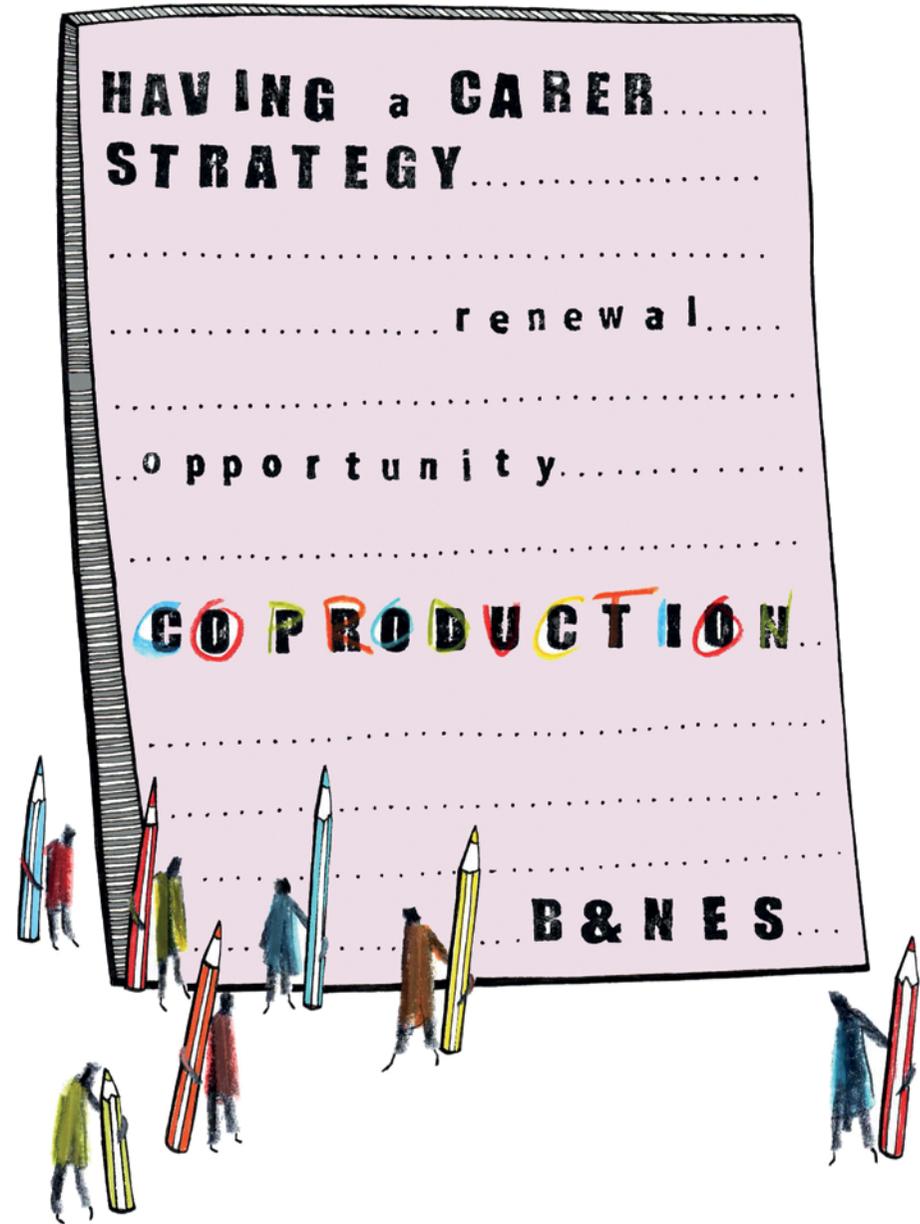


Bath & North East
Somerset Council

Improving People's Lives

B&NES Carers Strategy

100 carers, 100 stories



Contents

Introduction	3
Definitions	4
Purpose	5
Who is the strategy for?	6
Co-developing the strategy	7
Getting to know the working group	9
What is working and what isn't	10
Themes	11
Priority areas	12
Approach	13
Making it happen	14
Acknowledgements	15
Appendix A: Activity Tracker	16



START



Introduction

This live strategy has been developed with 383 carers, 6 carer organisations and 3 carer forums. Data from the Carers Survey was used.

This document outlines the process, key priorities and actions required to achieve the best support possible for carers in Bath and North East Somerset (B&NES). Its live nature means it will be responsive to progress and any new emerging needs.

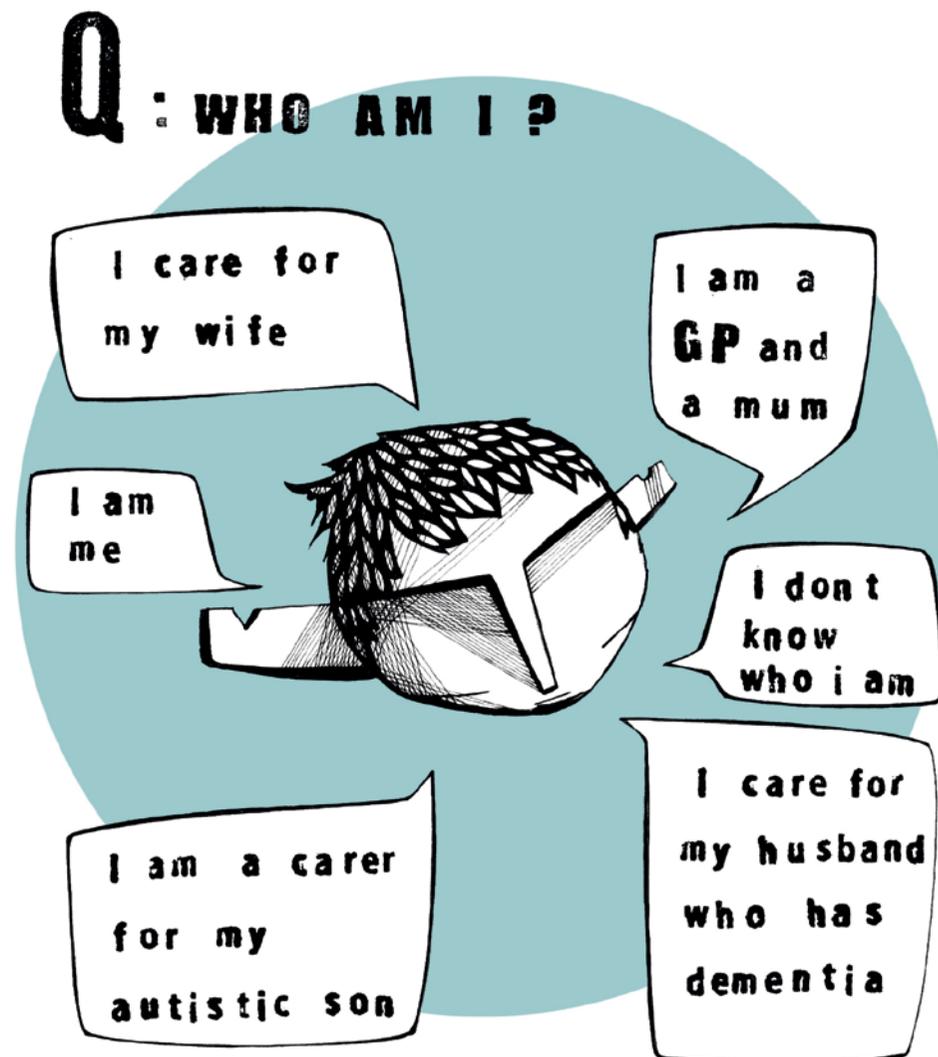
It is a co-produced document. This means that the local authority and carers will continue to work together to achieve collective goals.

Definitions

Carers described themselves as family members and friends who care for another individual. These individuals may have a physical or learning disability, or have mental ill health.

Carers have a wealth of lived experience, with a strong knowledge of the cared for individual.

We recognise that not all people providing a caring role identify with the word 'carer'. We have used this wording to align with government terminology.



Purpose

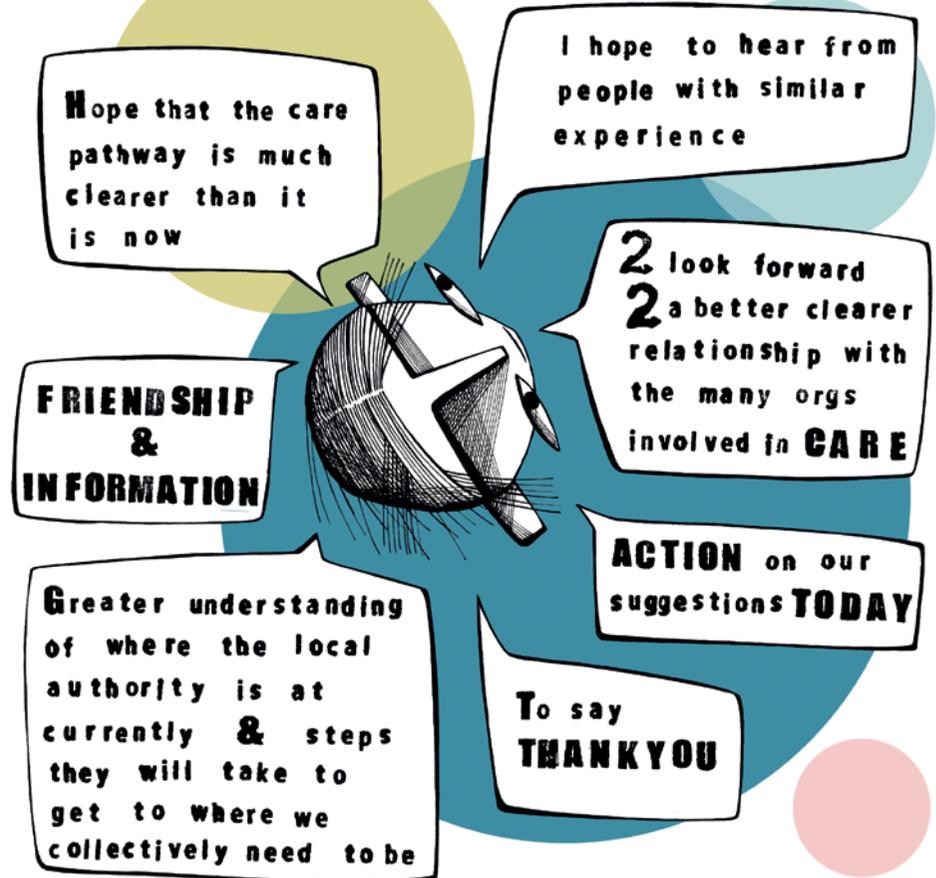
Carers should be recognised, valued and supported to live good lives.

Carers told us they want to share their experience, improve carer support services and bring about sustainable change. This will be achieved through co-designed, long term strategy setting.

Carers believe that 'good' looks like:

- Action being taken from the co-produced process
- A clear pathway to carer assessment
- Information and advice are clearly articulated and signposted
- Carers are listened to, as experts of the cared for person
- Carers receive the right support at the right time

Q: WHAT I'D LIKE TO TAKE AWAY



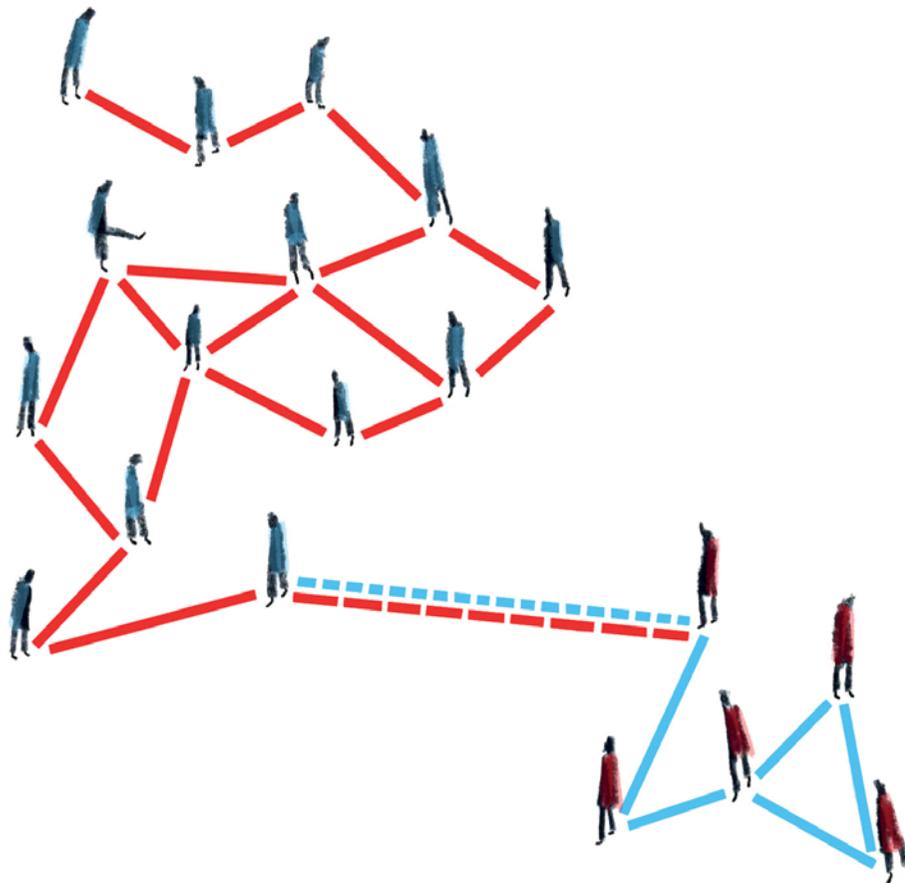
Who is the strategy for?

This document is primarily for adults caring for adults and/or children. It will also support those young carers who are moving into adulthood. Young carers in B&NES have co-produced their own **strategy**.

This is an active resource for health and social care services, the third sector and businesses that employ carers.

The statutory definition of an adult carer and the local governments statutory responsibility to carers can be found **here**.

The definition and statutory responsibilities for a young carer can be found **here**.



- : Young Carers Strategy**
- : Carer Strategy**
- - - : b r i d g e**

Co-developing the strategy

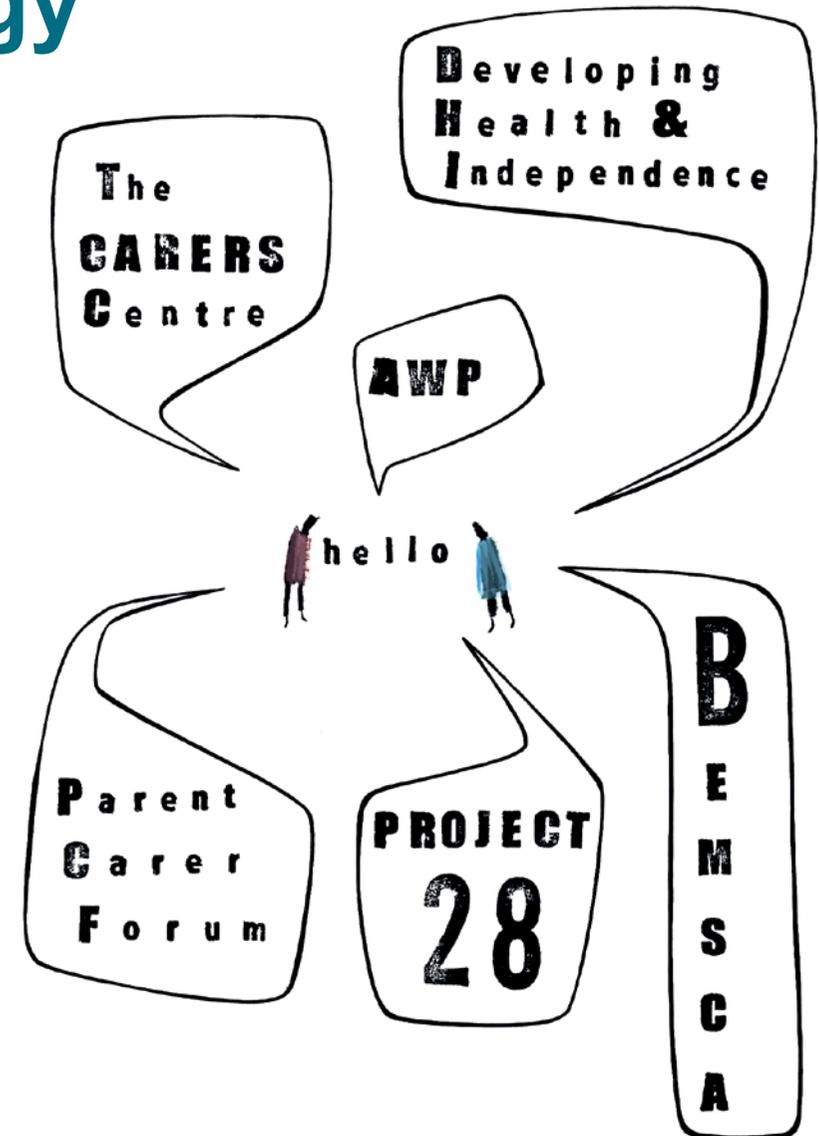
Phase 1 – Introductions

Introductory conversations were held with carer organisations across B&NES. During these conversations the premise of the work was outlined and organisations were invited to take part in the process.

Introductory sessions were held with Carer Forums, to understand what being a carer means in B&NES and to gather areas of priority for carers. We engaged with 30 carers.

Phase 2 – Survey

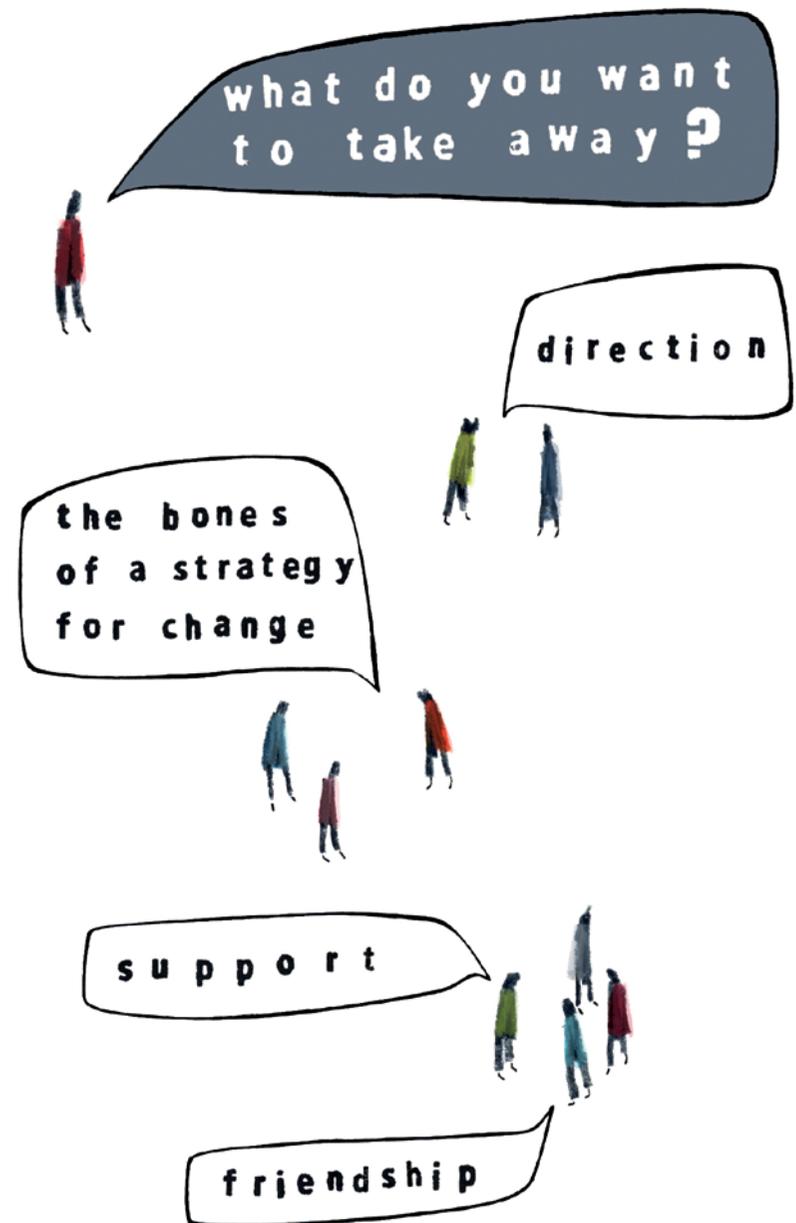
We adapted the National Carers Survey to enable carers to tell us more about how they feel about the service they receive. We invited all 1025 of our identified carers to respond, with a return rate of 336 carers (33%).



Phase 3 – Strategy Sessions

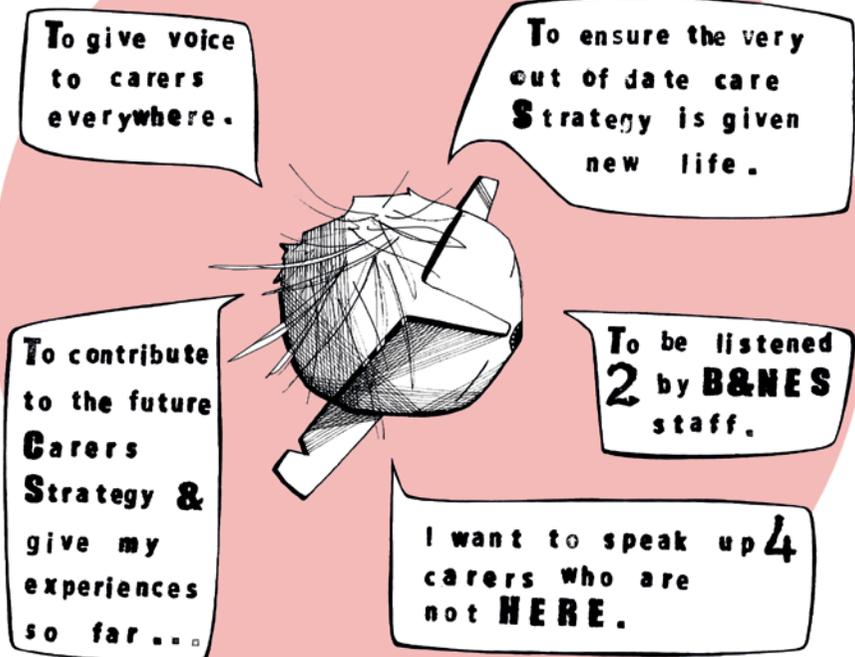
In March 2024 B&NES hosted two carer strategy meetings facilitated by Think Local, Act Personal (TLAP). These were attended by 17 carers. During the sessions:

- The information gathered in phases 1-2 was shared back to the group.
- The group identified priority areas for consideration.
- The group discussed a forward plan for co-producing the carers strategy.
- It was agreed that the local authority would write up the findings from the sessions and circulate back for comment.
- Carers agreed to continue meeting as a strategic group to develop priority areas and co-develop action driven solutions with the council and other stakeholders.
- An illustrator observed the sessions, listening and interpreting words and emotion into pictures. These are featured throughout this strategy.



Getting to know the working group

Q: WHY AM I HERE ?



Q: WHAT I BRING INTO THIS SPACE ?



What is working and what isn't

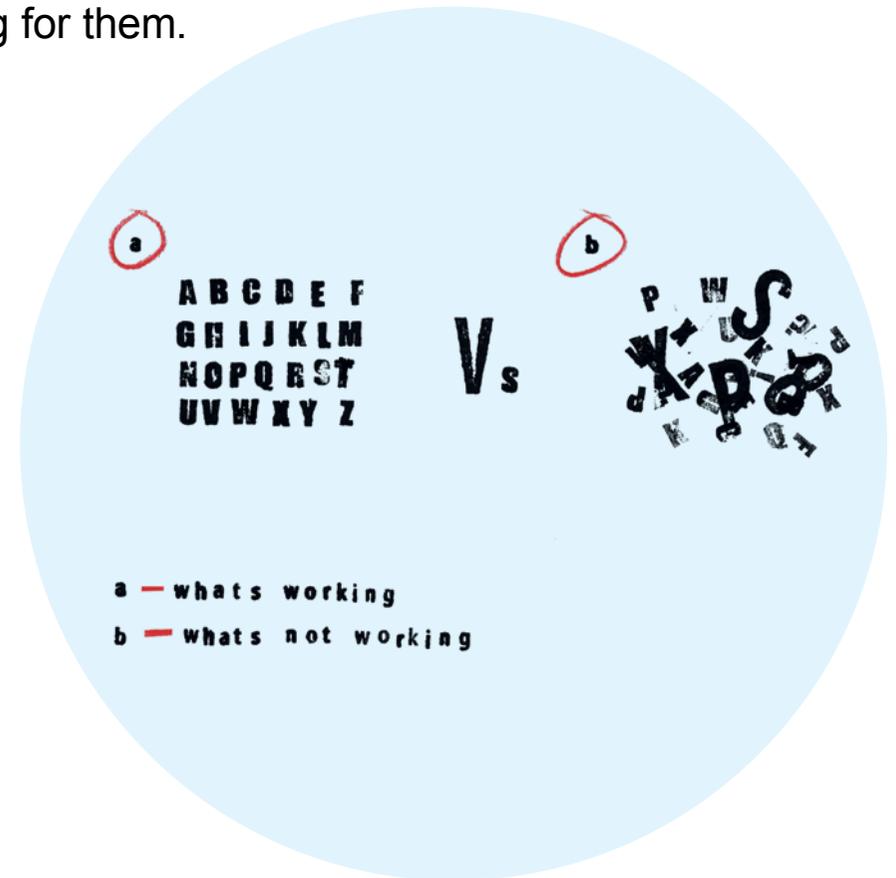
Carers identified what was currently working and not working for them.

Working

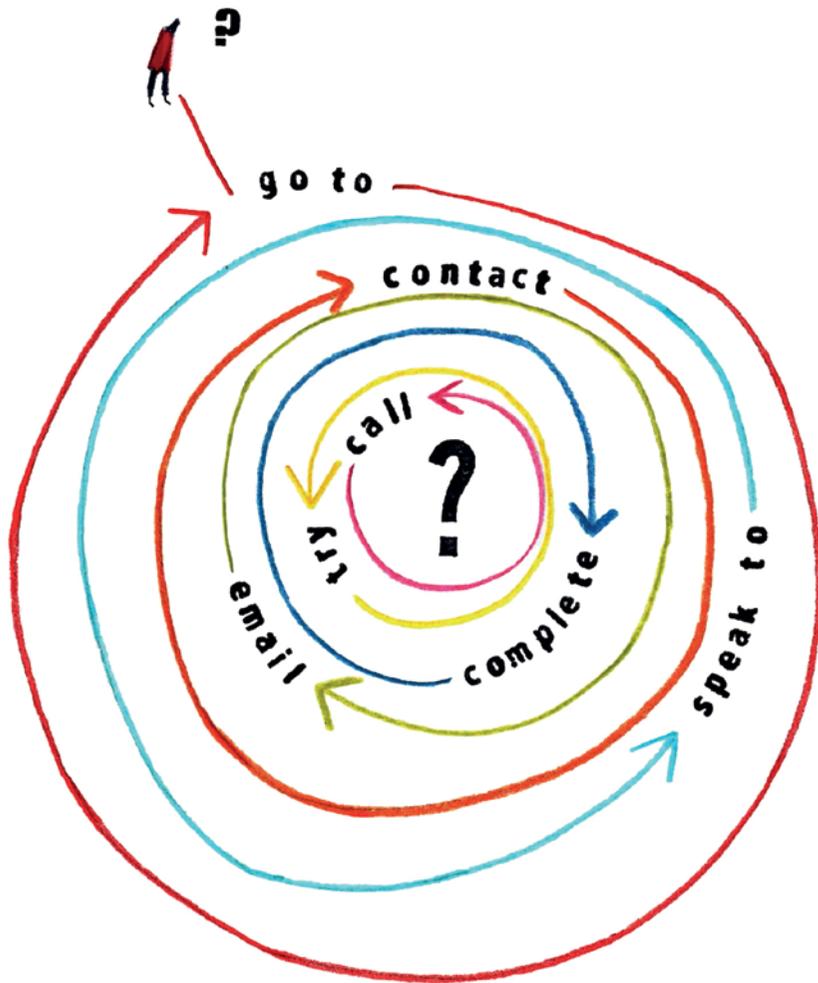
- ✓ Self-support groups
 - with particular reference to carer centres and health condition specific groups (stroke, dementia etc.)
- ✓ Respite activities
- ✓ GP support – particularly to co-ordinate services and manage change
- ✓ Some social worker support

Not working

- ✗ Communication between agencies
- ✗ Process to get assessments
- ✗ Effectiveness of assessments
- ✗ Crisis support
- ✗ Guidance on financial support
- ✗ Personalised care



Priority Areas



CIRCULAR SIGNPOSTING
makes it really hard to
find the support you need ?

1 Communication with action

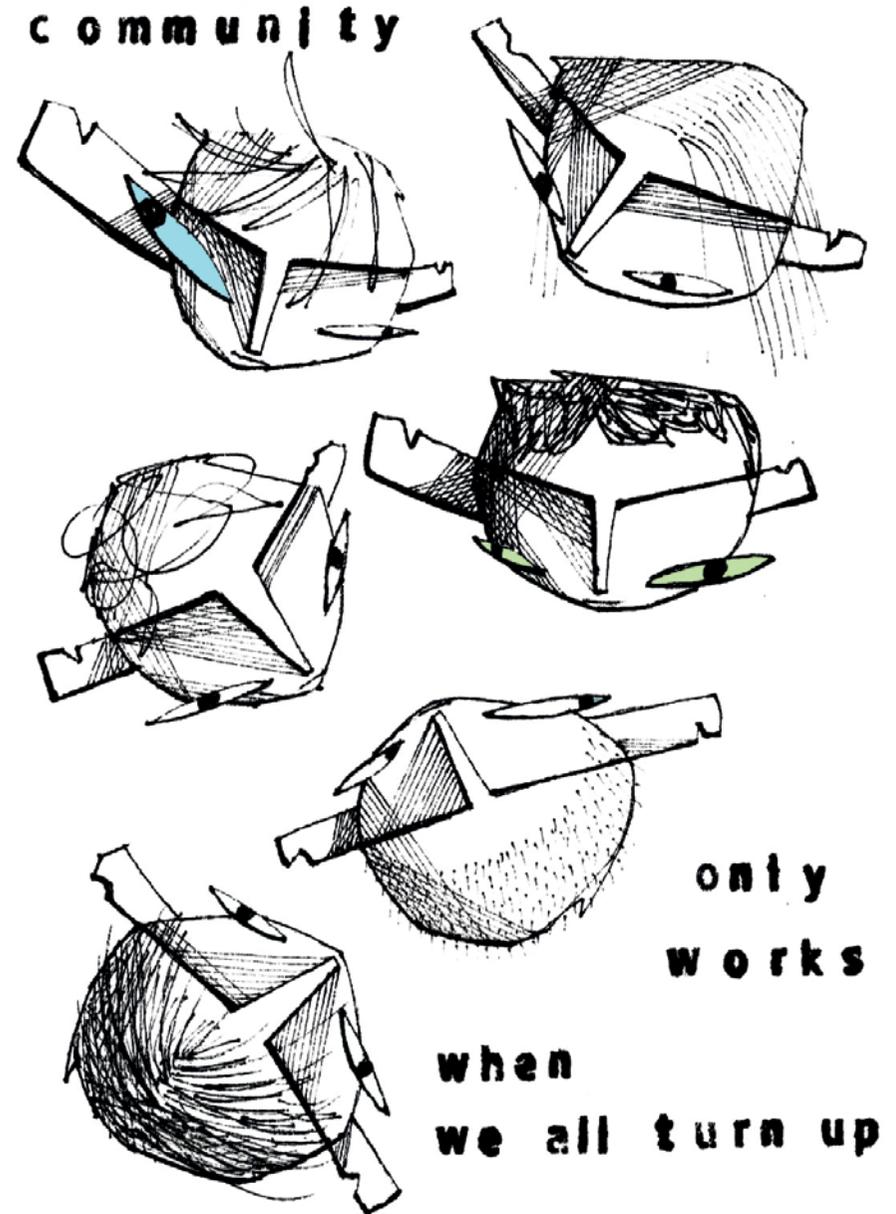
Carers have outlined that they should be able to easily access clear and correct information, pertinent to their current needs. This information should lead to clear action.

2 Carer's assessments

Carers identified that they found the current process for carer's assessments confusing and circular. They were often unsure what benefit an assessment would bring. The group highlighted the need for a straightforward, easy to access and transparent process.

Approach

- 1 The working group will invite representatives from relevant organisations to meet. We will discuss issues and develop a deeper understanding of priority areas.
- 2 Actions will be put into a plan with clear goals, responsibilities and delivery dates to make improvements.
- 3 A working group of carers and local authority representatives will meet to measure progress towards these goals.
- 4 The group will then discuss future priorities and working arrangements, reflecting on the process so far.



Making it happen



what's
the
**DELIVERY
PLAN**

Delivery Plan

Activity	When	Who's coming	What we want to happen
Working group formed	June/July	Carer working group	Confirmation of who will be in the working group, formed to monitor the action plan.
Communication with action – 2 focus sessions	June/July	Carers, local authority, relevant organisations	Explore the priority areas and create an action plan.
Carer Assessments – 2 focus sessions	August/September	Carers, local authority, relevant organisations	Explore the priority areas and create an action plan.
Monitoring	October - ongoing	Carer working group	Ensuring that the action plan is working effectively.
Evaluation and strategy planning	December	Carers, local authority	Assess progress of action plan and select next areas to work on.

Acknowledgements

We would like to thank:

Carers for generously offering us your time to share your knowledge and experience. We would not have a strategy without your involvement.

Talk Local, Act Personal (TLAP) for your knowledge and support.

Carers Centre, DHI and **AWP** for introducing us to carer forums and supporting the process.

All the **carer forums** we have engaged with, thank you for sharing and making us so welcome.

Imogen Harvey-Lewis, Live Scribe Illustrator



The illustrations created for B&NES Carers Strategy 2024 are for that purpose only and remain the copyright of the artist Imogen Harvey-Lewis.

B&NES Carers Strategy

Activity Tracker



Information, advice and the overall offer to carers

Stakeholders: B&NES Social Care Directorate (3rd sector support)

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> • I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally. • I have care and support that is co-ordinated, and everyone works well together and with me. • I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals. • I can get information and advice that is accurate, up to date and provided in a way that I can understand. 	<ul style="list-style-type: none"> • Supporting people to live healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support. • Independence, choice and control: We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and wellbeing. • Providing information: We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs. 	Draw together relevant carer information from the local authority, and provider related services into one place (portal)	
		Clearly define offer to carers	
		Clearly articulate the process for receiving a carers assessment including timeline and expectation of type of support available (emotional/financial/practical)	
		Signpost to Carers’ Centre	
		Update staff on above actions and include in staff induction so everyone is aware of the resource	
		Co-produced Self-referral form	
		Support digitally deprived residents	
		Ensure analogue version of information for carers is available	
		Develop FAQ webpage for carers	
		Ensure advocacy support is available for carers	

System Changes/Training

Stakeholders: B&NES Social Care Directorate/Carers' Centre

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> • I feel safe and am supported to understand and manage any risks. • I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening. • I have considerate support delivered by competent people. • I have care and support that is co-ordinated, and everyone works well together and with me. • I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals. • I am treated with respect and dignity. • I am supported to manage my health in a way that makes sense to me. • I am encouraged and enabled to feed back about my care in ways that work for me and I know how it was acted on. • I am supported to plan ahead for important changes in my life that I can anticipate. 	<ul style="list-style-type: none"> • Safe and effective staffing: We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs. • Assessing needs: We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. • Delivering evidence-based care and treatment: We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards. • Monitoring and improving outcomes: We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves. • Treating people as individuals: We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics. • Listening to and involving people: We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result. • Person centred care: We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs. 	<p>Ensure a clear 'carer' designation on local authority case management system</p> <p>Agree pathway map for carers journey from identification of carer through to providing support</p> <p>Update staff on available carers support, and include in staff inductions, so everyone is aware of the resource</p> <p>Develop skills within social care teams to support identification of carers at an early stage, standardising the carer journey</p> <p>Train some staff to be 'carer champions' within social care teams</p> <p>Develop a process (digital?) for updating carers on assessment progress</p> <p>Carers to share their experiences with staff/students</p> <p>Carers assessments triaged for urgency, with those most in need prioritised</p> <p>Assessments to be dynamic, proactively highlighting potential transition/follow up points on the carers journey</p> <p>Ensure advocacy support is available for carers</p>	

Carer Awareness

Stakeholders: B&NES/ICB/CWH

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> I have care and support that is co-ordinated, and everyone works well together and with me. I am in control of planning my care and support. If I need help with this, people who know and care about me are involved. I am encouraged and enabled to feed back about my care in ways that work for me and I know how it was acted on. 	<ul style="list-style-type: none"> Care provision, integration, and continuity: We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity. Equity in access: We make sure that everyone can access the care, support and treatment they need when they need it. Equity in experiences and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this. 	<p>Connect Primary Care Networks (PCNs) with Carers' Centre</p> <p>Conduct desk based analysis to understand which carers B&NES are not engaging with</p> <p>Develop plan for engaging underrepresented groups in carer support</p> <p>Continue to support Community Wellbeing Hub carer Identification work at RUH</p> <p>Advertise carers support in diverse places, including utilising directly provided services to engage carers</p>	

Carer Passport Project

Stakeholders: B&NES/ICB

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> I am treated with respect and dignity. When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. 	<ul style="list-style-type: none"> Safe systems, pathways and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. Responding to people's immediate needs: We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress. 	<p>B&NES to engage with ICB Carer Passport Project.</p>	

Crisis Response

Stakeholders: B&NES/ICB/Third Sector

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. 	<ul style="list-style-type: none"> Safe systems, pathways and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. Responding to people's immediate needs: We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress. 	<p>Discuss what 'Crisis Response' means with carers and professionals to inform future planning</p> <p>Bring together health, social care, and third sector organisations to discuss 24/7 response for carers in crisis</p>	

Connecting Services across the health and social care system

Stakeholders: B&NES/ICB/Third Sector

CQC I and We Statements		Key actions highlighted in Carer Strategy Sessions	Completed
I	We (Quality)		
<ul style="list-style-type: none"> When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I have care and support that is co-ordinated, and everyone works well together and with me. 	<ul style="list-style-type: none"> Safe systems, pathways and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. How staff and teams work together: We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services. 	<p>Bring together stakeholders across PCNs, ICB, AWP and B&NES to discuss data sharing across services</p> <p>Ensure carer data is effectively added to integrated Care Record by all carer related services, ensuring information is up to date, and removing need for a carer to repeat story</p> <p>Desk based research to understand what information resources are currently available, and remove circular signposting</p> <p>Desk based analysis of what social prescribing schemes can offer to carers</p>	