



Better Care for Carers?

An Analysis of Local Better Care Fund Plans

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Better Care for Carers? An Analysis of Local Better Care Fund Plans

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About Carers Trust

Carers Trust is a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners, through our unique online services and through the provision of grants to help carers get the extra help they need to live their own lives. With locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individual tailored support and group activities.

Our vision is of a world where the role and contribution of **unpaid** carers is recognised and they have access to the trusted quality support and services they need to live their own lives.

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Executive summary

The Better Care Fund is a programme that will pool some funds between the NHS and local authorities in every area throughout England in 2015/16. It is intended to reduce emergency admissions into hospital, in turn saving money for both the NHS and local authority services. The total amount earmarked for the Better Care Fund in 2015/16 is £5.3bn, although it should be noted that this is not all new money.

There was a requirement that plans outlined the support that would be made available to carers, reflecting the inclusion in the fund of £130m for carers breaks in 2015/16.

Carers Trust undertook an analysis of a sample of 45 of the available plans in early 2015 and analysed their content relating to carers, to establish the extent to which Better Care Fund plans showed commitment to carer support.

Key findings

1. Resource to carer-specific support

- Of the 45 Health and Wellbeing plans we looked at, 41 provided details of resource allocated to carer-specific support. However, only 12 of these Health and Wellbeing Boards gave specific details on how this resource would be used as part of the Better Care Fund. The remaining 29 Health and Wellbeing Boards provided details that were general to carer support, not specific to their Better Care Fund plan.
- Overall, the 41 Health and Wellbeing Board plans for resource to carer-specific support amounted to £47.6m. However, using 2011 Census figures for the number of carers in each area, the variation of the amount per carer varied from £5.40 to £66.63. Two Health and Wellbeing Boards failed to provide any information on resource allocated to carers.
- The 12 Health and Wellbeing Boards, who provided details of resource to meet the particular requirements for carer-specific support within the Better Care Fund, allocated a total of £9.608m. Again using 2011 Census data, the variation for resource to carer-specific support varied from £10.53 to £57.82.
- 8 out of 45 Health and Wellbeing Boards failed to provide any detailed information on how money allocated to carers would be used.

2. Protection of adult social services/implementation of Care Act

- Many of the Health and Wellbeing Boards have specified how they will use the funds provided to implement the new duties placed upon them by the Care Act.
- However, it is clear that given the squeeze on local authority social care budgets the money provided for implementation will not address the shortfall in funding. In the plans we viewed, we saw limited evidence on what steps would be taken to ensure that prevention duties introduced by the Care Act would be carried out.

3. Seven day services to support discharge

- Only nine specifically referred to carers within this section of the plan. This is disappointing given the need for them to be supported following a person's discharge from hospital and to ensure this process is successful.
- We saw some good practice examples in Bristol and South Gloucestershire where specific services are being offered to carers. We were also pleased that several Better Care Fund plans referred to carers and emergency support.
- However, there appeared to be little or no reference to supporting carers in relation to winter pressures or wider A&E waiting times.

4. Patient and public engagement

- Many of the 45 Better Care Fund plans we looked at were developed with some degree of patient and public engagement at some point over the last 18 months.
- Some Health and Wellbeing Boards had one voluntary and community sector or patient representative member on their Board – some even had voluntary and community sector representation on specific Better Care Fund Boards. However, this was not universal and if the Better Care Fund is to work then every Health and Wellbeing Board in England needs to ensure the knowledge, experience and expertise of the voluntary and community sector is represented on each Board.
- Engagement often centred on older people – this is understandable given the focus on reducing admissions into hospital. But Health and Wellbeing Boards

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must ensure that the Better Care Fund applies to all those who will benefit including younger people or disabled people of working age.

5. Service provider/voluntary and community sector involvement

- Anecdotally, Carers Trust Network Partners have reported that they were not consulted during the development of Better Care Fund plans. We urge Health and Wellbeing Boards to discuss plans with a wide variety of organisations from the voluntary and community sector.

Further concerns arising from our analysis

We remain concerned that local authorities will struggle to resource the new duties for carers under the Care Act 2014. Local authorities in England and Wales (although we note that the Better Care Fund covers England only) have experienced a 23% drop in funding since 2010. The result has been an 8% cut in the amount of money being spent by councils on social care with the result being that social care services are being scaled back. It is difficult to see how authorities will be able to cope with the new duties placed upon them by the Care Act while their resources are being reduced. While the intentions of the Better Care Fund are welcome, there is still an urgent need to address the crisis in social care funding.

Recommendations

- Variation of resource per carer between Health and Wellbeing Boards needs to be addressed at a national level. The government must ensure that all carer's needs are identified and supported through the Better Care Fund and more widely across health and social care.
- Future Better Care Fund plans must require Health and Wellbeing Boards to be more specific about what support they will provide to carers. In addition, and following the spirit of the Care Act which requires local authorities to maintain a wide and varied market of care in their area, plans should detail how the needs of different carers, young and old, will be met.
- Central and local government must ensure that the Care Act is fully implemented in order that the Better Care Fund will make a difference to carers and the people they care for. This is essential if integration is to work for carers. Furthermore, without additional funding for social care the aims of the Care Act will not be realised. The new government must address this.
- Health and Wellbeing Boards must acknowledge in subsequent plans the vital role carers play in relation to seven day service discharge, as well as specific support they will provide to carers. We are concerned that there is not sufficient regard to this.
- Health and Wellbeing Boards need to ensure that there is regular and meaningful engagement with patients and the public in their local areas. There must be a specific requirement for Health and Wellbeing Boards to outline in greater detail how they have specifically consulted in relation to the Better Care Fund and issues raised.
- There must be better and more meaningful engagement with the voluntary and community sector in planning and implementation of the Better Care Fund. Health and Wellbeing Boards must recognise the support the sector can provide in ensuring integration becomes a reality. Anecdotally, Carers Trust Network Partners have reported that Health and Wellbeing Boards did not consult with them in the development and implementation – this must change.

Better Care for Carers?

An analysis of local Better Care Fund plans

Introduction

The Better Care Fund is a programme that will pool some funds between the NHS and local authorities in every area throughout England in 2015/16. During the first year of operation the priority of the Better Care Fund is to reduce emergency admissions into hospital, in turn saving money for both the NHS and local authority services. The total amount earmarked for the Better Care Fund in 2015/16 is £5.3bn although it should be noted that this is not all new money.

Carers Trust undertook an analysis of a sample of 45 reports in early 2015. Although all reports were supposed to be publicly available, when we looked for a selection to review many had not been published. As the Better Care Fund is now in operation, all reports must be made available in the public domain.

Background

In July 2014, each local Health and Wellbeing Board was asked to develop detailed plans demonstrating how they would integrate services. Health and Wellbeing Boards worked in partnership with CCGs, local authorities, hospitals and third sector partners. While the plans were locally led, there was a requirement for them to be approved at national level to ensure they met the aims of the programme. Plans would then be implemented from April 2015.

In October 2014, NHS England reported that CCGs funding for Better Care Fund amounted to 79%, with 21% of the funding coming from local authorities. The money for the Better Care Fund also included the £130m Carers Breaks funding allocation for 2015/16.

Methodology

Carers Trust has examined a sample of 45 individual Better Care Fund plans from across England. We have used NHS England's labelling for the region. The plans are from the following areas:

1. London – 14
2. North – 10
3. South – 11

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4. Midlands – 5
5. Midlands and East – 4

We prioritised looking at the National Conditions set out in the Better Care Fund plans in order to carry out comparisons across different plans. Our analysis will focus on the following areas of the Better Care Fund plans:

- 1. Resource to carer-specific support.** In their plans, Health and Wellbeing Boards were asked to detail the level of resource that will be allocated to carer-specific support. This is in recognition of the fact that the Better Care Fund includes £130m funding for carers breaks, as well as funding to implement the new duties in the Care Act, which includes new rights to assessment and support for carers.
- 2. Protection of adult social services/Implementation of Care Act.** The total amount from the Better Care Fund that has been allocated for the protection of adult social services (including confirmation that at least the local proportion of the £135m had been allocated for implementation of the Care Act).
- 3. Seven day services to support discharge.** Health and Wellbeing Boards had to describe locally agreed plans to support patients being discharged and to prevent unnecessary admissions at weekends.
- 4. Patient and public engagement.** Health and Wellbeing Boards had to describe how patients, service users and the public have been involved in the development of plans to date and will how they be involved in the future.
- 5. Service provider/voluntary and community sector involvement.** Health and Wellbeing Boards had to describe how groups of providers had been engaged in the development of the plan and the extent to which it is aligned with their operational plans. This included social care and providers from the voluntary and community sector.

Our findings for each of these is outlined below.

1. Carer-specific support

1.1 How much funding was allocated for carer support in plans?

In 2010, the Government made an additional £400m available to PCTs to pay for carers breaks from 2011–2015. In our report, Carers' Breaks on the Brink (Carers Trust, 2012), we found that although some areas had made progress in providing breaks, many PCTs (and subsequently CCGs) were not using the money allocated by central government for carers breaks.

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Carers Trust welcomed the inclusion of carer-specific support within the Better Care Fund planning template and the inclusion of £130m for carers breaks within the fund (as part of a commitment made in HMT Spending Round 2013), with the hope that this funding could now be identified and prioritised for carer support.

In the Appendix, there are details of the level of carer-specific resource allocated in Health and Wellbeing Board plans. However, some of the plans we viewed did not specifically relate to the Better Care Fund or, in some cases, there were no details at all on carer-specific resources. It also lists what status the local plans are at: 'Approved', 'Approved with conditions', 'Approved with support' and 'Not approved'.

41 out of 45 Health and Wellbeing Boards provided some financial information on money allocated for carer-specific support. The total amount allocated within these plans for carers amounted to £47.6m. The most common services detailed within the plans were:

- Carers breaks
- Information and advice
- Advocacy
- Assessment
- Voluntary and community sector funded services
- Respite care
- Early recognition and identification

Funding for carers breaks was specifically included within the resource allocated to the Better Care Fund. However, as found in previous research, there appears to be little or no standard description on what specifically carers breaks funding should cover. This also applied to other types of services.

From viewing this selection of plans, we believe local Health and Wellbeing Boards must be clearer on how essential support will be provided to carers. In addition, there has been no further commitment to provide more money to carers' breaks in 2016/17. This is because the funding for 2015/16 was an additional one-year funding programme as part of the HM Treasury Spending Round in 2013. We urge the government to make available funding to carers from 2016 and beyond.

When reviewing the 45 plans, we found that only a few provided satisfactory information on the type of activities carer breaks would consist of. "Carers breaks" has been used as a catch-all term for carer support, which does not have to be an

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issue so long as the money is being used for direct carer support. Without specific examples however, it is difficult to ascertain what this will mean for carers in practice.

Plans which provided some good examples were:

Portsmouth

The plan outlined how the Health and Wellbeing Board would provide access to a supported self-assessment which will determine the level of support required and provide an opportunity for the carer to develop a contingency plan for the future. The assessment will provide a wide range of support, including access to:

- Breaks (these vary depending on need)
- Sitting service
- Counselling
- Advice and information about a wide range of subjects including statutory and community based provision
- Benefits and entitlements advice
- Direct payments
- Access to a range of peer support groups
- Training opportunities, either to support the carer in their caring role, training as a break or to support and maintain employment while continuing in their caring role
- Health checks and information about health lifestyles

Bracknell Forest

Funding from the Better Care Fund will be used to support outcomes for carers in a variety of ways. Outcomes include:

- Maintaining carers' health and wellbeing
- Reducing social isolation and maintaining social and family relationships
- Carers knowing that the person they care for will get the support they need, when the carer is unable to provide that care because of an emergency
- Carers working and studying if they wish
- Carers maintaining other roles and having the life that they choose
- Carers maintaining their caring role (should they wish to) and supporting the person they care for in the best way possible.

Bracknell Forest has already developed a range of services to support carers with partner organisations, including the voluntary sector. Some of the services are accessible to all, without having a carer's assessment. Other services are available

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following an assessment of their needs with support plans being tailored specifically to the individual. Services for carers are not currently chargeable.

For the past two years a contract, to the value of £154,050 per annum, has been in place to deliver a large part of the carer services within Bracknell Forest. The service aims are:

- Identifying potential carers
- Assessing needs
- Seeking and using a range of services to support carers to maintain their health and wellbeing and live a life that they choose
- Enabling carers to maintain their caring role (should they wish to)

Grants are available to carers of people who are not eligible for financial support from adult social care, following assessment, to enable them to have a break from their caring role and provide relief from the stress of their everyday life. Activities supported include golf membership and beauty treatments. Carers who are supporting people who are eligible for funding are supported through the care management and panel process.

Reading

The local authority has committed a further £111,000 per annum to grant funding carer-specific support delivered by voluntary and community sector partners for 2014–15. This includes a 'Back Me Up' contingency planning service with the issue of a carer emergency card, an out-of-hours carers emergency contact line, peer support groups for carers who are particularly isolated or who face barriers to accessing other support, and a range of social opportunities which include an element of respite care to enable carers to take a break. The Reading CCGs have similarly committed grant funding of £84,000.

1.2 Further analysis of carer-specific funding

Using the data provided by Health and Wellbeing Boards in their submitted Better Care Fund Plans, we have calculated what this notionally amounts to per carer using 2011 Census data on the number of carers within each area (Table 1 below).

This gives an indication of the variation in relative investment between areas. However, it should be noted that 28 of the plans gave an overall carer allocation within a Health and Wellbeing Board area rather than a specific Better Care Fund resource allocation – only 12 Health and Wellbeing Boards provided that information. For those areas which have provided a specific Better Care Fund allocation we have highlighted this Health and Wellbeing Board in green. In order to get a sense of what carers were being allocated as part of the Better Care Fund, we have calculated nominal amounts per carer. Where there is money allocated to both as part of the Better Care Fund and separately we have provided both figures.

Table 1: Health and Wellbeing Board carer resource and census figures

Health and Wellbeing Board	Carer specific resource outlined	Census 2011 carer figure	Nominal amount per carer
Camden	£380,000	17,306	£21.96
Southwark	£1.13m	20,725	£54.52
Haringey	£237,000	18,887	£12.55
Havering	£1.1m	25,214	£43.63
Waltham Forest	£430,000	21,273	£20.21
Brent	£900,000	26,610	£33.82
Westminster	£1.058m	15,878	£66.63
Bromley	Up to £600,000	31,012	£19.35
Kingston upon Thames	£140,000	13,288	£10.53
Merton	£551,000	16,327	£33.75
Richmond upon Thames	£400,000	15,802	£25.31

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Hammersmith and Fulham	£433,000	12,334	£35.13
Kensington and Chelsea	£440,000-£575,000	10,978	£40.13
Barnet	£962,000 - £1.44m	32,320	£29.77 or £44.55
Worcestershire	£1.26m	63,685	£19.78
Warwickshire	£779,242.12 ¹	59,240	£13.15
Nottinghamshire	£666,015	90,698	£19.02
Southend on Sea	£476,000	17,682	£26.92
Dudley	£1.6m	37,974	£50.03
Solihull	£350,000	24,113	£14.51
Suffolk	Total carers spend £2.425m Better Care Fund £1.724m	77,745	£31.19 £22.18
Thurrock	£176,000	14,606	£12.19
Bedford	£412,514	16,084	£25.65
Gateshead	£504,000	22,220	£22.68
Newcastle upon Tyne	£520,000	25,810	£20.15
South Tyneside	£878,000	16,740	£52.45
Darlington	No figure provided	11,048	n/a
Redcar and Cleveland	£302,000	16,034	£18.83

¹ NB this is for Care Act implementation only and does not include health costs

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Bolton	£665,000	30,649	£21.69
Stockport	£670,000	31,982	£20.95
East Riding of Yorkshire	£1m	37,368	£26.76
North Yorkshire	£1.447m	64,779	£22.34
York	£227,000	18,224	£12.46
Barnsley	£761,000	27,167	£28.34
Lancashire	£7.7m	133,213	£57.80
Wiltshire	£2.5m	47,608	£52.51
Bristol, City of	£1.036m (carers breaks)	40,138	£25.81
Devon	£3.524m	84,884	£41.52
Kent	£3.443m	151,777	£22.68
Brighton and Hove	£900,000	23,967	£37.65
Bracknell Forest ²	£154,000	9,674	£15.92
Reading	£712,000	12,315	£57.82
Slough	£210,000	11,626	£18.06
Hampshire	£719,000	132,938	£5.40
Portsmouth	No figure provided	17,136	n/a
North Lincolnshire	£425,000	18,157	£23.40
Surrey	£2.463m	108,433	£22.71

Table 1 above highlights the significant variation in carer-specific resource levels allocated by the different Health and Wellbeing Boards we analysed ranging from a notional £5.40 to £66.63 per carer. Of course, many of the carers identified in the 2011 Census will not be accessing support and so some carers will have much more

² This figure is based on the budget allocated during 2013/14 and 2014/15. No figure was given in Bracknell Forest's Better Care Fund Plan.

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being spent on their support while others will have nothing at all. However, the figures illustrate the relatively small amounts of money available to carers as well as variation in investment from area to area.

We were disappointed that some Health and Wellbeing Boards did not provide details in their plans on how the money allocated to carers would be used. These were:

- Camden
- Southwark (although they mentioned their carers strategy)
- Waltham Forest
- Solihull (plan outlined carers strategy would be published in November 2014)
- Gateshead
- Darlington
- Wiltshire
- Brighton and Hove (although were awaiting publication of strategy, following a two-year pilot)

We urge these areas to provide more detailed information on how they plan to allocate this money.

Funding allocations varied from area to area. The majority of these plans gave details of the Department of Health allocation to implement the Care Act. The amount for each Health and Wellbeing Board can be found in the Appendix.

2. Protection of adult social services/Implementation of the Care Act

Health and Wellbeing Boards were required to outline how they would implement the Care Act in their areas. Many of the plans referenced the new requirements which would be placed on them. Some examples of implementation, taken directly from local Better Care Fund plans, include:

City of York

“The Care Act will mean enhancing general duties and universal provision around wellbeing, prevention, reducing and delaying needs, enhancing information and advice across the health and social care system, shaping the market and commissioning as well as managing provider failure and other service interruptions.

Specifically, assessments will be available to everyone, including carers, and for the first time eligible needs assessments will be a statutory requirement. Self-funders will be entitled to an assessment and we predict this will increase workloads significantly as people want to assess the costs of their care before they reach the funding ceiling. A national eligibility scheme will be in place with added requirements around portability. Independent advocacy services are enhanced. Charging will change and deferred payment agreements will need to be in place. The Act places new responsibilities on integration and partnership working not only across health and social care but across housing, employment, welfare and other services such as probation and prisons. The Act is coterminous with the Children’s Act in relation to transition to adult care and support. The Care Act also puts Safeguarding Boards on a statutory footing. These changes are significant and will mean significant cultural change supported by learning and development for our workforce. IT systems will also need to be revised.

The implementation of the Care Act has been mainstreamed within the Council’s Transformation (rewiring) programme. Services are being redesigned in a way that is Care Act-compliant as follows:

- Council customer services response, including elements of their customer-service centre, self-service and transactional facilities and e-correspondence.
- Advice and advocacy services so that information and sign-posting is consistent across the council, but also across partner agencies in the statutory and voluntary sectors.
- Transformation of financial services.

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- Redesign of care management.
- Market management strategies, particularly in respect of provider failure.
- The strengthening of safeguarding Board.
- Workforce development strategies (internal and external).”

Brighton and Hove

“Protecting Social Care services in Brighton & Hove means ensuring a focus on supporting the most vulnerable people in the City. The eligibility criteria will not change and will remain at ‘critical’ and ‘substantial.’ Individuals will have their eligible needs met with an emphasis on ensuring that they are safe. The implementation of the Care Act in 2015 provides both opportunities and challenges to Councils within this context. There will be a significant increase in the number of people who will present for an assessment linked to the funding reform:

- More carers will be eligible for both assessments and support in their own right.
- More people will have access to advocacy services funded by the Council.
- National eligibility will be introduced and the consultation on the regulation / guidance has led to some concern this threshold could be lower than that currently in place.
- The information and advice duties placed on the Council will require further development of the existing services.
- Funding for implementation of some aspects of the Care Act is included within the Better Care funding.”

Overall plans made reference to how the Care Act would be implemented in each area. However, it does appear that some local authorities are focussing only on particular elements and not the requirements overall.

This to some extent is understandable – given the short timeframe they had between the final statutory regulations and guidance being published in October 2014 and the Care Act coming into force on 1 April 2015. However, in respect of carers and Care Act implementation local authorities do seem to be focussing on carers’ assessments and not looking at the wider carer elements of the Act. Health and Wellbeing Boards need to recognise these wider elements when implementing the Better Care Fund concurrently with the Care Act.

Health and Wellbeing Boards were also asked to describe how they would protect social care funding as well as fulfil their duties under the Care Act when it comes into

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force in April 2015. Several of the plans which we reviewed focussed on how the eligibility criteria for people with support needs would be set at 'critical' or 'substantial' under the national equivalent of Fair Access to Care Services. This is of great concern to Carers Trust and the Care and Support Alliance (representing 80 – including Carers Trust - of Britain's leading charities campaigning for a properly funded care system), as this will mean those with moderate needs will not be entitled to care and support. This seems to go against the prevention and wellbeing elements of the Care Act and contradicts the aim of the Better Care Fund to reduce hospital admissions. Waiting until people are at crisis point in health and social care is costly to the state, causes distress to people with care and support needs, carers and families and friends. It is unfair to expect carers to carry the burden of caring because the people they care for are not eligible for support.

3. Seven day services to support discharge

Within their plans, Health and Wellbeing Boards had to describe local agreed plans to support patients being discharged and to prevent unnecessary admissions at weekends. We are both disappointed and concerned that only 9 out of 45 Health and Wellbeing Boards specifically referred to carers within this section of their plans. This indicates a lack of understanding of the vital role of carers when the person they care for is discharged from hospital, and also does not acknowledge the support carers need at this time. Too many of the plans we have seen to date are not valuing carers with regards to this area.

Over the winter period, the NHS comes under severe pressure. Many of those most affected tend to be older people who have increased care needs as much as a medical need. Carers must be seen as integral to assisting the NHS during these times of increased pressure as carers can often be key to preventing admission as well as enabling timely discharge. However, this can only be achieved if carers are supported too. Carers Trust and its Network Partners are working with NHS England and Department of Health to look at ways in which this can be achieved.

That said, elsewhere in their plans, nine Health and Wellbeing Boards outlined good practice in relation to specific services or activities around hospital discharge. For example, the Carers Emergency Card scheme works well in both Bristol and South Gloucestershire. The Carers Emergency Card is a free service that can provide up to 72 hours of emergency support to the person with care needs in the event of their carer having an accident or emergency (see www.carerssupportcentre.org.uk/our-services/carers-emergency-card/).

Table 2 below identifies the Health and Wellbeing Board and type of service offered to carers:

Table 2: Carer related services to support emergencies

Health and Wellbeing Board	Type of support
Bracknell Forest	Carers Emergency Respite Scheme. This is available to carers who require short-term support for the person they care for because the carer has had an emergency, for example ill-health, hospital admission or needing support from another family member.

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Hampshire	Invested in The Princess Royal Trust for Carers in Hampshire Carers Centre for emergency planning.
Newcastle upon Tyne	Recognises the value of informal network of carers that are already working to preserve quality of life for those they care for and who on a daily basis prevent unnecessary admission into hospital. Part of the plan in this area is to enhance the emergency carer scheme.
Redcar and Cleveland	Focus on early identification and support to/of carers to promote carer resilience and health. This includes a specific focus on identifying new carers in hospital settings aimed at improving the discharge experience for patients and carer. It is expected that the subsequent benefits of the range of carer support will be that people remain at home for longer, hospital admissions due to carer breakdown are reduced and the overall patient and carer experience is improved.
East Riding of Yorkshire	Allocated £325,000 on carer relief services including providing a sitting service and emergency breaks.
Haringey	Provide backup cover in case of emergencies through the Carers Emergency Alert Card Scheme.
Suffolk	<p>A number of pilot schemes have been running in Suffolk and their integration programmes will facilitate roll-out supporting carers as experts in discharge planning and preventing avoidable admissions into hospital.</p> <p>There is also a Respite on Prescription initiative which enables GPs to “prescribe” information, breaks and bespoke support from voluntary and statutory sector partners.</p>
City of York	Carer breakdown can result in unplanned admissions into hospital and to nursing and residential care. Better Care Fund funding will be used to support carers and prevent carer breakdown.
Reading	Have committed a further £111,000 into grant funding carer-specific support. This includes a Back Me Up contingency planning service with the issue of a carers emergency card, out of hours carers emergency contact

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	line, peer support groups for carers who are particularly isolated or who face barriers to accessing support, and a range of social opportunities which include an element of respite care to enable carers to take a break.
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We believe that other Health and Wellbeing Boards need to develop clear outcome-focused activity for carers in order to deliver the goals outlined in their own plans. It seems perverse not to include carers in this section when the Better Care Fund in 2015/16 is attempting to reduce overall emergency admissions into hospital.

There is a range of evidence showing the importance of carers in prevention of or delaying admission to hospital. Admission can be an indication of a breakdown in the caring relationship - because the carer is no longer able to care - often as a result of the strain of caring causing physical or mental ill-health (Conochie, G, 2011). A whole systems study tracking a sample of people over 75 years old who had entered the health and social care system found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent. A health professional advised that respiratory distress is often used to admit a patient, when the real reason is because the carer may be in hospital and it is thus unsafe to leave the other person at home.

In relation to stroke, a trial found reduced hospital days of stroke patients contribute to lower annual treatment costs of £4,043 compared to the control group (Kalra, L et al, 2004 and Patel A, et al, 2004). Another study looking at the impact of support for the family of stroke victims found it reduced length of hospital stays than in the control group (Dennis, M et al, 1997).

These examples demonstrate that carer breakdown or carer fatigue can be one of the main reasons why someone is admitted to hospital. Supporting carers is a cost-effective way of addressing this.

4. Patient and public engagement

The level of public involvement evidenced in the formation of Better Care Fund plans was very limited. Some relied on existing evidence they had gathered in previous local engagement exercises. There is a risk that without tailoring patient and public involvement directly to the Better Care Fund then its aims may not reflect the important views of those who use health and social care services. Public opinion and participation needs to be sought on the specific goals and ambitions of the Better Care Fund rather than relying on generic and potentially outdated feedback from other programmes. In order to ensure appropriate usage of the Better Care Fund, consultation with those using local services now and in the future is a must.

Older people and their carers seem to have been the main groups engaged with by Health and Wellbeing Board. Given the aims of the Better Care Fund for 2015/16 around reducing emergency admissions, it is understandable that older people will have been involved in a higher degree of consultation. However, Health and Wellbeing Boards must ensure that engagement happens across the board so that the plans reflect the whole communities which they serve.

Positive examples include:

Havering

In Havering, there appears to have been extensive consultation in relation to the Better Care Fund and more widely. This includes:

- Community and Voluntary Sector Forum, run jointly by the Council and CCG to focus on topics of common interest to health and social care stakeholders. The group has approximately 30 members from both children's and adult/universal focused organisations, as well as HealthWatch Havering.
- CCG Patient Engagement and Reference Forum including a dedicated slot on the intermediate care consultation.
- Early engagement for the further development of the Intermediate Care Model saw a total of 123 individuals engaged through surveys and follow-up interviews. The subsequent full scale Intermediate Care consultation across BHR between July–October 2014 reach many more people through public road shows, focus groups and visits to voluntary sector organisations to discuss proposals for intermediate care pathways and provision. The intermediate care proposals were also discussed by MPs in Westminster on 4 September 2014.

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- Carers Strategy interactive workshops with local carers in April and July 2014, shaping joint work towards a co-designed Carers Strategy and action plan.
- Carers co-design of the local metric for the first Better Care Fund submission, which talked to carers about their priorities and identified access to information and advice as a suitable metric for including in submission. Engagement prior to development and introduction of the Community Treatment Team in early 2014.
- Engagement prior to development and introduction of the Integrated Rehabilitation Services in 2012/13.
- Engagement prior to development and introduction of Integrated Case Management in 2012.
- Held a productive Better Care Fund focused extraordinary meeting with joint CVS Forum and the CCG's Patient Engagement Forum on 5 September 2014 to report back on early progress of the Better Care Fund and seek views on priorities going forward. This was welcomed by attendees and gave several additional ideas for further development of their plans. This included, for example, strengthening the links with the care navigator development and training work going on across BHR as part of its frailty programme. Another suggestion was that they adopt the Local Offer that has become mandatory for Special Education Needs and Disabilities services for frail elders services.

Suffolk

In Suffolk, there appears to have been extensive consultation:

“Our Plan is based on what people have told us is important to them over a number of years. Suffolk Healthwatch has helped us engage with the public, patients and services users over the summer. Evidence from this work has helped focus the schemes to support people's needs as effectively as possible. We know, from previous Suffolk consultation events, the Voice Project and involvement forums that people are not interested in structures – seamless service provision seems obvious to them. They are more concerned about their own care and independence, and that any support should be tailored to their needs, provide them with choices and control, be delivered with dignity and respect and for their care to be planned with them, so that it will support their aspirations of living well. This feedback forms the guiding principles for the design of our schemes: integrated, timely and responsive and enabling independence as much as possible.

“Across the area there is active patient, carers, service user and public engagement where views are regularly sought to inform the development of integration and future

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commissioning intentions. In developing our integrated health and social care plans we have also been able to build on pre-existing partnership work and plans, which have had active public, service user, patient and family carer involvement. In Waveney Commissioning Programme Boards include representation from patients, family carers, service users and the public.”

Anecdotally, some Carers Trust Network Partners have said that they have had little or no engagement with the drawing up of the Better Care Fund plans in their area. Many carers are unaware of the Better Care Fund and its aims. Without the involvement of patients, carers and the public it will not be possible to achieve the aims of the Better Care Fund. For carers, if they continue to not be properly identified and supported by the NHS then emergency and repeat admissions into hospital will continue to increase. We therefore urge each Health and Wellbeing Board to formally have representation of patients and carers on their Boards – with particular attention being given to the Better Care Fund.

5. Service provider/voluntary and community sector involvement

The 45 plans we reviewed all outlined how social care providers from the voluntary and community sector were engaged with. However, levels of inclusion were mixed. Some Health and Wellbeing Boards stated that representatives from the voluntary and community sector were members of the Board, while others said they had played an important role in developing the local Better Care Fund plan.

Positive examples of engagement include:

Bracknell Forest

Social care providers and the voluntary sector were engaged through a variety of forums including monthly provider meetings.

They were also among a range of stakeholders invited to a Health and Wellbeing Board workshop held on the 4 September 2014 to discuss whole system integration of health and social care. Acute providers and other statutory agencies including the ambulance service provider, fire services and the police were also engaged.

Providers and the third sector are regularly consulted in the development of all Bracknell Forest commissioning strategies and an approach to seven day discharge will be co-produced by a range of stakeholders in the development of the Community Support Strategy.

Worcestershire

“The Cabinet member for Adult Social Care and the Director of Adult Services and Health (DASH) are both key members of the Strategic Partnership Group, and the Director of Adult Services and Health chairs the steering group, the Head of Adult Social Care is also a member of the steering group. The voluntary and community sector are represented on the Health and Well-being Board, the Strategic Partnership Group and the Well Connected Steering Group. There is a Well Connected enabler project around the VCS, chaired by the VCS representative on the Strategic Partnership Group.”

However, there were some plans we viewed which we found disappointing in terms of the lack of description of outcomes of engagement with the voluntary and community sector. Two examples of this are:

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North Lincolnshire

“Discussions are currently ongoing through commissioning activity and monitoring with regard to new service developments. A dialogue day with commissioners and prospective commissioners of services was facilitated by council staff in relation to the development of wellbeing hubs. Information with regard to the model and delivery of service was received favourably by those in attendance and follow up meetings continue to be held to discuss ways of working and community need. Service reviews have been held within North Lincolnshire council and have transformed both prevention and specialist service teams to deliver day and prevention services, differently in line with the model outlined.”

London Borough of Merton

“The voluntary and community sector, including providers, are represented at all levels in the integration and BCF governance structures, including the Merton Integration Board, Project Team, Merton Model Development Group and in developing work packages, as appropriate.”

It may be that there has been engagement, but a lack of detail makes it very difficult to know which voluntary and community sector organisations are being involved and whether they are representative of the diverse range of local voluntary and community sector organisations which exist from every local Health and Wellbeing Board.

Many of the Carers Trust Network Partners we spoke to indicated that they had not been actively involved in drawing up the Better Care Fund plans. Some Network Partners did say that they had been included in wider discussions and planning not specific to the Better Care Fund. Clearly in terms of the Better Care Fund and Health and Wellbeing Boards overall engagement and representation with the voluntary and community sector is vital for realising and achieving the outcomes desired for the Better Care Fund in 2015/16 and the aims and objectives of each Health and Wellbeing Board. Therefore, we believe it must be made mandatory that a range of voluntary and community sector organisations be represented on each Health and Wellbeing Board in relation to the Better Care Fund.

Recommendations

From the findings outlined above, our key recommendations are:

- Variation of resource per carer between Health and Wellbeing Boards needs to be addressed at a national level. The government must ensure that all carers needs are identified and supported through the Better Care Fund and more widely across health and social care.
- Future Better Care Fund plans must require Health and Wellbeing Boards to be more specific about what support they will provide to carers. In addition, and following the spirit of the Care Act which requires local authorities to maintain a wide and varied market of care in their area, plans should detail how the needs of different carers, young and old, will be met.
- Central and local government must ensure that the Care Act is fully implemented in order that the Better Care Fund will make a difference to carers and the people they care for. This is essential if integration is to work for carers. Furthermore, without additional funding for social care the aims of the Care Act will not be realised. The new government must address this.
- Health and Wellbeing Boards must acknowledge the vital role carers play in relation to seven day service discharge in subsequent plans, as well as specific support they will provide to carers. We are concerned that there is not sufficient regard to this.
- Health and Wellbeing Boards need to ensure that there is regular and meaningful engagement with patients and the public in their local areas. There must be a specific requirement for Health and Wellbeing Boards to outline in greater detail how they have specifically consulted in relation to the Better Care Fund and issues raised.
- There must be better and more meaningful engagement with the voluntary and community sector in the planning and implementation of the Better Care Fund. Health and Wellbeing Boards must recognise the support the sector can provide in ensuring integration becomes a reality. Anecdotally, Carers Trust Network Partners have reported that Health and Wellbeing Boards did not consult with them in the development and implementation – this must change.

Conclusion

The Better Care Fund has the potential to enable health and social care to work more effectively together, improving support for people with care needs and for carers, alongside the Care Act, which is a very positive step in enhancing carers' rights to support. However, without the necessary funding and cultural shift in providing support to carers, some of which needs to be via the Better Care Fund, the Care Act will not deliver for carers.

Practical steps need to be put in place to ensure carers benefit from the Better Care Fund. Carers provide invaluable support to their friends and family and form the backbone of health and social care. However, with the number of people with care needs continuing to rise while the funding given to social care is cut, carers are being placed under mounting pressure. Many carers are being pushed to the brink with many having to give up their caring role due to ill-health or sheer lack of time or financial resources.

The Better Care Fund could take a major step towards addressing these issues. Unfortunately, somewhere along the line, the original intentions of the Better Care Fund – ensuring the foundations of our health and social care network – have been lost in the implementation. This has to change.

We call upon Health and Wellbeing Boards to step back and reconsider how their plans for the Better Care Fund can be used to provide specific support for carers and protect the longevity of our social care services. This can be done by engaging with carers and their representatives and finding out what it is they need to help them continue caring and by making sure resources allocated to carers are ring-fenced. Only then will the Better Care Fund deliver better outcomes for carers.

Otherwise, the Better Care Fund will be at risk of misdirecting and misallocating a funding package that could, if used properly, achieve so much.

References

Carers Trust (2012), *Carers Breaks on the Brink? A Survey into whether Primary Care Trusts have met Requirements to Publish Plans and Budgets on Supporting Carers in Line with the Carers Strategy* (Carers Trust).

Castleton, B (1998), *Developing a Whole System Approach to the Analysis and Improvement of Health and Social Care for Older People and their Carers: A Pilot Study in West Byfleet, Surrey* (Unpublished). Referenced by Banks, P (1998) 'Carers: Making the Connections', *Managing Community Care*, vol 6, issue 6.

Conochie, G (2011), *Supporting Carers: The Case for Change* (The Princess Royal Trust for Carers and Crossroads Care).

Dennis, M et al (1997), 'Evaluation of a Stroke Family Care Worker: Results of a Randomised Controlled Trial', *BMJ*, 314, 1071–1076.

Kalra, L et al (2004), 'Training Carers of Stroke Patients: Randomised Controlled Trial', *BMJ*, 328, 1099–1101.

Patel A, et al (2004), 'Training Care Givers of Stroke Patients: Economic Evaluation', *BMJ*, 328, 1102–1107.

Appendix: 45 Health and Wellbeing Board plans

Health and Wellbeing Board	Status of plan	Carer Specific resource	Type of carer services highlighted	Care Act Allocation	Region
Camden	Approved	£380,000 of existing funding as the CCG contribution allocated to carer-specific support.	No services indicated, just overall funding.	£900,000 allocation. £1.3m in Better Care Fund budget for preparation of Care Act and workforce development.	London
Southwark	Approved	£1.13m (including estimate of Care Act implementation funding costs).	Rolling out of carers strategy as part of carers strategy group.	£1m	London
Haringey	Approved with support	Have committed £237,000 in 2015–16 to Care Act responsibilities.	Assessments and support. Continued commissioning of local voluntary and community sector organisations which provide advocacy, benefits and counselling. Carers Hub in Wood Green library. One-off personal budget up to £300 pa for respite services.	£884,000	London
Havering	Approved with support	Carer-specific support within Better Care Fund is £1.1m.	Current services listed include: carers register, carers groups, carers forum, emergency alert	£1.2m	London

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			card, information.		
Waltham Forest	Approved with support	Support for carers – Section.256 with local authority – £150,000 Falls Coordinator – S.256 National – £50,000 Better Care Fund - Care Bill Pressure £230,000 Total: £430,000.	No real detail on services.	£862,000	London
Brent	Approved with support	CCG will contribute £700,000 and SSA a further £200,000 dedicated to carer-specific support.	No real detail in terms of services.	£800,000	London
Westminster	Approved with support	£416,300 CCG. £641,700 local authority. Total: £1.058m.	This resource is given in detail for assessment, advice, information and support, primary care navigators, personal budgets, respite care and short breaks.		London
Bromley	Approved with support	A detailed scheme has been developed with up to £600,000 committed to increase the levels of support to carers, specifically to avoid carer	Scheme three is referenced elsewhere in the document as community matrons, falls and end of life.	£2.8m predicted cost – reporting a £250,000 deficit.	London

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		breakdown and the consequent need for high cost acute interventions or long-term care packages where the outcomes for the service users are often poorer.			
Kingston upon Thames	Approved with support	£140,000 for carer support in 2015–16 included within the Better Care Fund Plan.	Details core £25,000 funding for Kingston Carers Network, £80,000 for carers breaks.	£387,000	London
Merton	Approved with support	Allocated £551,000 for carer support in 2015–16.	No specific details.	£3.552m – NB this is a total estimation and not the allocation figure	London
Richmond upon Thames	Approved with support	£400,000 allocated to provide carers support and short breaks.	Carers support and short breaks. Preventative services commissioned from voluntary sector as part of Better Care Fund plan, Carers hub, Community Independent Living Service and Home Maintenance Service.	£500,000	London
Hammersmith and Fulham	Approved with support	£230,200 local authority. £203,100 CCG. Total: £433,300.	This resource is given in detail for assessment, advice, information and support, primary		London

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			care navigators, personal budgets, respite care and short breaks.		
Kensington and Chelsea	Approved with support	£116,450 local authority. £324,125 CCG. Total: £440,575.	This resource is given in detail for assessment, advice, information and support, primary care navigators, personal budgets, respite care and short breaks.		London
Barnet	Approved with conditions	The plan does not outline what carer-specific resource will be allocated – only an estimation of the financial cost for carrying out additional carers' assessments (including the cost of related support) which would cost a projected £962,000–£1.44m.	Plan very much links to Care Act implementation. It is looking at the following priorities – early recognition and support for carers, information and advice, supporting carers to fulfil their employment potential, and carers as expert partners in care.	£846,000	London
Worcestershire	Approved	£1.26m dedicated to carer-specific support.	Continue its commitment to carers breaks services. New duties to help carers arising from the Care Act. Independent carers services to reduce carers		Mid & East

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			needs for support from statutory services.		
Warwickshire	Approved with support	Doesn't represent health. The plan is focused on Care Act so: additional assessment costs £134,791; Carers additional package cost £614,450. Total other carers provision costs £30,000.	See info to the left.	£1.3m	Mid & East
Nottinghamshire	Approved with support	Support to carers: £666,015. Improved primary care access and support closer to home £734,000. Respite £325,000.	Primary care access. Support close to home. Respite care.	£1.946m	Mid & East
Southend-on-Sea	Approved with support	£473,000 is allocated to carers services.	General plans include identifying carers currently unknown to the council, increasing the workforce in response to increasing demand, investing in staff training to recognise the	£627,000	Mid & East

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			impact of caring role, ensuring that there is accessible information and advice to support carers, increasing the availability of respite provision to enable carers to have a break.		
Dudley	Approved with conditions	The current joint investment to carers is around £1.6m. An additional sum of around £300,000 (£99,000 assessment costs and £198,000 additional support for carers) has been identified within the Better Care Fund.	General details (not Better Care Fund specific) on information and advice, specific carers services, respite care, care grants. These are provided by a cross-section of staff commissioned by CCG and local authority together with commissioned services from third and private sectors. Care Act places additional demands to provide assessment and advice and this has been identified within the Better Care Fund to support these measures.	£1.1m	Midlands

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Solihull	Approved with conditions	Carer-specific resources in Better Care Fund amount to £350,000.	No details provided.	£537,000	Midlands
Suffolk	Approved with conditions	Total spend on carers by Suffolk CC is £2.425m. The resources identified through the Better Care Fund total £1.724m.	Supporting carers at hospital discharge. Suffolk family carers GP workers – based in GP practices delivering one-to-one support for carers. e-Respite on prescription initiative which enables GPs to “prescribe” information, breaks and bespoke support from voluntary and statutory sector.	£1.8m	Midlands
Thurrock	Approved with conditions	Within Better Care Fund it has identified £178,000 for investment into carers support.	Identification and recording carers with a central list, improving the provision of carers support within generic services. Providing generic support to carers through education and	£522,000	Midlands

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			<p>telephone support.</p> <p>Commissioning of specific carer support interventions for example, carers breaks, support groups.</p> <p>Additionally, using resource available to support sitting service for older people.</p>		
Bedford	Approved with conditions	Budget dedicated to carers services is £412,514.	No details available on this.		Midlands
Gateshead	Approved with support	Under the Better Care Fund, £504,000 has been identified for carer-specific support.	Doesn't give any specific details.	£600,000	North
Newcastle upon Tyne	Approved with support	Better Care Fund funding of £520,000 will be dedicated to carer-specific support in 2015/16.	<p>Review current levels of support.</p> <p>Enhanced emergency carers scheme.</p> <p>Promote carer assessment of physical and mental health.</p> <p>Refresh carer support offer — breaks, emotional support and training.</p> <p>Support the needs and</p>	£840,000	North

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			<p>aspiration of carers. Build upon positive response to overcoming problems of substance misuse. Enhance role of nurses in assessing and supporting the health and wellbeing of carers. Improve signposting and access to information sources.</p>		
South Tyneside	Approved with support	Better Care Fund specifically to support carers is £878,000 – £50,000 of that from local authority.	No details provided	£381,000	North
Darlington	Approved with support	No figure provided.	No details provided.	No details provided	North
Redcar and Cleveland	Approved with support	£302,000 has been allocated. This includes a specific focus on identifying new carers in hospital settings aimed at improving discharge experience for patients and carer.	Focus on early identification and support to promote carer resilience and health. This includes specific focus on identifying new carers in hospital settings aimed at improving the discharge experience for	£413,000	North

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			patients and carers. It is expected that the subsequent benefits of the range of carer support will be that people remain supported at home for longer.		
Bolton	Approved with support	£665,000 of Better Care Fund focused upon the provision of support to carers.	Will incorporate the provision of short-term breaks for respite. Funding for Carer Support Groups aimed at supporting those with dementia and other mental health conditions.	£745,000	North
Stockport	Approved with support	Carer-specific support within the Better Care Fund is £670,000 together with a component of the £720,000 Care Act funding.	Addressing Care Act provision: assessment, support planning and personal budgets for carers. Additional aspirations are listed also.	£720,000	North
East Riding of Yorkshire	Approved with support	Reports that it currently spends in excess of £1m on carer specific support and Chair of Carers Advisory Group sits on Better Care Fund	General provision currently provided is: Carer support staff/buildings to provide assessments, support information and advice.	£388,000	North

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		programme board.	Carer relief services including providing a sitting service and emergency breaks. Carers regional breaks. Carers direct payments.		
North Yorkshire	Approved with support	Investment in specific carer support schemes funded from the Better Care Fund totals £1.447m. Within the Care Act allocation, further Better Care Fund allocations for carer assessments is £232,000 and £499,000 for package costs.	Carers' assessments funding to be used for following outcomes: Information and advice for carers, both generally about local support services available to them. Improved assessment process in terms of speed and accessibility. Wide range of quality services and support that include supporting the prevention, reduction or delaying of needs for carers and enables them to maintain their caring role. Increased number of carers being able to access support through identification.	£1.432m	North

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Barnsley	Approved with support	£761,000 of Better Care Fund funding allocated for carer-specific support.	Support to carers including respite care. Funding for carers groups.	£700,000	North
Lancashire	Not approved	£7.7m – although this is likely more than over several years, but not specified.	Community-based carer schemes.	£3.1m plus £1.1m capital.	North
Wiltshire	Approved with support	£2.5 million from 2015/16.	Doesn't give specific details on services.		South
Bristol, City of	Approved with support	Carers' assessments (Care Act) £134,000. Carers support (Care Act) £267,000. Carers breaks (existing) £1.036m.	Carers Health Team workers in primary care and acute hospitals to support carers at discharge and provide breaks in GP practices. The types of services being commissioned include short breaks for carers, purchasing of home equipment, training courses, counselling and sitting services.	£1.5m	South
Devon	Approved with support	Existing support to carers is £3.524m. £737,000 will be added from Department of Health allocation for Care Act.	Outline Devon carers strategy to: Early identification of carers. Enabling carers to fulfil education	£2m	South

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			and employment potential. Personalised support for carers and those they support.		
Kent	Approved with support	Kent total to develop specific carers support, including carers breaks £3.443m.	Carers breaks.	£3.552m	South
Brighton and Hove	Approved with support	£900,000 in 2015/16.	No details of services.	£963,000	South
Bracknell Forest	Approved with support	States that Better Care Fund will initially be used to sustain contracted services.	In terms of outcomes looking at: Managing carers health and wellbeing. Reducing social isolation and maintaining family relationships. Carers knowing the person they care for will get support when an emergency arises.		South
Reading	Approved with support	A total of £712k from Better Care Fund will be dedicated to carer-specific support.	Carers' assessments. Support packages for eligible carers. Information and advice. Community based break services. Back me up contingency	£361,000	South

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			service for those who are isolated etc.		
Slough	Approved with support	A total of £210,000 from Better Care Fund will be dedicated to carer-specific support.	No details.	£317,000	South
Hampshire	Approved with support	There is work ongoing looking at refreshing the carers strategy. In the plan it says carer investment will amount to £719,000.	Hants CC has invested in the PRTC for emergency planning and information and advice. Carers breaks.	£2.8m	South
Portsmouth	Approved with support	No figure provided for Better Care Fund. Only lists services and self-assessment.	Carers breaks. Sitting service. Counselling. Advice and information. Peer support. Training opportunities. Health checks.	£500,000	South
Surrey	Approved with conditions	£2.463m of Surrey Better Care Fund will be dedicated to carer-specific support.	Carers breaks. New duties in Care Act re: prevention – funding will be used to increase capacity in carers services to reduce carers needs for support from statutory services – including young carers.	£2.563m	South
North Lincolnshire	Approved	£425,000	New duties in Care Act:	£432,000	North

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			Local Adult Safeguarding Board IT systems development Information advice and guidance Legal support Advocacy		
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