HEALTH AND WELLBEING BOARD

DATE 13th March 2017

REPORT OF Bev Compton

SUBJECT Refreshed strategy: “Carers’ Strategy Vision and forward View, 2017 - 20”

STATUS Open

CONTRIBUTION TO OUR AIMS

The refreshed Strategy will contribute to the Council’s aim of building stronger and independent communities with decreasing resources.

EXECUTIVE SUMMARY

North East Lincolnshire’s third Carers’ Strategy – “Caring for our Carers” – covered the years between 2013 - 2016. Via extensive consultation with carers and key partners, the Strategy has been reviewed and a revised document created, entitled ‘Carers’ Strategy Vision and Forward View 2017-20’. Both the Council and the CCG have responsibilities for supporting carers; the Carers’ Strategy Vision and Forward View reflects the partners’ joint policy to continue working with others to support carers, for the next three years.

MATTER(S) FOR CONSIDERATION

The health and wellbeing board are being consulted on the content of the draft strategy document and views are sought as to how, through current and future commissioning, the role of carers can be more directly recognised and supported as an intrinsic part of the health and care economy.

Board members are also asked to contribute their views on the strategy and make any recommendations to cabinet with regard to the adoption of the approach.

1. BACKGROUND AND ISSUES

The Department of Health consultation on the national carers’ strategy commenced in March 2016. The consultation closed at the end of July 2016, but as yet no revised national strategy has been released. It is unlikely that the content of the national strategy will alter materially. To avoid loss of local momentum whilst the national strategy is outstanding, North East Lincolnshire’s own carers’ strategy has been refreshed; sufficient flexibility has been retained within the local Strategy to ensure reference to the national direction once known.

North East Lincolnshire’s revised Strategy reflects on the achievements of the past 3 years, but also identifies areas for attention. Via engagement, carers and local partners were asked to identify what currently works well to support carers, and what could be improved. The consultation, which comprised opportunities to contribute on line, in writing, and face to face via attendance at public events, sought input on nine key topics:

• Identifying carers
• Accessing information and advice
• Identifying carers' needs
• Carer support
• A life outside of or beyond caring
• Recognising carers as expert care partners
• Involving carers in service design, delivery and monitoring
• Community capacity
• General feedback.

Responses were analysed and used to inform development of a draft Strategy Vision and forward View. Opportunities were provided for stakeholders to comment on the draft strategy, before it was further refined to the take account of the views given. The final Strategy is structured by reference to the nine key topics, and the priorities within it reflect the comments received during consultation.

2. RISKS AND OPPORTUNITIES

North East Lincolnshire has developed a strong tradition of supporting carers. Continuing with that support becomes increasingly challenging in an age of diminishing resources. A reduction in support for carers would undermine the objectives set out within the Strategy; further, unsupported carers are more likely to reduce or give up their caring role, which could result in an increase in state support for those currently cared for. Continuing to support carers arguably represents one of the better opportunities for sustaining social care budgets.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

The revised Strategy presents a balanced view, including as it does reference to both achievements and areas requiring further attention. The positives and negatives listed were highlighted during consultation, and have been responded to via the refreshed Vision and Forward View. Assuming that its objectives are delivered, the Strategy is likely to enhance the reputation of the Council. The Strategy will be accompanied by a detailed action plan, which will provide opportunities for ongoing communication as its implementation is monitored.

4. FINANCIAL CONSIDERATIONS

The majority of carers’ support is funded from within the adult social care budget and is delivered under the partnership arrangements between the Council and CCG. The Care Act 2014 imposes duties to meet the assessed, eligible needs of carers. The Council can charge for carers’ services but the current Charging Policy adopted by the Council makes provision for these services to be non-chargeable.

5. FINANCIAL IMPLICATIONS

The Health and Well Being Board is being consulted on the strategy as part of its refresh. Currently costs are met within the Adult Social Care envelope and the conscious decision was made not to proceed with charging. Depending on the comments made by the H&WBB additional costs could arise however the intention
should be for these to be contained within the current financial affordability envelope set as part of the 2017-18 budget setting process.

6. LEGAL IMPLICATIONS


7. HUMAN RESOURCES IMPLICATIONS

Indirectly, the Council’s employees may become Carers within their working lives and therefore, any policies should be developed to take account of the NEL Carer’s strategy

8. WARD IMPLICATIONS

The Strategy seeks to support carers, regardless of ward. However, in so far as those in more deprived wards are likely to be in greater need of care and support, residents of those wards may be more impacted by this Strategy than those in more affluent wards.

9. BACKGROUND PAPERS

The document entitled Carers’ Strategy Vision and Forward View 2017 - 20 can be found at Appendix A.

10. CONTACT OFFICER

Bev Compton – Director of adult services 0300 3000695.

BEV COMPTON,
DIRECTOR OF ADULT SERVICES
Introduction
Welcome to the 2017-20 North East Lincolnshire (NEL) Carers’ Strategy. Since development of the 2009-2012 strategy "Caring for Today and Tomorrow", the North East Lincolnshire Clinical Commissioning Group ('the NELCCG') has assumed responsibility for advancing the local carers' agenda.

The first ever national Carers' Strategy was launched in 1999 'Caring about Carers, a National Strategy for Carers' (1999). Since then, we have seen a number of national refreshes and the implementation of legislation which underpins the principles of supporting unpaid carers. The most recent such legislation is the Care Act 2014.

This strategy has been informed by national and local guidelines, evidence and good practice. At the time of writing, we are awaiting the publication of the most recent national carers’ strategy, but we have drawn our themes from the most recent national strategy available, and adjusted it to reflect the local picture within North East Lincolnshire.

The NELCCG is acutely aware of all that carers so generously give to those they care for, and thus to the society of which they form a crucial part. Without their dedication, our communities would be worse off, both economically and socially. In recognition of this dedication, and as part of our commitment to recognising carers as expert partners, this strategy has been developed with significant contributions from local unpaid carers. This has included consultation on the format of the initial information questionnaire, direct consultation on all areas of the strategy through workshops for all carer groups and final open public feedback on the draft strategy document. Between July 2016 and January 2017, carers from all carer groups have been asked to share their views on what is working well, what could be improved, what support matters most to them and priority areas for action. Professionals were also invited to attend the carers’ strategy workshop to give their views on carers support and local priorities. The strategy was then drafted and circulated via carers’ websites for comment, prior to being submitted to the NEL Carers’ Forum and NEL Carers' Strategy Group for approval. The draft strategy was then submitted for formal sign off via the NEL Clinical Commissioning Group and NEL Council scrutiny panels.

The strategy consultation process highlighted significant further work which is required to improve the local identification, recognition, support and services to carers locally. All detailed gaps from this process have been fed into the priority setting section of the strategy. This is underpinned by an action plan, which will be developed and monitored through the Multi-Agency NEL Carers’ Strategy Group and Carers’ Forums over the next 3 years.

Scope
This strategy pulls together all areas of NEL services, covering Health, Children’s Social Services, Adults Social Services and Housing, and bringing together in partnership all organisations who work in these areas.

Our core achievements
During 2013-16 we have:

- Re-launched the Carers’ Support Service to provide a fit for purpose universal service and advice hub for carers
- Integrated carers into key agendas, to ensure overall better recognition by professionals of the key role carers play
- Ensured robust and continuous carer consultation so that the things that are most important to carers are included in our approach to support
- Developed a wider offer for carers regarding wellbeing, learning and support
- Provided local support for key carers’ events, such as Carers’ Rights Day and Carers’ Week
- Provided access to up to date information through the single point of access (SPA), refreshed carer specific leaflets, web resources (such as Services4Me) and carer support organisations
- Ensured an established and well supported Carers’ Strategy Group and carer specific forums, to improve communication and ensure that carers are part of developing services and support.
Identified key gaps in our local approach

• Health:
  o Carers remain unrecognised, both as expert partners in the condition of their cared for person and as a person with health needs in relation to their own caring role
  o Professionals are focused on “fixing” health issues, not with signposting carers to support for social needs; many health professionals don’t know what is available outside of health with regards to signposting carers

• Information and advice can be:
  o Hard to find (lots of different places on the internet, crowded into a busy information board, etc. rather than in one hub) – this also impacts on ease of feedback
  o Inaccessible owing to the format, location (i.e. only in places carers already visit) or language used (i.e. not all people recognise they are “carers”)
  o Irrelevant/incomplete/contradictory (i.e. not on the right topics (e.g. practical help with daily living, transition between Children’s and Adults services, etc.) or not given at the right time)
  o Lacking (i.e. no information on the cared for person’s emerging health condition given - giving medications or meeting the cared for person’s specific care needs before discharge - to enable the carer to manage it). Professionals should not assume that carers are knowledgeable of a situation or condition, as carers may feel unable to ask questions or be unprepared for the caring requirements they face

• Training – whilst a number of professionals now know about carers, there is a lack of awareness on:
  o Carer specific issues (i.e. the need for flexible appointments and sitting services to be in place, or support at specific times e.g. bereavement)
  o Different carer groups (leading to some carers being overlooked, such as siblings or parents)
  o Carer specific health concerns, and preventative checks/advice

• Support for carers to remain or get back into work is fractured. Work is needed with employers (to highlight the needs and benefits of a carer workforce) and with professionals in health/social care, to ensure support alternatives are available (e.g. groups outside working hours for working carers, information about getting back into work/training options, support alternatives which allow for continued working)

• Carers need to be provided with the skills/tools to enable active and meaningful participation in service design, delivery and monitoring (e.g. training on how health and social care commission services, a range of feedback options, accessible workshops for all (i.e. consider religious dates, timings, etc.) and encouraged to participate (i.e. keep settings friendly, lack of jargon, additional support for younger carers, etc.)

• Consent/confidentiality is a huge barrier to carers gaining information or support or being able to share their knowledge. A simple, clear and easy to access process needs to exist to ensure carers can easily:
  o Prove their authority to be involved
  o Give their consent to share their details with relevant parties

It should be an embedded part of professional practice and be well publicised

• Respite, sitting services and childcare services should be offered by those with appropriate skills/knowledge of conditions (e.g. physical disabilities), and needs to be reliable and responsive, for example in emergencies. The process to access respite is currently too long, costly and difficult, and more stressful than the benefit gained

• Free carer breaks should be given, but the process is faulty (some are being charged for)

• Communities still lack awareness of the role of carers. Media and common community locations (hairdressers, libraries, etc.) should be better utilised to raise awareness, and it should be a standard part of education

• Carer identification/support planning needs to take account of urgency owing to a life limiting condition with the cared for person, the potential need for 24 hour access to support (i.e crisis contacts) and post caring needs (e.g. skill building for work)

• Support for young carers -
  o Schools need to be more flexible to allow young carers to manage caring and their education, and be aware of carer specific issues (sleep deprivation, bullying, etc.)
  o Young carers would like more support where they have a sibling with a disability/additional needs
  o More shaped services round parent and young carers from children’s services is needed (i.e. support with working options, sleep solutions, health concerns, family relationship awareness, young buddies, etc.)

• A resource for sharing skills like dog walking or an activity exchange ‘tree’ would be helpful to claim time back and improve social interaction, as the social circle decreases when you care

• Emotional support is vital to carers, whether this is early support in adjusting to the caring role, support with feelings regarding a specific cared for person’s condition, support to maintain family relationships (e.g. parent with a non-cared for child), after or during the bereavement process or support to enable the carer to admit a need for help. Emotional support needs to be offered consistently

• Continuity of support and inclusion of carers must be ensured when the cared for person’s situation changes e.g. going into residential care, in an emergency situation

• Carers should be involved as expert partners or receive support particularly where there are difficult relationships (e.g. carers of addicts, who suffer the associated stigma and may well be blocked from participation in the care process – there is no signposting/support to help with this)
We have developed the following vision for carers in North East Lincolnshire:

**Vision**

Our vision for North East Lincolnshire is to ensure that all unpaid carers (adult, parent and young carers) are valued, recognised and supported to care and have a life outside of their caring role (based on identified needs and interests). Through partnership working, we will:

- Raise the profile of carers and the caring role within North East Lincolnshire (NEL) as a community
- Provide access to quality information and support
- Work to reduce the impact of caring on carers’ wellbeing
- Work with carers and local partners to develop strong networks
- Challenge inequality, and ensure that carers of all ages and backgrounds have the opportunity to make their voice heard
- Ensure that the development of preventative and early interventions for carers is supported
- Influence society to improve the lives of carers

**Key Local Carer Themes**

1. Carers are identified at the right time
2. Carers are provided with suitable advice and information throughout their caring journey
3. Carers needs are identified and responded to appropriately
4. Carers are supported appropriately
5. Carers are supported to have a life outside of or beyond caring
6. Carers are recognised as expert partners and are involved in care and support planning for those they care for
7. Carers must be involved in service design, delivery and monitoring
### Main Achievements 2013-16

<table>
<thead>
<tr>
<th>Achievements</th>
<th>Details</th>
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<tr>
<td><strong>Launch of the new NEL Carers’ Support Service (NEL CSS), as the ‘Hub’ for carer advice, information, signposting &amp; support</strong></td>
<td>Well established local carer support services - the Carers’ Alert Card, carers’ support via Navigo/ focus/ 3rd sector, Young Carers’ Support Service</td>
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<tr>
<td><strong>Well established local carer support services, including Carers’ Alert Card, carers’ support via Navigo/ focus/ 3rd sector, Young Carers’ Support Service</strong></td>
<td>Education, work &amp; financial advice &amp; support for carers</td>
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<td><strong>Training for health and social care staff has improved carer identification, signposting, support and quality of advice/information</strong></td>
<td>Diverse range of organisations and agencies in NEL are trained to identify and signpost carers</td>
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<td><strong>Access to SPA as a central point of contact for information/signposting 24/7</strong></td>
<td>Integration of carers into other agendas e.g Disability, Dementia, Long Term Conditions and End of Life</td>
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<td><strong>Well established multi-agency Carers’ Strategy Group and a number of carer forums, backed by the 2013-16 Carers’ Strategy</strong></td>
<td>Local support for all national carers’ events including Carers’ Week and Carers’ Rights Day, which helps raise awareness</td>
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<td><strong>Revised Carers’ Guide &amp; Local Employers’ Guide to Supporting Carers, and production of 2 regionally acclaimed carer DVDs</strong></td>
<td>Training for health and social care staff has improved carer identification, signposting, support and quality of advice/information</td>
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<td><strong>Positive formal support examples, i.e. informed workers assess, recognise carer needs and match these to available services</strong></td>
<td>Overall, the number of all carers identified, registered, informed and supported has increased (NEL CCS, GP carer registers and social care registers)</td>
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<td><strong>Robust on-going consultation with carers, through carers' forums, carers' surveys/evaluations &amp; consultation</strong></td>
<td>Addition of carers as a key group on the NEL commissioning triangles, ensuring carer issues and concerns are raised strategically</td>
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<td><strong>Carer support groups, providing specialist information, peer support, and the opportunity to have “me time” or quality time with cared for person</strong></td>
<td>Revised Carers’ Needs Assessment, improving recognition, signposting &amp; support with eligible needs through a personal budget and direct payment</td>
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<td><strong>Carer picked trips and carer specific events - both carer only and mixed (carer and cared for). These reduce isolation and support a life outside of caring</strong></td>
<td>Good range of up to date leaflets/posters, available from numerous partner organisations (GPs, hospitals, community venues, outreach bus)</td>
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<td><strong>Mechanisms exist to support carer wellbeing – lifelong learning, replacement care, carer breaks, counselling, befriending, etc.</strong></td>
<td>Health and social care professionals are more aware of carers / carer needs and have improved recognition of carers as expert care partners</td>
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<td><strong>Carer post bereavement support exists through universal services. Good feedback was shown in the Anonymous Voices questionnaire</strong></td>
<td>Web resources available 24/7 – websites (CSS, Services4me, Local Offer, 3rd sector providers), forums and other social media</td>
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**3 Year Priority Setting**

**Carer champions**
- Establish carers' champions within GP surgeries and in other services such as hospitals, education and the Police
- Establish workforce carers' champions within the local workforce where possible

**Health and care pathways**
- Establish a “fast track” recognition/support process for carers in crisis/short-term, life limiting health pathways, to ensure speedy recognition of carers through all relevant support bodies and emergency support
- Ensure carers are recognised and continuously thought of when changes are made in all aspects of health and social care

**Carer registration**
- Increase the number of carers registered at the NEL Carers’ Support Service
- Increase the number of adult carers known to/registered within social care
- Increase the number of parent carers known to/registered with Children’s Services
- Increase the numbers of young carers identified within the Young Carers’ Project
- Increase the identification and registration of all carers within Primary Care (GP Carers’ Register)

**Training and awareness raising**
- Ensure rolling carer training is delivered in domiciliary care, care homes, clinical and care settings which covers the responsibilities of each individual to identify and signpost carers and the benefits to doing so. This should include seeking permission from carers to forward their details to other relevant supportive bodies (such as the NEL Carers’ Support Service or Young Carers’ Project)
- Rolling training/awareness raising in schools (primary, secondary, higher and further education) regarding the issues facing young carers, parent carers and adult carers, and staff responsibility to support carers and signpost them appropriately
- Rolling awareness raising within schools, colleges and universities on carers, caring challenges and referring carers for support
- Training of professionals regarding different carer groups and issues with identifying carers, including identifying: carers whose cared for person has refused support, “invisible” carers (e.g. because the cared for hasn’t acknowledged they receive care, or the carer is a family member (sibling, child or parent)), carers who do not recognise that they are carers, carers who don’t seek support due to guilt/shame/others passing judgement (e.g. on carers of those with substance/alcohol misuse problems), cultural stigma, gender, age
- Promotion of carers as a group and signposting options (the Carers’ Support Service or Young Carers’ Project) to be delivered to secondary clinical and care settings (e.g. pharmacy, job centre, etc.)

**Wider community awareness**
- Continue to focus on seldom heard groups, in order to identify a greater number of hidden carers, such as males, young adult carers, carers from Black, Asian and Minority Ethnic Groups and carers who are lesbian, gay, bisexual and transgender
- Continue to work in a multi-agency way to deliver on an on-going basis the Carers’ Health and Wellbeing Outreach Campaign, focusing on general services (e.g. hair dressers, police, courts, library information, etc.) and using a wider range of media to inform on current carer support
- Work with local employers to encourage adoption of support policies and a shift in culture that will help carers to continue working while caring

**Carers are identified at the right time**
**Carers are provided with suitable advice and information throughout their caring journey**

**Hidden carers**
- Research into ways to tailor information to reach and be relevant to hidden carers, e.g. support for men, ethnic minorities, etc.

**Training**
- Training will ensure a component about advice/information for carers and the professional’s responsibility to proactively inform or signpost to information that is relevant to the carer

**Appropriate/up to date information**
- Review the current information provision for carers on a rolling basis, to ensure it remains up to date
- Professionals will ensure that relevant specific information/advice on caring (e.g. on the cared for person’s illness) and support for carers is provided at all key points in a caring journey (e.g. at cared for person’s discharge or diagnosis, once the cared for person enters the End of Life pathway, when the cared for person’s package of care changes, etc.)

**Young carers**
- Provide clear information on the transition between children and adult services, i.e. the help and advice available during transition and once a young carer turns 18 and clear identification of responsible bodies (i.e. NEL Council or Clinical Commissioning Group)

**Access to information**
- Organisations will have carer specific information boards in all carer relevant locations (e.g. wards), to ensure carer information is visible and accessible
- Continue to develop an extensive range of quality information for carers through a wide variety of mechanisms and formats to help them recognise themselves as carers and inform them throughout their caring role. Information will be displayed more broadly in the community and through professional and 3rd sector centres, to ensure more visible messages about being a carer, carer rights and carer support (particularly the Carers’ Support Service building/website, and financial/benefits information)
- Ensure front line staff in a range of settings are kept well informed on carers’ needs and how to signpost to appropriate services
- Explore the potential for production of a “Carer’s Passport” or other document which would easily identify carers and confirm consent to share information with them on their cared for person

**Partnership working**
- Review carer information to consider production of single leaflets using a multi-disciplinary approach (i.e. Carers’ Needs Assessment)
- Explore the possibility of a single central hub for carers, which summarises carer support/information/advice and links to organisational website, to make it easier for carers to search for information and easier for organisations to update their information
- Continue to work with partner organisations (especially the hospital and other clinical areas) to include carers’ information within their standard information packs
- Review the potential to produce a single information resource on practical help with daily living (e.g. chores, dog walking, gardening)

**Research into ways to tailor information to reach and be relevant to hidden carers, e.g. support for men, ethnic minorities, etc.**
- Review the current information provision for carers on a rolling basis, to ensure it remains up to date
- Professionals will ensure that relevant specific information/advice on caring (e.g. on the cared for person’s illness) and support for carers is provided at all key points in a caring journey (e.g. at cared for person’s discharge or diagnosis, once the cared for person enters the End of Life pathway, when the cared for person’s package of care changes, etc.)
Carers’ needs are identified and responded to appropriately

Clinical identification
- Key clinical professionals, e.g. doctors, nurses, will explore the impact of health on the caring role and identify needs for signposting

Service promotion
- Further increase the numbers of adult and parent carers registering for the Carers' Emergency Alert Card through a promotional campaign, including reaching hidden carers

Carer needs planning
- The carer’s care plan will take account of the carer’s full needs, particularly when multiple people are cared for
- There will be a co-ordinated approach to carer assessment, where a carer has cared for people within multiple organisations (e.g. mental health and learning disability); this will include a joint assessment if necessary
- Crisis planning will be built into care planning, with clear points of contact for carers to get immediate support
- Carers' Assessments will be appropriately reviewed on an ongoing basis (e.g. caring role changes, illness of carer, when cared for person’s package of care changes, etc.) to ensure personalisation and consideration of all aspects of the caring journey are included
- There will be a range of mechanisms to gain carers' feedback on their needs and concerns, including any delays in providing support plans or doing the assessments. Responses to concerns will be clearly communicated and learnt from

Former carers
- Develop proactive support mechanisms to enable carers to plan for their post caring needs (e.g. skills to get back into work, volunteering, etc.)

Training
- Training will be targeted to provide service staff with knowledge on common issues for carers, and individual carer and carer group needs (e.g. parent carers may seek help with personal resilience to support their child, rather than seeking a respite break)
- Recap training will embed the need for Carers’ Assessments to focus on support and wellbeing, on listening to carers and seeking their views and to considering all the carer’s needs

Community awareness
- Challenge community stigmas associated with caring (i.e. “you’re weird because you have a weird sibling” or “you’re a carer so you don’t have to get a job”) to provide better support for carers in the community
- Develop more ways to ensure that carers can access support from their families and communities to care and access a full range of community services and have volunteering opportunities

Partnership working
- Greater consistency for Carer Assessments is needed across professional bodies
- Carers have to repeat their stories; carers’ stories should be appropriately shared
- Better communication between professionals is required to identify carers’ needs

Service development
- Ensure that carers have access to a wide range of planned, flexible and personalised short breaks. Carers need flexible carers' breaks, provided by people with appropriate skills (especially in physical and learning disabilities)
- Review the access barriers (e.g. availability, cost, timing, information availability, appropriately skilled staff etc.) to wellbeing services in NEL such as cleaning/practical help, childcare, sitter service, personal trainer/gym, etc.
- Explore the transport options available to carers in NEL to access services, review their appropriateness and develop transport plans to ensure all carer groups can access services.
- Explore the issue of parking restrictions and explore parking options to support access i.e. longer carer parking in front of the Carers’ Support Service, a carer’s exemption option (like a Blue Badge).
- Carers will have other options to access services in addition to physical interview or application online, e.g. telephone information gathering, visits from a professional, etc.

**Carers are supported appropriately**

**Access to services**
- Review the access barriers (e.g. availability, cost, timing, information availability, appropriately skilled staff etc.) to wellbeing services in NEL such as cleaning/practical help, childcare, sitter service, personal trainer/gym, etc.
- Explore the transport options available to carers in NEL to access services, review their appropriateness and develop transport plans to ensure all carer groups can access services.
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- Carers will have other options to access services in addition to physical interview or application online, e.g. telephone information gathering, visits from a professional, etc.

**Bereavement**
- Improve and develop End of Life pre-bereavement and support services for carers.

**Training**
- Develop training on carer personal safety in the caring role and sleep solutions (e.g. for dementia carers or parent carers).
- Develop rolling training for staff, especially clinical staff, to ensure they are kept aware of what is currently available for carers from all other organisations as well as their own and their responsibility to signpost carers to relevant support.
- Staff training will highlight the vital role personalised, emotional support plays throughout the caring journey (e.g. adjusting to the caring role, support with feelings regarding a specific cared for person’s condition (alcohol/substance abuse, etc.), support to maintain family relationships (e.g. parent with a non-cared for child), after/during bereavement etc.)

**Young carers**
- Awareness raising in schools, to ensure better understanding and more flexibility towards young carers e.g. young carers might need to go home to help with lunch, have difficulty finding time for school work, have sleep issues, be bullied, etc. Schools need to be approachable and have carer strategies for common issues and themes.
- Develop support groups for young carers who have a sibling with a disability/additional needs.
- Ensure more trips, activities and skills sessions (e.g. sport, art, baking, camping, etc.) are provided for young carers.
- Ensure more residential trips and group sessions are provided for young carers – currently there is a waiting list for these.

**Groups and sessions**
- Groups and sessions will be spread more widely across the day and week, to allow access for different carer groups.

**Service development**
- Provision of more shaped services around parent and young carers (e.g. support with working options, sleep solutions, support with health concerns, family relationship awareness, young buddies, childcare for disabled children etc.)
- Improve range of services available to carers of adults.
- Review the process for arranging respite, to ensure it can be arranged flexibly, speedily and reliably (e.g. for holidays).
- Support local employers to develop protocols for supporting carers in their workplace (e.g. flexible working)

- Explore the Council housing plans, in consideration of a lack of adapted housing for younger disabled children

- Ensure on-going support to help carers access good housing support and services, links to the equipment & Minor and Major Home Adaptation services (to improve the equipment provision to aid carers supporting those they care for within their own homes) and access to Telecare and Telehealth services (for the carer and cared for person)

Carers are supported correctly cont.
Carers are supported to have a life outside of or beyond caring

**Personalised support**
- Services will be flexible to ensure that support for the carer lasts throughout a treatment/process, and as long as is required afterwards
- Explore the possibility of developing support groups of carers with their own specific health conditions

**Support to work**
- Support employers to gain the knowledge to support working carers emotionally, as well as practically, and to have clear lines of emotional support (i.e. line manager carer training, buddying in teams, etc.)
- Work with carers to ensure that where a desire to continue/return to/start work is identified, reliable service provision is identified and relevant information and advice about the working situation is supplied

**Carer breaks and respite**
- Develop a clear policy and process for carer breaks services, to ensure these are offered free of charge
- Explore respite models to identify potential low cost and easy access non-emergency models

**Carer capacity**
- Development of a website/resource for identifying skills carers will “swap” or share (like dog walking, ironing, etc.) and skill sets carers require, to allow match up and carer community support
Carers are recognised as expert partners and are involved in care and support planning for the cared for

Confidentiality
- Ensure that confidentiality/information sharing policies do not exclude carers from relevant information pertaining to the cared for person (subject to legal requirements)
- Develop the confidentiality process to ensure current wishes of each cared for person are recorded/known i.e. asking cared for person routinely if they can share information with carers and involve them

Training and awareness raising
- Refresh staff training to ensure staff have involving carers embedded in their processes (e.g. in assessment/reviews/discharge/care & support planning, etc.) both for the carer and for the cared for person (with consent)
- Work on promoting carers as expert care partners across all health and social care services
- Ensure carers are informed of the support available for them and those they care for, so they can be effectively involved in planning support
- Continue to support carers to assist with training other carers and professionals and train carers to be trainers themselves so that they can pass on their knowledge and skills

Commissioning
- NEL Council and NEL Clinical Commissioning Group will work more closely to deliver carer services and involve carers consistently

Changes to caring
- Carers will continue to be involved in care planning when the cared for person has moved into residential care
- Emergency processes will be reviewed to include the step of consultation with carers

Relationship between professionals and the carer
- Professionals will not make assumptions about carers and caring – they will clarify the care that a carer will provide
- There will be a recognition that the carer knows the cared for person best, and is therefore an expert partner in the care process
- Professionals will ensure that carers know everything they will need to know in order to care for the cared for person in the role they have agreed to take on (e.g. medication giving, specific condition requirements, contacts in a crisis, etc.)
- Recognition will be given of the dual relationship that a young carer and parent carer has with the cared for person – professionals will invite carers to care planning for the cared for person (with consent)
- Professionals will build additional time into support and care planning to ensure carers are able to express their opinions, and will focus on personalised needs not on services
Carers must be involved in service design, delivery and monitoring

Training and support
- Develop training/support to young carers/parent carers/adult carers/former carers to contribute at a strategic level and become designers, developers and evaluators of local support and services

System wide carer involvement
- Continue to develop and move forward with a more creative carer led approach ensuring carers are embedded in all aspects of service design, delivery and monitoring
- Encourage the involvement of carers on relevant contract groups to ensure provider accountability (e.g. care homes, dementia, etc.)
- Promote carer ambassadors (like Accord ambassadors) to represent carers across the whole health and care system
- Support the inclusion of carers within other agendas across North East Lincolnshire
- Consider the use of health related carer avenues for gaining carer input (e.g. GP carer lists) and updating carers

Feedback and future services
- Plan and run a NEL meeting for all carers, professionals and support agencies to discuss emerging carer needs
- Explore the idea of creating a central point for the carer community to suggest improvements
- Ensure there are a range of general and well publicised feedback options available, to allow for wider and continuous feedback, including more consultation groups/workshops/events
- Consideration will be given to the layout of workshops and consultation/feedback events, to ensure a welcoming atmosphere
- Barriers to carer participation (religious, cultural, jargon, complex/lengthy documents etc.) in feedback events will be mitigated as far as possible, e.g. by ensuring locations, dates, timing, language of promotion doesn’t exclude carer groups and that multiple events are run if necessary to gain appropriate feedback

Forums
- Continue to develop carers’ forums to ensure carers have an active voice locally
## Equality Impact Risk Analysis: Carers' Strategy refresh, 2017 - 2020

<table>
<thead>
<tr>
<th>Policy / Project / Function/Service:</th>
<th>NEL Carers’ Strategy 2017-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Analysis:</td>
<td>17th February 2017</td>
</tr>
<tr>
<td>Analysis Rating:</td>
<td>(Please Tick ✓)</td>
</tr>
<tr>
<td>(See Completion Notes)</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>Red</td>
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<tr>
<td>/Amber</td>
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<tr>
<td>Green</td>
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<tr>
<td>Type of Analysis Performed:</td>
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<tr>
<td>Consultation</td>
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</tr>
<tr>
<td>Meeting</td>
<td></td>
</tr>
<tr>
<td>Service Proposal</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
| Please list any other policies that are related to or referred to as part of this analysis | • Everyone counts planning for patients 2014/15 to 2018/19  
• NHS England Carers’ Toolkit 2016  
• Care Act 2014  
• Children and Families Act 2014  
• NEL Carers’ Strategy 2013-2016  
• National Strategy for Carers 2014-16  
• Towards a New Deal for Care and Carers 2011  
• The Health and Social Care Bill 2011  
• Equality Act 2010  
• Every Child Matters 2003  
• Human Rights Act 1998  
• Think Local Act Personal |
| Who does the policy, project function or service affect? | Employees ✓  
Service Users ✓  
Applicants  
Members of the Public ✓ |
### Equality Impact Risk Analysis:

**What are the aims and intended effects of this policy, project or function?**

The NEL Carers’ Strategy 2017-2020 aims to highlight the successes achieved so far in the carers’ agenda locally, identify through robust consultation the needs of local carers, development of future areas required for action and a comprehensive multi-agency action plan to address those key local priorities. The Strategy and action plan will be published widely across statutory and voluntary agency websites and hard copies will be available throughout N.E. Lincolnshire. The intended effect of this Strategy and action plan is further improvement in the carers’ agenda to identify hidden carers in the community, recognise their invaluable role in the care of individuals and the wider community with which they live and ensure that high quality, cost effective support is available to carers to meet their needs.

### Is any Equality Data available relating to the use or implementation of this policy, project or function?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="true" alt="Yes" /></td>
<td><img src="false" alt="No" /></td>
</tr>
</tbody>
</table>

(See Completion notes)

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

### List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function

Several aspects of consultation (questionnaires, surveys, one to one discussions, focus groups and a carers’ strategy event) have occurred locally throughout children and adult services which have informed the development of the Strategy. The Strategy has also been perused by the NEL Carers’ Strategy Group and the various carers’ forums across North East Lincolnshire for consultation, discussion and approval, prior to submission.

### Financial Analysis

If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function.

<table>
<thead>
<tr>
<th>Costs (£m) *</th>
</tr>
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<tbody>
<tr>
<td>Implementation £</td>
</tr>
<tr>
<td>Proj. Returns £</td>
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<tr>
<td>Proj. Savings £</td>
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</table>

Approx. £3.4 million is spent on carers’ support & service across NEL.

The provision of support enables carers to sustain caring. The cost to the local economy per annum in replacement care costs is approx. £283 million.