

## Joint GCC and NHSG Carers Commissioning Strategy 2013-2016

### 1. Introduction

Gloucestershire County Council and NHS Gloucestershire recognise the contribution unpaid carers make to society and the value, financial and otherwise, of the work they do in caring for those who could not manage without their help and support.

This is the first carers commissioning strategy for Gloucestershire and jointly been developed Gloucestershire County Council (GCC) and NHS Gloucestershire (NHSG). The aim is to provide a strategic framework for the future commissioning of carers support to deliver agreed joint priorities. The strategy takes into account the views of local carers in Gloucestershire. This strategy relates to all carers to ensure a consistent and streamlined approach.

### 2. Who is a carer?

Whilst there is no single definition of carers, the National Carers Strategy “Carers at the Heart of 21<sup>st</sup> Century Families and Communities” (2008) states that;

*“A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems”.*

and

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

Recognised, Valued and Supported: Next Steps for the Carers Strategy (2010) acknowledged that carers are the largest support provision for disabled and vulnerable individuals and therefore contribute to the notion of the “Big Society”. It identifies clear outcomes and sets out a vision for local authorities and NHS services to support carers in their caring role. These outcomes are;

- Carers are respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life outside their caring role,
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods.

### 3. Policy and Legislation

A key driver for transforming social care is 'personalisation' and providing greater opportunity for individuals to have more choice, independence and control over their support. The main themes around personalisation are prevention, stronger communities, and active citizenship. The relationships between carers and cared for are inter-linked meaning these themes are of equal importance. A personalised approach to supporting carers relies on:

- Carers being recognised as experts and genuine partners in all levels of service design and delivery.
- Carers being able to design and direct their own support, access direct payments and being involved in the assessment and support planning of the person they care for where appropriate.
- Integrated support planned around a whole family approach.
- Recognition of the emotional and social impact of caring.
- The development of a range of support for carers which reflects the diverse needs of carers and the outcomes they want to achieve.

*(Carers and Personalisation: Improving Outcomes- DOH 2010)*

Well developed personalisation promotes stronger communities and active citizenship. Commissioning is moving towards promoting positive hospitable communities for disabled and vulnerable people, this would also have a positive impact on the quality of life of carers. Organisations and communities are supported to develop these new ways of working through inclusion training, and moves towards community partnership commissioning.

The NHS Operating Framework 2012/13 states that: *"PCT clusters need to agree policies, plans and budgets with local authorities and voluntary groups to support carers"* and that plans should:

- Be explicitly agreed and signed off by both local authorities and PCT clusters;
- Identify the financial contribution made to support carers by both local authorities and PCT clusters and any transfer of funds from the NHS to local authorities.
- Identify how much of the total is being spent on carers' breaks.
- Identify an indicative number of breaks that should be available within that funding.

The Equality Act 2010 protects carers against direct discrimination or harassment because of their caring responsibilities. Carers are counted as being 'associated' with someone who is protected by the law because of their age or disability. Ensuring equality means ensuring opportunity for all carers to access suitable resources and support. The act means that carers will be recognised as individuals, respected and supported with regard to their caring role regardless of age, gender, disability, class, race, culture, diversity or sexual orientation.

It also includes protection where carers are discouraged or prevented from using a service because they are caring for a disabled person.

#### **4. National research and evidence about caring**

Carers may not always identify themselves as carers and thus remain “hidden” from services that may advise, help and support them in their role. It is estimated that there are currently 6.4million carers in the UK, this equates to 1 in 8 adults. These individuals make a valuable contribution to their communities. Over 3 million are juggling paid employment and caring. By 2037 it is estimated that there will be over 9million carers in the UK. National research has indicated that there are almost 700,000 young carers aged under 18years. Nottingham University (2010) found that 1 in 12 secondary school children hold moderate or high levels of caring responsibilities.

According to The Princess Royal Trust (now The Carers Trust) and Carers UK the economic value of carers’ contribution to support and maintain the health and well being of the person they care for, equates to £119million per year. This is an average yearly contribution per carer of £18,473. The impact of carers not continuing to make this contribution would increase the demand on NHS and social care support. Carer breakdown can result in increased demand and cost on services such as hospital or residential admissions.

Nationally, the population is expected to reach 71.6 million by 2033, with 23% of people being 65 or older. The peak age for being a carer is 45-64 (Carers UK) which is the time when people tend to be at the height of their careers. Becoming a carer can impact negatively on their own economic security, as many carers have to adjust working hours, turn down promotion or give up work altogether to care for an elderly parent. Likewise the business community could be affected as the numbers of working age carers grow. This growth could mean difficulties in recruiting and retaining suitably qualified and experienced staff.

When people become carers, their opportunities for leisure and relaxation can be impacted leading to negative consequences for their health and well-being. Research has shown that carers are twice as likely as non-carers to develop ill-health (“In Poor Health” Carers UK 2004.) The increase in numbers of carers could mean an increase in health problems among the carer population.

#### **5. Local Context**

The number of adult carers in Gloucestershire is likely to be identified in the 2011 census is estimated at 61,500, providing savings for the county of about £997.2 million. In 2011 through the on-line pupil survey 1,843 young people identified themselves as young carers.

It is estimated that the county’s population will increase by an average of 3,100 people per year over the coming years reaching 674,000 by 2033. The demographic profile of the county will also change. The number of older people (65 plus) will grow by two-thirds,

reaching a total of 187,600 by 2033. In contrast, the number of children and young people (0-19) will decline by about 7,500. The number of working-age people (20-64) is projected to have only a marginal increase. It is likely that there will be

- A significant increase of older carers looking after a spouse or partner.
- A significant number of working age adults struggling to support parents while holding down a job.
- Carers of all ages in the caring role for longer periods of time.
- More parent carers looking after a child with very complex needs for years.
- More parents of an adult child with a disability, caring well into their 80s and 90s.

## **6. Consultation with carers**

A range of information has been collected locally from carers about the type of services which support them, which services they most value, what improvements are needed and where the gaps in support are. In 2009/10 national and local consultation with carers indicated following as important supports:

### **Breaks from caring**

Carers felt these need to be flexible and tailored to meet individual needs and provided in a variety of ways e.g. with or without the person being cared for and organised so that they benefit the carer and the person they care for. Quality time with the cared for was considered crucial (while someone picks up the caring role) to maintain the relationships. Breaks should be accessible to all carers and able to meet specific cultural needs.

### **Emotional support**

Carers felt much emotional support can be gained from professionals increasing their understanding of carers. Carers who felt they were listened to and valued generally felt they were supported emotionally. However carers identified a need to have to access more specific emotional support at different stages of the caring role e.g. counselling, peer support, coping skills and carers groups.

### **Appropriate advice, information and advocacy.**

Carers felt access to appropriate information and advice in a timely manner was vital. Carers often go back to organisations time and again. Carers have been involved in GCC led work examining experiences of adult social care assessment process. This has highlighted the need for support planning through all stages of assessments including those for carers.

### **Services to maintain carers' health and well being.**

Support which enables carers to balance their caring role with other aspects of their life (work, relationships, leisure and their own health) is essential, promotes life chances and is valued by carers. Carers Emergency Support, flexible services and GP awareness are particularly highlighted by carers as important. Recent feedback from carers who have

accessed flexible carers' budgets demonstrates that this is well received and achieves the outcomes identified by carers as needing themselves.

### **Practical caring skills and looking after yourself**

Dealing with the practical and emotional aspects of caring and looking after oneself can often be overlooked, carers report these can often be important elements to the sustainability of a caring role. Evidence from the Caring with Confidence and Positive Caring Programmes show that carers benefit greatly from support with this, enhancing their lives and those of the person they care for.

### **Support for young people with caring responsibilities**

Young carers stated that they find specialist services more appropriate as there is an understanding of their situations and issues. Group activities, forums and training and information within the context of the whole family approach were considered important.

### **BME Carers**

A specific BME carers event in October 2011 highlighted that carers felt services should be sensitive, appropriate and innovative to meet their needs. They felt organisations have not been consistently proactive and approaches have been ad-hoc. Carers felt more could be done to establish a strong effective BME network. Many carers who attended were not aware of personalisation and personal budgets, those who did expressed concern about the assessment process and the lack of culturally appropriate services.

Recent workshops in August 2012 focused on key areas: Individual Budgets, accesses to information and advice, support in GP practices, emotional support, training and having a voice.

### **Individual Budgets**

Carers had limited knowledge of what these were but carers did feel that it would be useful to be more in control of how their needs could be met and would use it to improve their health and well being and reduce stress. Carers did feel that the process would need to be straightforward and thought that having the option of some support being available if they need guidance or advice would be helpful.

### **Support in GP surgeries**

Carers were keen to see opportunities such as the carers' register in GP surgeries developed further and extended. They highlighted the key role primary care staff have in identifying and responding to carers at an early stage. Practical suggestions included health checks, carer clinics with an advice worker, flexible appointments, double appointments, a carers card and fast track referrals from GP to social care if required.

### **Emotional Support and resilience**

Carers felt that 'going for counselling' could be stigmatising so this should be called something else and be provided at a neutral venue. It was agreed that emotional support

was important and could be through a group, a one to one in a more relaxed environment and formal counselling if required.

### **Access to information and advice**

Many carers felt there was too much information at one time but generally the view was that information was needed as early on as possible. This information should be given from the most appropriate person at that time and be someone that they can go back to later on.

### **Additional training to be included in the Positive Caring Programme**

Suggestions included first aid, hygiene and nutrition, moving and handling, dealing with emergencies, legal matters, employment and benefits.

### **Having a voice**

The majority of carer agreed that meetings should be local rather than countywide. A small number also felt this should have a link to HealthWatch. It was suggested that each local area can nominate a carer to attend a countywide meeting with relevant commissioners and other stakeholders.

### **Young carers**

Following 2 specific young carers workshops the support for the person they care for again was highlighted as important in their overall support, also being recognised by professionals, and activities which enable them to meet other young carers.

The on line pupil survey 2012 had responses from 1,843 young people who identified themselves as young carers. Overall their responses were positive about their life and experiences, 41.9% were overall satisfied with their life, 65% stated that caring for someone makes them feel good about themselves. However 59.4% said that they worry about the person they care for, 22% stated that because of their caring role they miss out on friends, 32% said they feel tired and 13.4% stated that they feel lonely.

Consultation with carers from BME and condition specific carers groups has been included as part of the most recent consultation. However it is evident that this is an area which will require more development, as whilst some BME groups are fully engaged others are less so.

## **7. Provision of services**

Currently carers can access services in 3 ways:

- By paying for them themselves
- By using GCC funded services
- By using a flexible budget.

There are a number of providers who are commissioned to provide services through a block contract or small granted funded by GCC or the NHS. There are also a number of organisations funded through other GCC and NHS sources which benefit carers, for example the range of short breaks provision for disabled children and their families.

The types of service and relevance to carers vary. Some services provide more flexibility than others,

- 5 organisations provide breaks for carers by offering support in the home.
- 5 provide more traditional provision such as day centres in order that carers get a break.
- 3 provide person centered support/activities to the cared for person and the carer.
- Carers Gloucestershire and Gloucestershire Young Carers provide a range of countywide provision advice, support and activities other than breaks..

Services are not necessarily aligned to carers aspirations and expressed support needs, for example maintain education or employment. Likewise emotional or behaviour support such as counselling/ one to one emotional support is not currently widely available. The move towards delivering outcomes in the National Carers Strategy would ensure these are addressed. There are about 52 carer support groups which are facilitated to some degree through Carers Gloucestershire. This group facilitation forms part of a larger contract. The purpose, effectiveness, consistency and popularity with carers of these groups varies.

The extent to which current service provision meets the needs of under-represented carers eg BME and those that care for people with a learning disability is not fully known at this stage.

Carers value the reassurance that should something happen to them in an emergency, which means that they are unable to care, someone will help. Currently GCC commissions Worcestershire Telecare in partnership with Carers Gloucestershire and GCC to provide emergency cover should this be necessary. Detailed emergency plans enable the cared for persons needs to be met quickly in the home, reducing unnecessary hospital admissions or emergency residential placements. Emergency plans have also been developed with Young Carers through Gloucestershire Young Carers. However the long term cost effectiveness of these arrangements as they are currently arranged is questionable.

The use of flexible budgets (currently up to £500 per person per year) has increased and is popular with carers. Access is through a carers assessment and can be used for support defined by the carers as helping to sustain their caring role and/ or promote their health and well being. This has been used creatively and there is potential to expand this provision. The use of individual or personal budgets is developing within the parent carers groups and through the use of BHLP (Budget Holding Lead Professionals). More fundamental work to develop personal budgets for all carers is yet to be developed. A carer's resource allocation system is not yet available.

## 8. Carers Assessments

The level of assessment of carers in Gloucestershire is variable. Carers' assessments are completed by GCC and NHS staff. The current pathway for carers needs to be redefined to ensure it is clear and consistent. Good practice is evident in some areas. However it is evident that certain carer groups are under-represented:

- Learning disabilities
- Mental Health
- Palliative carers
- Young carers.

There is some anecdotal evidence through feedback from providers and carers themselves that the level of assessment of BME carers is too low. Which BME groups are underrepresented and whether they go on to access services is not known.

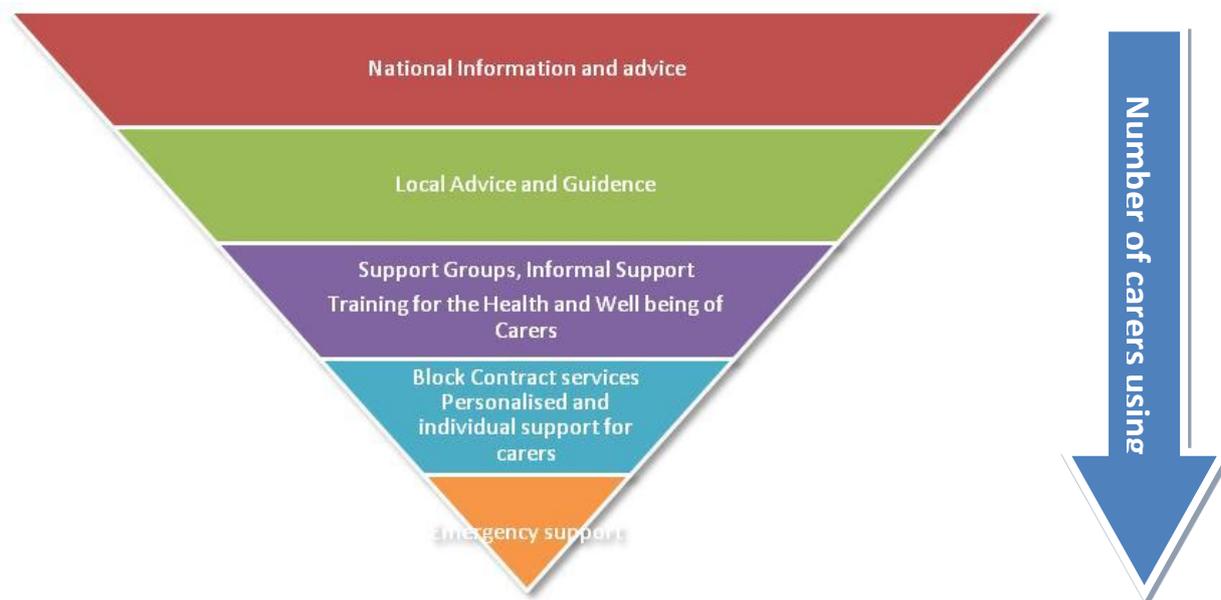
Families who care for children with disabilities are assessed by children's services. They can, if they feel this is not sufficient, have a separate carers assessment in their own right. Young carers are usually assessed using a CAF, (Common Assessment Framework) however young carers who are aged over 16 are entitled to a carers assessment. Good practice would suggest that this is completed jointly between adults and children's services, with adult services taking the lead. Very few have been completed to date. Monitoring systems to assess the quality and numbers of assessments for carers of adults are well developed, less so for those who care for children or for children who care.

Previous consultation with carers about carers assessments has indicated the process is not always seen as a positive experiences, eg issues around consistency, forms not being followed up if left with carer, and lack of clarity from the worker about the purpose of an assessment.

## 9. The Way Forward

The joint GCC/ NHSG aspiration for carers is that they are supported in their caring role by accessible advice and guidance and good quality, services that offer value for money.

Service provision for carers has evolved over a long period of time, since the ring fenced carers grant was established following the National Carers Strategy in 1999. Previous funding routes and the way in which services have developed have resulted in a pattern of provision which is patchy and does not respond to the views of carers or changing national policy. Separate GCC and NHS Gloucestershire funding streams have resulted in a lack of coherence with duplication and inconsistency in support. While there are examples of good practice, support needs to be more accessible locally, more flexible and personalised. In particular GP practices need to be able to access support for carers more effectively given their role as a crucial point of contact. There is a need to establish a clear carer's pathway to assessments and support.



### **National information and advice**

There are many ways individuals can access information relating to carers. Many national organisations will provide carer specific information as such as Carers UK helpline, The Carers Trust and Young Carers Net and Carers Direct. It will be important that carers are informed of organisations that can provide information.

### **Local Advice and Guidance**

Locally, there are a number of providers who are contracted to provide individuals with information and advice and it is important to ensure that this is not duplicated. Carers identify that information and advice is important to them but getting this at the right time is what makes the difference. Carers do need specific advice and advocacy at times and this will continue to be part of the overall support for carers, however it is crucial that this has is reshaped in order to reduce duplication and address identified gaps. These services should be accessible to all carers at point of need.

### **Support group, informal support, training for health and well being for carers**

Emotional support is currently provided on an ad-hoc basis and is often a by-product of the service rather than the service itself. To provide carers in the future with support to sustain them in their caring role, it is vital that emotional support and support for carers' health and well being is included within the remodelling of carers support. This can be provided through existing carer groups or short term counselling provision for those carers who are assessed as needing this.

GCC delivers the Positive Caring Programme which is available to all carers. It is a 6 session course that helps carers to obtain support, receive information about local services and develop coping skills/problem solving tools, remain healthy and consider planning for future. Courses are arranged according to locality, condition of the person being cared for or cultural/language needs. Young carer specific sessions have been developed with Gloucestershire young carers. There is good take up 740 carers have completed the course since April 2010 and feedback has been positive. Carers are encouraged to establish ongoing support networks following completion of the programme, support to establish their own carers' group is available. It sits well in the prevention agenda and case examples demonstrate the programme has reduced the need for high level, complex support. The course costs £200 per carer. This programme will be developed in order to enable carers to access further more mainstream education and leisure opportunities through signposting onto other relevant organisations.

GP surgeries could also play a pivotal role in this area, currently there is limited support for carers other than surgery link (volunteer service where individuals ensure carers' information in GP surgeries waiting rooms is kept up to date) and there is a strong argument for this being a main area for development.

### **Individual, personalised and culturally specific support**

Breaks continue to be a crucial way for carers to access support; however the type of support and how this is shaped by individual carers will need to be developed. Developing Individual Budgets will provide flexibility and increasingly the types of breaks and support will be shaped by carers themselves. The Carers flexible budgets service has provided a good template to develop individual budgets for carers. Carers who have accessed this have been able to decide themselves how their needs can best be met. Feedback from staff and carers has been positive and demonstrates the flexibility this approach offers. The next step will be to maintain block contracts whilst enabling more carers to have individual budgets.

### **Emergency or Crisis Help**

Nationally and locally emergency support for carers must be an integral part of support to carers. Currently the Carers Emergency Scheme has been successful in delivering this support across the county. It is a partnership between GCC, Carers Gloucestershire and Worcestershire telecare. Feedback from carers indicates the assessments and emergency plans completed are good quality and that the service gives carers peace of mind and reduces their stress. However the high cost of this provision means that it is important to look at how this can be provided differently. One approach is to provide it as part of in house provision with detailed contingency plans completed at the same time as the initial carers assessments. This would mean existing providers identified on these plans would provide any emergency support should it be required by the carer.

## **10. Proposed Service Remodelling**

### **Joint GCC and NHSG offer to carers**

This proposed model is encapsulated within the offer for carers below stating that GCC and NHSG will;

- Ensure carers have appropriate and timely advice and support
- Ensure carers have access to take an Individual budget
- Ensure carers have appropriate support to access the services they need
- Ensure that flexible breaks provision is in place to meet the needs of carers and their families
- Ensure that support is available to carers to help maintain their health and well being
- Ensure the carers are supported in their caring role.
- Ensure that carers have opportunities to maintain a good quality of life

### **Contracts to be tendered**

The following are the proposed contracts which would be tendered. All of these services will include Young carers and Parent Carers.

#### **Carer advice and support service**

This service will provide advice and support as an outreach service in localities. Individual workers to work directly with carers providing information and advice through venues in the community, such as GP practices, community centres and other bases will be a feature of this contract. Specific support and activities for young carers and parent carers will be part of this tender. There will be a focus on enabling young carers to plan and promote their life opportunities and linking them to other organisations and services for example, youth support service, education and further higher education. This service would improve the support around important transitions throughout a carers life.

#### **Carers support planning and assessments**

This service will work with the full range of carers and Multi Disciplinary Teams to complete some carers assessments and work with carers following assessment. This service will work with carers to complete their contingency plans for emergencies, and help carers decide how they want to use their individual budgets. They would advocate on carer specific issues where required.

#### **Carers breaks provision**

Breaks will need to be flexible to meet the requirements of carers and those they cared for. It will include all carers, and so specialist dementia provision could be provided as well as support for parent carers. It will provide a more whole family focused approach to support. This could be co-ordinated through each locality or provided on a countywide basis. The contract needs to ensure on the one hand provider stability and quality of supply and on the other hand personalisation and choice and control for families. As such the contract will incentivise providers' engagement with personalisation as more carers use individual budgets and purchase their own breaks or support.

### **Carers emotional support**

This service will provide a range of emotional support to carers from short term counselling to peer befriending services and carers support groups. Ensuring carers have access to the emotional support they need at the right time. Work will need to be undertaken to make sure that groups across the county are supported to run effectively.

It is anticipated that the small grants programme for BME groups will remain in place to enable more targeted engagement with carers from different communities.

### **Carers' Voice**

There is a need to ensure that carers across the spectrum have a strong voice and are able to influence commissioning and provision. We want to see carers' views shaping services and contributing to reviews and monitoring of services. Currently there are a range of different mechanisms to seek carers' views and consult with them, these should be brought together to work towards a carer led organisation or forum. Any such arrangements need to reflect the needs of different localities and interests e.g. young carers. This would ensure strong carer representation is developed separated from direct services and support. It could be developed initially by the GCC carers team or commissioned as a separate contract.

### **Remodeling of existing in house services**

It is proposed that the Carers Emergency Service is moved into mainstream provision addressed initially at the point of the carers' assessment and that the emergency plans are completed by the carer support planners. The service response would be coordinated through out of hours teams who would action the contingency plans as required. The carers' team would continue to promote this service with staff.

GCC carers team has been successful in ensuring that the joint GCC and NHS carers actions plans have been delivered to demonstrate that Gloucestershire was working to deliver the National Strategy Outcomes. The role of the team in the future should focus on development and change management to ensure the whole system is working to meet the needs of carers. The work of the team will focus on:

- **Increasing the number of individual budgets.** The need to increase individual budgets is evident, however this will need to be a gradual staggered approach, with careful oversight, administration and governance of spend. The team will work with staff to ensure that the carer pathway is developed and to audit the performance and quality of carers' assessments throughout the county to ensure good practice is promoted. They will also work with staff to ensure carers are recognised as equal partners in care who have the skills, knowledge and experience to contribute to the process.
- **Training for carers.** The current positive caring programme is a successful service and is currently relatively inexpensive. It will be offered to all carers at the identification stage. It will be expanded to reflect carers' views about the knowledge and skills they feel are important and will continue to reflect wider service user training such as managing memory and the expert patient programme.
- **GP Practice support service-** developing pathways between GP, primary care and GCC staff. Establishing systems to maintain carers' registers, access to carers' assessments and individual budgets will form part of the team remit. The team will also need to ensure the new pathways link into the wide range of support available across all sections including the voluntary and community sector.

## 11. Future Funding Strategy

GCC and NHS Gloucestershire currently commit around £3 million in total to support carers, NHSG commit £1.061million and GCC £1.998 million. Taking into account the changing needs of carers and national drivers it is important that this money targets carers in most need and ensures that support is robust to meet these needs.

Given the anticipated rises in the number of carers, the changing demographic profiles and issues such as increasing inter-generational and mutual caring, future cost pressures are anticipated. This strategy seeks increased cost effectiveness of current services, better targeting of spend and efficiencies in delivery and infrastructure of carers support. This is addressed in the following ways:

- Move towards personalisation and individual budgets, offering defined predictable amounts of spend per carer, whilst increasing choice. National and some local evidence indicates better value for money being achieved.
- Improved more efficient identification and streamlined processes through, for example, primary care will offer some process efficiencies.
- Investment in developing robust infrastructure and processes, for example, through improvement in rates and quality of carers' assessments, leading to better, more

informed targeting and more family and community focused solutions to carers' needs.

- Joint more structured approach to commissioning services offering more clarity to providers of the services required, reducing duplication of services and offering the opportunity for more reshaping directly by carers through their individual choices.

The following table is the proposed allocation of funding for carers support services for 3 years with an optional 2 year extension. This would enable the development and gradual transition to Individual budgets. The table highlights which services will be tendered, budgets managed by carers themselves and which will be provided in house

<b>Support</b>	<b>Contract/ In-House</b>	<b>Approx Allocated Budget £</b>
<b>Local Advice and Guidance</b>		
Carers Support Planning and assessment	Contract	400,000-700,000
Carer advice and support service-	Contract	400,000-700,000
<b>Support Groups/informal support/ carers training/ health and well being for carers</b>		
Positive Caring Programme	In-house GCC	60,000- 70,000
Emotional Support	Contract	200,000-300,000
Carers Voice	TBD	40,000-50,000
GP Practice/carers pathway support including assessment	In-House GCC	170,000-190,000
<b>Block contract services, personalised and individual support for carers</b>		
Countywide Breaks provision for all carers	Contract	800,000-1.000,000
Individual Budgets- for the first year.	Direct to carers	255,000
Culturally specific support and condition specific support	Small grants	£109,000

<b>Emergency and Crisis Help</b>		
Emergency Budget- service to be absorbed into mainstream provision and carer specific support	In- House GCC	£30,000
	<b>Total range</b>	<b>2.464,000-3.404,000</b>

It is anticipated that services would be in place by September 2013. The existing joint Carers Commissioning Steering Group will monitor progress of the strategy and resulting services provided.

## References

*Commissioning for carers: An action guide for decision makers – ADASS and PRT et al 2009*

*Commissioning better outcomes for carers- and knowing you have – ADASS and PRT 2010*

*National Carers Strategy Refresh-recognised, valued and supported -DoH 2010*

*Gloucestershire Carers Strategy -Revised 2011*

*Gloucestershire Carers Survey Report- Gloucestershire County Council 2009/2010*

*NHS Operating Framework - DoH- 2011*

*National Carers Survey Report – DoH 2009/2010*

*BME Carers Exclusion before Inclusion Report- Gloucestershire County Council 2011*

*Carers and Personalisation – Improving Outcomes DoH 2010*

*In Poor Health - Carers UK, 2004*

*Valuing Carers: Calculating the value of carers support -Carers UK 2011*

*The Equalities Act 2010- What do I need to know as a carer –Govt Equalities Office 2010*