Carers
A community responsibility 2012 - 15
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1 Foreword from Chief Officers /Executive Member

With life expectancy increasing it is more likely most of us will either be a carer or know someone who is one in our lifetime. Caring for someone might not always be a choice – it can happen to you suddenly or more slowly over time. Whilst it can be rewarding and positive we also recognise that caring can impact on relationships, health, education, employment opportunities and possibly be isolating within communities.

The 2012-15 Cheshire West and Chester Carers Strategy has been developed in partnership with carers, the Clinical Commissioning groups and local carer focused voluntary sector organisations.

With the publication of the National Carers’ Strategy ’Recognised, valued and supported: next steps for the Carers Strategy’ carers more than ever before are being put at the forefront of the local community. In Cheshire West and Chester, we are committed to ensuring that carers are supported and that their role is recognised and valued by the services provided for them and those they care for.

This strategy demonstrates our commitment to carers and responds to the invaluable feedback we regularly receive from carers.

It gives direction for developing local support and services for carers over the next three years. We recognise that there will be challenges ahead but we believe that by placing such importance on the support and recognition of carers these can be addressed in partnership. We believe that the issues and challenges that face carers should be a responsibility of all of our communities.

We are confident that through this strategy, we will bring continued improvements in the quality of life, health and well being of carers living and caring in the borough of Cheshire West and Chester.
Our pledge to you

Anyone can be a carer – young or old
Carers play a very significant and important role within the communities of Cheshire West and Chester

- To see you as partners in care with expert knowledge, experience and understanding of the person you care for.
- To help you realise and release your potential with access to work and educational opportunities.
- To support you to have a life outside of caring with good quality assessments and access to breaks.
- Ensure you have good quality information and advice so that you and the person you care for can make informed choices at a time and a place where you feel you have control.
- Recognise that caring can impact your health and well-being by enabling access to annual health checks and support systems in the event of emergencies.
- To work together in partnership as agencies and professionals so that we clearly identify, monitor and finance what is available to carers in the borough of Cheshire West and Chester.
People who provide unpaid care or support to adult friends or family members who are ill, frail, disabled or have mental health or substance misuse problems are carers.

The majority of carers do not recognise themselves as such. This is therefore a key objective of this strategy: to reach these hidden carers ensuring they are aware of the support available to them and, through listening to them, how we and our key partners in Clinical Commissioning groups in Cheshire West and Chester can best support them in the future.

Resources can be used more effectively when services are commissioned jointly. Therefore, working in partnership, we will identify any areas of carer services which we can jointly commission to provide integrated carer services in the most cost effective way. We will also look to broaden the awareness of carers rights and issues to the wider community including employers, businesses, housing and leisure services.
There are almost six million carers in the UK – that is one in 10 people who spend a significant part of their lives providing unpaid support to a partner, family or friend suffering from illness, disability, mental ill-health or substance misuse problems. Over the next 30 years, the number of carers will increase by 3.4 million (around 60%) as the population ages and children with very complex disabilities live longer. The knowledge, expertise and experience of carers is vital and support of their well-being is therefore crucial to society at large.

The government’s most recent carers’ strategy believes carers should have more say in the shaping and development of local services which will help to ease the responsibility of caring.

There are some key issues – employment, support and respite – which carers are likely to face in their caring role, hence the need to tailor support to individual and family preferences.

Whilst the national frameworks for supporting carers are in place, an understanding of local values and priorities is also essential to ensure service provision reflects the needs of people in the borough of Cheshire West and Chester.

This strategy is aimed at improving services for carers, enhancing the quality of life for the people they care for, and to increase the effectiveness and efficiency of health and social care services.

It recognises the key roles that carers play in providing unpaid support to family or friends and the impact it has on their health and well-being. It emphasises that reduced levels of caring by carers would have an adverse effect on many aspects of our local communities, such as increased NHS cost through preventable hospital admissions, increased social care costs, poor school performance by Young carers and less paid employment in working age carers.

This carers Strategy has been produced in response to the refreshed National Strategy: “Recognised, Valued and Supported Carers Strategy 2010”. The four priorities identified in this refreshed strategy are:

1. Identification and Recognition
2. Realising and Releasing potential
3. A Life outside Caring
4. Supporting Carers to Stay Healthy.

We will look to best practice, national guidance and legislation to underpin what we do but specifically we will:

- Think ‘carer’ in all our commissioning processes
- Improve outcomes, independence and choices for both carers and those they care for
- Involve carers of all groups and communities in decision-making and planning processes
- Help shape the provider market, using a variety of funding approaches meeting new NHS and social care inspection expectations.
3 Who are carers?

A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. The carer may be an adult, a child or a young person.

If a carer provides ‘substantial and regular’ care then he/she has a legal right to a carer’s assessment to plan the help that he/she needs. This can happen even if the person they care for refuses help. (Based on Carers UK definition and eligibility criteria from the Carers and Disabled Children Act 2000.)

A parent-carer is a parent of a disabled child who provides substantial and regular care beyond that which would usually be expected for a similarly aged child. (Based on Carers (R&S) Act 1995 Practice Guidance definition).

From the perspective of this Joint carers Strategy, the term ‘parent-carer’ applies to the parents of disabled children and young people up to the age of 19. This does not mean that a parent-carer stops being a parent of a young person with a physical or sensory impairment, learning difficulty or mental health need when that young person reaches the age of 19 but is considered in both law and policy to have become the carer of an adult.

The term young carer should be taken to include children and young people under the age of 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances (ADASS and ADCS 2009). A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her own emotional or physical well-being or educational achievement and life chances (Frank and McLarnon). We want to ensure that this group is given an enhanced focus so there will be specific plans and objectives detailed in this strategy.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

Anybody can become a carer as a result of a sudden event such as an accident or this may be a gradual process when someone’s physical or mental health slowly deteriorates.

*It would help if professionals could understand what it means to be a carer.*

Quote from carer
4 What we know about carers in Cheshire West and Chester

<table>
<thead>
<tr>
<th>Working status</th>
<th>England %</th>
<th>Cheshire West and Chester</th>
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</thead>
<tbody>
<tr>
<td>Working full-time</td>
<td>26%</td>
<td>9092</td>
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<tr>
<td>Working part-time</td>
<td>20%</td>
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<td>Looking after home or family</td>
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Carers UK’s 2011 State of Caring Survey found that 31% of working age carers prematurely gave up work to care or reduced their working hours because of the lack of appropriate support services to enable them to continue in employment.

In the Cheshire West & Chester borough:

We estimate there are 34,971 adult carers in the borough of Cheshire West and Chester which is about 10% of the population. 7,093 of whom are providing unpaid care for 50 hours a week or more.

There are about 700,000 young people (under 18s) in the UK caring for family members. (BBC research 2010).

The National Young Carers Coalition says: “It comes as no surprise to us that the BBC has uncovered four times more young carers than previously identified in the 2001 census. We always knew that the census figures were a vast underestimate. This is because it asked parents to complete the survey on behalf of their children, and also made no mention of more stigmatised conditions, such as mental health, substance misuse or HIV/AIDS, which people are often fearful of declaring”.

There are also between 250,000 and 350,000 children of problem drug users in the UK – about 1 child for every drug user.

2.6 million children live with a hazardous drinker (BMC Public health 2009).

335,000 children live with a drug dependent parent (BMC Public health 2009).
Local Statistics

2001 census showed 2100 young carers in Cheshire but it is now believed to be 4 times as many totalling around 8,000 in Cheshire West.

Recent developments in commissioning have meant that the Council is moving towards a more needs led analysis of commissioning services.

Out of 4 secondary schools in Cheshire West there are 63 young carers being supported by the local young carers service.

Out of 4 primary schools in Cheshire West there are 71 young carers currently receiving support from the young carers service.

Out of 150 young carers 139 receive free school meals.

Of these 150 young carers 10% care for a parent with physical disability or a life limiting disease or illness, 30% care for a parent with a severe mental illness, 37% care for a parent with entrenched substance misuse and 73% care for a parent with a dual diagnosis of mental illness and combined substance misuse.

Research - MARAC 2010-2011 out of 365 adults and 478 children.

32% (156) of total children are living in households where one or both parents has a drug, alcohol or mental health issue.

43% of these children are in repeated cases of incidences related to this.

There is also a link between these issues and domestic violence.

From April 2011 to March 2012 the Adult Social Care and Health Directorate assessed 3260 carers. Of these 899 received services and 2361 received information and advice only. This is approximately 40% of assessments which are conducted each year.

The latest national census shows that:

- 5.2 million people in the UK are carers
- There are about 174,995 young carers in the UK
- 21% of carers look after someone for more than 50 hours a week
- 25% of carers have been looking after someone for more than 10 years
- 17% of women and 12% of men are carers
- Women have a 50% chance of being a carer by the age of 59
- Half of all carers look after someone over the age of 75
- By 2037, the number of carers in Britain will increase by about 60%.

“All carers (including young carers) and their families need to feel safe and confident to ask for support.”
5 Scope and priorities of the strategy

Investing in carers will result in better care and more choices for the person they care for. Carers who are well informed and supported are able to look after that person more effectively, safely and with fewer calls, particularly calls of last resort, on the care system.

We want to ensure that there are flexible, personalised services that tap the resources available in our own communities, and deliver services that help people to maintain their independence, and wherever possible remain in their own homes.

“Carers who provide high levels of care for sick or disabled relatives and friends, unpaid, are more than twice as likely to suffer from poor health compared to people without caring responsibilities.” (In Poor Health – the impact of caring on health, Carers UK 2004).

Both statutory and independent sector service providers have a key role in helping to maintain carers’ health and well-being; and helping to sustain carers in their caring role for as long as it is both their choice and the choice of the person they care for.

Parent-carers of disabled children and young people, and carers of disabled adults, may need specific support to plan positively for the future with regard to the independence of the person they care for.

To develop services, interventions and a preventative approach based on multi agency responsibilities for the whole family.

Young carers form an invisible group of vulnerable children. A young carer typically takes on caring responsibility for a family member, undertaking tasks appropriate for an adult, trying to keep their family together alongside full-time education. In order to protect him or herself, the young carer may choose to keep his or her role secret. These both makes them vulnerable to bullying, and conflicts with the demands of school life, particularly with regard to regular attendance and completion of homework. The young carer should receive support without the threat of the break-up of their family. Young carers are, and should be enabled to be, children and young people first. We need to be smarter about identifying these children and young people early before the caring role begins to impact negatively on their health, wellbeing and education.

Only small numbers of young carers are currently being identified or assessed for support. The reasons for this include blurred boundaries of responsibility between adults and children’s services; a lack of awareness among many professionals; and young carers’ own lack of awareness of their entitlements, and the young carer and their family’s reluctance to seek formal help.

The profile of carers is changing: carers themselves may be disabled or frail; people who receive care may provide mutual support for each other.

Increasingly, because people are living longer, there is a growing part of the population which we call the sandwich generation: - people who juggle looking after elderly parents with supporting children.

This strategy recognises all of these changes in our population.

To prevent inappropriate caring roles impacting on a child’s development.
Priorities

We, in partnership with all stakeholders, will commission services based on a model of comprehensive carer support.

Figure 1:
Model of comprehensive carer support
These are:-

Priority 1: Identification and Recognition
Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

There are specific references to identifying carers of people with autism and the need to safeguard children by working towards the prevention of children undertaking inappropriate care of any family member.

Priority 2: Realising and Releasing Potential
Enabling those with caring responsibilities to fulfil their educational and employment potential

Priority 3: A Life Outside of Caring
Personalised support both for carers and those they support, enabling them to have a family and community life

Priority 4: Supporting Carers to Stay Healthy
Supporting carers to remain mentally and physically well

Priority 5: Joint plan with Health Colleagues throughout Cheshire West and Chester Borough
We recognise that a key part of carer support is joined up planning between us and both Clinical Commissioning Groups that represent this area: Cheshire West and Chester Clinical Commissioning Group and Vale Royal Clinical Commissioning Group. This joint Strategy recognises this but it will publish this plan so that carers can understand the details.

Full details of this implementation plan with actions and measures are contained in Appendix 1.
6 Monitoring progress

How do we know what has worked, what is valued and what is being achieved in the future.

What has been done since 2009 up until March 2012 for carers is contained in Appendix 2.

The Carers Strategy will be reviewed formally on an annual basis and at the bi-monthly Carers’ Inter-agency Meeting. Carers will be invited to provide comments and raise issues to ensure the strategy remains carer led and focused. This will then report formally to the Joint Commissioning Committees of both Clinical Commissioning Groups.

This Carers Strategy covers the years 2012 – 2015 and we will provide an annual report on our progress on ours and partner websites on the anniversary of the launch date, which is September 2012.

As part of this monitoring and evaluation we will have some key questions to discuss with carers:–

1. Do our services meet the needs of carers?
2. Are the interventions in the model (Figure 1) being delivered?
3. Are any groups of carers not accessing the support they need?
4. How can we help individuals and communities to overcome those barriers?
5. Where are there gaps and under-provision?
6. Where is there over-provision or scope for better co-ordination between services?

Equally important is direct accountability and reporting to people, carers and our local communities on our plans and progress to enable them to comment and influence – we have already made progress with this by being one of the few Councils to produce a Local Account of performance by the required date of 31 December 2011, which is available on our website.

Cheshire West and Chester Council gives an account of its performance to Department of Health on the National Outcome Measures for Adult Social Care. Specific to carers is

- Overall satisfaction of carers with social services
- The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- The proportion of people who use services and carers who find it easy to find information about services.

The Joint and Strategic Needs Assessment (JSNA) is a statutory obligation by which Cheshire West and Chester with its Health Partners describe the future health, care and well-being needs of our local population. Any health and social care targets are based on the findings of the JSNA.

In order to ensure that improvement of carers’ services becomes a key target, the voices of carers, the third sector (voluntary/non-profit making) and service users must also be included in the JSNA. The Cheshire West and Chester JSNA include evidence from the public, collected via Local Improvement Networks (LINks) and other bodies. Expectations for joint working are set out in Delivering health and well-being in partnership:
The crucial role of the new local performance framework (DH/ CLG 2008). The Cheshire West and Chester JSNA highlights carers’ priorities including:

- Improve access to services for people with dementia and to provide better information and support to carers
- Find out how best to support carers / provide more support to carers
- Do more to help carers achieve a good quality of life.
- Do more to make sure that carer’s incomes are maximised, either through paid work or other sources of income.

The last survey of carers in Cheshire in 2010 with carers (those carers in contact with Cheshire West and Chester Council) produced the following results:

- 84 per cent of carers said social services had fully or partially understood the impact that caring has had and the issues faced as a carer
- 55 per cent said that social services had helped make sure the carer had some free time/a break from caring each week
- 32 per cent said social services had helped plan for an emergency
- 21 per cent said social services had helped think about how to stay fit and healthy.

Carer involvement across all areas of service planning is on the increase due to the much greater numbers of carers that are now in active contact with services.

In a 2008 survey of people using telecare, 90 per cent of carers said that telecare helped them in their role by giving them confidence that people they are caring for are safe when alone in their home. This provided them with peace of mind and greater independence in their personal life.

Engaging with carers is a key challenge for all service areas and agencies.

Not all carers readily identify themselves as carers and each carer will require differing types of support and services. However all carers need relevant and timely information so that they can effectively sustain their caring role.

We will ensure that in the development of this strategy and more importantly in the development and design of services there will be strong referencing to clear principles which include:-

- Clarity about role and expectation/ outcomes sought
- Active listening
- Active participation
- Varied consultation formats / methods (e.g. surveys, workshops, ‘armchair engagement’, focus groups, piggy backing on others networks) – see list below
- Timely responses to contributions
- Effective communications loop
- Emphasis on carers who are hard to reach.
7 Carers and the law

There are laws to protect carers and the people they care for. These laws state what councils must do when working with carers and vulnerable people.

**Recognised, valued and supported: next steps for the Carers Strategy (HMG 2010)**

Personalised approaches are integral to achieving the priorities. These priorities are:

- **Supporting those with caring responsibilities to identify themselves as carers at an early stage,** recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

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

- **Personalised support both for carers and those they support, enabling them to have a family and community life.**

- **Supporting carers to remain mentally and physically well.**

**Putting People First agreement 2007** is a commitment to the transformation of social care services, confirming the intention to integrate health and social care services to create systems that are fair, accessible and responsive to the individual needs of those who use services and their carers.

**Local Government and Public Involvement in Health Act 2007** set up Local Involvement Networks (LINks) requiring the primary care trust and the local authority to consult and involve service users.

**Childcare Act 2006** requires local authorities to provide information, advice and assistance to parents.

**Carers (Equal Opportunities) Act 2004** confirms the duty to inform carers of their rights to assessment and requires consideration of carers needs or wishes to work or undertake education, training or leisure.

**Children Act 2004** places a duty to co-operate on public bodies in relation to organising services for children, supported by the introduction of the Common Assessment Framework.

**Community Care Assessment Directions 2004 LAC (2004)**, provides a legal framework for place existing good practice and guidance on conducting care assessments and care planning.

**Community Care (Delayed Discharges etc.) Act 2003** confirms the right of carers to have their needs assessed as part of the assessment of needs of a person who may require a community care service to achieve safe discharge from hospital.

**The Carers and Disabled Children Act (2000).** This law states that:

- **All carers, including parent carers are entitled to an assessment of their need.**

- **Councils can offer assessments of need to all carers even when the person they look after chooses not to have their own needs assessed.**

- **Direct payments can be offered to those eligible for community care services.**
**Education Act 1996** states that schools and the local authority have responsibility to identify, assess and make provision for a child’s special educational needs based on a shared perspective.

**Carers (Recognition and Services) Act 1995** requires a local authority as part of the assessment of a service user, to assess needs of a carer, who is providing or intends to provide a substantial amount of care on a regular basis.

**The NHS and Community Care Act (1990)** Councils must involve families and carers when making plans for helping vulnerable people in the community.

**Children Act 1989** restates the principle of the welfare of the child being paramount and stresses the importance of family support services for children in need. The definition of children in need includes disabled children and children unlikely to have the opportunity to achieve or maintain a reasonable standard of development without provision of services or support.

**Disabled Persons (Services Consultation and Representation) Act 1986** requires a local authority during an assessment of a disabled person aged 18 or over, to take into account carers’ abilities to continue caring.

**Chronically Sick and Disabled Persons Act (1970)** places a duty on local authorities to make arrangements to provide services to individuals it had assessed as needing them.
8 Understanding the policy drivers and funding streams

The National Stroke Strategy

The National Stroke Strategy promotes carer support throughout the patient journey. The Strategy focuses on early supported discharge, which it has been argued is often unachievable without carer support. There are a number of quality markers (QMs) for NHS bodies to work towards, including:

- People who have had a stroke, and their relatives and carers, have access to practical advice, emotional support, advocacy and information throughout the care pathway and lifelong (QM3)
- Individuals and their carers are involved in developing and monitoring services (QM4)
- A range of services needs to be locally available to support the individual long-term needs of people who have had a stroke and their carers (QM13).

A 3 year longer term Stroke Support service was launched in 2011 using the Stroke Grant. The primary function is to support people who have had a stroke to regain confidence after intensive rehabilitation, engage in meaningful activity and support with return to work (either paid or voluntary).

The End of Life Care Strategy

There are around half a million people caring for the terminally ill at any one time and researchers found 84 per cent of them scoring over the threshold for psychological distress.

The End of Life Care Strategy sets out three key principles about how carers should be involved and supported in end of life care:

- Carers should be treated as ‘co-workers’ with health and social care teams
- Carers have their own needs and should be offered an assessment and a formal ‘carers care plan,’ which should be subject to regular review the condition of the person who receives care should not affect how the carer is treated or the services the carer may be able to access.

Practically, this means that carers should be:

- closely involved in decision-making, alongside recognition of their own needs
- Offered information about the person’s condition and services which are available
- Offered support in their caring role offered practical and emotional support both during the life of the person receiving care and after bereavement
- Dementia guidance around End of life emphasises the need to forward plan advanced directives, Power of Attorney and financial planning support via Age. UK. All of this supports Carer through a traumatic stage.
Dementia Strategy

Living well with dementia (the National Dementia Strategy) states that:

“Family carers are the most important resource available for people with dementia” (p12)

The Secretary of State’s foreword states that:

“...we must develop a range of services for people with dementia and their carers which fully meets their changing needs over time” (p4)

“Information for carers on the condition and support available should be offered at the point of diagnosis and throughout their caring role” (p11)

“...with specialist dementia advisers able to advise both those with dementia and their carers. Implementing the Carers Strategy is one of the key objectives of this Strategy” (p12)

National Framework for Continuing Healthcare

On 1 October 2007 the government introduced a new national framework for determining eligibility for NHS Continuing Healthcare across England. This aims to provide fairer access to NHS funding, eliminating variations in local criteria, so that everyone has an equal chance of having all their care needs met by the NHS.

Continuing Care is defined in the framework as care provided over an extended period of time to an adult to meet physical or mental health needs arising from disability, accident or illness. If the main need for care relates to health, the NHS is responsible for providing for all care needs ("fully funded NHS care"), which could mean free NHS Continuing Healthcare rather than having to pay for local authority community care support. There have been several successful challenges to funding decisions recently which mean that more people are able to claim continuing care. Since October 2007 all Strategic Health Authorities and Primary Care Trusts in England have had to comply with the National Service Framework and adopt the new national eligibility criteria.

Those supporting carers should familiarise themselves with the initial checklist: showing that enough checklist criteria are met is the way in to continuing care. The NSF says:

“When your assessment is carried out, you and, where appropriate, your carer will be consulted.”
Autism Strategy

Autism is sometimes described as a ‘hidden disability’, not only because it has no physical signs, but also because adults with autism are some of the most excluded and least visible people in the UK. Adults with autism are often victims of inadequate healthcare services, social stigma and discrimination.

This local strategy represents a shared approach towards the common goal of providing effective support for adults with autism. It will bring together an array of services in order to meet their needs.

The main focus of the strategy is to ensure training for staff; to improve the identification, diagnosis and ongoing management of adults with autism; and to provide leadership for the development of services, including the transition from child to adult services. This will build public and professional awareness, enable a change in attitudes across our society, and reduce the isolation and exclusion that people with autism too often face.

This local strategy will ensure that there is better support for people with autism, and for their families and carers; it aims to improve access to healthcare and other services, which affect their quality of life; it seeks to empower people to shape their own lives and determine the services they wish to receive; and it champions the provision of real opportunities for everyone to experience fulfilling and rewarding lives.

The strategy is organised into 7 key overarching objectives. These objectives are based on national and local priorities and what people have told us, via the consultation process, is important to them. Specific to carers is Objective 7.1.

7.1 Objective 1: Carers

Carers play a vital role in the lives of people with autism. A range of services are available to people with autism that provides support for their family carers. Most carers’ services are commissioned by Adult Social Care.

- Carers of people with autism will have their own needs acknowledged and will be offered a carer’s assessment
- Carers will have clear and accessible information about the range of support and services available
- The local Joint Carers’ Strategy will be accompanied by an action plan
- We will seek to understand the needs of older carers (over 65 years of age) and work with them to meet their needs and that of their family member with autism
- We will develop the council’s web based information directory to include information regarding autism and aspergers.
- Carers to be consulted on individuals needs.
Appendices

Appendix 1

NOTE: There are specific groups within the Cheshire West and Chester population which warrant specific attention. This can be because there are current strategic priorities identified by the Council and/or other agencies within the borough. Within each priority objective it is identified if it relevant to the whole population (adults and young people (ALL) or to specific groups such as people with autism (AU), Young carers (YC), Adult carers (AC) or Children & Families (CF).

Cheshire West Carers Strategy - Implementation Plan 2012 -13

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<thead>
<tr>
<th>Priority 1</th>
<th>Identification and Recognition</th>
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<td><strong>Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages</strong></td>
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<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Evidence of success</th>
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<tbody>
<tr>
<td>1.1 ALL</td>
<td>Develop a Carers Reference Group in Cheshire West</td>
<td>Nominated 3rd sector provider</td>
<td>October 2012</td>
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<tr>
<td>1.2 ALL</td>
<td>Develop training across all care groups to ensure carers’ views are taken into account in planning &amp; implementing services for the cared for and identify any barriers to implementation.</td>
<td>CWaC lead and health partners</td>
<td>April 2013</td>
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<td>1.3 ALL</td>
<td>Increase the number of carers receiving an assessment in their own right, that is of high quality and has meaningful outcomes, if they meet the criteria for carers assessments.</td>
<td>Lead Commissioner for carers</td>
<td>April 2013</td>
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<td>1.4 ALL</td>
<td>Identify, support and empower carers who have an interest in shaping services by including them in commissioning decisions.</td>
<td>CWaC lead and health partners</td>
<td>April 2013</td>
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<td>1.5 ALL</td>
<td>Continue to work with GP/primary Care to raise awareness of carers as ‘Partners in Care’</td>
<td>CWaC lead, health partners and nominated 3rd sector providers.</td>
<td>March 2013</td>
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<td>1.6 ALL</td>
<td>All GP surgeries will have carer information boards and an identified Carer Link named member of staff.</td>
<td>Identified health leads for PCTs</td>
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### Joint Carers Strategy 2012 – 2015

*Professionals should not use confidentiality as an excuse to do nothing.*

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<tbody>
<tr>
<td>1.7 ALL</td>
<td>Develop a process with hospital professionals to ensure carers needs are taken into account when the cared for is admitted into hospital, during inpatient stays and throughout discharge planning.</td>
<td>Dignity in care reps or leads identified by unplanned care networks.</td>
<td>October 2012</td>
</tr>
<tr>
<td>1.8 ALL</td>
<td>Ensure that carers’ stories are given a voice through the use of media.</td>
<td>Inter-agency Carers sub group</td>
<td>April 2013</td>
</tr>
<tr>
<td>1.9 AU</td>
<td>Carers of people with autism to have their own needs acknowledged.</td>
<td>Lead Commissioner for Carers</td>
<td>April 2013</td>
</tr>
<tr>
<td>1.10 YC</td>
<td>The need to safeguard children by working towards the prevention of children undertaking inappropriate care of any family member. 1. To develop a system to enable young carers to be identified and their education performance monitored, this should include children educated At home 2. To facilitate better identification of young carers earlier (outside of education).</td>
<td>Children and families lead for Cheshire West and Chester Council</td>
<td>July 2013</td>
</tr>
<tr>
<td>1.11 CF</td>
<td>Using a whole family, interagency approach to assessments and service delivery. 1. To have integrated whole family assessments completed by practitioners in adult and children’s services.</td>
<td>Children and families lead for Cheshire West and Chester Council Lead Adult Social Care and Health Commissioner for Carers</td>
<td>August 2013</td>
</tr>
</tbody>
</table>
## Priority 2  Realising and Releasing Potential
Enabling those with caring responsibilities to fulfil their educational and employment potential

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Evidence of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 AC YC</strong></td>
<td>Identify areas of knowledge, skills and good practice to support carers wanting to get back into work or back into work and self employment. This includes young carers age 16-18 seeking further education or needing support with employment.</td>
<td>Job Centre Plus rep</td>
<td>March 2013</td>
</tr>
<tr>
<td><strong>2.2 AC</strong></td>
<td>Develop training programmes to support carers needs for re-entering employment</td>
<td>Job Centre Plus rep</td>
<td>March 2013</td>
</tr>
<tr>
<td><strong>2.3 CF</strong></td>
<td>Ensure childcare opportunities and respite are developed and are available for parent carers</td>
<td>Children &amp; families lead</td>
<td>December 2013</td>
</tr>
<tr>
<td><strong>2.4 AC</strong></td>
<td>Ensure that conditions for carers working in health and social care are fair and that carers' issues are understood. Promote and implement workplace policies which support carers in their caring role.</td>
<td>CWaC lead and health partners</td>
<td>Sept 2012</td>
</tr>
</tbody>
</table>

*Isolation and caring role takes away confidence and self esteem - training courses and support groups help to give this back.*

Quote from carer
## Priority 3  A Life Outside of Caring

Personalised support both for carers and those they support, enabling them to have a family and community life

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Evidence of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1 AC</strong></td>
<td>Increase the number of carers receiving an assessment in their own right that is of high quality and has meaningful outcomes including the identification of the need for a break.</td>
<td>CWaC</td>
<td>March 2013</td>
</tr>
<tr>
<td><strong>3.2 ALL</strong></td>
<td>Promote and deliver breaks for carers, allowing them to pursue leisure and wellbeing activities while their cared for person is looked after.</td>
<td>CWaC lead and health partners Cheshire Carers Centre</td>
<td>December 2012</td>
</tr>
<tr>
<td><strong>3.3 AC</strong></td>
<td>To provide a responsive service to carers in an emergency using established systems.</td>
<td>West Cheshire Carers Emergency Support Service</td>
<td>April 2012</td>
</tr>
<tr>
<td><strong>3.4 ALL</strong></td>
<td>Develop, implement and evaluate assistive technology</td>
<td>CWaC telecare lead and telehealth leads</td>
<td>Nov 2012</td>
</tr>
<tr>
<td><strong>3.5 ALL</strong></td>
<td>Ensure relevant, clear and timely information is available about a range of services</td>
<td>CWaC lead and health partners / Cheshire Carers Centre</td>
<td>Review Oct 2012</td>
</tr>
</tbody>
</table>

"A time to laugh is so important."  
"Just one day to not have to worry about loved one is so valuable."

Quotes from carers
**Priority 4  Supporting Carers to Stay Healthy**

Supporting carers to remain mentally and physically well

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibilities</th>
<th>Timescale</th>
<th>Evidence of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 ALL</strong>&lt;br&gt;Yearly health checks are in offered to carers by Primary Care and priority appointment schemes are in place</td>
<td>Health leads</td>
<td>December 2012</td>
<td>Clinical Commissioning Groups review.</td>
</tr>
<tr>
<td><strong>4.2 ALL</strong>&lt;br&gt;Training and awareness raising sessions are delivered to GP’s, primary care and other health and social care professionals to help support carers ‘physical and mental health needs’</td>
<td>CWaC lead, health partners and nominated 3rd sector providers</td>
<td>April 2013</td>
<td>Annual Carers report 2013</td>
</tr>
<tr>
<td><strong>4.3 AC</strong>&lt;br&gt;To provide a responsive service to carers in an emergency using established systems.</td>
<td>CWaC, Cheshire Carers Centre</td>
<td>April 2013</td>
<td>Carers registered on Wext Cheshire Carers Emergency Support Service increased to 1,500 registered users</td>
</tr>
<tr>
<td><strong>4.4 YC</strong>&lt;br&gt;Young carers are identified and services targeted to avoid inappropriate caring roles</td>
<td>Commissioned Young Carers Service</td>
<td>April 2013</td>
<td>Young Carers identified increased by 10% on 2011-12 reported figure</td>
</tr>
<tr>
<td><strong>4.5 ALL</strong>&lt;br&gt;Ensure that support is available and accessible when carers can no longer cope with their caring role or for when they are bereaved</td>
<td>CWaC lead, health partners and nominated 3rd sector providers</td>
<td>April 2013</td>
<td>Annual Carers report 2013</td>
</tr>
<tr>
<td><strong>4.6 ALL</strong>&lt;br&gt;Support a Carers Day event on an annual basis</td>
<td>3rd sector lead</td>
<td>March 2013</td>
<td>Annual Carers report 2013</td>
</tr>
<tr>
<td><strong>4.7 CF</strong>&lt;br&gt;Support and guidance is available to parent carers when families are going through transition to adult services</td>
<td>Children &amp; families transitions lead officer.</td>
<td>May 2013</td>
<td>St. John’s Ambulance in My Life My Choice Information consortium.</td>
</tr>
</tbody>
</table>

*Carers need support and help to have access to things that will keep them healthy.*

Quote from carer
### Joint plan with Health Colleagues throughout Cheshire West and Chester Borough

(Incorporating NHS Operating Framework 2012/13): Carers play a vital role in our system and must receive help and support from local organisations

<table>
<thead>
<tr>
<th>Action</th>
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<th>Timescale</th>
<th>Evidence of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1 ALL</strong></td>
<td>Produce, in partnership, a local Carers Strategy that reflects and is in line with the National Strategy for Carers</td>
<td>CWaC lead with health leads Carers Strategy group (representing all carer stakeholder groups)</td>
<td>Published September 2012</td>
</tr>
<tr>
<td><strong>5.2 ALL</strong></td>
<td>Identify the financial contribution made to support carers by both local authorities and PCT clusters</td>
<td>CWaC lead with health leads</td>
<td>Published Sep 2012</td>
</tr>
<tr>
<td><strong>5.3 ALL</strong></td>
<td>Identify how much of the financial contribution is being spent on carer breaks</td>
<td>CWaC lead with health leads</td>
<td>Published Sep 2012</td>
</tr>
<tr>
<td><strong>5.4 ALL</strong></td>
<td>Identify an indicative number of breaks that should be available within the funding</td>
<td>CWaC lead with health leads</td>
<td>Published Sep 2012</td>
</tr>
<tr>
<td><strong>5.5 ALL</strong></td>
<td>Publish all approved plans with the above details on PCT websites by 30th September 2012</td>
<td>PCT leads</td>
<td>Published Sep 2012</td>
</tr>
</tbody>
</table>

*I just wish all you (professionals, doctors etc) would just work together. I am so fed up repeating myself and fighting for what I know should be in place.*

**Quote from carer**
Appendix 2
Review Joint Carers Strategy 2009-12

From April 2009 until March 2012 we had five key priorities

1. Opportunities for a break
2. Information and Communication
3. Health and wellbeing
4. A life of your own: work (and financial security), education, training and leisure
5. Partners in Care: Having a voice

A review of all these priorities with associated actions is illustrated in Appendix 2.

Under **Priority One** we have a broad definition for ‘Carers breaks’ in that it needs to be defined as a ‘break’ by carers themselves. As part of some monies available through Central and East Cheshire Primary Care Trust (£50k 2010/11 and £60k 2011/12) we were able to fund more services beyond our current carers fund budget. These include:

- A walk-in Carers centre in the Neuro-muscular centre in Winsford.
- Dementia advisers to enable access to support and breaks
- Male carer groups
- Therapeutic breaks for carers of people with mental health issues.

As well as the other services detailed in Appendix 3 we have other provided Council respite services including the 18 bed dementia unit at Curzon House which was set up with funding from the original carers grant. Over 500 carers have received a form of break from providers like Making Space (Mental Health Charity) or the Cheshire Carers Centre over 2010/11.

We aimed to ensure more carers had access to one off payments in the form of a carers grant and achieved the following since 2009:

```
2009  598
2010  629
2011  519
```

These payments (up to £300) are scrutinised and administered by a panel of stakeholders at the Cheshire Carers Centre with strong emphasis on evidence that the payments will sustain the carers in their caring role and provide them with a form of break.

Under **Priority Two** it is essential we help carers to be identified as carers (60% of carers do not recognise themselves as such), and signpost them to good quality information and support.

We have made significant changes to the Cheshire West and Chester Council website pages for Carers under the ‘banner’ ‘My Life My Choice’ range of support. This includes more accessible information and a facility to do a mini self-assessment resulting in an electronic referral to our front of House team (Advice and
Contact) who will use the information to fill out a more comprehensive assessment which can either go to one of our social work teams or to a partner agency. We have an Information consortium under ‘My Life My Choice’ which is a partnership of 23 agencies (including the Cheshire Fire Service) which share information to ensure Carers have better support. This has resulted in increased referrals to our front of house team and to the partner agencies.

An event with Carers as part of the 2011 Carer Rights Day gave strong support for this approach with positive feedback. Changes were made to the web pages as a result of this. However, there is a significant challenge on keeping this information up-to-date. Since April 2011 show we have had 6,740 unique visitors to the MLMC pages and they have viewed pages a total of 16000 times.

We recently invited the ‘Young Foundation’ to do an information mapping exercise with stakeholders to look at the pathway for carers where the cared for has come into contact with health services. There were significant gaps in reaching carers who were deemed to be ‘self-funding’; this group are less likely to come into contact with statutory services. This informed a recently launched ‘Freedom to care’ scheme which will target hospitals and G.P services across Cheshire West with clear information on a range of good quality support via the Cheshire Carers Centre. This promotes two key services: The West Cheshire Carers Emergency Support Service and Cheshire West Telecare.

The West Cheshire Carers Emergency Support Service provides carers with an emergency card letting people know that someone depends on them. A contingency plan is drawn up which gives peace of mind to carers, knowing that the person they care for will be looked after should they themselves have an emergency, such as an accident or sudden illness. It also provides access to free back-up domiciliary respite care in extreme emergencies. We currently have 647 people registered as carers. All of this is designed to be preventative in nature, providing a planned approach to carers in emergencies. For example of the 647 carers there were only 6 home interventions by the Telecare Provider.

We have benchmarked how many carers are currently using Telecare and we will be able to evidence the success of the scheme with the uptake of this service.

This approach is deemed to be a good approach to carer support and we have recently been asked to share this model with all local authorities in the region as part of the ADASS Carers Conference in Manchester.

Under Priority Three we have emphasised we need to improve Carers Health and wellbeing by ensuring there is a range of services to hand which will enable carers to carry on caring.
This includes increasing and improving the quality of carer’s assessments. We have had a challenge with recording carers’ assessment using the recent procured record system Liquid Logic. There is now work under way to improve this system to ensure we have good robust recording with outcomes identified where the local authority has come into contact with carers. We have a target of 30% of all adult social care and health assessments having a carer’s assessment but we are currently falling short.

2009-2010:

Total number of completed carer assessments/reviews = 2844
200 separate carer assessments were completed
320 separate carer reviews were completed

2010-2011:

753 carers were assessed separately from the cared for person.
421 carers refused a carer’s assessment.

As demonstrated in Appendix 3 we have a range of providers which target carers where the cared for have chronic health conditions. Both hospices, Hospice of the Good Shepherd and St. Luke’s provide therapeutic support to carers (158 since April 2011). Alzheimer’s Society provide a range of educational and social support to carers of people with dementia (241 since April 2011). As part of joint working and funding from Central and East Primary Care Trust we were able to fund a dementia adviser who supports the cared for and carers throughout the whole process from the diagnosis to accessing support services. Again this is based on what we know about our population. In 2010 there were 3209 people diagnosed with dementia and 1823 people thought to have undiagnosed dementia. This is based on local G.P data.

Under the ‘Freedom to care’ scheme we are piloting initial carer assessments being done by ‘Eldercare’ (Telecare provider to supplement a pre-existing arrangement with ‘Making Space’, a mental health charity). The aim is to support carers earlier on before they reach a level of need which requires support from the local authority. With consent the information can be shared with partner organisations to ensure carers are supported.

The Carers survey [Department of Health] which was due to be conducted this year has been postponed until next year. We can say however that the last survey (released in 2010) did confirm that carers have very significant satisfaction with provided services when they receive them (90%) but awareness of services and their rights was impeded by poor knowledge of health professionals. In 2010 and 2011 we, in partnership with Carer organisations and Carers themselves, provided a range of training workshops for front line workers across Cheshire West. The feedback was very positive.

We also have Carer Links (usually the Practice Nurse or receptionist) in every G.P surgery in Cheshire West which ensures there is good access to information and support.
Under **Priority Four** we are working to ensure carers have a life of their own with access to work (and financial security), education, training and leisure.

In Appendix 3 we have detailed where there is training and education for carers. A current piece of work is starting with Job Centre plus to improve the access to employment skills and support. Leisure services are due to meet with ourselves to look at improving access for carers. There is currently a scheme where carers can access sport facilities free of charge where they are supporting the cared for but awareness of this is poor so the priority will be to promote this.

Under **Priority Five** we aim to ensure all services and service developments are Carer led and where possible, in line with what Carers say they want and need.

We have carers represented on our Carers strategy group which has linkages to carers groups representing provided Council services namely day care and respite services. We recently produced a report which recommended strengthening the linkages with the Adult Safeguarding board. There are also stakeholder forums which have carer representation across the County. All strategic commissioning initiatives emphasise evidencing carer needs with robust engagement and consultation. The Cheshire West and Chester Local Account will strengthen this approach.

A key priority for this area will be to conduct the Carers Survey as soon as the Department of Health define the criteria but there is strong support to the take into account the Adult Social Care Outcomes Framework (ASCOF) measures. The measures that have been included in the ASCOF, which are based on the Carers Survey are:

- **Carer reported quality of life,**
- **Overall satisfaction of carers with social services,**
- **The proportion of carers who report that they have been included or consulted in discussion about the person they care for**
- **The proportion of people who use services and carers who find it easy to find information about services**

We have Directorate and Corporate priorities to increase the number of people who receive self-directed care and for people to feel they are supported as carers. The current action plan and revised one for 2012/13 will reinforce this with emphasis on evidencing how carers have been supported to be as independent as possible.
## Priority 1  Opportunities for a break

To have a range of good quality and flexible services to provide breaks for Carers

<table>
<thead>
<tr>
<th>Actions</th>
<th>Achieved/Progress</th>
<th>Evidence of Success</th>
<th>Comments (including intention to carry forward)</th>
</tr>
</thead>
</table>
| **1.1** Personalised breaks are made available through Direct Payments or personalised budgets where possible. Examples include working with providers such as NM Centre Winsford or MS Centre Saltney to accept vouchers | ✗ | • Joint plan with CECPCT  
• Dementia advisers to enable access to support and breaks, male carer groups and therapeutic breaks for carers of people with mental health issues  
• Council respite services including the 18 bed dementia unit at Curzon House which was set up with funding from the original carers grant | Whilst some improvement – clear priority for new Action Plan (2012/3) in partnership with health partners and 3rd sector priorities |
| **1.2** Voluntary/community sector are encouraged to investigate innovative ways to provide early intervention/preventive breaks services with links to primary care/GPs, schools, extended services, childcare and play & leisure pathfinders project | ✓ | • Services in place to prevent deterioration in caring role e.g. therapeutic breaks | Significant room for improvement. Priority for carers’ strategy group to identify opportunities to work more closely with leisure services. Children & families directorate now represented on Carers strategy group |
| **1.3** Information and access to breaks is simplified and distribution points are well advertised and well used | ✓ | • Carers menu of local services available. My Life My Choice Information Consortium set up to ensure effective dissemination of information to carers and wider public | Looking to improve range of information available including service directories  
Carried forward as priority for 2012/13 |
<table>
<thead>
<tr>
<th>Actions</th>
<th>Achieved/Progress</th>
<th>Evidence of Success</th>
<th>Comments (including intention to carry forward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4</td>
<td>✔</td>
<td>• Charging consultation in 2009 and 2010</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>✔</td>
<td>• See 1.2</td>
<td>Clear commissioning priority for ASCH</td>
</tr>
<tr>
<td>1.6</td>
<td>✗</td>
<td></td>
<td>A quality framework in place but targets for carer breaks needs attention</td>
</tr>
<tr>
<td>1.7</td>
<td>✔</td>
<td>• Rolling programme for training/awareness raising for front line staff has taken place since 2009 • Events took place across the borough across health &amp; social care</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>✔</td>
<td>• Workshops with stakeholders to identify issues • Review of building services will make full reference to carer consultation and engagement</td>
<td>Building review will emphasise flexibility and personalisation</td>
</tr>
</tbody>
</table>
## Priority 2 Information and Communication

Aim: To identify, support, and signpost Carers to good quality information and support

<table>
<thead>
<tr>
<th>Actions</th>
<th>Achieved/Progress</th>
<th>Evidence of Success</th>
<th>Comments (including intention to carry forward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Commissioners and statutory, voluntary and private sector organisations, community groups and employers raise the profile of Carers’ needs, and signpost to support – (Supports NI 135)</td>
<td>✔</td>
<td>• A 3rd sector provider is doing carers assessments.</td>
<td>Proposal to expand role of third sector to increase initial carers’ assessments</td>
</tr>
<tr>
<td>2.2 Relevant, clear and timely information about the range of services is available at key, accessible distribution points and in media campaigns, with translation and a variety of formats available as required</td>
<td>✔</td>
<td>• Range of information for carers published across variety of platforms</td>
<td>Will be priority area for Action plan 2012/13</td>
</tr>
<tr>
<td>2.3 Relevant information on conditions and services is available 24/7</td>
<td>✔</td>
<td>• My Life My Choice range of information available with NHS Choices range of information on conditions</td>
<td>Will be priority area for Action plan 2012/13</td>
</tr>
<tr>
<td>2.4 Information is targeted to areas of particular need</td>
<td>✔</td>
<td>• Freedom to care initiative launched targeting hospital discharge and GP surgeries</td>
<td>Will be priority area for Action plan 2012/13</td>
</tr>
<tr>
<td>2.5 Frontline community staff in a range of settings including those who provide home visits are kept well informed on Carers support needs and how to signpost to appropriate services</td>
<td>✔</td>
<td>• See 1.7</td>
<td></td>
</tr>
<tr>
<td>2.6 Resources are identified to fund appropriate technology including web based and mobile IT and to develop and disseminate appropriate training to use the technology</td>
<td>✔</td>
<td>• Freedom to care initiative integrates telecare equipment and support to carer support</td>
<td></td>
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</table>
### Priority 3  **Health and wellbeing**

**Aim:** To help maintain and safeguard the emotional and physical health and wellbeing of Carers and their families

<table>
<thead>
<tr>
<th>Actions</th>
<th>Achieved/Progress</th>
<th>Evidence of Success</th>
<th>Comments (including intention to carry forward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td></td>
<td>X</td>
<td>Will be priority area for Action plan 2012/13</td>
</tr>
<tr>
<td>Flexible health resources for breaks are targeted on Carers where their family member is at higher risk of requiring intensive health and social care services - (Cross reference priority one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td></td>
<td>X</td>
<td>Improvements to Liquid logic recording process including a rolling training programme on recording carers assessments throughout 2012</td>
</tr>
<tr>
<td>More &amp; better quality statutory carers’ assessments are delivered (Supports NI 135)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td></td>
<td>✓</td>
<td>• See 1.7</td>
</tr>
<tr>
<td>Training and awareness raising is delivered for GPs, primary care and other medical practitioners to support carer physical and mental health needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td>✓</td>
<td>• Range of training programmes for carers across borough</td>
</tr>
<tr>
<td>Training, information and support are accessible &amp; help empower carers in their caring roles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td></td>
<td>X</td>
<td>Access to these checks inconsistent across borough – to be carried forward to 2012/13 action plan</td>
</tr>
<tr>
<td>Yearly health checks are offered to Carers by Primary Care and priority appointment schemes are in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td></td>
<td>✓</td>
<td>• Range of service and support provided across borough</td>
</tr>
<tr>
<td>Resources</td>
<td>specialist knowledge, practical and emotional support, IT) are provided to enable carers to access mental and physical health and wellbeing services and alleviate social isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Achieved/ Progress</td>
<td>Evidence of Success</td>
<td>Comments (including intention to carry forward)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>3.7 Support is made available &amp; accessible for carers as they plan for the future when they can no longer cope and for when bereaved or they let go of the caring. Identify any current project boards addressing health and wellbeing and ensure carers issues are included.</td>
<td>✔</td>
<td>➢ Young carers supported by St John’s ambulance</td>
<td>Health and well-being of carers continues to be priority for 2012/13</td>
</tr>
<tr>
<td>3.8 Young Carers are identified and services are targeted to avoid inappropriate caring roles.</td>
<td>✔</td>
<td>➢ St John’s ambulance represented on carers’ strategy group</td>
<td></td>
</tr>
<tr>
<td>3.9 Uptake from Parent Carers to access support with parenting and understanding how to manage complex needs is identified and reported.</td>
<td>✔</td>
<td>➢ Parent carers of children with complex needs are identified by Carers centre</td>
<td></td>
</tr>
<tr>
<td>3.10 Parent Carers have support and guidance to help families who are going through transitions to adult services. To review the availability of timely parenting support and marketing of the same and accessibility to parent carers.</td>
<td>✔</td>
<td>➢ Children &amp; families asked to provide an update report to Carers strategy group.</td>
<td>Priority area to be carried forward for 2012/13</td>
</tr>
<tr>
<td>3.11 Carer 24/7 emergency support as part of West Cheshire Emergency Support Service - registrations to be evaluated and new targets established.</td>
<td>✔</td>
<td>➢ West Cheshire Carers emergency support service (WCCESS) established</td>
<td>640 carers registered</td>
</tr>
<tr>
<td>3.12 Access points for the available 24/7 information points (web and phone-based) are publicised and ensure call minders are able to signpost.</td>
<td>✔</td>
<td>➢ My Life My Choice Information consortium has clear aspiration to improve access and awareness of carers.</td>
<td>23 agencies in information consortium</td>
</tr>
</tbody>
</table>
## Priority 4  
**A life of your own: work (and financial security), education, training and leisure**

*Aim:* To help support Carers to have a life of their own through access to work (and financial security), education, training and leisure

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<tr>
<th>Actions</th>
<th>Achieved/Progress</th>
<th>Evidence of Success</th>
<th>Comments (including intention to carry forward)</th>
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| 4.1     | Ensure that contingency plans developed by WCCESS continue to grow | ✓ | • Use of WCCESS continues to grow  
• Strong satisfaction |
| 4.2     | Childcare opportunities are developed for parent carers | ✗ | See 3.10 |
| 4.3     | Bring together the work emerging from CW&C and NHS Western Cheshire to support working Carers and roll out good practice & awareness of the strategy with employers in statutory, voluntary and business sectors | ✗ | Awareness programme planned for 2012 |
| 4.4     | Ensure that “a life of your own” is raised and good practice is shared in all promotional activities | ✓ | • Integrated in to commissioning plan for carers |
| 4.5     | Identify areas of knowledge and skills and good practice to support Carers wanting to get back into work and self-employment, and develop training | ✗ | Job centre plus member of carers’ strategy group. Work plan to be led by JCP rep |
**Priority 5  Partners in Care: Having a voice**

**Aim:** Help ensure all services and service developments are Carer led and where possible in line with what Carers say they want and need.

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<tbody>
<tr>
<td>5.1</td>
<td></td>
<td>×</td>
<td>Will be priority area for Action plan 2012/13</td>
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<tr>
<td>5.2</td>
<td></td>
<td>×</td>
<td>Dignity in care leads to be asked to attend carers’ strategy group</td>
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<td>5.3</td>
<td></td>
<td>×</td>
<td>See 5.2</td>
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<tr>
<td>5.4</td>
<td>⬗</td>
<td>● Range of press releases and articles throughout 2010/11</td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>⬗</td>
<td>● Range of press releases and articles throughout 2010/11</td>
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</tbody>
</table>
| 5.6     | ⬗                 | ● Carers fully integrated into any services planning  
• Represented on variety of forums | |
| 5.7     | ⬗                 | ● See 1.7           | |

- Ensure PCT GP protocol is implemented and work with GPs/primary care to raise awareness of Carers as partners in care
- Address communication and confidentiality issues with medical professionals for Carers as partners in care
- Work with medical professionals to ensure Carers' needs are taken into account around admission, during inpatient health care, and throughout discharge planning when caring for patients or when Carers are themselves patients
- Ensure media contacts include Carers stories where relevant
- Ensure Carers issues feature in mainstream publicity
- Identify, support and empower more Carers who have an interest in shaping services, how they want to be involved, and include throughout planning processes
- Develop training across all care groups to ensure Carers' views are taken into account in planning & implementing services for the person for whom they care. Identify barriers to implementation