NHS
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Clinical Commissioning Group

Cheshire East
Council

‘Caring for Carers’ ….. A Joint Strategy for Carers of All Ages in Cheshire East

2016 – 2018

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Foreword

Around 3 in 5 people will be carers at some point in their lives, taking this role on at any age, from very young children caring for parents or siblings, to adults caring for parents, partners or children as well as older people looking after family members.

Carers offer a vital contribution to their families and communities providing unpaid support for someone who is ill, frail or disabled. Hidden carers often spend more than 20 hours a week looking after loved ones. Without help and support, they can find themselves struggling and isolated with what can be very physical and emotional demands, trying to balance work and home life, and potentially risking their own health and wellbeing as a result. Supporting carers to enable them to meet their own needs is a key focus for health and social care partners

For us to have an effective Carers Strategy in Cheshire East, it has been really important to develop this plan with carers of all ages, reflecting the views and needs of local people. We have been gathering the views of carers of all ages over a number of years through workshops, focus groups, regular meetings and in depth life stories. The importance of supporting carers is a key feature of the Care Act 2014, raising the profile of carers, giving them an equal status to their family member who is being cared for. Through the engagement events we have heard some very inspiring stories of local carers of all ages. Carers often ask for very little but when they need help, it is crucial that it is quickly available and easily accessible. We need to know that we are commissioning and providing the right services to help carers continue this valuable role

Health and social care will take this opportunity to work in partnership with carers, wherever they are, to recognise, respect and respond to their needs. The important message for us, and one which we have heard repeatedly when listening to those in caring roles is this; carers want to be respected, valued and supported, they want help when they need it, sometimes that means quickly, and they want to only have to tell their story once. Carers of all ages want to know what support is available and how they can access that support, enabling them to make decisions that are right for them as individual's and for the people they love and care for. It is important that we work in partnership with carers and provide a support structure.

This then, is a strategy for young carers as well as adults. We have set out a vision that Cheshire East must be a great place to be young; we want this to be the experience for every young person regardless of their circumstances. Young Carers are too often part of an invisible population, working hard to balance the care for a loved one, their education, running a household and their own lives as young people - often putting their own needs last.

We have the greatest respect for all Young Carers and they should be immensely proud of all that they do. We also feel extremely protective of them and want to ensure Cheshire East is a caring community, one that readily identifies children and young people who are carers, one which provides support and advice services at the right time to meet their needs and one that continues to listen to the voice of children in the design, delivery and review of services.

We are all confident that through the combined effort of all services including both adult and children's social care, our schools, health providers and others the partnership approach, outlined in this joint strategy, we can improve outcomes for all carers and their families.

This strategy sets out how we will work with carers we know are there and those we need to find, to deliver better outcomes for them over the next two years.

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Introduction

This strategy is Health and Social Care's response to the stated needs of carers. It focuses on the needs of children and adults and addresses the complexity and diversity of the carer's situations. In keeping with the Government definition and for the purposes of this strategy a carer is somebody who:

'…provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. They can be any age, young or old. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer.'

Anyone can become a carer in response to a very broad range of circumstances. 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.

For Young Carers the impact of caring at a young age can be both positive and negative but should not be allowed to impact on a child or young person so much that they cannot 'be a child first'. The vision of those involved in developing this strategy is to identify and significantly reduce the numbers of young people undertaking inappropriate and harmful caring roles in Cheshire East and to support young people and their families and ensure services work together to ensure a more effective, joined up approach.

12,453 people in Cheshire East have identified themselves as caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. The number of people caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over. 1,236 of the carers who were caring for 20 hours or more per week (10%) reported that they were in bad or very bad health.

There is no current figure for the true number of young carers in the borough. Young carers are only known to agencies when they or their families identify themselves and therefore there are many who remain 'hidden'.

By 2037 Carers UK calculates that the number of carers in the UK will increase by 40%, which would mean nearly 56,000 carers in Cheshire East.
We believe since the Census in 2011 the numbers of carers in Cheshire East has risen and there will be people of all ages taking on caring responsibilities daily that we are not aware of; 'hidden' from main stream services not recognising or choosing not to declare their caring role.

Our Ambition

The success of this strategy will be measured in accordance with carers experience and reflected in the extent to which the following 'I' statements are achieved.

I am recognised and valued as a partner in care with expert knowledge, experience and understanding

I can share my experiences, views and ideas and they are used to improve and develop services

I am supported to realise my potential including access to work and educational opportunities

I am supported to have a life outside caring through quality assessments, breaks and information which help me make informed choices for my future

I understand what is available to me as a carer and am supported to stay out of financial hardship

I understand and recognise types of abuse and I know what I need to do to keep safe and harm free

I am supported to stay physically and mentally well and can access services based on my needs and aspirations

As a young carer I am recognised at an early stage and supported to learn, develop and thrive

As Health and Social Care partners we will *'take account of an individual's wishes and situation'* in all services and support we offer to carers. Thereby, embracing and building on work already started on the local governments Think Local Act Personal (TLAP) initiative. The TLAP principles refer to choice and control, enabling people to live full and independent lives.

National Context

The **Care Act 2014** refers mostly to adult carers, people aged 18 and over, who are caring for another adult. The Act places on local authorities a responsibility to assess the Carers need for support. This assessment will consider the impact of caring, as well as the things carers want to achieve in their own life. It must also consider other important issues, such as whether carers are able or willing to carry on caring, if they work or want to work, and whether they want to study or do more socially.

The Act explains how a Local Authority should carry out a Young Carers' needs assessment where there is 'likely need' for support post-18 and when it is of 'significant benefit', this is especially important during the 'transition' period from childhood to adulthood services. Guidance is also provided to assist professionals when they are working with a family to consider the whole family circumstances when assessing an adult's need for care, for example, making sure the position of a young carer within a family is not overlooked.

The Act details a duty to provide independent advocacy to represent and support carers as individuals - if needed to facilitate their involvement in assessments and preparing support plans. This includes advocacy support for carers, carers of children at transition age and young carers at transition age. Carers have the right to request that the local authority meets some or all of their eligible needs by giving them a direct payment so that they can control how this support is provided.

The **Children and Families Act** 2014 provides guidance on young carers, (aged 18 and under) and Parent Carers; adults who care for their disabled children.

An assessment can take place if it appears a young carer may have need for additional support, or if an assessment is requested. Young carers' needs assessments must have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation, and the extent to which the young carer wishes to work. All young carers under the age of 18 have a right to an assessment of their need, no matter who they care for, what type of care they provide, or how often they provide it. There is no longer a requirement to provide a "substantial" amount of care.

Many young carers remain hidden for a host of reasons, including family loyalty, stigma, bullying, not knowing where to go for support. Some do not come forward because they and their families are frightened of outside interference and being taken away. Many do not even tell their teachers or friends.

Caring can have a dramatic effect on their lives. Young carers' health can be compromised due to lack of sleep, excessive household chores and physical care. Almost a third of young carers' have serious educational problems with many failing to attain any GCSEs at all.

Respite

It is important that carers are offered a chance to have occasional breaks from your caring role.
You may be able to access more support to help you look after yourself and carry on caring which may include carer respite. A financial assessment can be undertaken to assess what financial support is available.

The Council is committed to providing a choice of respite services and individual bed based services local to you:

Local provision – respite is now available in 15 care homes throughout Cheshire East.

The Council has now signed new contracts with the independent sector to provide 21 respite care beds, 19 of these are pre bookable and two are reserved for carer emergency.
If you have been assessed as requiring carer respite and are planning a short break, a night out or a holiday it is easy to book a bed by calling our dedicated booking line or by emailing:
Email: ce.contracts@cheshireeast.gov.uk
Phone: 01270 686 428

Safeguarding Carers

We know that the situations carers face can sometimes create unbearable stresses and strains, and sometimes result in safeguarding issues. It is important that carers understand what abuse is and recognise types of abuse. The main aim of safeguarding is to ensure that the user and carer is kept safe and secure, and involvement from the Council, health or other organisations must be supportive, offering practical assistance for carers where required.

Organisations must work in partnership with others to identify and respond to any young carers who are suffering, or likely to suffer, significant harm and to protect them from this harm. All professionals working with families are required to be extra vigilant, especially in relation to 'Hidden Carers' http://www.cheshireeastlscb.org.uk

http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/adult-safeguarding-board.aspx

The Care Act also embeds the Principles of Making Safeguarding Personal. Adults at risk and carers should feel that their views and wishes are taken into account at all times, and be included and involved at all stages of the Safeguarding Process. People who are unable to make their wishes known or lack mental capacity will be supported by Advocacy services.

The National Strategy for Young Carers says that: ***'Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods'.***

Being a young carer can have detrimental effects on young people, including problems at school, health problems, emotional difficulties, isolation, lack of time for leisure, feeling different, pressure from keeping family problems a secret, problems with transition to adulthood, lack of recognition and feeling they are not being listened to.

Young carers often take on practical and/or emotional caring responsibilities that would normally be expected of an adult. The tasks undertaken can vary according to the nature of the illness or disability, the level and frequency of need for care and the structure of the family as a whole.

Some young carers may undertake high levels of care, whereas for others it may be frequent low levels of care. Either can impact heavily on a child or young person.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families and is part of community and family cohesion.

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,
- there is an impact on his or her emotional or physical wellbeing or
- there is an impact on his or her educational achievement and life chances.

Young carers often may not think of themselves as carers and are not recognised as such by other people like friends, teachers, doctors and other family members

The Care Act includes a duty to carry out a Young Carers' needs assessment where there is 'likely need' for support post-18 and when it is of 'significant benefit'.

Parent Carers

Under the Children Act 1989, it is expected that an assessment of a child 'In need' will take account of the needs of other family members. However, parent carers also have a right to their own assessment and services under the Children and Families Act 2014.Under the Act the Council must assess a parent carer if:

- they appear to have a need or if the parent requests an assessment. This will include whether that parent has needs for support and, if so, what those needs are, and whether it is appropriate for the parent to provide care for their disabled child in the light of their own needs for support.

- there are concerns about the well-being of the parent carer which may impact on the welfare of the disabled child and any other child the parent is responsible for.

Local Context - Strategic Vision for Cheshire East

Cheshire East Health and Social Care come together as a partnership through the local Health and Well Being Board. The Board looks at the joint needs of the population and agree strategic plans. This is then delivered through two transformation programmes; in South Cheshire his is called 'Connecting Care' and in Eastern Cheshire it is 'Caring Together', all of which prioritises the need to identify carers and provide support.

The overarching principle aims are the same for each programme;

- shifting the focus of care from hospital to home,
- working with individuals to support self-care,
- independence and choice,
- integrate services where people have needs which span health and social care.

Together the three organisations want to Empower carers and ensure support systems are in place to help carers to live their own life as well as recognising the carer as the expert in providing care and support for another person.

The partners also recognise that children and young people have very specific needs and have reflected this through the Children and Young People's 3 year Plan.

The outcomes within the Children and young people's plan have been shaped by the views and insights of children, young people and their families and are that:

1. Children and young people will be **actively involved in decisions** that affect their lives and communities

2. Children and young people **feel and are safe**

3. Children and young people experience **good emotional and mental health and wellbeing**

4. Children and young people are **healthy and make positive choices**

5. Children and young people **leave school with the best skills and qualifications they can achieve** and the **life skills they need to thrive** into adulthood

6. Children, young people and adults with additional needs **have better life chances**

In planning how support will be delivered to carers in Cheshire East, it will be necessary to review existing services and ensure that they are aligned to the priorities identified within this strategy. Where gaps exist we will work with the market to develop new models of support and the services that carers need.

Where are we now?

Strategic Priorities for 2016-18

This strategy identifies five priorities based on the feedback we have received through our engagement with carers and the changes in legislation following the Care Act 2014 and the Children and Families Act 2014 implementation

The overarching priorities for the next 2 years are

- Respite and carer breaks
- Realising carer potential
- Information service
- Assessment of carer needs and crisis support
- Engagement and co-production

For each priority area a work programme has been identified within a two year delivery plan which will be regularly monitored and updated, and which is summarised on a plan on a page'

There are a range of resources available to support carers and meet their individual needs. Establishing a value for money approach means exploring suitable solutions which are appropriate, adequate and meet the needs of carers both non-eligible or eligible for funded support.

It is vital that Health and Social Care partners take an active role in identifying carers and providing them with the support to access services. Services commissioned by either Clinical Commissioning Group or Cheshire East Council are free at the point of delivery to carers. A charge may be applied by the individual commissioned organisation for activities which the carer may participate in such as trips, meals out with other carers and other types of activity that the carer may interested in attending.

Equality and Diversity

We recognise the full diversity of carers across Cheshire East, and aim to ensure that community support and services for all carers are fully accessible. This includes taking due regard of carers who themselves may be disabled, from different ethnic and cultural backgrounds, gay, bisexual or transgender and recognises that diversity of carers covers more than this. It includes for example, health of carers, diversity of the people cared for, income and finance and the impact of caring for more than 50 hours per week. The Equality Act 2010 has the potential to reduce the strain on some carers, particularly when fitting caring responsibilities around education and employment, as carers have greater protection from discrimination as a result of their caring responsibilities.

Cheshire East Council Impact Assessment

In the first year following its implementation Cheshire East Council are **establishing a baseline** against which future targets can be set. An Annual review of targets will need to take account of the anticipated need and annual financial allocations.

Carers Engagement in Cheshire East

In 2012 and 2014, Cheshire East Council carried out the National Carers Survey for carers in their area. For this, a random sample of all the carers who have received an assessment in the past year are contacted and asked to answer questions on their experience of information, services and support in East Cheshire.

Year	Sample size	Total responses
2012	1131	440
2014	982	471

The results from the 2012 survey showed us that:

- 71% of carers were satisfied with the support or services that they and the person they cared for had received from social services in the previous 12 months
- 91% of carers felt that they had some measure of control over their daily life
- 79% of carers who were looking for information found it easy to find.

This shows that while support and information is working well for some, there is still work to be done to ensure that all carers receive the support that they need.

This strategy has been informed by information gained from the 2014 National Carers Survey, about Adult carers in Cheshire East who have had an assessment.

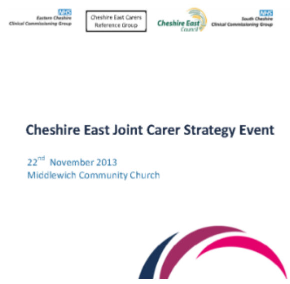
Profile of Adult carers who were surveyed in 2014:

- 46.4% of carers are aged 65 or over and looking after someone aged 65 or over.
- 63.3% of respondents were providing 50 hours or more care per week. Half (50.6%) were providing more than 100 hours of care per week.
- around two-thirds carried out personal care for the person they care for, and just over half provided physical help.
- over half (54.1%) of respondents were carrying out more than eight of the eleven caring tasks listed in the questionnaire.
- more than a third (36.4%) had been providing care for the person for more than ten years and around a fifth (20.6%) had been providing care for more than twenty years.
- some carers are providing care whilst also dealing with their own health problems. Just over half (51.2%) had one or more health conditions.

The impact of caring on those who were surveyed in 2014:

- 1 in 8 respondents (12.7%) said that they do not do anything they value or enjoy with their time.
- carers providing the higher intensities of care in terms of hours per week, particularly those providing 50 or more hours care per week, appear to be more likely to report that they do not do anything they value or enjoy than those providing care of less than 20 hours per week.
- 11.4% said that they felt they had no control over their daily life. Those who provided care of 50 or more hours per week were far more likely to respond that they felt they had no control over their daily life.
- over a third of respondents (37.7%) said that sometimes they can't look after themselves well enough or even to the extent that they feel they were neglecting themselves (12.9%). This is an increase from the last survey in 2012/13, up from 30.2% and 8.1% respectively.
- there also appears to be a greater likelihood amongst carers aged under 65 to report that they feel they are neglecting themselves. There was also an increasing likelihood of respondents saying that they felt they were neglecting themselves with increasing hours of care provided per week.
- 14.9% of respondents said that they had little social contact with people and felt socially isolated. There were a higher proportion of carers who provided 50 or more hours of care per week (22.1%) that said that they felt socially isolated compared to those who provided less hours of care.

Carer Engagement Events


Eastern Cheshire Clinical Commissioning Group
Cheshire East Carers Reference Group
Cheshire East Council
South Cheshire Clinical Commissioning Group

Cheshire East Joint Carer Strategy Event

22nd November 2013
Middlewich Community Church

In November 2013 a Cheshire East Joint Strategy event was held to enable carers and professionals from health, social care and the voluntary and community sector to work together to identify what needed to be added to any new carers' strategy, and to look at how best to work together to deliver what matters for carers in Cheshire East. A report of that event is available and the views from that event have informed this new carers' strategy.

South Cheshire CCG link: http://www.southcheshireccg.nhs.uk/publication

Eastern Cheshire CCG link:
https://www.easterncheshireccg.nhs.uk/Links/resources.htm

In January 2015, a series of follow-up events were held across Cheshire east, where the 90 carers who attended had the opportunity to tell the Council and local NHS Clinical Commissioning Groups how they can improve the support they offer.

The main messages to come out of this were**:**

- Carers have/retain control
- Reducing stigma/increasing awareness,
- Understanding and compassion
- Communication
- Personalisation
- Forward planning

These have informed the 2016-18 priorities.

Consultation

Throughout 2014/2015 there have been a number of consultations about the changes in the Health and Social Care policy where the views of service users and carers have been sought all of which have helped shape this strategy.

What do our Children and Young People tell us?

The voice of children and young people is central to all that we do; to understand what is important to our young carers a consultation and participation activity was undertaken with children and young people across the borough. Our young carers told us that they want to:

- Feel involved and supported by well promoted, accessible services with well skilled and knowledgeable professionals.
- Have something to do/places to go that are relevant, appropriate to need, of benefit to them and distract from negative behaviour and building partnership between education young carers projects and youth service.
- Engage through accessible/cool/up to date methods.
- Know that agencies are joining up to understand and address need.
- Cheshire East Young Carers have told us that they also can feel proud, more self-confident, closer to the people they care for and valued by their family but they feel more should be done to find other young people in caring roles.
- Be supported as individuals and as families in order to make sure caring is not impacting negatively on their wellbeing.

Bringing the strategy to life: Hearing and responding to our own Cheshire East carer's stories

In developing our plans we asked people in a variety of caring roles to share their experiences of being an informal carer in order to make this strategy relevant, wide ranging and fit for purpose.

Introducing…

Carer 1

I am 44 years old and live with my partner of 13 years. I have two sons, one who is 19 and has just left home to start a 4 year degree at University and my younger son who is 8 and attends a small local mainstream primary school and I would like to share our story.

I had to give up my job because I could not access appropriate childcare to care for him due to his complex needs.

I completed an "Independent Supporter" course when he started school and started as a volunteer for the Parent Partnership services, now known as Cheshire East Information and Advice Support (CEIAS). They must have thought I was alright because now I work for them in a paid position part time, flexible term time hours. I love my job, supporting parents and empowering them to get the best for their children.

I care for my younger son. I am obviously biased, but he is the most inspirational little boy I have ever had the pleasure in caring for. He spreads a smile wherever he goes, never lets his disabilities hold him back and always makes the most of every opportunity and loves life. He has not been diagnosed with a specific condition. He has global development delay, which for him means that he needs some kind of support twenty-four hours a day. He cannot as yet communicate verbally and requires a familiar adult who knows him well to assist. This is so that he can be understood and he is safe at all times. He needs adult support with all his daily living skills and is cared for by me and my partner on a daily basis. We have a couple of close friends who we allow care for him occasionally. He has an amazing teaching assistant at school that we would not be without.

Experiences as a Carer:
It was at the birth of my second son that my caring story began. It started with a harrowing birth and several distressing weeks with him in hospital. I felt as though I went through a grieving process before I started to move on and embrace my role as not just a mum but a mum of a child with additional needs and a carer.

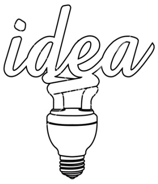
The experience has changed all our lives, including our extended family. He has always been able to access the services that he needs. The majority of our experiences have been positive in regards to the care he has received. Although I do feel that at times role of the parent carer is not always recognised, especially when the additional need is not visible.

My experience has been shaped by my own previous knowledge, supportive family and friends and determination that I can and will cope. My concerns are; what happens if I cannot cope? Can I get support before I reach that point? Am I going to be told that his needs are not being met because I need support? What about the parent carers who don't have support?

What would make a difference?

- an initial point of contact either at birth/hospital or when the carer's journey starts – to support/advise/signpost.
- patient/hospital passports/one page profiles and help and support in filling these out. Therefore, carers are not having to go over and over/repeat information when they come into contact with professionals.
- carers assessment – clear information about who will do what, timelines, and flowcharts. Not to have to be at breaking point before support is offered – ***Prevention***
- to have our child looked after in the same way we would look after them it is important a choice is available on the type of respite offered.
- information for parent carers. Early Intervention – relevant Agencies, support groups, benefits. Cheshire and Warrington Carers play a vital role in Cheshire East.
- short breaks that are accessible to children and young people with complex additional needs.
- meaningful engagement – not walking away until the carer is happy. To be listened to and given choices as other parents would be with their children. Important to explore how professionals can be trained when dealing with carers so that there is empathy/sympathy when delivering diagnosis and ongoing medical issues.
- make use of other parents who can support other parent cares who need help e.g. signpost.

Carer 2



I am a young carer and live with my Mother and three Brothers. My mother has suffered with ongoing mental problems since I was born but after her mental health deteriorated; I was made aware of her bipolar and severe depression diagnosis when I was eight. Although I have been my Mothers part time carer since then, it is only as I have got older have I had to deal with more adult responsibilities. Once I was informed that my Mum suffered with various mental health illnesses I had a lot of questions, that to this day, I feel are left unanswered and the absence of understanding often leads to feelings of confusion. This ultimately contributes to emotional tension in the household.

Mums condition has not been too restricting on my life as she is reasonably self-sufficient. In the past, I have confided in friends and explained my Mother's condition but I refrain from telling them about how I feel as they are not in a position to improve things. My Mother has good days and bad days. Whilst my Mum is going through a depressive period she finds it difficult to sympathise with others and doesn't understand how I feel. On the good days we watch our favourite boxset or film and generally do normal family things. When she has an episode I do what I can to help, however, there are times where she has had to be admitted to a psychiatric unit to receive treatment. As a symptom of this, she gets short-term memory loss, which for a six week period, complicates things at home.

I often get frustrated at the situation my family and I are in. When I was optimistic about my Mothers condition until around the age of ten, I was under the assumption that her mental health would improve and she would become happy. I now know that is not the case, there is no miracle cure for mental illness, you just have to accept the difficult times and embrace the good times. Although I am perplexed by the way Mum can be optimistic one day and suicidal the next I have learned to accept it as it is out of my control.

It can be challenging to go to school whilst Mum combats severe suicidal feelings but as I have aged I have been able to decipher whether my Mum is just extremely depressed or she is in fact likely to attempt suicide or self-harm. From this inference, I am then able to inform people who can intervene.

School:

When I was younger, teachers used to help me at school by talking to me about my home life but they were never able to offer me an outlet to express my emotions, I was apprehensive about asking for help as at that point I was unsure whether I qualified as a carer. I instead joined a carers group when I was around nine years old but due to logistical issues, I was unable to attend for long.

It was another three to four years until I joined a Young Carers Group. I owe the strength and positive attitude I now possess to this support group. They inspired a great change within me and encouraged me to explore the things I am passionate about today (namely literary analysis & mental health awareness). When I leave school I would like to join the Police force and ultimately become a Detective Constable Inspector. In the meantime, I am enquiring into whether I can join The Young Volunteer Police Force when I turn 16.

The Outward Bound Trust

In April 2015, I was lucky enough to go on a five day residential to the Outward Bound Trust (www.outwardbound.org.uk) with, as I was put in a group with younger members I had to engage my leadership skills and ensure that the most vulnerable kids were okay. My instructor saw potential in me and as a result, I was offered the chance to attend a nineteen day scholarship course with The Outward Bound Trust. In order to secure a place, I acquired a part-time job at a local pub - so far I have managed to raise £400 to cover the scholarship. The recognition of my potential ignited my desire to succeed and self-improve.

The Future

Although I do worry about what my Mother will do when my Brothers and I leave school and I am concerned about doing my exams whilst dealing with my Mum when she has to endure an episode, I know I will take it in my stride and cope with it. I’m now able to picture my ideal future, a future only accessible if I work hard at school.

Prior to the residential course I lacked a sense of direction; I willingly accepted the constraints of being a carer I *thought* I had to endure. I now realise that I do not have to let my current situation withhold me from being successful in the future.

What would make a difference?

I feel that a good way to find hidden carers within Cheshire is to have informative and inviting leaflets handed out to **everyone** at registration at school. It is important to hand the leaflets out to everyone so the Young Carer that requires support does not have to face the stigma attached to caring for someone. I used to doubt whether I was a carer as I assumed that you only qualified as a carer if you were so involved that it took over your life, it turns out that although there are different levels of care, you are a carer all the same. This information would have been useful to me in the early stages of becoming a carer.

Therefore, it would be ideal to hold an assembly at schools about young carers to educate all children about the realities of caring for someone. Even if a child is not directly affected by the topic of caring, it is vital that they know how to behave if a Young Carer confides in them so they can offer them an avenue of support which would combat the feelings of isolation a Young Carer may experience.

- counsellors for young carers as soon as they are on the radar.
- Children should be educated on their parents/siblings condition.
- We need to manage people's expectations – the people they are caring for may never get better. If it's a lifelong condition, carer should be aware of this.
- Assist young carers with homework and extra help during exam time to take the pressure off.
- Educate young carers on the transition period when they are leaving home and what services will help to take their place to some degree.
- Mental Health professionals talking to children as well as their parent to help children understand the condition and how their parent is feeling.
- Help from school with homework and allow time to do it.

Carer 3

I am a single parent with two children, 8 and 12. My son suffers from high functioning Asperger's, ADHD and he has pathological demand avoidances. He also suffers from sensory processing disorder. My son feels safe in his bedroom where it is quiet and no interaction. He has struggled in the past being in mainstream school. Often he would run away and pretend to be ill to avoid going. He has friends and wants friends but doesn't always understand friendships. He struggles following rules and will change rules to suit him.

When it comes to holidays, we would go to the same place every year. We used to be able to go out of term time where the situation would suit my son as it would be quiet and not a lot of people around.

My daughter is fantastic with him, but occasionally she can get upset with his behaviour so I explain it is not him acting this way it is his autism.
In my sons early years he developed very quickly. He was reading by two years old and walking and talking very early on. I noticed he was extremely clingy and would not interact, play and share very well with other children. It got to the point whereby he was excluded from a nursery and I had to work as a child minder in order to look after him.

By the age of 6, I insisted on seeing the Head of the school as I was constantly being called into speak to my son's teacher regarding his behaviour. The Head Teacher recommended bringing in the school nurse. It was then that she recommended I was referred to CAHMS. We were put in touch with an ADAHD specialist who carried out a classroom observation. It was picked up that he was showing signs of Autism Spectrum Disorder mainly High Functioning Aspergers.

Space 4Autism became involved when I had been given a leaflet with a list of places for support from CAHMS in 2009. They were able to help me with information and some respite. They also asked me to become involved when the BBC got in touch with them as part of doing an Autism Awareness Week, in particular looking at waiting times for diagnosis.

My son has now reached high school age and was put into mainstream education, despite me raising concerns that this would not suit him at all and that he needs to be in a special school. Sure enough he was bullied and his behaviour deteriorated. One of the psychologists at CAHMS supported me when I started having issues with getting my son to school. He told the school that the added pressure of me trying to get my son to school was resulting in his behaviour escalating and becoming violent towards myself, and so this shouldn't be forced upon me to get my son to school. After which my son's behaviour also escalated at the school and the final straw was when I was called to the school. I then made the decision because of the risks, to remove him from mainstream education. It was at this point that my mental wellbeing deteriorated and I was signed off sick. This really frustrated me as I have never been out of work in my life. I have since had to resign from my job because of my deteriorating health. I have suffered from breast Cancer and as a result of treatment I now have peripheral neuropathy. My daughter is fantastic and has stepped up. She has started taking a more caring role with me making sure I take my medicines and asking if I've eaten, which I feel really bad about as I feel she shouldn't have to be doing this at such a young age. She attends Young carers support group which she thoroughly enjoys. Trying to juggle my son's condition, recovering from cancer and doing this all on my own has been incredibly hard and in March I unfortunately, reached my trigger point and ended up having a full breakdown.

What would make a difference?

- Good to have a support worker when my son was first thought to be on spectrum (first point of contact).
- Advertise more widely the local offer – people may not even know what a local offer is.
- Improve access to assessments once diagnosis reached, need support worker to help guide me to services and support available and appropriate.
- Advice and support needs to be available in the interim between identifying a problem and diagnosis.
- Crisis support needs to be available 7 days a week.
- Only place can currently get help is Police or A&E.

- Too frightened to take to A&E in case my son is taken from me.
- Both my daughter and son responded really well to play therapy which they went to only for the duration whilst I was receiving treatment for Breast Cancer. Shame this had to stop or that there is nothing similar outside of the hospital.
- Seems to be a lack of social workers for children with mental health problems.
- Buddy system – parents who are new to the system, helping them and advising them through experience.
- need advice re: benefits/finances
- education within schools and other services (I have since developed a training package to help with this gap but not sure where to take it as there has been some reluctance when I've approached some schools)
- Signposting to services available. I also want to be reintroduced back into work and realise my potential. I would love to work as a Family Support Worker, helping other families in similar situations.
- Severe lack of use or interest in patient passport within the Trust (apart from the Paediatric ward).
- Need a break but would currently have to pay for one which I cannot afford. End up giving up on support much needed and end up just dealing with the situation as everyday life.

Carer 4

I am 65yrs old and retired. We have two daughters who are adults. Since retiring my wife and I have spent all our spare time preparing our daughters (financially, emotionally, domiciliary etc.) for the time when we are not able to look after their wants and needs.

About the girls

My daughters live together in a house very close to us. They have a private bedroom, toilet and lounge each to promote independence and share a kitchen and shower room. There is also a bedroom for carers to stay overnight. Carers are supplied by local company and financed through direct payments. Both girls have learning difficulties from birth and went through the education system, one accessing a specialist school and the other in mainstream with extra help.

After feeling I could help add something to the local community, a friend and I established a sheltered workshop to provide training in marketable skills for people with learning disabilities and work in a safe, stress free environment. After 18 years "Supported Community Business (special needs) ltd" has survived and thrived, providing 22 places for trainees, employment for 6 able bodied staff.

What would make a difference?

- Consistent approach from those involved in assessment of need. Each carer's experience is unique and the process should be carefully and sympathetically managed.
- Carers should always be treated with dignity and respect recognising life can be tough.
- Treat people with respect and dignity be careful when writing letters to carers and what words are used.
- Make changes regarding Direct Payments simple and easy for the carer.

Carer 5

I am 81 years of age and care for my son. He has both physical and psychological disabilities as a result of a road traffic accident 30 years ago.

Following the accident my son moved back to his wife`s home town but sadly she died and he came home to Crewe to live with my wife and I. Just one year later my wife passed away following a cancer related illness so I press on doing my best to make my son's life as fulfilling as I can.

What are your caring responsibilities?

Initially, my son had great difficulty coping with even the simplest of everyday tasks due to the severity of his brain damage and the associated physical problems as he is left side hemiplegic and virtually no sense of balance. Fortunately, we had already adapted our home to meet my son's circumstances and he has a bed downstairs in an extension we had built for him and his wife, so that they could spend holidays with us. We also had a wet room built on to our house which means most things he needs are on one level.

Before taking on the responsibility of bringing my son home we contacted the Cheshire East Occupational Therapist who was excellent and rapidly provided us with all the information and equipment we required for his needs i.e. Shower trolley /Turntable /Grab Rails.

During the first year of my Caring I had to support my son with all his personal chores but gradually after lots of experimentation and perseverance he has gradually become more independent. I still have to help and supervise showering but now he is able to dress himself and manages his personal toilet needs with minimal support, providing of course everything is set up

Because of his hemiplegic condition he purchased a special one armed drive wheelchair which enables him to steer himself more easily round the house with his right hand. He has an electric power operated buggy for outside expeditions which is a great help as I would find it difficult to push him any distance in a normal wheelchair.

During his working life my son was a chef in the Royal Navy and I am now exploring options to improve wheelchair access to the kitchen to enable him to be able to get in and make simple meals. At the moment I do all the cooking but he does sit at the kitchen door and 'talks me through' new recipes.

I take care of all the other household chores like shopping, washing and ironing, cleaning the house and gardening. Haven`t found time to carry out decorating yet but I am still hopeful.

We get out as much as we can together and I really enjoy going for walks with him using the Powered Buggy to those areas listed in, The Access to All Booklet issued by East Cheshire.

We attend a short mid-week service at our Local Church and have become members of a Group for people aged 55 plus where we join in with the activities which include dominoes, scrabble, quizzes talks and other social events.

I take my son to a community support group every Monday where he does one to one baking and to another Church led Computer Club on Thursday Mornings again with one to one guidance.

We aim to have a meal out and a drink with our friends at least once a week.

I try to get a day off once a week to pursue my own personal interests. These include hill walking, cycling and visiting National Trust /English Heritage sites but obviously, I can`t be away for more than 6 hours which is pretty restrictive.

I have friends who will come and prepare the odd meal for my son and spend time chatting while I`m on these once a week trips but I`m always conscious that I have to limit my outings to fit in with the time my friends can spare. This can be a nightmare especially when using public transport if there is disruption.

What's important to me?

At the moment Respite - I currently have an allocation of 56 days flexi respite which I have been taking in blocks of 7 days. The one or two day option doesn't really work for us (except in an emergency situation) as there is too much preparation /recovery to give any benefit to a carer.

I have been having treatment for my own medical problem and recently I had to go into the Christie Hospital for surgery. I initially thought I could cope with a two day Respite break but this was over ambitious as I felt too stressed after the operation and I ended up taking a week to recover, which thankfully I was able to arrange at fairly short notice

What would make a difference?

- Knowing if the respite will be available for me when I need it and also where this will be or how I will be able to book it and pay for it.
- Reassurance with regards to crisis support.
- My age profile and possible changes in my own physical ability to continue providing ongoing adequate care at my home give me lots of concern so I am constantly having to use valuable time exploring options for my son`s long term care and I find this very stressful. Specific help with this planning would certainly make a difference and would be much appreciated.

Making it happen: Delivering the plan

A work programme for each of the five priority areas has been identified to deliver the outcomes contained within the strategy.

A two year delivery plan, follows on from the work programme and describes the actions required and will be regularly tracked, updated and reported on to ensure we achieve the aims set within it. Each priority area will have an identified lead from with Cheshire East Council or NHS Eastern or NHS South CCG who will work in partnership to the achieve the outcomes agreed. The delivery plan will be a driver for change, focussing upon those key areas that will make a real impact upon improving the health and wellbeing of carers.

1. Assessment of Carer Needs and Crisis Support

The voice of the carer and the person they care for to be paramount in the assessment of their care package, this is especially where people, don’t recognise themselves as carers.

Improvement statement:

Improvements have been made to the uptake and quality of carer’s assessments and support plans. The assessments are accessible to carers and reinforce the collaborative approach to assessing the carer’s needs and planning for the future. Improved understanding of carer needs and how these will be met through:

- additional carers assessments being completed, reviewed annually.
- carers reporting they are satisfied and provide individual feedback on the quality of the services they receive and outcomes they have achieved following their carers assessments.

- training of all staff to ensure a consistent and enabling approach to assessment which includes the principles of power of attorney/court of protection.
- single point of access for carers via integrated health and social care teams where they share their information once and the 'Cares ACE Card' Crisis Support Plan.
- The introduction of a public facing 'self-assessment' tool to support carers to access support appropriate to their needs at a time when they need it.

2. Information Service

Health and Social Care professionals have a key role in identifying and supporting carers and in providing information and advice at the time when it is needed.

Improvement statement:

Timely, accurate quality information and advice is available. Information which assists 'Hidden Carers' to recognise that they are undertaking a caring role achieved through:

- a range of delivery methods and media providing Information and Advice to carers within Cheshire East.
- an integrated Cheshire East Information and Advice resource for Children and Adults with a caring role.
- ensuring that information from carers assessments, carers surveys, carers engagement events and commissioned service monitoring information is used to continually improve support available to carers.
- information being provided to carers in a timely manner on Continuing Health Care and End of Life Planning for their choice and control along with the person they care for.

3. Respite Services and Carer Breaks

The terms 'short break' and 'respite' tend to be used interchangeably. Some carers and users of services prefer the term 'short break' or 'break from caring, 'signifying a break from the routine'.

Improvement statement:

Increased flexible, personalised short breaks provision, leading to better outcomes for carers and the people they care for through:

- an increase in the number of carers who access a break from their caring role.
- an increase in the opportunities for flexible, personalised short breaks available to carers in Cheshire East.
- respite services that have been quality assured through formal contract monitoring and feedback from carers who have used those services.
- partnership working across health ,social care and third sector organisations.

4. Realising Carer Potential

Carers in Cheshire East should get similar opportunities for education and training as those in non-caring roles. Young carers need to be identified early and supported during their education to enable them to realise their education and employment potential.

Improvement statement:

Improved access to education, employment and health and wellbeing outcomes for children and adults in a caring role in Cheshire East through:

- working with schools to identify carers early and put appropriate support plans in place.
- working with local businesses and chambers of commerce to identify and support carers to inform and consider their polices about workplace health, flexible working.
- signposting carers to access education, training or employment opportunities and advice to support them in identifying their personal development plans for education, training and career aspirations.

5. Engagement and Co-production

Carer involvement and participation in commissioning, design and procurement of services is essential to empower carers, and to ensure that services properly take account of carers' needs.

Improvement statement:

Carers will be further involved in the planning, shaping and delivery of services and support with increasing evidence of personalisation through:

- co-producing the role of carers champions with carers themselves.
- a robust engagement framework to capture and share the views and experiences of a wide range of carers.
- carers involvement on the carer break funding panel.
- promoting the Expert Patient Programme

NHS South Cheshire Clinical Commissioning Group NHS Eastern Cheshire Clinical Commissioning Group Cheshire East Council

Joint Carers Strategy 2016 -2018

‘Valuing Carers and Supporting their Health and Wellbeing in Cheshire East’

Carer Priorities	Achieved Through
I have access to a **carers assessment** which includes **Crisis Support** Planning	• An increase of carers assessments by 10% in year one and review annually. • high satisfaction on the quality of services carers receive and outcomes matched to assessed needs • training of all staff to ensure a consistent and enabling approach to assessment which includes the principles of power of attorney/court of protection. • a Caring Together and Connecting Care Integration Programmes process for identifying and supporting carers through integrated health and social care teams where they share their information once for proactive care and crisis support. • The introduction of a public facing ‘self-assessment’ tool to support carers to access support appropriate to their needs at a time when they need it.
I have access to a range of **information** which is up to date and **relevant**	• a range of delivery methods and media providing Information and Advice to carers within Cheshire East. • an integrated Cheshire East Information and Advice resource for Children and Adults with a caring role. • ensuring that information from carers assessments, carers surveys, carers engagement events and commissioned service monitoring information is used to continually improve support available to carers. • information being provided to carers in a timely manner on Continuing Health Care and End of Life Planning for their choice and control along with the person they care for.
I have access to a variety of **RESPITE** services and Carer **BREAKS**	• an increase in the number of carers who access a break from their caring role. • an increase in the opportunities for flexible, personalised short breaks available to carers in Cheshire East. • respite services that have been quality assured through formal contract monitoring and feedback from carers who have used those services. • partnership working across health ,social care and third sector organisations.
As a Carer I am able to **realise my potential**	• working with schools to identify carers early and put appropriate support plans in place. • working with local businesses and chambers of commerce to identify and support carers to inform and consider their polices about workplace health, flexible working. • signposting carers to access education, training or employment opportunities and advice to support them in identifying their personal development plans for education, training and career aspirations.
I am involved in **ongoing** and meaningful **engagement** and co-production	• co-producing the role of carers champions with carers themselves. • a robust engagement framework to capture and share the views and experiences of a wide range of carers. • carers involvement on the carer break funding panel. • Promoting the Expert Patient Programme

Measures of success

How will we know we have done it?

- carers feedback through surveys complaints/compliments/customer satisfaction reports.
- Number of individual carers taking up commissioned services.
- carers strategy sponsors can evidence improvements
- The number of carers who have had an assessment of ‘their’ needs where it has led to positive outcomes.
- increased numbers of carers with agreed crisis plan
- quality measures from commissioned services.
- National performance measures as contained in the National Survey (e.g. Social care-related quality of life)
- Quarterly monitoring of the delivery plan
- Carers feedback via carers networks, carers’ events, newsletters and an annual survey.
- Value

Care Act 2014 National Priorities:

Identification and Recognition *Realising and Releasing Potential* *A Life Alongside of Caring* *Supporting Carers to Stay Healthy*

Monitoring and Evaluation

The progress of this plan will be monitored regularly by a carer reference group with representation from all the key stakeholders who will report through the Health and Social Care Joint Commissioning Leadership Team (JCLT) There will be regular reports to the Cheshire East Health and Well-being Board (HWBB).

The following implementation plan details each of the five priority areas described in this strategy and each year the strategy will be reconsidered, refreshed if necessary, and detailed plans developed for the forthcoming year.

Clear measures have been identified to capture and report on progress against the objectives in the delivery plan and what difference the Strategy is making.

The Strategy and delivery plan will be monitored at service level as well as at a strategic level via the Joint Commissioning Carers Lead, Joint Commissioning Leadership Team (JCLT), Carers Focus Groups and the Cheshire East Health and Well-being Board (HWBB).

We will measure the impact of our progress through:

- The carers who have shared their stories in this strategy and what has changed for them through the development and implementation of the strategy.
- The number of carers who have had an assessment of ‘their’ needs and the outcomes of those assessments.
- National performance measures as contained in the National Survey and others set up specifically to measure progress against the delivery plan locally and these will be included in our evaluation of progress.
- Quarterly updates provided to the Joint Commissioning Team with issues escalated to the Health and Well Being Board.
- Carers in Cheshire East being given the opportunity to feedback on progress and achievements made at regular intervals, via carers’ fora, carers’ events, newsletters and an annual survey.
- Through the contract monitoring of carers specific and universal services commissioned to support carers.
- Wider carer’s engagement and feedback on the strategy.
- Evaluating ‘*value for money’* from commissioned services and whether they are achieving positive outcomes for carers who use those services.

Caring for Carers…..A Joint Strategy for Carers of All Ages in Cheshire East 2016-18

Delivery Plan

In the first year following its implementation Cheshire East Council are establishing a baseline against which future targets can be set. An Annual review of targets will need to take account of the anticipated need and annual financial allocations. Plans for an independent audit will be undertaken.

1. Assessment of Carer Needs and Crisis Support

Improved uptake and quality of carer assessments and support plans. The assessments are accessible to carers and reinforce the collaborative approach to assessing carer needs and planning for the future. Understanding of Carer Needs and how these will be met achieved through:

	Actions	What will we measure…	Who is responsible	Start by	Complete by
1.1	Work with Primary care (GP surgeries) to increase number of carers being recognised and added to the Carers register	Increased number of carers on GP registers and carer outcomes captured. **Target: Every practice should have a Carers champion**	CCG commissioners of primary care. Practice Engagement Managers Children's Services Commissioned Services	June 16	March 17
1.2	Identify the support offered to carers by GPs.				
1.3	Develop Carer Champion role in GP Surgeries				
1.4	Carer awareness training to be given to community based professionals.	Increased number of carers identified on GP registers and carer outcomes captured. Increase number of services being accessed by carers.	CCG commissioners of primary care.	Aug 16	March 18
1.5	Development of self-assessment tool	Number of carers accessing the tool	CEC Strategic Commissioning Managers	April 16	March 17
1.6	Work with discharge teams to implement Discharge planning to include carers assessment for support and local offer information pack on discharge.	Evidence of carer support required and plan agreed prior to discharge from hospital or community service. Number of carers with local offer information pack on discharge.	Acute Care Providers Community care providers Principal Manager CEC	April 16	
1.7	Continuously collate identified carer needs through assessments and surveys to inform future commissioning needs of carer's services.	Carer feedback.	JCPM (Joint Commissioned Project Manager) Strategic Commissioning Managers Children's Services Commissioned Services	April 16	

			Nigel Moorhouse / Head of Service – Preventative Services CEC		
1.8	Training to be made available for all staff providing assessments	Number of assessors receiving training Carer satisfaction feedback. Ace card feedback	Principal Manager CEC/ Sheila Wood CEC Children's Services Commissioned Services Nigel Moorhouse /Head of Service – Preventative Services CEC	April 16	
1.9	Feedback card to be created and given to carer following assessment.	Number of cards completed following assessment.	JCPM, Service Manager CEC, Nigel Moorhouse/ Head of Service – Preventative Services CEC	April 16	
1.10	Help prevent potential safeguarding incidents by Including risk assessments within: • Carer assessments • Health checks	Spot check case audits to check risks identified are dealt with appropriately Carer feedback on whether risks identified/understood and managed effectively and report they feel safe following intervention.	Health and Social care safeguarding leads	April 16	
1.11	Evaluate through the pilot STAIRRS Project carers presenting needs in crisis.	Number of carers supported through the STAIRRS project.	Service Manager, Adult Social Care CEC	April 16	March 2017
1.12	Ensure carer assessment identifies advocacy needs and the resource pack includes information on advocacy services.	To be developed with advocacy services and social care assessment. Number of carers who have been offered and accessed advocacy service (Demand vs Capacity).	Principal Manager CEC Nigel Moorhouse/Head of Service – Preventative Services CEC	April 16	
1.13	Ensure carers are aware of the Ace Card.	Work with peaks and plains to understand what information is captured on registration and following crisis.	JCPM CEC Commissioning Lead CCG Commissioners of Primary care	April 16	
1.14	Ensure assessment includes information on ACE Card.	Number of new carers who are registered for an ACE card.	Principal Manager CEC	April 16	

2.0	**Information Service** Timely accurate and good quality information and advice is available for someone new to caring and information which assists "Hidden Carers" to recognise that they are undertaking a caring role achieved through:				
	Actions	What will we measure…	Who is responsible	Start by	Complete by
2.1	Create a range of information for both Adult and Young Carers using different media: Resource pack developed age/context specific Evidence of multimedia information services Signposting to information on benefit entitlement	Monitoring website hits. Carer feedback via survey and engagement events	Corporate Commissioning Manager CEC Nigel Moorhouse /Head of Service – Preventative Services CEC	April 16	March 17
2.2	Carers are provided with support plans and information on long term/end of life care support if appropriate.	Support plans in place (if required) to manage long term care. Number of people who make an advanced decision.	Principal Manager CEC End of Life Partnership (South Cheshire CCG).	April 16	
2.3	Increase the numbers of carers who have been signposted to benefits advice.	Total number of carers signposted Numbers of carers maximising their income. Carer feedback.	Business manager CEC Service manager Client finance CEC	April 16	March 18

3.0	**Respite and Carer Breaks** Flexible, personalised short breaks provision, leading to better outcomes for carers and the people they care for through:				
	Actions	What will we measure…	Who is responsible	Start by	Complete by
3.1	Increase the number of carers who access a break/respite from their caring role.	Number of Adult/Young and Parent carers who need a break/respite(Inc. Relaxation vouchers) identified via: • Adult social care and children's services • 3rd sector organisations: numbers for carer breaks to help measure demand (initial number vs number taking up the service) • Number of carers accessing the carer breaks/carer relaxation vouchers/service - Adult/Young carers and 3rd sector providers • Carer feedback on quality of break/service • Personal Health Budgets	Principal Manager CEC Children's Services Commissioned Service – Young Carers	April 16	March 17
3.2	Capture information on capacity and demand.		JCPM CEC Performance team	April 17	March 18
3.3	A wide ranging menu of choices published in the local offer.		(JCPM)	April 16	May 16
3.4	Establish processes (for example feedback/reviews) to evaluate the quality of respite services currently commissioned and recommission /decommission services.		Commissioning Manager Contracts & Quality Assurance CEC	April 16	March 17

	(To occur annually – April 16 and April 17)	**Target: an increase of 10% in the number of carer's assessments completed.**			
4.0	**Realising Carer Potential** Improved access to education, employment and Health and Wellbeing outcomes for Children and Adults in caring role in Cheshire East through:				
	Actions	What will we measure…	Who is responsible	Start by	Complete by
4.1	Ensure our own organisations are carer friendly.	Carry out survey with staff (CEC and CCGs) to find hidden carers/their perceived needs / whether their needs are being met/whether they have accessed carer services or a carers assessment and quality of life.	Cheshire East Council Commissioning Manager JCPM Commissioning Support Unit Survey team.	April 17 (roll out)	March 18
4.2	Work with the Cheshire East Council Business Development Team to ensure new businesses in Cheshire East are 'Carer Friendly' (pilot).	Pilot scheme measures to be developed through scheme	JCPM CEC Carers Commissioning Lead	Sep/Oct 16	Dec 16
4.3	Research the demand and opportunities for carers to share skills and undertake voluntary work.	Increased numbers of carers who have been supported to retrain, gain confidence and retain or enter employment. Capturing the demand for volunteer work and the opportunities available to meet this demand.	JCPM CEC Carers Commissioning lead Nigel Moorhouse /Head of Service – Preventative Services CEC CEC	April 16	March 18
4.4	Ensure carers have the opportunity to access education, training and employment in Cheshire East. To link the Carers strategy with the proposed Cheshire East Council Skills and Growth company and the services they will deliver supporting access to education, training and employment in Cheshire East.	Improved educational outcomes and those entering post school full time education seen in improved NEET Statistics (not in education, employment or training).	JCPM CEC Carers Commissioning Lead Nigel Moorhouse / Head of Service – Preventative Services CEC		
4.5	Develop carer outcomes (capturing what outcomes carers want to achieve).	Outcome measure to be developed/ongoing.	Principal Manager Nigel Moorhouse / Head of Service – Preventative Services CEC		
4.6	Promote training to carers on how to be a carer.	Quarterly monitoring reports	Principal Manager	May 16	March 18
4.7	Ensure carers are supported by Community	Sample a group of carers who are supported through the	Occupational Therapy Team	Sep 16	March 18

	Occupational therapy staff and at discharge from hospital with the use of equipment, interventions such as, tube feeding.	district nursing service/Speech and Language Therapist.	manager Speech and Language Therapists/ District Nurses.		
5.0	**Engagement and Co-Production** Carers will be further involved in the planning, shaping and delivery of services and support with increasing evidence of personalisation through:				
	Actions	Success Measures	Who is responsible	Start by	Complete by
5.1	Work with carers to help develop the role and purpose of carer champions across health and social care.	Measure to be developed once the role is agreed.	Principal Manager CEC Head of Service – Preventative Services CEC	May 16	June 16
5.2	Provide education and training on co-production.	Number of staff attending training. Number of carers attending training. Carer feedback (feedback card to include question on whether included in decision making about support and care plans for carer and cared for).	Workforce Development Manager CEC	Dec 16	
5.3	Hold engagement events with carers.	Numbers of carers attending the events. Number of events held. Carer's feedback. Using the events sessions to find out whether carers feel they are valued and involved in service development and delivery.	Workforce Development Manager CEC JCPM Communications and Engagement Teams CCG Nigel Moorhouse /Head of Service – Preventative Services CEC	April 16	March 18
5.4	Ask a young and adult carer to join a panel of people (adult and young person in an advisory role) that allocate funds to third sector organisations who provide carer break services.	All carers feedback	JCPM Viki Kehoe	June 16	Sep 16
5.5	Develop: • local carers surveys • feedback cards (pilot scheme) • Develop a communication plan to engage with schools, colleges and key partners which promotes a better appreciation for the support that young carers may need	Data measure and evaluation of the results of the survey/feedback cards. The number of schools and colleges who have been contacted and have made reasonable adjustments for young carers.	JCPM	April 16 April 17	March 18 June 17

	to be able to get to school on time.				
5.6	Promote the Expert Patient Programme amongst carers.	Increased numbers of carers aware of programme • Engagement events • Survey • Review number of carers involved **Target: Deliver a minimum of 7 engagement events annually**	JCPM Existing groups and channels – Patient Participation Group and Expert Patients via CCG Communications and Engagement Team	April 16 May 16	April 16 March 18