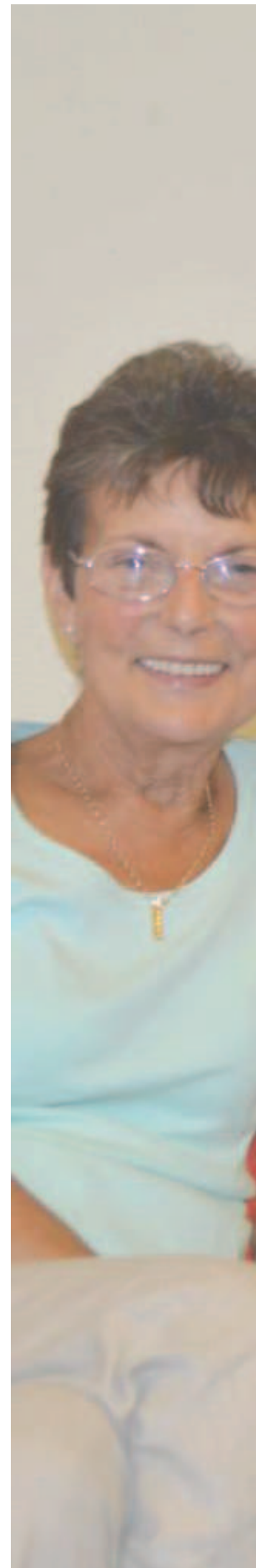
| Subject      | What have carers told us?   |
|--------------|---|
| Education    | <p>Employers (particularly the private sector) do not always understand the dual role of the working carer.</p> <p>Carers told us that they valued the opportunity to learn new skills (e.g. computer skills) but could not always find the time to access courses available.</p> |
| Legal rights | <p>Carers do not always know their legal rights regarding employment and are not aware that there is legislation in place to support them.</p>  |
| Information  | <p>Carers are not always aware of the financial assistance to which they may be entitled.</p>   |



**Our priorities**

Looking at the comments received during the consultation, a number of priority areas to be developed have emerged. The priorities on the next page illustrate how we will realise and release carers potential:

| <b>Our priority</b>  | <b>How will we know this has been achieved?</b>   |
|--|---|
| Raise awareness of the role of the caring role with employers and education providers to ensure they understand the need to support carers.      | Carers feel they are supported to balance their work/education with their caring role.                                      |
| We need a greater understanding of the issues faced by carers currently in the education system and how agencies can support them.               | A focus group on balancing caring with education will be held to understand issues experienced by carers in education.      |
| Promote the Personal Advisors at Jobcentre Plus in preparation for a carer finding work.   | Carers will be informed of the Personal Advisors and access them as appropriate.<br><br>Carers will feel supported at work. |
| Carers are offered financial advice and support as appropriate through signposting.  | Carers will be aware of financial support to which they may be entitled.  |
| There will be a better link to universal services to support carers with the opportunity to learn new skills for their own personal development. | Carers will be satisfied that their learning needs are supported.   |



## **A Life Outside of Caring**

The Government tells us that we must offer personalised support both for carers and those they care for to enable them to continue their family and community life. A break from caring was an issue that was discussed at length during the consultation and one that carers identified as important to them.

### **What is available in Bury?**

#### ***Carers Personal Budgets***

Carers Personal Budgets are a new model of social care. If a carer has been assessed as needing a budget, they can use this to manage and direct their own support needs. Bury Council implemented a pilot on Carers Personal Budgets on April 1st 2011. Since this time, 567 Carers have been issued with a Carers Personal Budget<sup>17</sup>. Examples of how carers in Bury have spent their personal budget include: 273 carers bought a carers break service, 100 bought a short break/day trip, 51 bought sports membership/healthcare and 50 bought cleaning and gardening services.

#### ***Specialised Daytime Opportunities***

There are specialised services within Bury that support older people or those with a disability to access a meaningful opportunity during the day; examples of this include Pinfold Lane Day Centre<sup>18</sup> and Wheatfields Day Centre<sup>19</sup>. Access to these day activities mean that the carer can continue to have a life outside caring whilst the person they care for is in a safe and secure environment.

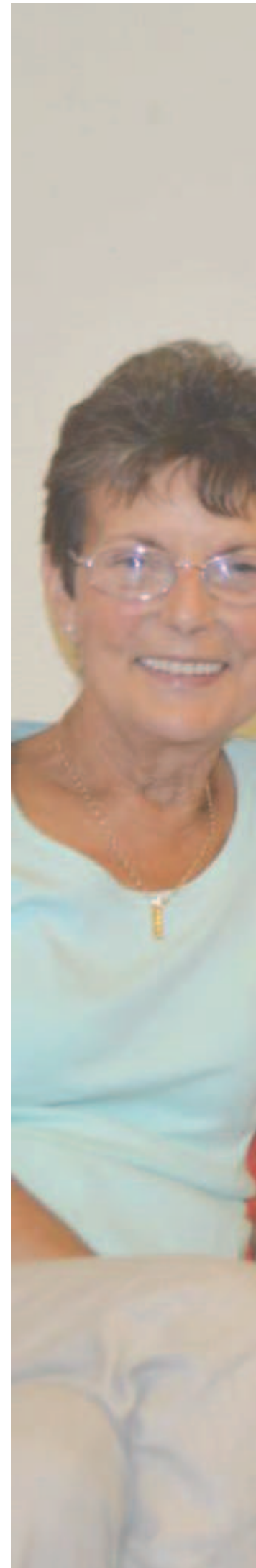
#### ***Respite and Short Breaks***

Numerous organisations provide a service for carers when they need time away from their caring role. This could include a traditional carers break service, organised activities, regular support in the home or local community, or respite care such as short or long term placements within a nursing home.

Bury CCG has invested in Cambeck Close, a short break service for planned overnight short breaks and daytime support to adults and children who have a severe learning disability and an additional health care need. The short break service offers a range of support, from a few hours to several overnight stays.

#### ***Assistive Technology***

Assistive technology can offer a 24 hour, 365 days per year, emergency



response to keep people safe. This allows them to stay in their own home for longer. Examples of the technology include a personal trigger, a bogus caller alarm, a fall detector button and a smoke detector button. Although, at first glance, this equipment may not seem to support a carer, it can bring peace of mind to them as they know that someone will be alerted if the person they care for needs help.

**What have carers told us?**

“I don’t see my friends as much.” (Bury Carer)

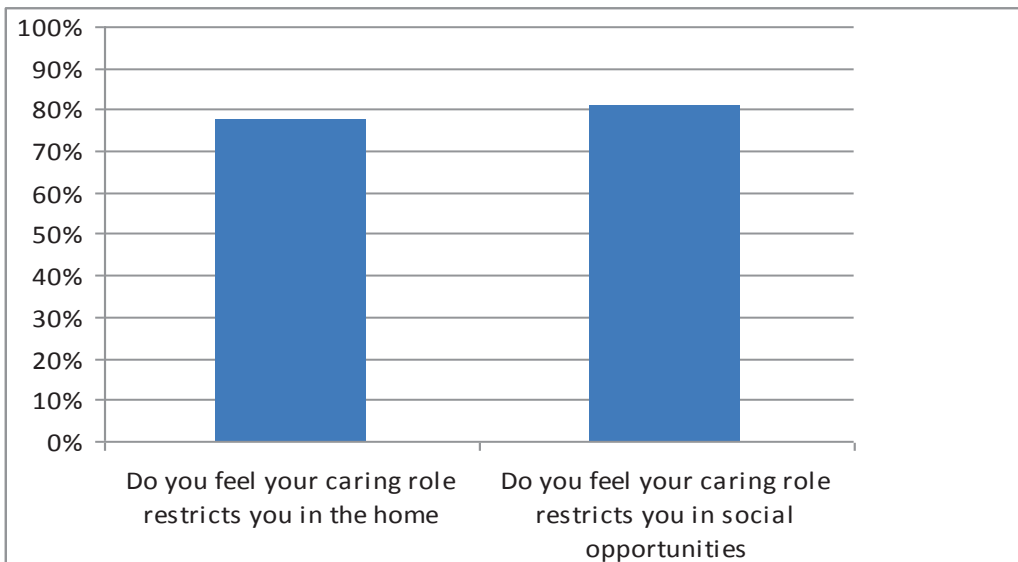
“I would go bananas if I couldn’t get out.” (Bury Carer)

“The Carers Personal Budget is the best thing that ever happened to me.” (Bury Carer)

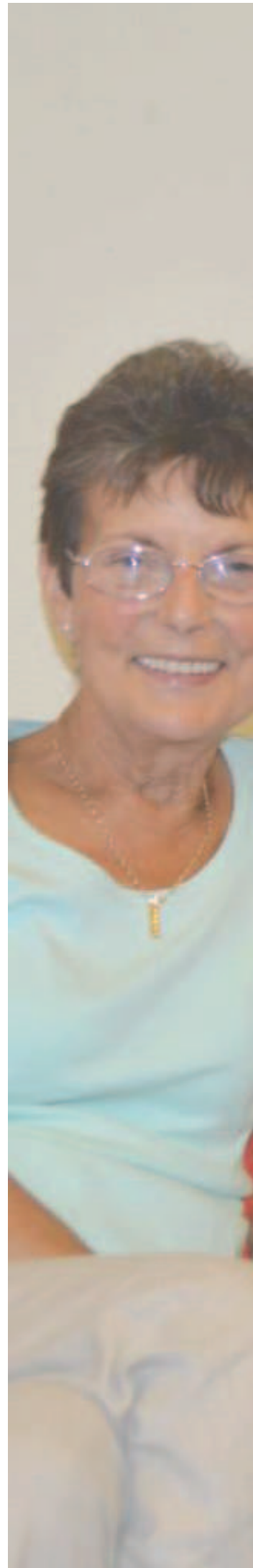
The carers who responded to the consultation were clear that time away from their caring role was needed for them to maintain it. Many respondents stopped socialising regularly and were prevented from going on a holiday. Being made to feel guilty about wanting this time away was a common theme cited during consultation.

Figure 8 (restrictions in home/social opportunities) illustrates that 78% (227) of the consultation respondents felt restricted by their caring role within the home (an example would be finding the time to clean the house). 81% (236) felt restricted regarding social opportunities.

Figure 8: Restrictions in home/social opportunities

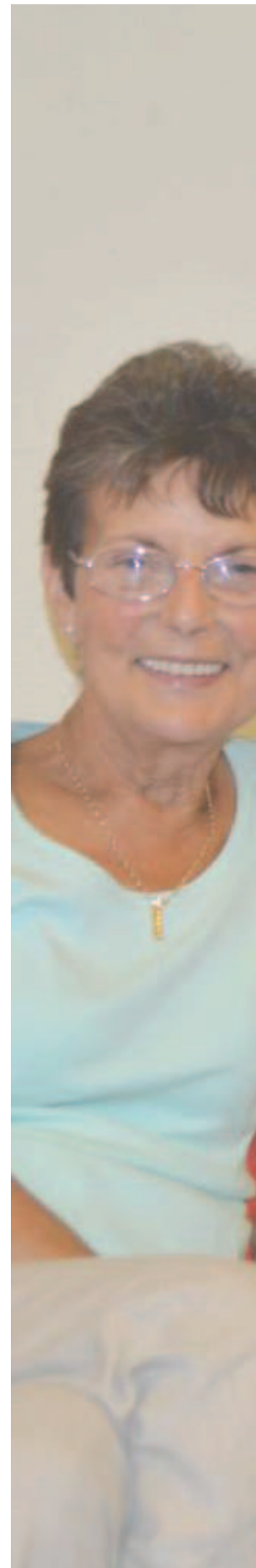


Source: Carers Consultation 2012



The following table identifies further comments raised by carers within this third priority: a life outside of caring.

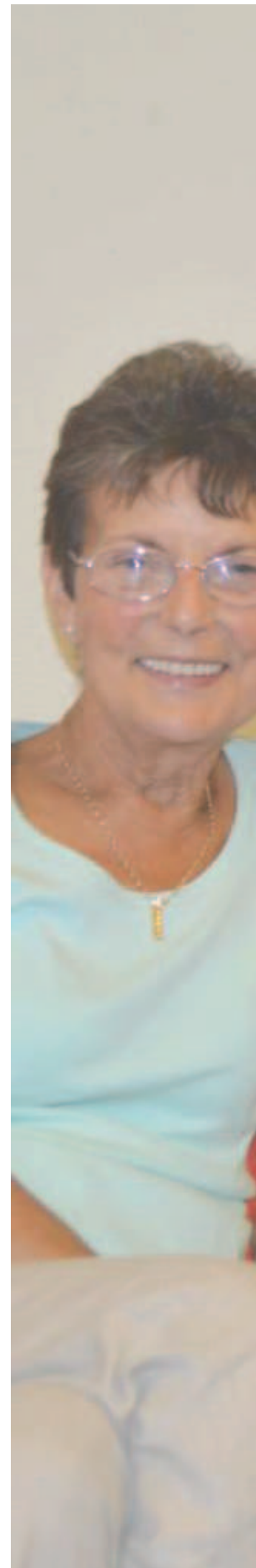
| Subject                 | What have carers told us?  |
|-------------------------|--|
| Breaks                  | Current opportunities within day services and respite are not flexible enough. Evening and weekend sessions would be beneficial to carers.   |
| Carers Personal Budgets | <p>Although carers do value their Carers Personal Budget and believe it has supported them within their caring role, there are some carers who would prefer an alternative offer. Some carers felt the Carers Personal Budget was confusing and difficult to manage.</p> <p>Carers do not always know about Carers Personal Budgets and are not aware of the financial assistance that may be available to them.</p> |



**Our priorities**

Looking at the comments received during the consultation, a number of priority areas to be developed have emerged. The priorities below illustrate how we will support carers in Bury to have a life outside of caring:

| Our priority   | How will we know this has been achieved?  |
|--|---|
| <p>Research innovative ways of offering carers flexible time away from their caring role.</p>                    | <p>A menu of respite options will be available to all carers.</p> <p>Carers will be more satisfied with the amount of time they have away from their caring role.</p>   |
| <p>Carers will have access to a range of options regarding the way they access support in their caring role.</p> | <p>Carers will have choice and control in their support.</p> <p>There will be an alternative commissioned service (a carers break service) for carers unable or not wishing to access a Personal Budget.</p> <p>Carers will have access to either a commissioned service or a Carers Personal Budget, but not both.</p> |
| <p>Carers have an understanding of the range of agencies available to offer a sitting service.</p>               | <p>A list of approved agencies is available.</p>  |





## **Supporting Carers to Stay Healthy**

The Government acknowledges that carers often sacrifice their own mental and physical health in favour of the health of the person for whom they care. Poor physical health can be a result of excessive lifting and moving, bad diet or weight loss/gain. A carer's mental health often suffers due to the stress of looking after another person, anxiety about financial matters and increased social isolation.

The Carers Trust states that nationally:

1. 65% of older carers (aged 60–94) have long-term health problems or a disability themselves;
2. 68.8% of older carers say that being a carer has an adverse effect on their mental health;
3. One third of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities;
4. 52% of carers providing substantial care in one study were being treated for stress-related disorders<sup>20</sup>.

### **What is available in Bury?**

#### ***Help in an Emergency***

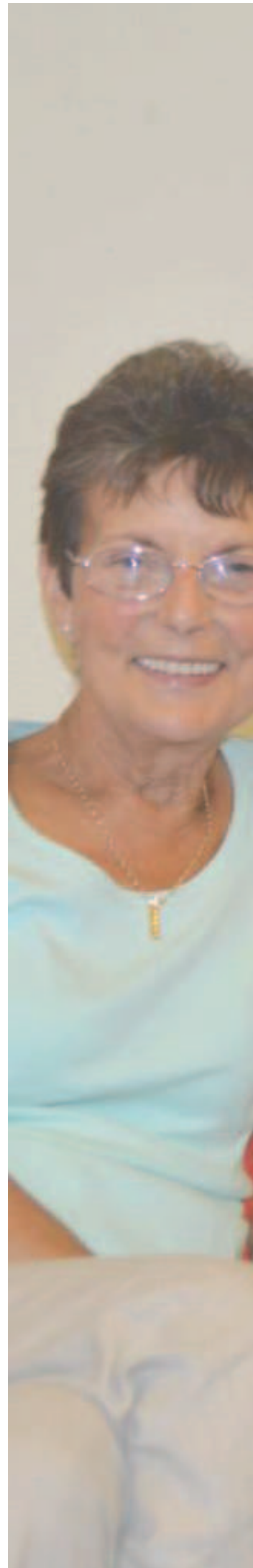
Some services are available that provide emergency care. This includes the Message in a Bottle<sup>21</sup> scheme and the Red Cross Carers emergency card<sup>22</sup> and access to an emergency assessment. These initiatives all identify the individual as a carer and specify people to contact in times of emergency.

#### ***Health Improvement Services***

There is a range of services which promote the health of residents within Bury. These include (but are not limited to) Self Care for You, Health Trainers, the Active Lifestyle Discount Card, Bury Exercise and Therapy Service (BEATS), Community Action to Promote the Early Detection of Cancer, smoking cessation and flu jabs.

#### ***Bury Hospice 24 Hour Advice Line***

The Hospice provides a 24 Hour Advice Line which operates every day of the week, including bank holidays. Bury Hospice is the main provider of around the clock palliative care<sup>23</sup> for Bury Borough patients, therefore helping their carers. The advice line offers carers and patients direct



telephone access to a Hospice Nurse, who will be able to provide advice on symptoms. Healthcare professionals may call about more complex issues on patient care.

**What have carers told us?**

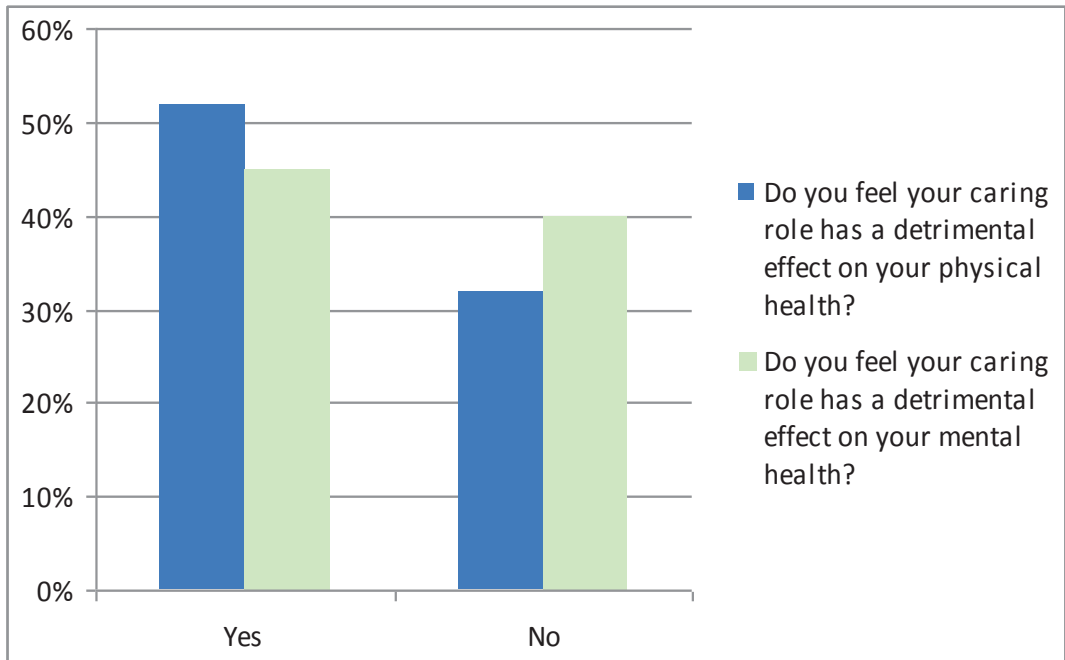
“I cannot book appointments a few weeks in advance.” (Bury Carer)

“It is stressful to care for someone you love.” (Bury Carer)

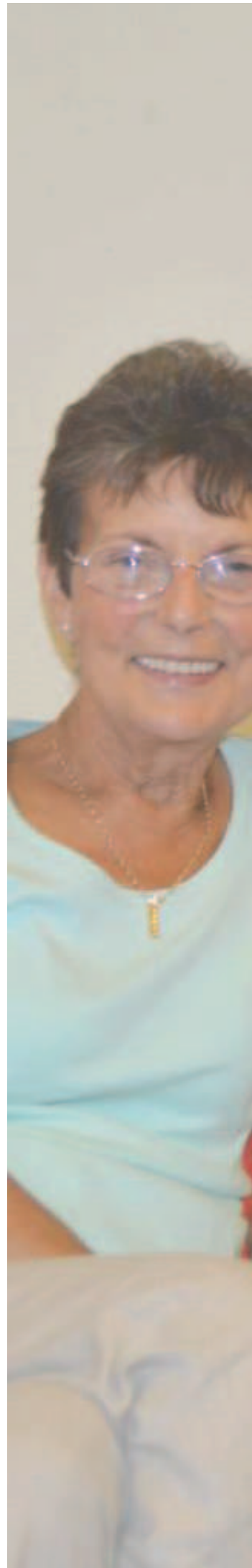
“We have a good sense of humour - we try to laugh off our problems.”  
(Bury Carer)

Figure 10 (physical/mental health) illustrates that 52% (187) of respondents felt their physical health was affected by their caring role and 45% (163) felt their mental health was affected.

Figure 10: Physical/mental health



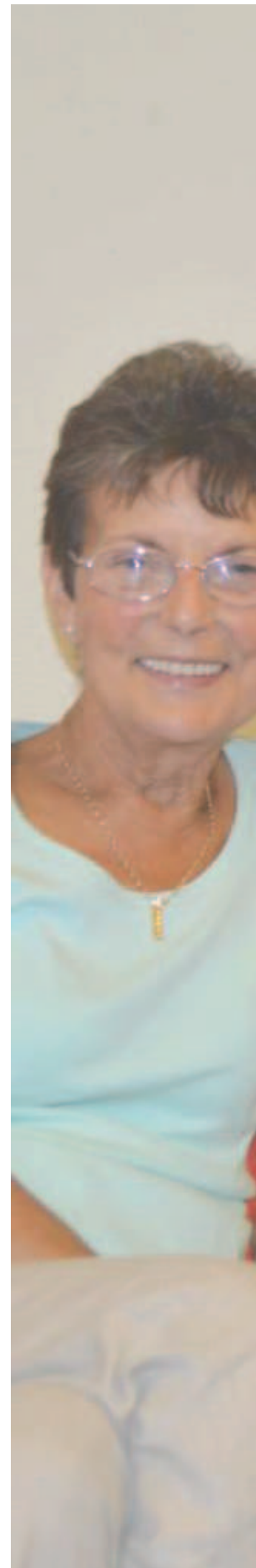
Source: Carers consultation 2012





The following table identifies further themes raised by carers within this fourth priority: supporting carers to stay healthy.

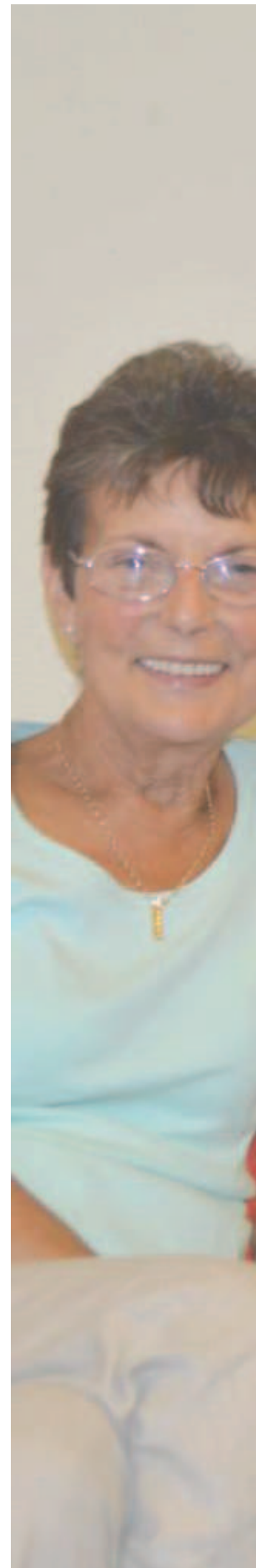
| Subject         | What have carers told us?   |
|-----------------|---|
| Physical health | Carers told us that they had their own physical health problems. Some were conditions which occurred over time, others were as a result of moving and handling the person they cared for.                 |
| Mental health   | Emotional stress and anxiety was an issue that was discussed at length. The carers who responded felt that their caring role often left them tired, concerned about the future and worried about finance. |



## Our Priorities

Looking at the comments received during the consultation, a number of priority areas to be developed have emerged. The priorities below illustrate how we will support carers in Bury to stay healthy:

| Our priority   | How will we know this has been achieved?  |
|--|---|
| Health services will continue to address the physical and mental health needs of carers.   | A range of practical courses continue to be available (e.g. Self Care for You, moving and handling).  |
| Carers are supported to attend their own health appointments.  | The health needs of carers are addressed.   |
| Professionals to identify and refer to specialised services as appropriate (including financial services, Mental Health Practitioners and relaxation therapy). | <p>Universal and specialised services are promoted to carers by health and social care professionals.</p> <p>A robust referral pathway will be developed so GPs direct carers to carers services.</p> |
| Carers will be satisfied that care will continue in case of emergency.   | Services are available to support carers at point of crisis.  |





**Part 3**



# Part 3: Finance

This strategy sets out to ensure that we use existing funding efficiently and effectively to support carers from all areas of the community to undertake their caring role. Both Bury Council and Bury CCG fund support for carers.

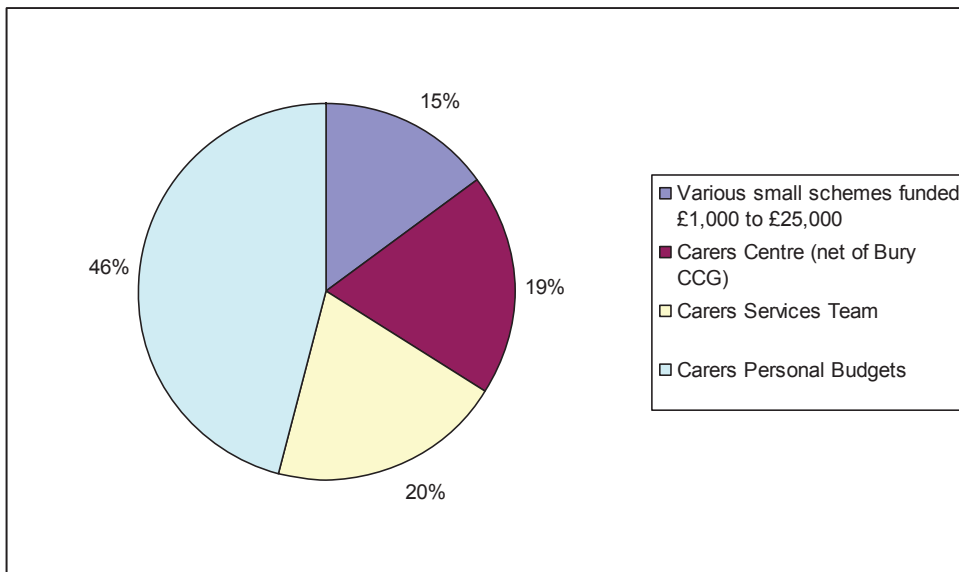
## Bury Council

The specific Carers Grant that Bury Council historically received from Government ended in March 2011, although equivalent funds were transferred into the Council’s core funding budget. However, these monies are no longer ‘ringfenced’, meaning that the Council is no longer legally obliged to spend them on services for carers.

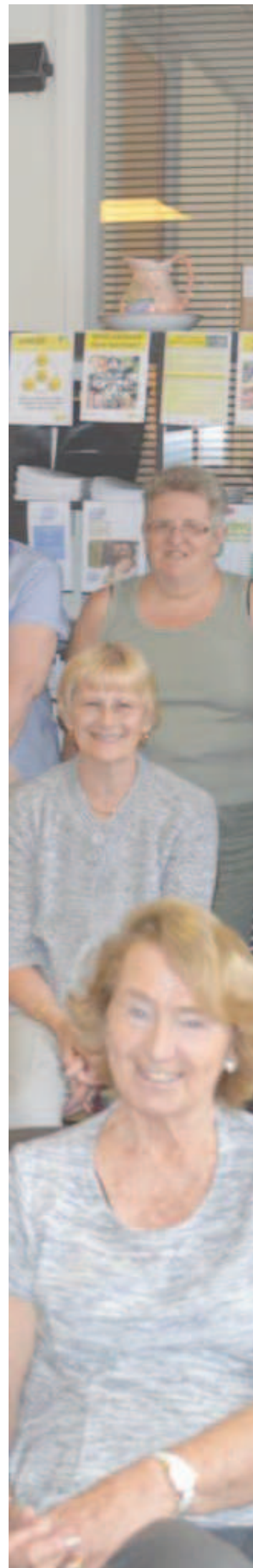
The Council continues to commission a wide range of services on behalf of carers, from what was formerly the carers grant; these will be reviewed over the coming months in light of the feedback received from the consultation on this strategy. Bury Council needs to continually evaluate the effectiveness of services it puts in place on behalf of carers to ensure they are effectual.

The following graph and table illustrate where Bury Council spent its specific carers budget for 2012-13.

Figure 11: Carers Funding Local Authority (1)



Source: Bury Council 2012



The highlights include:

1. 46% of funding directly supporting carers through personal budgets;
2. 19% of funding used to purchase the carers centre service;
3. A number of smaller schemes targeting specific groups of carers.

The total budget for carers services has remained constant over the past three years, although direct support available to carers - Carers Personal Budget payments – has increased from £311,900 in 2011/12 to £327,100 in 2012/13.

In addition to the specific carers funding highlighted above, the Council also funds a number of services which, whilst not specific to carers, have carers as amongst their main beneficiaries. These include the contract for carers support through Crossroads<sup>24</sup>, and significant numbers of respite breaks which are built into packages of care for the cared for. This amounts to approximately an additional £1,552,000 of funding. Furthermore, the Council spends £4,784,000 on day care services.



Figure 12: Carers Funding Local Authority (2)

| Description                                  | 2012 – 2013<br>£  |
|--|-------------------|
| <u>Carers Specific:</u>                      |                   |
| Carers Services Team                         | 136,400           |
| Consultation                                 | 10,000            |
| Carers Centre                                | 138,900           |
| Carers Personal Budgets                      | 327,100           |
| Red Cross emergency card                     | 14,000            |
| Breaks for Carers Groups (grant)             | 10,000            |
| Carers travel expenses                       | 1,000             |
| Elderly Mentally Infirm carers (grant)       | 6,000             |
| Time for You                                 | 10,000            |
| Mental health (grant)                        | 1,000             |
| Carelink (grant)                             | 8,000             |
| Specific services for carers (grant)         | 13,000            |
| Services for Jewish carers                   | 23,000            |
| <u>Where carers are major beneficiaries:</u> |                   |
| Crossroads                                   | 235,000           |
| Respite services                             | 1,317,000         |
| Day care centres                             | 4,784,000         |
| <b>TOTAL</b>                                 | <b>£7,034,400</b> |

Source: Bury Council January 2013



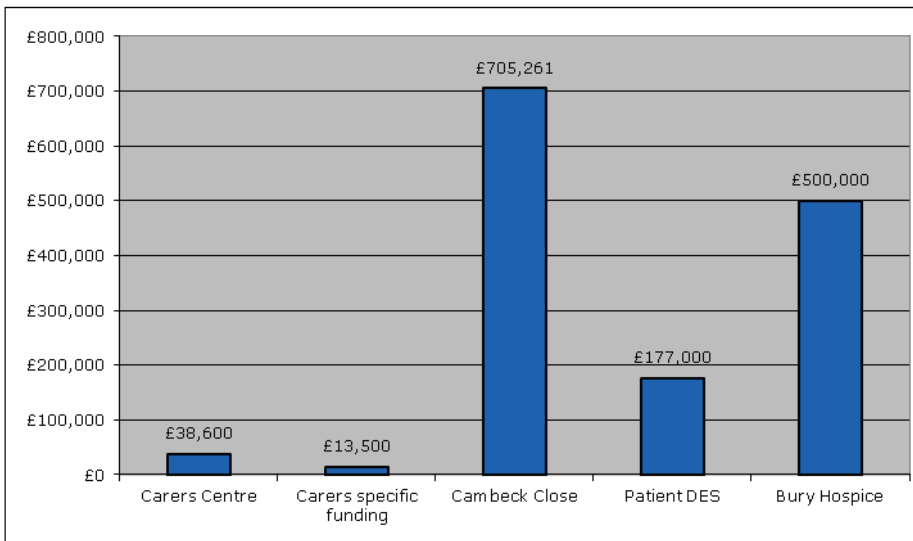


## Bury Clinical Commissioning Group

To support positive outcomes for carers, Bury CCG commissions a range of services which have an element of carers support within them, plus a 22% contribution towards the funding of the carers centre. There are many different ways that carers can get a break from caring, including accessing community groups, planned short breaks and time away whilst the cared for is in respite. It has not always been possible to quantify exact amounts of funding provided for carer support within the NHS due to the link with many other health and social care agendas, where carer support is just one aspect of a wider scheme.

Below is the health contribution in delivering carers agenda within a wider remit:

Figure 13: Carers Funding Bury CCG (1)



Source: Bury CCG 2012

The Patient Participation Directed Enhanced Service (DES) is an optional scheme for GP practices. In Bury, 27 have chosen to participate and as such are required to establish a Patient Reference Group which reflects the demographics of the GP practice list. Throughout the promotion of this scheme Bury CCG encourage practices to ensure that the views of carers were represented in their Patient Reference Groups.



Figure 13: Carers Funding Bury CCG (2)

| <b>Bury CCG initiatives specific for carers</b>  | <b>2011-2012</b><br><b>£</b> |
|--|------------------------------|
| Carers Centre  | 38,600                       |
| Multi Professional Education and Training - To support the End of Life Agenda, Bury CCG put a bid in for an educational and training programme. As part of this bid, a one off sum of £13,500 was allocated to support carers where the needs of the cared for and the carers were identified as health related and complex. | 13,500                       |
| <b>Wider Bury CCG initiatives which may include an element of carer support</b>  | <b>2011-2012</b><br><b>£</b> |
| Cambeck Close – a learning disability respite facility   | 705,261                      |
| Bury Hospice - In 2012-2013, Bury CCG provided a grant contribution of £500,000. Whilst this amount is not targeted solely at carers support, it contributes to a valued service, including a 24 hour helpline that carers can benefit from directly.  | 500,000                      |
| <b>TOTAL</b>   | <b>£1,257,361</b>            |

Source: Bury CCG 2012

We will need to work effectively and efficiently to ensure we reach out to carers who are in need of support before they reach crisis point. It is also important to acknowledge that the severe resource restrictions placed on Bury CCG, Bury Council and the Hospital Trust will require a real commitment to collaborative working to limit the impact on future service requirements. A key element of this collaborative work will be to develop the prevention and early intervention opportunities and services that are available.



## Future funding for carers services

As all readers of this Strategy will be aware, Public Services, and Local Government in particular, are facing increasingly severe financial pressures. Bury Council has already identified budget savings totalling £40 million since April 2011. A savings target for carers services was agreed in Plan for Change 2. This was met following an internal review of the in-house carers team. However, direct expenditure on services for carers has not been reduced, nor are there any further proposals to do so in the Council's 'Plan for Change', which goes up to April 2015.

However, Government has given no indication as to public sector funding levels – both Local Government and the NHS – for the last 3 years covered by this Strategy (2015-2018). That said, all the indications are that funding will continue to be reduced in real terms beyond 2015. As such, it is not possible at this time for either the Council or Bury CCG to guarantee funding levels for carers services (or for any other service) in the longer term. This therefore makes it all the more imperative that we use existing funds as effectively as possible.



**Our priorities**

The priorities below illustrate Bury Council’s and Bury CCG’s intentions concerning budgets:

| Our priority  | How will we know this has been achieved?   |
|---|--|
| To review the annual spend on carers services to ensure we offer the best service possible.   | Enable the reallocation of resources based on the review of annual spend.  |
| To continually seek out best practice in other Councils, and adapt/adopt where this either improves effectiveness and/or better meets carer needs | Impact assessments of any changes are carried out before implemented; post implementation reviews carried out.                       |
| To ensure that were funding for carers services reduced post 2015, carers are fully involved and consulted before any decisions are made.         | Equality Analysis will be carried out, to minimise any adverse impacts. All affected carers fully involved and consulted in advance. |







**Part 4**

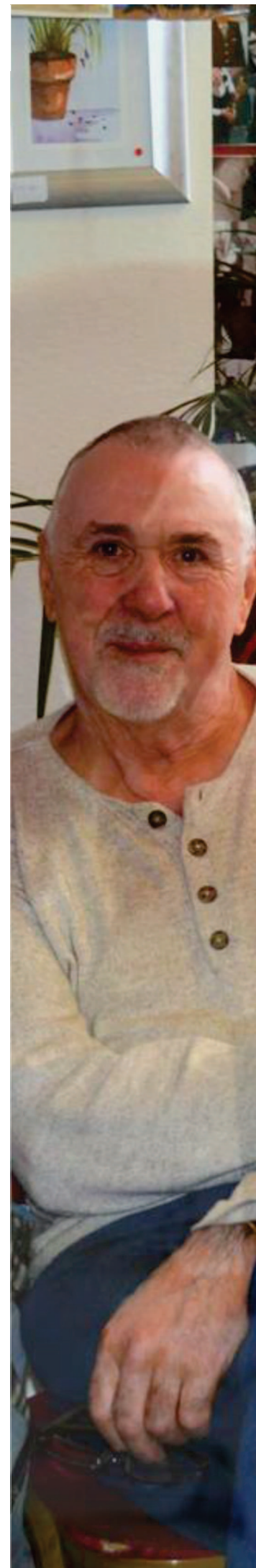
## Part 4: The next steps

---

Delivering the priorities highlighted in this strategy will have its challenges but there is a clear commitment within Bury to achieve these. Bury Carers Strategy Group will develop an action plan to identify the actions required to meet the priorities identified as well as detailing the lead agency and timescales. This action plan will be monitored regularly to ensure progress and a full report will be provided at the end of the term of this strategy.

To further enhance the work we will undertake within this strategy, a multi-agency Market Position Statement and Commissioning Intentions document will be produced. A Market Position Statement is a tool with information, mainly for providers of services, which will help them to make decisions about if and how to invest and deliver services in Bury and to react to opportunities that arise as a result of the introduction of Carers Personal Budgets. The Commissioning Intentions will support Bury Council and Bury CCG to negotiate future support delivered in line with the consultation feedback.

Following the passing of the Health and Social Care Act (2011) through Parliament, the majority of public health functions and services will transfer, at a local level, to Bury Council. Wider NHS commissioning responsibilities for the provision of most health care services will be the responsibility of the NHS Commissioning Board. It is anticipated that the members of Bury CCG will work alongside the Health and Wellbeing Board and the Director of Public Health to agree joint health and wellbeing strategies and to reflect these in local commissioning plans.





# Acknowledgements

---

This strategy could not have been written without the advice and guidance of:

Black And Asian Minority Carers Support Group

Bury Carers

Bury Carers Centre

Bury Carers Forum

Bury Clinical Commissioning Group

Bury Council

Bury Employment Support And Training

Carers Services Officers

Carers Strategy Group

Crossroads

Early Intervention Services

Federation Of Jewish Services

Housing Strategy & Enablement Team

Jobcentre Plus

Male Carers Support Group

Pinfold Lane Carers Group

Rethink Bury Carers Group

Social Care Professionals

Substance Misuse Carers Support Group



# Bibliography

---

Bury Adult Autism Strategy 2013-2016 (draft)

Bury Mental Health Strategy 2013-2018

Caring for Our Future, 2012

Caring Together: the Carers Strategy for Bury 2009-2012

Joint Commissioning Strategy for People with Dementia and their Carers, 2010-2015

Living Well in Bury: Making it happen together, our vision for health and wellbeing. The Bury Health and Wellbeing Strategy, 2013-2018 (draft)

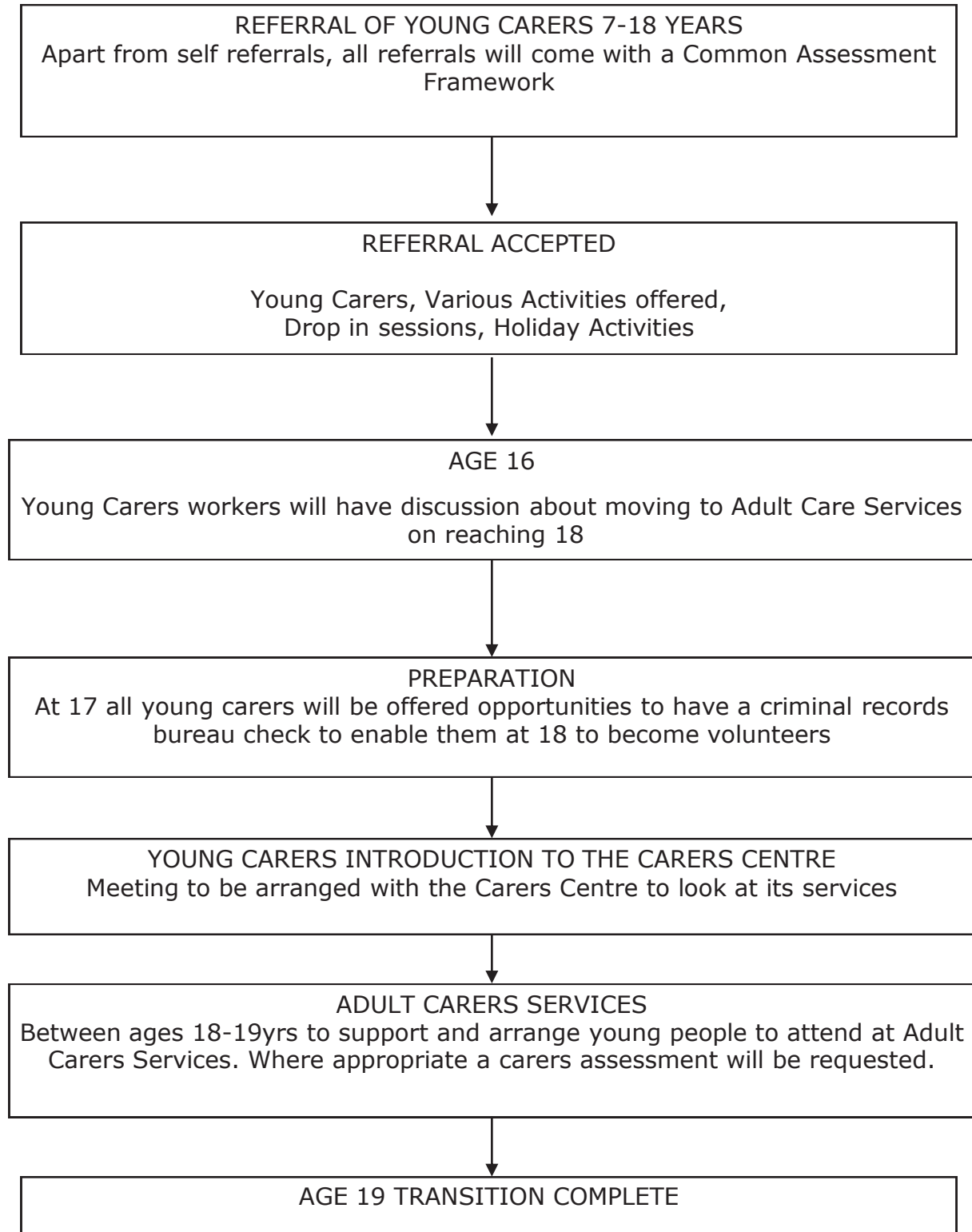
NHS Quality and Outcomes Framework for 2012-2013

Recognised, valued and supported: the next steps for the Carers Strategy, 2010



# Appendix 1: Young carers transition pathway (2012)

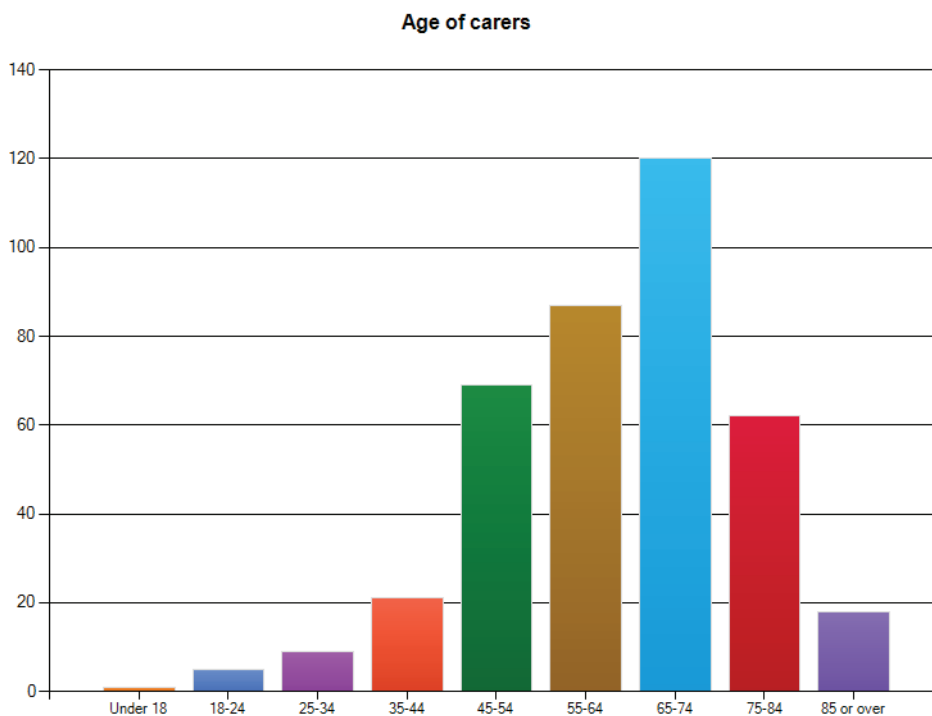
---



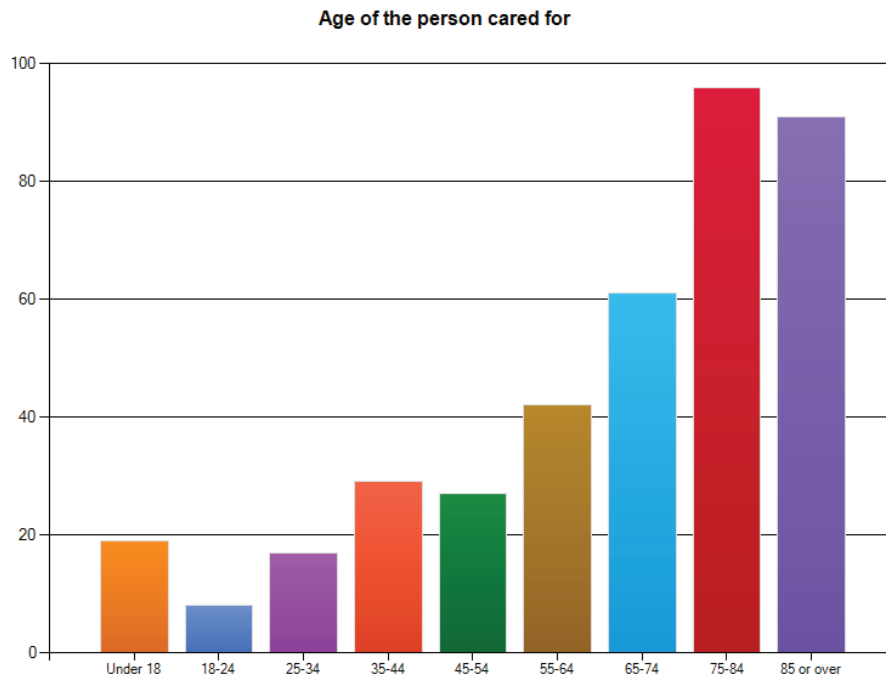
## Appendix 2: Details of carer consultation

Between June and August 2012, Bury Council and Bury CCG consulted with carers to gain an understanding of their caring roles. Consultation methods included holding a series of workshops across the borough, attending carer support groups (including male carers, Rethink Bury Carers Group and Pinfold Lane Carers Group) and offering one to one support at a venue of the carer's choice. A questionnaire was also posted to the 3,320 identified carers held on a database by Bury's Carers Service Team and the Carers Centre. 397 questionnaires were completed and returned which is a response rate of 12%. It is important to acknowledge that the respondents did not always answer each question, meaning that the percentages used within this strategy are based on the number of people who answered that specific question, not the 397 who responded.

The majority of respondents were aged between 55-64 years (87 individuals) and 65-74 years (120 individuals):



The majority of respondents cared for an individual aged between 75-84 years (96 individuals) and people aged 85 years and over (91 individuals):



The average time per week the respondents spent caring covered a full spectrum with the least being 5 hours per week and the most being 24 hours per day 7 days per week. 69% (262) of the respondents stated that the person they cared for lived with family/others while 21% (79) of the people cared for lived at home on their own.

Throughout this consultation, it became clear that the caring role can differ slightly depending on the condition of the cared for. This can include caring for short periods of time (older people); dipping in and out of the caring role as appropriate (substance misuse and mental health problems) and a lifetime of caring (child with a disability).

This is a challenge that organisations face when providing support to carers. The number of carers per annum is not static and can vary greatly throughout the year.

Also within this, a number of issues may arise which can place extra pressure on the carer. These include:

1. prison;
2. hospital stays;
3. homelessness;
4. feelings of guilt when a carer takes a break;
5. dual diagnosis (the concurrent needs of a person with mental health problems plus their substance misuse, physical disability or learning disability).



# Endnotes

---

- [1] HM Government 2010.
- [2] This guidance was correct at the time of publication of this strategy. It may be subject to change in line with proposals identified in the Health and Social Care Act 2012.
- [3] HM Government 2007.
- [4] The nine protected characteristics under the Equalities Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- [5] [www.carers.org](http://www.carers.org).
- [6] This was cited by the Bury carers who were involved with the consultation.
- [7] There are 39 Local Authorities in the North West.
- [8] [www.ons.gov.uk](http://www.ons.gov.uk).
- [9] [www.carers.org](http://www.carers.org).
- [10] [www.carers.org](http://www.carers.org).
- [11] [www.carers.org](http://www.carers.org).
- [12] Detailed information on the consultation can be found in appendix 2.
- [13] QOF Management Guide April 2012.
- [14] 'Musical Memories' is a project being run for people with memory problems, dementia and their carers. The project meets once per week and participants can listen to music and sing together.
- [15] [www.carers.org](http://www.carers.org).
- [16] Detailed information on the consultation can be found in appendix 2.
- [17] Correct at March 2012
- [18] Pinfold Lane offers a service to older people who have been diagnosed with dementia.
- [19] Wheatfields Day Centre offers a service to people with a learning disability.
- [20] [www.carers.org](http://www.carers.org).

# Endnotes

---

- [21] 'Message in a Bottle' is an emergency information scheme that could save someone's life. The scheme is run by Bury Lions. You place a small plastic bottle in your fridge containing details of any other family, friends or local organisations who can take over your caring role in an emergency. Then you put specially designed stickers on your fridge door and on your front door to let people know it's there. This means that should the emergency services need to come to your house they will know exactly where to look for this important information.
- [22] The Carer's Emergency Card is used as an instant source of identification in case of accidents. The credit-card sized card identifies the holder as the carer so that the cared for person will not be left unattended during an emergency.
- [23] The World Health Organisation defines palliative care as 'an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness.'
- [24] Crossroads deliver high quality services to carers and to people with care needs.

# Version control

---

| Version number | Purpose / change                    | Author          | Date       |
|----------------|-------------------------------------|-----------------|------------|
| 0.1            | Draft for consultation              | Z. Shuttleworth | 13/02/2013 |
| 0.2            | Draft for Health Scrutiny Committee | Z. Shuttleworth | 20/03/2013 |
|                |                                     |                 |            |

## Contact us

---

For further information about the Bury Carers Strategy  
2013 – 2018:



Log on to [www.bury.gov.uk](http://www.bury.gov.uk)



Email us at [strategicplanning@bury.gov.uk](mailto:strategicplanning@bury.gov.uk)



Write to us at  
Strategic Planning Team  
Bury Council Adult Care Services  
1st Floor Bury Town Hall  
Knowsley Street  
Bury  
BL9 0SW



Call us on 0161 253 7975

This page is intentionally left blank





## Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

### 1. RESPONSIBILITY

|  |                                    |  |
|--|------------------------------------|--|
| <b>Department</b>  | Adult Care Services                |  |
| <b>Service</b>   | Strategic Planning and Policy Team |  |
| <b>Proposed policy</b>   | Bury Carers Strategy               |  |
| <b>Date</b>  | 23 <sup>rd</sup> May 2013          |  |
| <b>Officer responsible for the 'policy' and for completing the equality analysis</b> | <b>Name</b>                        | Zena Shuttleworth  |
|  | <b>Post Title</b>                  | Strategic Planning and Policy Officer  |
|  | <b>Contact Number</b>              | 0161 253 5272  |
|  | <b>Signature</b>                   |            |
|  | <b>Date</b>                        | 23 <sup>rd</sup> May 2013  |
| <b>Equality officer consulted</b>  | <b>Name</b>                        | Mary Wood  |
|  | <b>Post Title</b>                  | Principal Officer - Equalities   |
|  | <b>Contact Number</b>              | 0161 253 6795  |
|  | <b>Signature</b>                   |  29/2013 |
|  | <b>Date</b>                        | 15 <sup>th</sup> July 2013   |

### 2. AIMS

|  |   |
|--|---|
| <b>What is the purpose of the policy/service and what is it intended to achieve?</b> | <p>HM Government published 'Recognised, valued and supported: next steps for the Carers Strategy' in 2010. Within this document, four priority areas have been identified: identification and recognition, realising and releasing potential, a life outside of caring and supporting carers to stay healthy.</p> <p>In response to this, Bury Council and NHS Bury made the decision to update the Carers Strategy for Bury 2009 – 2012. The updated strategy highlights the progress made since the previous strategy and what carers think about the services and support on offer. It also identifies priorities for future developments which ensure we are fulfilling our obligations to carers.</p> <p>An action plan will sit underneath this strategy which identifies the distinct actions we will undertake as part of the strategy.</p> |
|--|---|

|                                       |  |
|---------------------------------------|--|
|                                       | The strategy is one of three documents which set out current provision for carers in Bury and how we aim to improve it. The other two documents are the Market Position Statement (Bury Council) and the Carers Commissioning Intentions (Bury Council).   |
| <b>Who are the main stakeholders?</b> | <ul style="list-style-type: none"> <li>▪ Carers (including working carers) and the person they care for</li> <li>▪ Providers of carer services</li> <li>▪ Bury Council</li> <li>▪ Adult Care Services</li> <li>▪ NHS Bury</li> <li>▪ Pennine Care</li> <li>▪ Third sector</li> <li>▪ Private businesses</li> <li>▪ Health and Wellbeing Board</li> </ul> |

### 3. ESTABLISHING RELEVANCE TO EQUALITY

**3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics. If you answer yes to any question, please also explain why and how that group of people will be affected.**

| Protected equality characteristic | Positive effect (Yes/No) | Negative effect (Yes/No) | Explanation  |
|-----------------------------------|--------------------------|--------------------------|--|
| Race                              | Yes                      | No                       | The refreshed strategy is inclusive of all racial backgrounds. We acknowledge that demographic data on carers is not complete and have agreed an action to ensure that this is collected in the future. This will positively affect race as we will be able to truly understand the needs of the carers in Bury. |
| Disability                        | Yes                      | No                       | The strategy acknowledges that some carers may have a disability and/or care for someone with a disability. Improving signposting and access to information will ensure that the right support is offered.   |
| Gender                            | Yes                      | No                       | Whilst the majority of carers for whom demographic information is known are female, the consultation evidences that male carers contact the Carers Centre less than females. More thought will need to be given when designing activities and/or support for male  |

|                               |     |    |   |
|-------------------------------|-----|----|---|
|                               |     |    | carers.   |
| Gender reassignment           | No  | No | The strategy has no known effect on gender reassignment.  |
| Age                           | Yes | No | Nearly half of the carers for whom demographic information is available are aged 55+ and young carers (up to 18) are the responsibility of Children's Services, who provide a specific service for those aged 7-18. A transition plan is developed from the age of 16 to introduce them to adult services. We aim to understand the extra support that may need to be given to young and older carers and will consider this when commissioning services. |
| Sexual orientation            | No  | No | The strategy has no known effect on sexual orientation.   |
| Religion or belief            | No  | No | The strategy has no known effect on religion or belief.   |
| Caring responsibilities       | Yes | No | The main outcome of this strategy is to support individuals in their caring role. This will enable them to continue their role in the most effective way.<br><br>Although parent carers and young carers are acknowledged within the strategy, we do not directly address their specific needs. This is because working parents and young carers are supported by Children's Services.  |
| Pregnancy or maternity        | No  | No | The strategy has no known effect on pregnancy or maternity.   |
| Marriage or civil partnership | No  | No | The strategy has no known effect on marriage or civil partnership.  |

**3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty. If you answer yes to any question, please explain why.**

| General Public Sector Equality Duties   | Relevance (Yes/No) | Reason for the relevance   |
|---|--------------------|--|
| Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010   | Yes                | <p>There is legislation in place to protect carers from unlawful discrimination and victimisation. These include:</p> <p>Carers and Disabled Children Act 2000<br/>                     Carers (Equal Opportunities) Act 2004<br/>                     Equality Act 2010</p> <p>It is our duty to ensure that these are complied with locally.</p> |
| Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs) | Yes                | <p>We need to support people within their caring role to ensure that their own health and social needs are addressed. This will enable them to continue their caring role in the most effective way.</p>   |
| Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)                   | Yes                | <p>The strategy will promote understanding of the role of carers which will address any prejudice or discrimination which may exist in our community.</p>  |

**If you answered 'YES' to any of the questions in 3a and 3b**

**Go straight to Question 4**

**If you answered 'NO' to all of the questions in 3a and 3b**

**Go to Question 3c and do not answer questions 4-6**

**3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.**

**4. EQUALITY INFORMATION AND ENGAGEMENT**

**4a.** For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

| <b>Details of the equality information or engagement</b>  | <b>Internet link if published</b> | <b>Date last updated</b> |
|---|-----------------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>▪ 28 June 2012 Consultation workshop in Bury</li> <li>▪ 2 July 2012 Consultation workshop in Prestwich</li> <li>▪ 11 July 2012 Consultation workshop in Radcliffe</li> <li>▪ 31 July 2012 Substance Misuse Carers Support Group</li> <li>▪ 3 August 2012 Bury Carers Forum</li> <li>▪ 9 August 2012 Rethink Mental Health Group</li> <li>▪ 30 August 2012 Pinfold Lane Carers Group</li> <li>▪ 17 September 2012 Carers Services Officers</li> <li>▪ 8 October 2012 Male Carers Support Group</li> <li>▪ 17 October 2012 Federation of Jewish Services</li> <li>▪ 19 October 2012 BAME carers</li> </ul> |                                   |                          |

|   |   |  |
|---|---|--|
| July 2012 Questionnaire sent to the 3,320 known carers registered on Bury Council's database                                  | <a href="https://www.surveymonkey.com/s/Carersquestionnaire">https://www.surveymonkey.com/s/Carersquestionnaire</a> |  |
| Desktop research on relevant legislation and national strategy and guidance   |   |  |
| Desktop data analysis of carers in Bury. This includes local and national data (including the Office for National Statistics) |   |  |

**4b.** Are there any information gaps, and if so how do you plan to tackle them?

There are gaps in the data we hold about identified carers in Bury, including ethnicity and age. We have agreed an action within the carers' strategy action plan to collect this data. We will be working with commissioned services to ensure this happens.

**5. CONCLUSIONS OF THE EQUALITY ANALYSIS**

|  |   |
|--|---|
| <b>What will the likely overall effect of your policy/service plan be on equality?</b>   | The strategy will have a positive impact on carers by assisting their identification, ensuring they are aware of their rights and being signposted to appropriate services. There will also be a positive effect on race, disability, age and gender as more demographic information is collected, different needs identified and met. Every effort is made to ensure equal access to carer support and services. By taking account of the needs of carers, services will become more inclusive and accessible. |
| <b>If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?</b> | N/A   |
| <b>Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.</b> | There may be intergenerational opportunities as well as occasions for people from different cultural backgrounds and genders to mix.  |



|  |   |
|--|---|
| <p><b>What steps do you intend to take now in respect of the implementation of your policy/service plan?</b></p> | <p>The strategy is now in a final draft stage. The next steps are:</p> <ul style="list-style-type: none"> <li>- Sign off by Health Scrutiny</li> <li>- Sign off by Cabinet</li> <li>- Development of action plan, Market Position Statement and Commissioning Intentions Document.</li> <li>- Implementation of the associated action plan over the next 5 years</li> </ul> |
|--|---|

**6. MONITORING AND REVIEW**

**If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.**

|  |
|--|
| <p>The Carers Strategy Group oversaw the development of this strategy. This group is currently developing an action plan which identifies direction of travel for the next five years.</p> <p>Progress against the strategy will be monitored by the Carers Strategy Group, the Clinical Commissioning Group and Health and Wellbeing Board.</p> |
|--|

**COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX ([equality@bury.gov.uk](mailto:equality@bury.gov.uk)) FOR PUBLICATION.**

This page is intentionally left blank

**IDENTIFICATION AND RECOGNITION** (Please note that this action plan is high level. Each lead officer will be responsible for the development and co-ordination of their individual action plan which will underpin the objective).

Key: short term achieved by March 2014; medium term achieved by March 2016; long term achieved by March 2018.

|     | Priority  | Action   | Lead Organisation                         | Lead Officer   | Timescale                                       |
|-----|---|--|---|--|---|
| 1.1 | Ensure commissioned services collect demographic data on carers (gender, age, ethnicity and religion) | Collect, analyse and report on the full demographic profile of identified carers   | Bury Council<br>Bury CCG                  | Zena Shuttleworth<br>Catherine Tickle                  | short term - benchmark<br>medium term - analyse |
| 1.2 | Carers are routinely identified and signposted by health and social care professionals as appropriate | Develop and implement an identification and referral pathway to ensure all carers are signposted from GPs to appropriate support | Bury Council<br>Pennine Acute<br>Bury CCG | Alistair Mirfin<br>Hannah Harrison<br>Catherine Tickle | short term - develop<br>medium term - implement |
|     |   | Promote pathway with health and social care professionals  | Bury Council<br>Pennine Acute<br>Bury CCG | Alistair Mirfin<br>Hannah Harrison<br>Catherine Tickle | medium term                                     |
|     |   | Ensure that carers understand their right to a Carers Assessment   | Bury Council                              | Alistair Mirfin  | short term                                      |
| 1.3 | Public service staff understand the role of a carer   | Basic staff awareness training on the role of carers is researched, designed and offered to public service professionals         | Carers Strategy Group                     | Matthew Peluch   | medium term                                     |
|     |   | Carers to be engaged with the design and delivery of a training package to professionals   | Carers Strategy Group                     | Matthew Peluch<br>Alistair Mirfin<br>Zena Shuttleworth | medium term                                     |
| 1.4 | Information for carers is accessible  | Analyse of the information currently available. Understand the gaps. Evidence this and agree a forward plan                      | Carers Strategy Group                     | Alistair Mirfin  | long term                                       |
| 1.5 | Carers can access information, advice and support which meets their needs                             | Review the support currently available. Understand the needs of our carers. Evidence this and agree a forward plan               | Bury Council<br>Bury CCG                  | Alistair Mirfin<br>Catherine Tickle                    | long term                                       |

**REALISING AND RELEASING POTENTIAL** (Please note that this action plan is high level. Each lead officer will be responsible for the development and co-ordination of their individual action plan which will underpin the objective).

Key: short term achieved by March 2014; medium term achieved by March 2016; long term achieved by March 2018.

|     | <b>Priority</b>   | <b>Action</b>  | <b>Lead Organisation</b>      | <b>Lead Officer</b>  | <b>Timescale</b>   |
|-----|---|--|-------------------------------|--|--|
| 2.1 | Work with businesses and employers to raise awareness of carers                               | Develop business links and develop a package of support (e.g. Carers Discount Card)                                    | Bury Council                  | Cllr Shori<br>Alistair Mirfin<br>Zena Shuttleworth<br>Tracey Flynn | medium term  |
| 2.2 | Carers and employers are aware of their rights within employment                              | Identify working carers, give them information on their employment rights and signpost to professionals as appropriate | Bury Council<br>Carers Centre | Alistair Mirfin<br>Sheila Blackman                                 | short term - identify<br>long term - work with employers |
| 2.3 | A Memorandum of Understanding between Adult Care Services and Childrens Services is developed | Develop and implement the Memorandum of Understanding  | Bury Council                  | Sue Reynolds<br>Zena Shuttleworth                                  | long term  |
| 2.4 | Carers are aware of the support available to help them in to work                             | Promote support available in Jobcentre Plus and ensure that a named contact is available                               | Jobcentre Plus                | Anne Gent  | short term   |

**A LIFE OUTSIDE OF CARING** (Please note that this action plan is high level. Each lead officer will be responsible for the development and co-ordination of their individual action plan which will underpin the objective).

Key: short term achieved by March 2014; medium term achieved by March 2016; long term achieved by March 2018.

|     | <b>Priority</b>  | <b>Action</b>  | <b>Lead Organisation</b> | <b>Lead Officer</b>            | <b>Timescale</b> |
|-----|--|--|--------------------------|--------------------------------|------------------|
| 3.1 | A range of respite options are available to all carers | Develop a list of agencies who can offer a carers break service  | Bury Council             | Alistair Mirfin<br>Neil Clough | short term       |
|     |  | Develop a Market Position Statement to facilitate the market for carers support                            | Bury Council             | Zena Shuttleworth              | short term       |
|     |  | Ensure that Carers Personal Budget are agreed only when all other options have been explored and exhausted | Bury Council             | Alistair Mirfin<br>Neil Clough | short term       |
|     |  | A carers discount card is available  | Bury Council             | Alistair Mirfin                | medium term      |

**SUPPORTING CARERS TO STAY HEALTHY** (Please note that this action plan is high level. Each lead officer will be responsible for the development and co-ordination of their individual action plan which will underpin the objective).

Key: short term achieved by March 2014; medium term achieved by March 2016; long term achieved by March 2018.

|     | <b>Priority</b>   | <b>Action</b>  | <b>Lead Organisation</b> | <b>Lead Officer</b> | <b>Timescale</b> |
|-----|---|--|--------------------------|---------------------|------------------|
| 4.1 | Courses which support the caring role continue to be made available, e.g. first aid, moving and handling                    | Implement an identification and referral pathway to ensure all carers are signposted from GPs to appropriate support | CCG                      | Catherine Tickle    | medium term      |
| 4.2 | Carers are referred to health specialists as appropriate (e.g. Health Trainers, relaxation specialists, sports and leisure) | tbc  | tbc                      | tbc                 | tbc              |
| 4.3 | Facilitate an emergency plan with carers to identify what will happen in the event of crisis                                | tbc  | tbc                      | tbc                 | tbc              |



| Status | RAG Status | Evidence |
|--------|------------|----------|
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |

| Status | RAG Status | Evidence |
|--------|------------|----------|
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |

| Status | RAG Status | Evidence |
|--------|------------|----------|
|        |            |          |
|        |            |          |
|        |            |          |
|        |            |          |

| Status | RAG Status | Evidence |
|--------|------------|----------|
|        |            |          |
|        |            |          |
|        |            |          |

**REPORT TO HEALTH SCRUTINY COMMITTEE**

|                          |   |
|--------------------------|---|
| <b>Title:</b>            | <b>ANNUAL COMPLAINTS REPORT – ADULT SOCIAL CARE SERVICES – FOR INFORMATION ONLY</b> |
| <b>Date of Meeting:</b>  | <b>Strategic Management Team 5 August 2013<br/>Health Scrutiny 28 August 2013</b>   |
| <b>Report from :</b>     | <b>Pat Jones-Greenhalgh, Executive Director Adult Care Services</b>                 |
| <b>Contact Officer :</b> | <b>Sharon Wells, Customer Services Manager (Complaints)</b>                         |

**1.0 PURPOSE/SUMMARY**

There is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints. This report is to update Members and provide current information in respect of complaints related to Adult Social Care Services. The report looks at the period 1 April 2012 to 31 March 2013 and the purpose in presenting the report is for Members to oversee the extent and complexity of Adult Care Services' span of activity and to receive information relating to the quality of services delivered.

Members are asked to note the content of the report.

**2.0 INTRODUCTION**

- 2.1 In line with guidance from the Department of Health, Local Authorities are required to publish an Annual Complaints Report covering the council year.
- 2.2 This report is to update Members and provide information in respect of complaints related to Adult Social Care Services during 2012/13. More frequent monitoring is undertaken by the Adult Care Services Strategic Management Team to review performance and agree, as appropriate, any remedial action in response to concerns.
- 2.3 Members' comments regarding the report are invited.

**3.0 BACKGROUND**

- 3.1 A complaint is generally defined as 'an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response.'

- 3.2 Complaints principally concern service issues, including the perceived standard of services and their delivery by service providers. Recorded figures however only represent a percentage of instances where people are dissatisfied as many complaints/concerns are managed and resolved at the time, avoiding the need for people to resort to the more formal statutory complaints process.
- 3.3 Within the regulations which govern the process, the Council adopts a flexible approach which prioritises local resolution of complaints although people still have the option to take their case to the Local Government Ombudsman should they remain dissatisfied.
- 3.4 It is not easy for some customers to make a complaint. The process is therefore designed to ensure that all complaints are treated seriously, in confidence, investigated and given due attention. Integral to this is the role of the Customer Services Manager (Complaints) who provides a degree of independence and support to the complainant whilst ensuring the complaint follows the statutory procedure. Customers may also make complaints through advocates (including Councillors and MPs) – providing any necessary and appropriate consent has been received which enables personal information to be shared.
- 3.5 The Complaints Procedure is not designed to deal with allegations of serious misconduct by staff. These situations are covered under separate disciplinary procedures of the Council.
- 3.6 In order to ensure any safeguarding issues which are contained within social care complaints are captured and processed through the Safeguarding Procedures, the Customer Services Manager (Complaints) and the Safeguarding Co-ordinator have an agreed protocol regarding joint working which is accessible on the Council's website.

## **4.0 ANALYSIS OF COMPLAINTS**

- 4.1 The attached appendix 1 provides statistical data in graph format for the period 1 April 2012 to 31 March 2013 and includes:-
  - A comparative study of the number of complaints received for the period 2010/11, 2011/12 and 2012/13 (Fig. 1)
  - A comparative study of the nature of complaints received for the period 2011/12 and 2012/13 (Fig. 2)
  - A comparative study of the number of complaints received by Teams for the period 2011/12 and 2012/13 (Fig. 3)
  - A comparative study of the time taken to resolve complaints for the period 2011/12 and 2012/13 (Fig. 4 )
  - A comparative study of the number of concerns raised by Local Councillors, Members of Parliament and the Local Government Ombudsman for the period 2011/12 and 2012/13 (Fig. 5)
  - The number of compliments received and the service area they relate to 2012/13 (Fig. 6)
  - The attached appendix 2 shows the number of complaints received relating to categories of Equality and Diversity



- 4.2 The headline statistic is that the total number of complaints received during 2012/2013 (84) has reduced from the previous year (89). Although this may be considered a small reduction in terms of numbers, it is significant given the major changes to services which have taken place within the Department over the last year. Key changes and areas of activity include:-

### **Older Adult Short Stay, Day Services and Shared Lives Scheme**

- Upgrading of Grundy Day Centre
- Additional audits of medication within older adult short stay services
- Prevention and response to abuse operational policy introduced to all adult care services
- Review of pathways into short term care to ensure a smooth timely transition for customers using short term care services
- Audits of nurse call monitoring system to ensure buzzers which are activated are responded to within time scales

### **Learning Disability Team**

- Improved links and accountability with Children's Services for the transition process
- Additional brokerage/commissioning and finance support provided by existing staff
- New safeguarding processes implemented and robust tracking of ongoing cases

### **Vulnerable Adults Team**

- Improved communication with customers in explaining the way processes work and in written documents

### **Assessment and Reintegration Team**

- Improved customer response via Triage including risk assessment
- Swifter allocation of work to social care
- Appeals process in place for customers

### **Hospital Team**

- Reviewed and changed wording in financial booklets to ensure clarity around the charging policy

### **Learning/Physical Disability Team**

- In July 2012 a new core base facility opened at the Haymarket alongside Adult Learning
- An Autumn Ball and Autumn Fair held to encourage greater partnership with the community
- Gardening activity for customers accessed through the Volunteering Project
- New facility to be constructed on Whittle Pike site scheduled for completion in October 2014

- A six month review of the Seedfield Day Service concluded and a plan devised for development of a new service
- A new Day Services brochure published

### **Inclusion Team**

- Community Meals service has been re-tendered

### **Carers Services Team**

- Increased support is provided for carers using their personal budgets through drop in sessions, libraries and the Carers Centre
- A number of consultations with Carers have taken place during 2012-13 on the development of the Carers Strategy, Carers Personal Budgets and Carers Forum

- 4.3 In relation to the volume of complaints, the Assessment and Re-integration Team received the highest number (21) which, as the main access route to Adult Care Services, maybe expected. However, this has significantly reduced from 32 in the previous year. This is followed by 19 complaints relating to the Vulnerable Adults Team and 10 complaints against the Commissioning and Procurement Team. The numbers of complaints against other teams are relatively small when considered over a twelve month period i.e. 8 or lower.
- 4.4 With respect to timescales, over 77% of complaints were responded to within 30 working days of the complaint being received.
- 4.5 The number of concerns raised by Members of Parliament and local Councillors has reduced by 50%, from 28 in 2011/12 to 14 last year. All these enquiries were received from the MP for Bury South.
- 4.6 10 Local Government Ombudsman enquiries were received this year – an increase of 5 or 50% on the previous year. Of these:
- 2 resulted in a write off of charges
  - 2 resulted in re-assessments/re-consideration for Disabled Parking Badges
  - 1 further enquiry was received following the information provided to the LGO about the Council's Blue Badge process
  - 1 resulted in a change of process to ensure the holistic view of a customer's home life is considered prior to arranging a care package
  - 3 required no further action by the Council
  - 1 remains ongoing
- 4.7 To put the total number of complaints in context, the Department provides services to just over 6,200 individuals. 84 complaints therefore equates to 1.3% of customers.
- 4.8 The Department also received 473 compliments about the work carried out by individuals/teams. These are also recorded and celebrated in recognition of the good work that is taking place.

- 4.9 Complaints (and compliments) can give valuable feedback and alert managers to issues with regard to service quality or delivery. The Department seeks to learn from such occurrences and recommendations made as a result of complaints made during 20012/13 have resulted in improvements or changes to services. These are listed in Appendix 3.

### **5.0 CONCLUSIONS**

- 5.1 The number of complaints has reduced despite some major changes to services.
- 5.2 The process has been designed to reduce barriers for complainants.
- 5.3 The Department monitors feedback and uses these experiences to learn and improve operations. This approach will continue and steps will be taken to minimise dissatisfaction although this will be a challenge in an environment of rising demand and diminishing resources.

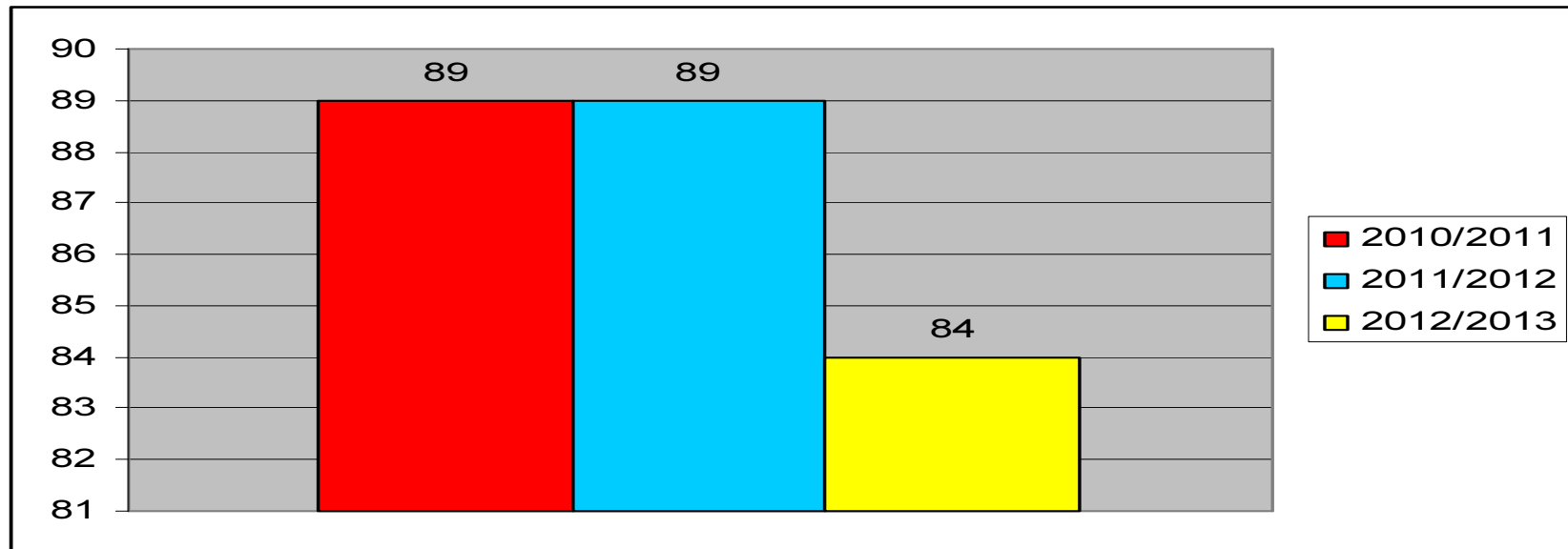
**Appendices 1, 2 and 3 attached**

This page is intentionally left blank

**Adult Care Services Complaints Annual Report**  
**1st April 2012 – 31st March 2013**

**Figure 1**

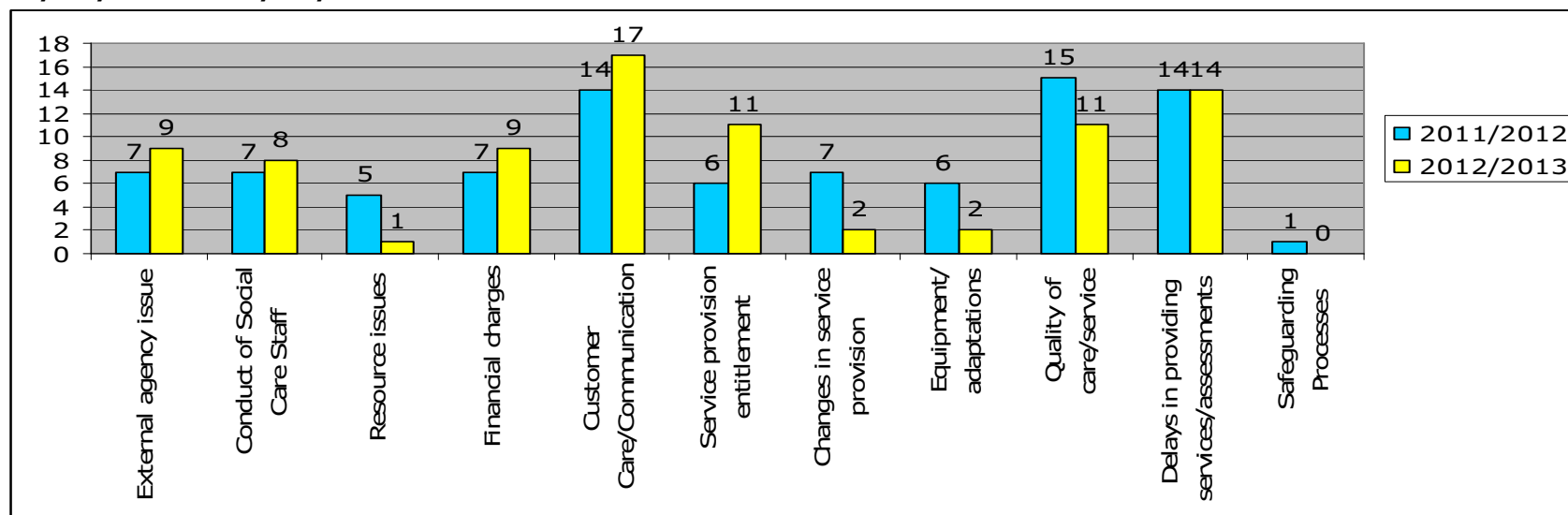
**A comparative study of the number of complaints received for the period 01/04/2010 – 31/03/2011, 01/04/2011 - 31/03/2012 and 01/04/2012 - 31/03/2013.**



- The total number of complaints in 2012/2013 has decreased when compared to the previous two years.

**Figure 2**

**A comparative study of the nature of complaints received for the period 01/04/2011 - 31/03/2012 and 01/04/2012 - 31/03/2013.**



**Key Findings**

- 20% (17) of complaints received related to Customer Care/Communication
- 16% (14) of complaints received related to Delays in providing services/assessments

**Increased Number of Complaints**

- 22% (2) increase in complaints relating to External Agency Issues
- 12% (1) increase in complaints relating to Conduct of Social Care Staff
- 22% (2) increase in complaints relating to Financial Charges
- 17% (3) increase in complaints relating to Customer Care/Communication
- 45% (5) increase in complaints relating to Service Provision/Entitlement

**Decreased Number of Complaints**

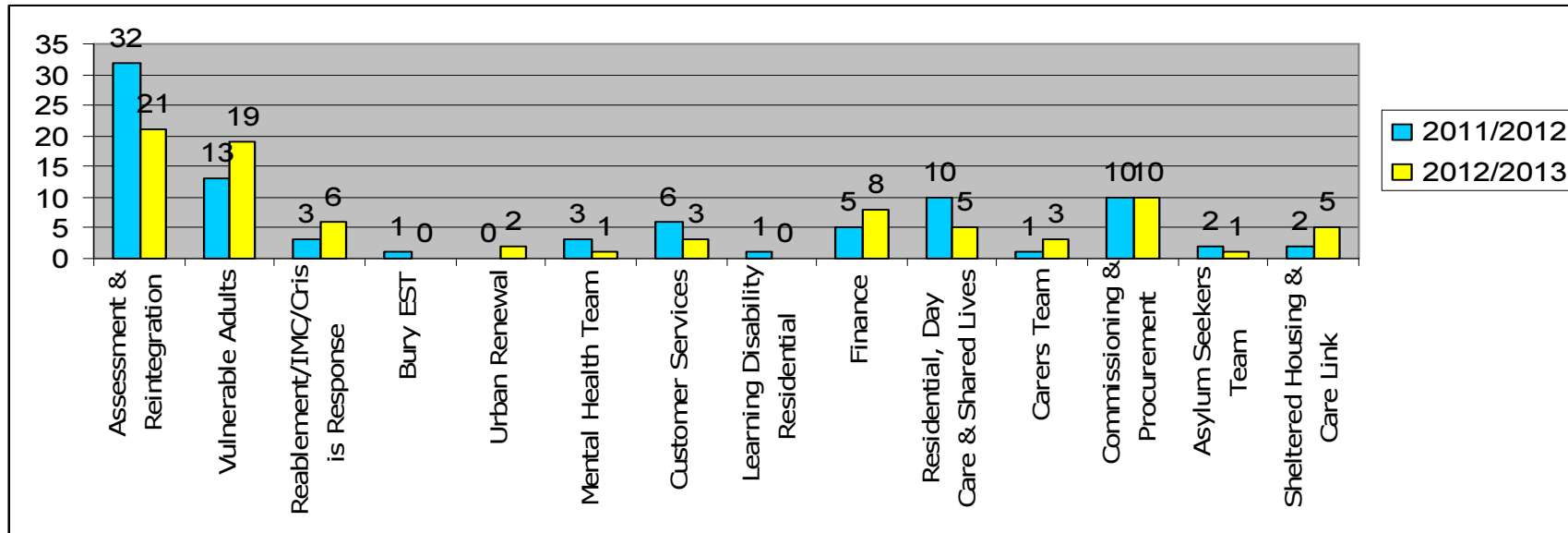
- 80% (4) decrease in complaints relating to Resource Issues
- 71% (5) decrease in complaints relating to Changes in Service Provision
- 66% (4) decrease in complaints relating to Equipment/Adaptations



- 26% (4) decrease in complaints relating to Quality of Care/Service
  - 100% (1) decrease in complaints relating to Safeguarding Processes
- The number of complaints remained static for delays in providing services/assessments (14)

**Figure 3**

**Complaints received in respect of Adult Care Services by teams for the period 01/04/2011 – 31/03/2012 and 01/04/2012 – 31/03/2013.**

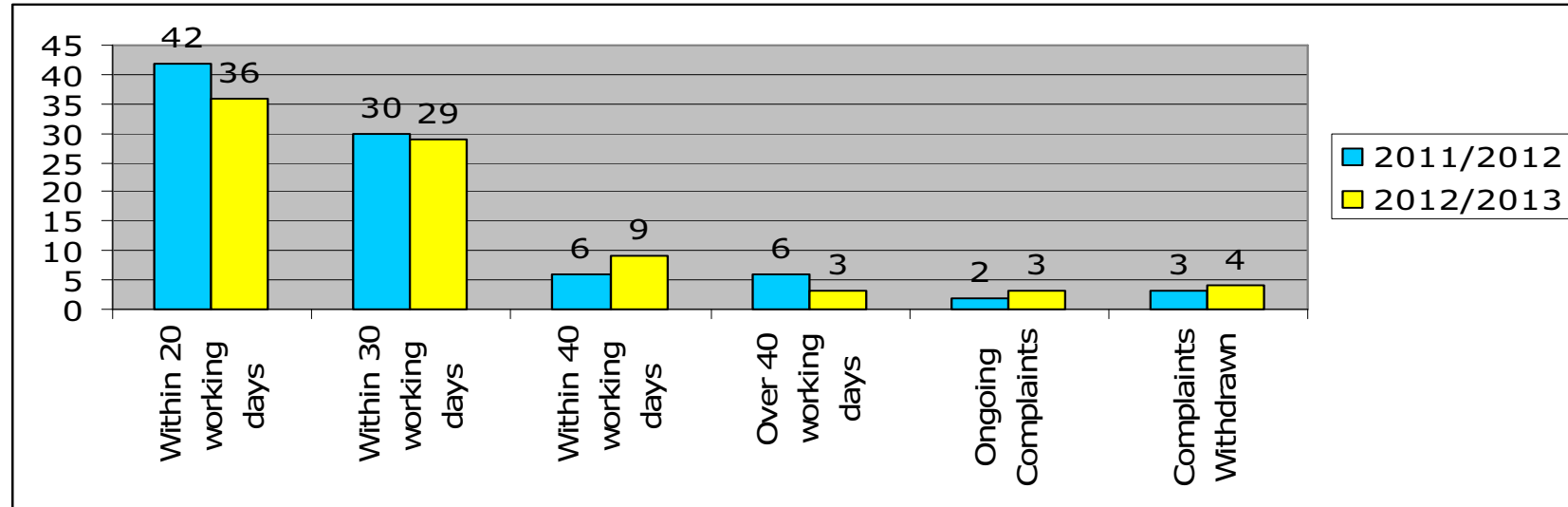


Key Findings

- 17% of complaints (21) related to the Assessment and Reintegration Team
- 8% of complaints (10) related to the Commissioning and Procurement Team

**Figure 4**

**Timescales for complaints for the period 01/04/2011 – 31/03/2012 and 01/04/2012 – 31/03/2013.**

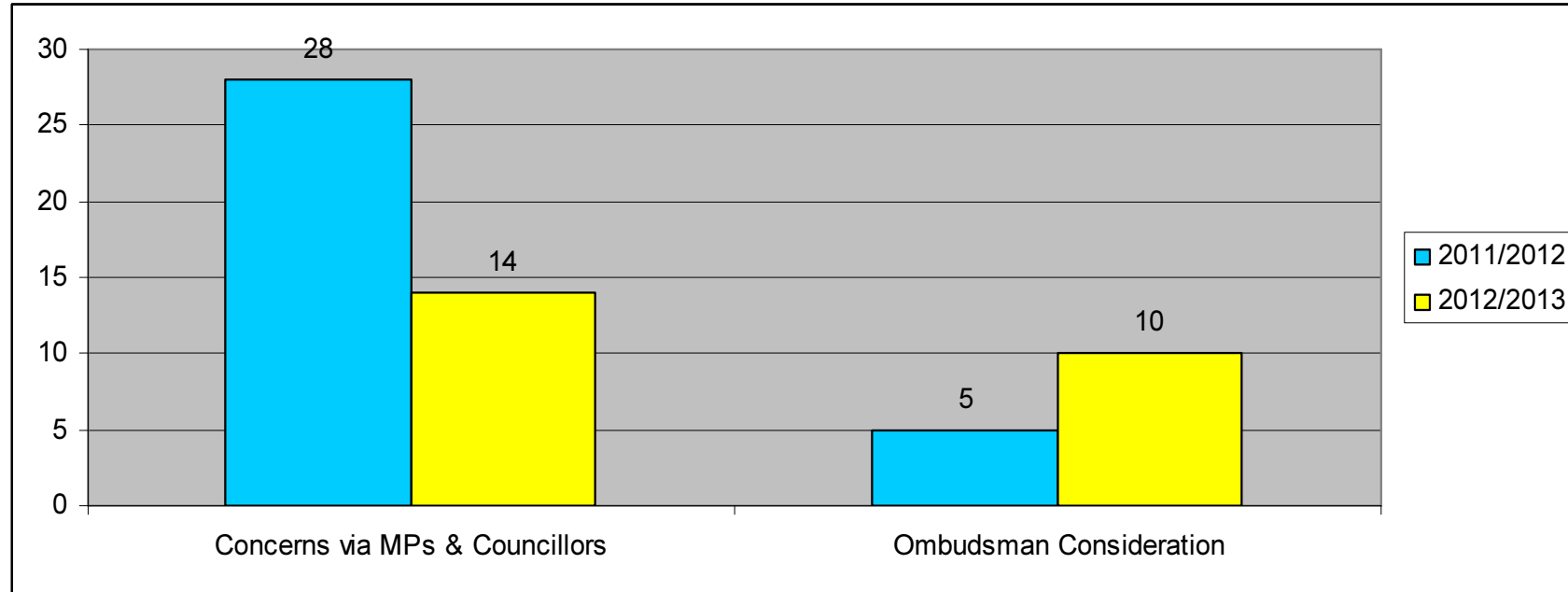


Key Findings

- Total number of complaints dealt with within 20 working days has decreased by 14% (6)
- Total number of complaints dealt with within 30 working days has decreased by 3% (1)
- Total number of complaints dealt with within 40 working days increased by 33% (3)
- Total number of complaints dealt with over 40 working days has decreased by 50% (3)
- Total number of ongoing complaints has increased by 33% (1)
- Total number of complaints withdrawn has increased by 25% (1)

**Figure 5**

**Number of MP and Councillors concerns and Ombudsman considerations/enquiries for the period 01/04/2011 – 31/03/2012 and 01/04/2012 – 31/03/2013.**

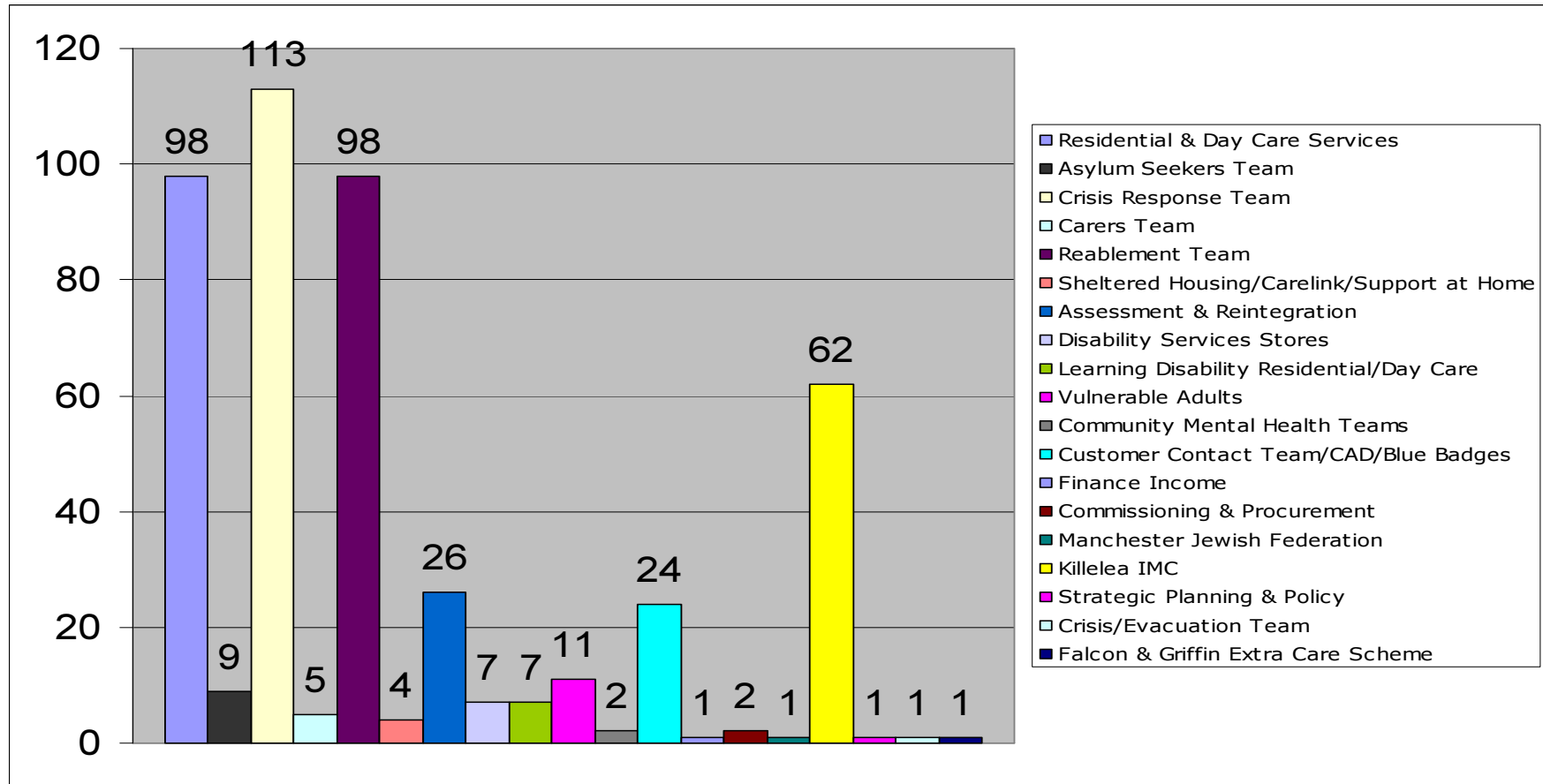


**Key Findings**

- Total number of concerns via MP's & Councillors has decreased by 50% (14)
- Total number of Ombudsman Consideration/Enquiries has increased by 50% (5)

**Figure 6**

**473no. of compliments received and the service area they relate to for the period 01/04/2012 – 31/03/2013.**

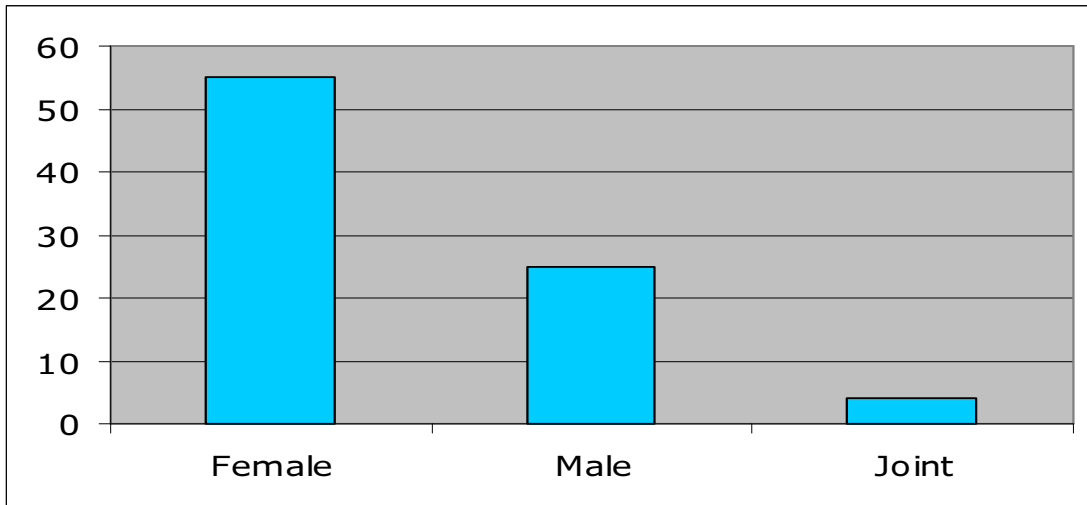


Key Findings

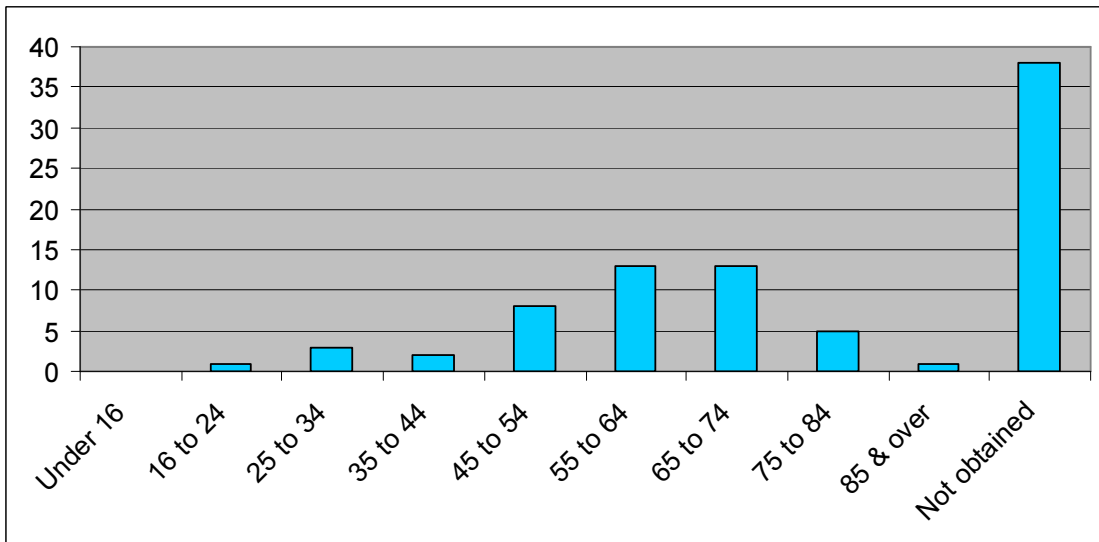
- 23% (113) of compliments received were in respect of the Crisis Response Team
- 389 more compliments than complaints were received.

**E & D COMPLAINTS MONITORING**  
**1<sup>st</sup> April 2012 – 31<sup>st</sup> March 2013**

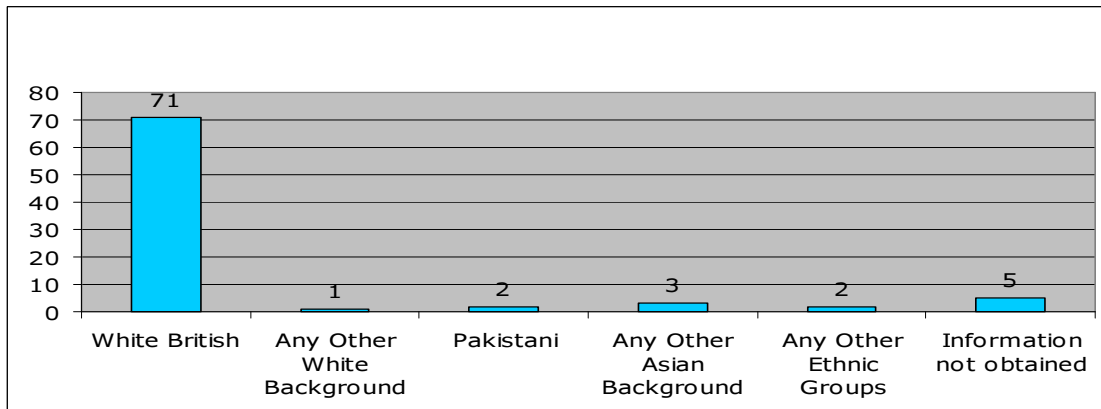
**GENDER**



**AGE**



**ETHNIC ORIGIN**



This page is intentionally left blank



**Appendix 3**

**Evidence of Learning from complaints 1 April 2012 to 31 March 2013**

1. All units within Spurr House upgraded by December 2012 to provide a more pleasing environment
2. Systems and rotas at Spurr House reviewed to improve communication and to ensure domestic staff are on duty in the evenings to prepare rooms for admission
3. A communication audit has taken place at Spurr House to ensure response times to the nurse call system are within timescales
4. A medication audit has taken place at Spurr House and adjustments made to ensure the system is effective and robust
5. Staff training provided at Spurr House on record keeping and improvements to customer care
6. Dementia training courses for staff of care agency to improve awareness and expertise
7. Charges for care are discussed with customer whenever there is a change in circumstance
8. Customers are, when appropriate, always provided with written details of Bury's Charges for Care
9. Refresher training provided on use of bed rails and the importance of following and implementing risk assessments

This page is intentionally left blank