

Responses to Cheshire East Council's Consultation and Engagement on the All Age Carers Strategy 2021 – 2025



Introduction

Caring for a family member or friend is a vital and important contribution to the delivery of adult social care and health services. Carers play a valuable role in the community, and we need to ensure that the strategy reflects what our carers are saying in relation to the support and guidance required.

We recognise how important it is that any decisions about how to improve support for carers across Cheshire East are shaped by carers. We have worked hard to produce an all-age carers strategy that will reflect what our carers are saying to us.

The All Age Carers Strategy has been developed jointly by the local authority with the NHS Cheshire Clinical Commissioning Group to ensure that it developed in line with the recently published White Paper 'Integration and innovation: Working together to improve health and social care for all' and therefore acknowledges health and social care integration developments. Its development is part of the recommissioning activity that is undertaken by the council, with the results of the coproduction, engagement and consultation influencing the service specification for the All Age Carers Hub.

With health and social care services focusing on how they achieve integrated ways of delivering services, it is more important than ever to have a clear offer and vision for carers' services, which builds on the aspirations and statutory frameworks of The Care Act (2014) and Children and Families Act 2014; and prepare for the implementation of the White Paper 'Working together to improve health and social care for all' in 2022.

The findings of the consultation will inform the development of the strategy and future support for carers of all ages including the recommission of the All Age Carers Hub.

The draft strategy was developed in partnership NHS England Clinical Commissioning Group Cheshire. The following groups and organisations played a vital role in supporting views from carers they support. We were able to take the consultation to these groups and seek their views:

- Cheshire East Parent Carer Forum
- Cheshire East Carers Hub
- Cheshire Young Carers
- Cheshire East Dementia Steering Group
- Schools and education
- Teachers, pastoral services, public health and other professionals
- Learning Disabilities Partnership Board
- End of Life Partnership Board
- Nursing and residential settings
- Care at home organisations
- Cheshire East Social Action Partnership
- Cheshire East Healthwatch
- North West Ambulance
- Patient Advice and Liaison Service (PALS)
- Social prescribers within community teams

- Gypsy, Roma and Traveller Forum
- GP practices
- Differently Abled
- Frail and Elderly Team at Leighton Hospital and Macclesfield Hospital
- Emergency Duty Team
- Frontline social work team – communities
- Mental Health Team
- Cheshire East Council HR Department
- All the voluntary, community and faith sector organisations via Cheshire East Social Action Partnership (CESAP)
- LGBTQ+ CE Vibrance

“You don’t know the impact of becoming a carer until you are one and it will be different for everyone. It can take its toll on health, relationships, social life, finances, education and employment.” – carer

Consultation and engagement methodology

Consultation and engagement activity included:

- An All Age Carers Survey, which ran from 12 February 2021 to 31 March 2021
- Twelve-week consultation on the strategy, which ran from 15 November 2021 until 17 January 2022
- Consultation with young carers from October 2021 to December 2021
- Consultation with professionals from schools and education October 2021 to January 2022
- Graphic scribe of carers sharing their story and their message linked to COVID-19 in January 2022.

COVID-19 has presented many challenges, especially for our carers. We needed to ensure, despite the pandemic, that we could hear the voice of our carers, so we adapted our approach. As face-to-face meetings were not possible, we used other ways to ensure respondents could take part in the consultation in a safe way. Paper copies and easy read copies were made available as part of the consultation.

The consultation was promoted across lots of communication channels including the vaccination programme for our unpaid carers via the All Age Carers Hub. We linked in with other current consultation events and attended operations team meetings to consult on the strategy.

Individuals and organisations were able to respond via email, telephone and in writing. The following consultation events we attended to share the consultation were:

- Autism
- Day opportunities
- Assistive technology and charging policy

- Dementia Strategy and steering group
- Live Well for Longer Strategy
- Rural Strategy

Responses to the consultation

- 248 people responded to the online survey
- 27 people responded to the online consultation
- 50 people responded from the Cheshire East Parent Carer Forum
- 28 people responded via telephone calls
- 48 people from the Cheshire East Carers Forum
- 8 people from the End-of-Life Partnership Group
- 22 people from the Learning Disability Partnership Group
- 15 people from the Gypsy, Roma and Traveller Group with lead officers
- 22 young carers joined the consultation and engagement online event
- All the voluntary community and faith sector (VCFS) via Cheshire East Social Action Partnership (CESAP)
- 12 Armed Forces Groups, British Legion
- 28 working carers within Cheshire East Council
- 14 people from the Differently Abled group
- 48 officers from operational teams in adults and children's services
- 4 people from Cheshire Without Abuse
- 4 people from Cheshire Young Carers
- 10 officers from the Children's Admissions and Transport team
- 2 people from the LGBTQ+ Vibrance Group
- 3 community liaison officers who support the migrant community in Cheshire East
- 14 professionals joined the consultation and engagement event who consisted of the following:
 - GP
 - child psychologist
 - pastoral service
 - headteacher
 - teacher
 - school assistant
 - social worker
 - school nurse
 - officers from children's services.
- Over 150 delegates at the North West ADASS Carers Conference.

Key messages

People were asked to what extent they agreed or disagreed with each of the priorities:

- Health and Wellbeing
- Early Support for Carers
- Prevention – Carer Breaks/ Respite
- Information/ Access/ Processes
- Employment, Education and Training
- Young Carers

The vast majority agreed with all the priorities and associated actions and commented on each of them. The key messages that emerged from the priorities were:

- Improving communication between health and social care
- Improving access to services and support available for carers
- Identifying carers within all sectors including training and awareness
- GP intervention to support carers, improving the GP register for carers
- Supporting young carers in school, colleges and health
- Supporting young carers to be able to have a break and time away from their caring role
- Supporting the mental health and wellbeing of carers
- Working carers
- More collaboration with LGBTQ+ awareness for carers and training for professionals.

All Age Carers Strategy Priorities

Priority 1: Health and Wellbeing

The vast majority agreed with this priority and the need to improve health and wellbeing for our carers:

- health and wellbeing checks for carers
- registered as a carer within a GP practice
- support from the pharmacy
- information and advice
- young carers having breaks of their choice, systems in place so the cared for are safe
- Young carer ambassadors in schools
- Mental health support.

Priority 2: Early Support for Carers

The vast majority agreed strongly that early support for carers is a priority:

- understanding of carer assessments and not just a tick box exercise

- making access to support and advice much easier and simpler, just one place, not having to tell the same story repeatedly
- clearer pathways for carers that are easy to follow, and everyone understands the pathway
- end-of-life experience information and support offered in advance via the GP, hospital, and other services, have a plan
- support agencies offering support to the carer as well as the cared for
- improve the communication with all faith sectors with Cheshire East.

Priority 3: Prevention – Carer Breaks/ Respite

The vast majority agree that care breaks and respite are key to ensure good health and wellbeing:

- community respite in the carers home, not in a residential setting
- small breaks little and often
- planned respite; the pandemic has shown that respite can be used in different ways
- the importance of carer activities, groups, networks, and befriending schemes was highlighted in the comments, to avoid loneliness and social isolation
- young carers having time away from the caring role.

Priority 4: Information/ Access/ Processes

The vast majority strongly agreed that information at the right time is key:

- information access should not just be the internet as many can't always access or find technology difficult
- one place for the right information when needed
- health and social care should have the same information, clearer pathways in hospital for carers to understand
- schools and colleges to help with information for young carers
- mental health information and advice
- involving carers in the development of services is important to ensure effective support services
- better understanding for young carers
- improve the digital offer for young carers
- more engagement around LGBTQ+ carers awareness and training and delivery of training to professionals
- ensuring relevant information for carers is available within other communities e.g. migrant community, veterans.

Priority 5: Employment, Education and Training

The vast majority agreed strongly that further support for working carers is key.

- employers identify carers/ flexible working pattern
- training opportunities for carers
- young carers to recognise their caring role is skilled and something to be proud of.

Priority 6: Young Carers

There was a very strong agreement that more needs to be offered to our young carers:

- school, college and education
- peer support
- pharmacy and GP support
- Care Ambassadors in all schools
- more local young carer breaks
- identifying young carers early
- information and advice for young carers
- support for LGBTQ+ and young carers.

Comments from our carers

“The impact of loss and grief on carers is significant. This can include losses relating to employment, role, relationships, and identity, as well as the loss and grief associated with the decline and death of a loved one (before and after death). People who are being cared for may also experience loss and grief because of their changed health and status and this can have a knock-one effect on their carer.”

“GPs could do much more to support informal carers in terms of them being recognised, flexible appointments, carers MOT check. Patchy at best, needs to be consistent across the patch. Young carers remain hidden, support not targeted to the individual, single point of access not working for them. Much more needed”

“Navigating through health services and all the appointments is a minefield. if the cared for is under many different consultants, there needs to be a health co-ordinator whom the carer can go to.”

“The strategy has very limited reference to people who are caring for those with palliative care needs or who are at the end of life. We believe that this stage of the caring journey needs much greater emphasis to reduce isolation, empower carers to care at the end of life and provide greater support into bereavement. In relation to demographics, 1% of our population die each year, with five associated bereavements, some of which will be among carers.”

“The strategy does raise expectations - in view of the fact that funding is precarious so that in some cases projects/ services may have to be limited or even come to an end - expectations are then dashed. Are there any contingency plans? This in particular affects charities where short term funding is offered.”

“I think a lot of the group activities are for younger children and not older teens.”

“Young carers deserve more than a paragraph. Greater emphasis on identification particularly in schools. Support to be targeted to meet individuals’ needs. Young carers transition important as is support for young adult carers, present support may not meet their needs. Health and wellbeing need of young carers not overlooked, listen, respect and support particularly important within health settings important.”

“I want my sexual orientation to be fully accepted, not just tolerated.”

“I feel as if during the time I was caring, I spent six years back in the closet, after the journey of coming out.”

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