# LLR Carers Strategy 2018 – 21 Consultation

Presentation to ASC Scrutiny Commission 20th March 2018

# Key Points of the draft Joint Carers Strategy 2018-2021

- Shared vision and guiding principles for recognising, valuing and supporting carers
- Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland.
- Partner organisations that have been involved in the development of the strategy include Healthwatch (Leicestershire and Rutland), Alzheimer's Society, The Carers Centre, Voluntary Action South Leicestershire (VASL) Barnardo's and Age UK Leicestershire.
- https://surveys.leics.gov.uk/snapwebhost/s.asp?k=1520345 12740
- Consultation live now until 22<sup>nd</sup> April

# Key Points of the draft Joint Carers Strategy 2018-2021

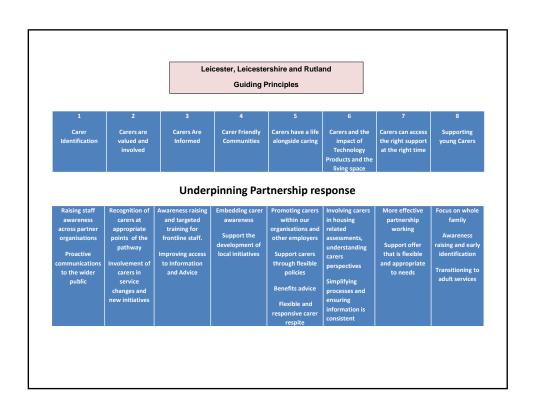
- Developed using analysis of survey and performance data, and updates from the National Carers Policy Network
- Clear focus on local carer views and experiences collected through significant engagement undertaken in 2017 and earlier research and engagement work.
- Previous carers strategy expired in 2016

## **Monitoring Progress**

- The Carers Delivery Group is part of the Sustainability and Transformation Plan (STP) governance structure have led on the development of this strategy
- Positive carer support will impact across all workstreams.
- During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place.
- These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.
- In order to ensure the involvement of carers in overseeing delivery of the strategy, a carer's reference group will be created which will track progress against key milestones.

## Who is a carer?

- A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support
- There are many different types of carers, including
  - Working Carers a carer who juggles paid work with unpaid caring responsibilities
  - Older Carers an unpaid carer aged 60 or over
  - Parent/Family Carers- A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility
  - Young Carers- a child or young person, aged 18 years or under, who
    provides regular and on-going care and emotional support to a family
    member who is physically or mentally ill, disabled or misuses
    substances
  - Multiple Carers/Sandwich Carers those with caring responsibilities for different generations, such as children and parents



#### Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity What we found Carer identification was a key theme. What we will do All partners will seek to support carers to identify themselves as appropriate getting carers to recognise themselves as carers. LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to Carers described not accessing support until they increase the number of carers identified on GP practice registers. reached crisis point as they had not recognised themselves as carers before that point. Individual partners will work to make their carer registers robust. How will we know if it's worked? Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services Increase in the number of carers assessments offered Priority 2. Carers are valued and involved - Caring today and in the future What we will do What we found Carers do not feel supported, valued or empowered in Health and social care professionals will seek the input of informal carers at their caring role, often not being kept informed, or not appropriate key points on the health and social care pathway in order to seen as a key partner in care. secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge. Commissioners will ensure that carers' views are sought and reflected in commissioning exercises. Good practice in carer training will continue to be shared across partners. How will we know if it has worked sed satisfaction level from carers within the next national carers survey

## Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting What we found What we will do There was recognition through engagement that information about carer issues was difficult to find and Partners will review their information offer for carers to improve its accessibility. All Partners will seek opportunities to raise awareness of local carers information rather than it being offered. services How will we know if it has worked Increase in the proportion of carers who say they find it easy to find information about services Increase in carers identified Priority 4. Carer Friendly Communities What we found Feedback included carers wanting services and support What we will do available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles. Encourage communities to support carers through awareness raising within existing community groups Those in minority or geographically isolated groups need How will we know if this has worked Carers report greater satisfaction in the accessibility of services

### Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing What we found What we will do Carers feel their caring role is not valued at work and As employers themselves, partners will review their carer friendly policies and aim to set a good example to others. The assessment process will consider the use of flexible and responsive Carers cite financial worries as one of their biggest respite provision to enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability. Carers highlighted that they often neglect their own health and wellbeing CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant. continue within their caring role. How will we know if it has worked? Working carers will feel better supported Priority 6. Carers and the impact of Technology Products and the living space What we found What we will do The home environment plays a key part in enabling a should be considered throughout relevant assessment processes. Although most workers would consult carers The partnership will seek to involve professionals from housing, equipment was not consistent. and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those $% \left( 1\right) =\left( 1\right) \left( 1\right) \left($ organisations. enough information on carers and their tenure status long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care. How will we know if it has worked nent processes will be more carer aware.

## Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers What we found What we will do Carers wanted to receive support that recognised their individual circumstances, and sometimes needed suppo Assessments will take a strength based approach to navigate through the system. Each partner will look at its carer's pathway to reduce the potential for a Throughout all engagement work carers felt access to services was challenging due to lack of integration (with disjointed approach. Opportunities for closer working between agencies will be considered at the services they received were often disjointed due to interdepartmental transfers or change in funding appropriate points in service reviews. People will be signposted to sources of support post-caring Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together. How will we know if it has worked Improvements in carer reported quality of life and satisfaction with social services. ority 8. Supporting Young Carers What we will do Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services. All partners will take the needs of young carers into account in planning Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to and assessment processes. The assessment process will take a whole family approach Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time. How will we know it has worked The impact of caring on young carers is taken into account in assessments and transition planning. Young carers report improved outcomes at home, school or in employment