# North Tyneside Health & Wellbeing Board Report Date: 16 November 2017

ITEM 6

Title: Meeting statutory duties and North Tyneside Commitment to Carers'

Report from :	North Tyneside Council, People Based Commissioning North Tyneside Clinical Commissioning Group North Tyneside Carers' Centre	
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### 1. Purpose:

In March 2017, following an update on progress made with the actions within the North Tyneside Commitment to Carers' the Health and Wellbeing Board requested a further report be submitted to provide assurance that progress is being made in improving the health and wellbeing of all carers living in North Tyneside, and in supporting them to have a life outside of caring, and that carers in need are receiving the service they are entitled to, particularly where authorities were under a statutory obligation to provide them.

This report provides information about how North Tyneside Council and North Tyneside Clinical Commissioning Group supported by North Tyneside Carers' Centre are meeting their statutory duties in relation to carers.

# 2. Recommendation(s):

The Board is recommended to:

- a) acknowledge the work undertaken to date;
- b) recognise the gaps that have been identified in supporting carers which are highlighted in this report;
- c) support a collaborative system wide approach to deliver on the actions in the Health and Wellbeing Work Programme to support carers; and
- d) for all partner organisations to identify a lead person to take this work forward.

### 3. Policy Framework

Carers of all ages are identified within the Joint Health and Wellbeing Strategy 2013-18 as one of the key vulnerable or high priority groups who are more likely to experience poorer health and wellbeing.

In particular this item relates to the key joint initiative - Improving the health and wellbeing of families.

The Health and Wellbeing Action Plan 2017-18 includes the following priority:

An Integrated approach to identifying and meeting carer health and wellbeing needs (all ages)

### 4. Information:

## 4.1 North Tyneside's Commitment to Carers'

The North Tyneside's Commitment to Carers' was developed in partnership between: Carers; North Tyneside Clinical Commissioning Group; North Tyneside Carers' Centre; North Tyneside Council; Carers Voluntary Sector Forum; and Healthwatch North Tyneside.

The Commitment builds on previous achievements in working with carers, and aims to achieve the best possible outcomes for all carers and the people they support.

Our commitment to carers is:

'To improve the health and wellbeing of all carers living in North Tyneside, and support them to have a life outside of caring.

To actively promote open, honest working in co-production with carers'

The North Tyneside Commitment to Carers' is based upon six priorities:

- 1. Earlier identification of carers and the provision of quality information;
- 2. Improved communication;
- 3. Improved carer health, wellbeing and support;
- 4. Support that enables carers to go to/continue to work or in education;
- 5. Carers have access to emotional support; and
- 6. Smooth transition of support from children's to adult services.

An Action Plan was developed to support delivery of the Commitment. The plan outlines the key actions that were needed to address each of these priority areas.

See Appendix 1 for the latest update on the actions.

Whilst the Commitment is still relevant, it is now time to refresh the Action Plan to ensure that we are addressing the current issues that are important to carers. Significant progress has been made on many of the priority areas contained in the plan; however limited progress has been made in other areas which require an integrated whole system approach. The following areas have been highlighted for action:

- Primary Care
- Hospital Discharge
- Crisis Support
- Young Carers Assessment process
- Provision of good quality Carers Wellbeing Assessments

Whilst all organisations can provide reassurance that carers feature in their policies and plans, it is now time to identify some key actions that are needed for these plans to be translated into practical support for carers.

# 4.2 Legislation

# 4.2.1 The Care Act 2014 and a whole system approach

The Care Act 2014 placed additional duties and responsibilities on local authorities with regard to supporting carers. The provision of advice and information which needs to be timely and in an appropriate format was given a greater focus. The Care Act placed greater responsibility on local authorities to assess a carers own needs for support; explore the outcomes that a carer wants to achieve in their daily life; and the impact of caring responsibilities on their desire and ability to work and to partake in education, training or recreational activities.

The Care Act 2014 also makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions, and the Care Quality Commission (CQC).

The central aim of the legislation is to keep the carer at the centre. This preserves the carers' independence, their family and social network relationships, and their ability to undertake their caring role.

The integrated approach to identifying and assessing carer health and wellbeing needs rests on seven supporting principles:

- 1) We will support the identification, recognition and registration of Carers in primary care
- 2) Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health
- 3) Carers will be empowered to make choices about their caring role and access appropriate services and support for them and for the person they look after
- 4) The staff of partners to this agreement will be aware of the needs of Carers and of their value to our communities
- 5) Carers will be supported by information sharing between health, social care, carer support organisations and other partners to this agreement
- 6) Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services
- 7) The support needs of Carers who are more vulnerable or at key transition points are identified early

# 4.2.2 Children & Families Act 2014

The Children and Families Act 2014 amended the Children Act to make it easier for young carers to get an assessment of their needs and to introduce 'whole family' approaches to assessment and support. Local authorities must offer an assessment where it appears that a child is involved in providing care.

This legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to

provide, care. In these circumstances the Authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development.

# 4.3 NHS England Commitment to Carers

This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events.

- "Recognise me as a carer" (this may not always be as '*carers*' but simply as parents, children, partners, friends and members of our local communities);
- "Information is shared with me and other professionals";
- "Signpost information for me and help link professionals together";
- "Care is flexible and is available when it suits me and the person for whom I care";
- "Recognise that I may need help both in my caring role and in maintaining my own health and well-being";
- "Respect, involve and treat me as an expert in care"; and
- "Treat me with dignity and compassion".

# 4.4 CQC Inspection Framework

In January 2017, CQC released a consultation on their plans to change the way they inspect regulated care providers, including GP Practices. They have since published their updated assessment framework which they will use to inspect GP Practices and GP out of hours services from November 2017.

CQC recognised the need to improve primary care identification of and support for carers and included new key lines of enquiry in their inspection framework:

- KLOE E5.4: Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?
- KLOE C2.6: Are people's carers, advocates and representatives, including family members and friends, identified, welcomed and treated as important partners in the delivery of their care?
- KLOE R2.5: Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

# 4.5 Provision of Carers Services

North Tyneside Carers' Centre (NTCC) is a local independent charity which was established in 1994. It is the only generic carer support service in the Borough providing a range of services to support to both young and adult carers.

In addition to formal contracts with the Local Authority and North Tyneside Clinical Commissioning Group, the service is funded by a range of charitable trusts. 52% of the funding the NTCC receives comes from statutory sources.

NTC & NTCCG commission the following direct support to carers from North Tyneside Carers' Centre.

- Provision of advice, information and signposting
- Two Carer Support Workers who are employed by the Carers' Centre and who have delegated responsibility for conducting statutory carer's assessments on behalf of the Council. Additionally they also provide direct one to one support to carers where this need is identified through assessment
- A Specialist Mental Health Carer Support Worker
- Funding towards the Young Carers Project

NTCC holds regular awareness raising events, including focussed events in Carers' Week in June, on Carers' Rights Day in November and on Young Carers' Awareness Day in January each year.

NTCC co-deliver training for LSCB in the impact of substance misuse on children and families and work in partnership with NTC Workforce Development Team to develop Adult Social Care training.

Other funding to support carers:

The NTC provide funding to P.R.O.P.S North East – (Positive Response to Overcoming Problems of Substance Misuse) to support carers/family members of all ages who care for drug and/or alcohol users in North Tyneside.

North Tyneside CCG has commissioned an Admiral Nurse from Age UKNT and there are two additional Admiral Nurses which Age UKNT has acquired funding for. The service provides one-to-one practical, clinical and emotional support and expert advice for people living with dementia and their families, dealing with more complex issues including loss and bereavement.

A Community Navigator for Dementia and Memory Loss is now in post and based within Care and Connect Team providing dedicated support to people with dementia, memory loss and their carers.

There is also a range of other independent condition specific support services for carers e.g. Stroke, Cancer etc which carers are referred to for support.

Other forms of support include support provided directly to the cared for person which support the carer, for example, short breaks and day services.

See Appendix 2 for a breakdown of funding for carers services.

# 4.6 Adult Carers

The 2011 Census identified 22,208 adult carers in North Tyneside and highlighted a 19% increase in the number of people who are caring for more than 20 hours: the point at which caring starts to significantly impact on a carer's health and wellbeing and their ability to have a life alongside caring.

There are almost 3000 carers providing between 20 and 49 hours of unpaid care per week and over 5000 providing more than 50 hours of care.

2,870 adult carers are known to North Tyneside Carers' Centre. 68% are women and 32% are men: the UK gender split is 58% of carers are women and 42% of carers are men.

### 4.7 Adult Social Care Outcomes Framework (ASCOF)

The Adult Social Care Survey (ASCS) asks questions about the quality of life of clients and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and wellbeing. Data is also used to populate several measures in the Adult Social Care Outcomes Framework (ASCOF).

A survey of carers takes place every two years and the last one was conducted in November 2016. A total of 1920 carers were eligible to take part in the survey. A random sample of 1184 carers were selected and posted the relevant surveys. 380 clients responded to the survey and the results were collated independently by the Community Health Care Forum and then shared with the Authority for final analysis and submission.

See **Appendix 3** for regional comparisons on the results of the survey. A validation exercise is currently being carried out by NHS digital to confirm results, so the findings from North Tyneside and the other Local Authorities are subject to change.

Unfortunately like most other regional local authority areas, results in many of the areas measured have declined over the last three surveys.

The only indicator North Tyneside has improved on since the previous survey is 3D - the proportion of people who use services and carers who find it easy to find information about services (carer-element only) where we have improved by 0.2 percentage points. However this is still 10.2 percentage points lower than the results in 2012/13.

Whilst we recognise the impact of austerity and cuts to services on carers the results are disappointing in light of the progress made in relation to our Commitment to Carers.

### 4.8 Care Act – Meeting our Statutory Requirements

The Care Act states:

The local authority must have regard to the importance of identifying carers in its area with needs for support (Part 1 Section 2 Clause 2 (c))

The local authority and the NHS must cooperate with each other in relation to preventative services and the identification of carers (2.34).

Whilst health and social care services report that carers feature as a priority in their delivery/operational plans, unfortunately carers are still reporting that they do not feel recognised or supported therefore more work is needed.

The following section outlines the work that has been undertaken locally in respect of each requirement of the Care Act and how organisations are delivering or working toward meeting these requirements.

The Authority and NTCC have worked together to review the information we are collecting in relation to carers and what information we want to collect in the future. A Carer Dashboard has been developed to report on carer activity and interventions to support carers. This information is being used to measure future progress in a range of areas.

# 4.8.1 Care Act Priority Areas

Adults						
Statutory Requirement a	nd evidence				Comments and challenges	RAG Rating
Identifying Carers						1
Carers data is collected by NTC and NTCC, however this data needs to be used more efficiently to ensure support is provided where needed. We know more carers live in the most deprived areas of the Borough in line with the number of people who are in poorer health and living with long term conditions.			The opportunity to collect additional carer data should be explored in primary and secondary care (no statutory requirement to do this at present)	AMBER		
•	ople with dementia, mental ilities receive the highest re				Would sharing carer data between all organisations strengthen support?	
	ve access to NTC IT System data between organisation		oport eas	У	most deprived areas of Borough?	
New measures introduced in Liquid Logic to strengthen the way carers information and assessment is required to be recorded by workers. NTCC have introduced a new database Charity Log to provide more rigorous reporting and report outcomes.		What information is needed by primary care, to identify what additional support and resources are needed for GPs to improve identification and support for carers.				
GP Register Data now bei Patients on the GP Pract	ng examined. <b>ice Carers Register as at</b>	Septemb	oer 2017	_	More targeted work is needed in schools to support the identification of	
	Practice List Size -	Carer	%		more young carers. The opportunity	
Locality	June 2017	S	Carers		to undertake some additional work	
North Shields	55,488	1,215	2.2%		with the School Improvement Team	
North West	53,833	992	1.8%		should be explored.	
Wallsend	47,389	980	2.1%		Supporting Carers: An action guide	
Whitley Bay	62,091	1,032	1.7%		for general practitioners and their	
North Tyneside CCG Total	218,801	4,219	1.9%		teams second edition states amongst every 100 patients on a GP's practice	
Information provided by N	IECS October 2017				list, we would expect:	

NTW Foundation Trust has 'Getting to know You' for carers. Meetings have been held with Care Point and also GP Practice managers to promote the identification and support of carers. Work is planned with District Nurses.	<ul> <li>2 to be caring for at least 50 hours a week</li> <li>3 or 4 to be caring for more than 20 hours each week</li> <li>Not all carers will require support. However, by GPs increasing the numbers on the GP carers register this will provide GPs with the opportunity to ask specific questions to those patients who may be caring for someone and to have a conversation about what additional support they require. Work is ongoing at locality level to support practices to become aware of carers needs. This includes working in collaboration with TyneHealth in embedding Carers awareness in the new Care Navigators programme.</li> <li>Work is underway to develop a carer pathway for carers of people with a mental health condition.</li> <li>Explore what opportunities there may be to collect and share data from the Trusts.</li> </ul>
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Wellbeing and preventing		
A wide range of services provided free of charge to carers by NTCC and other CVS organisations including: peer support groups; training courses; access to support workers; emotional support; and advocacy.	An integrated approach is needed between all partners to support the early identification and support of carers.	AMBER
NTCC has developed self-care resources for carers which are available online and included in their training programme to support carers to maintain their wellbeing. Health and wellbeing sessions are also delivered which include relaxation, mindfulness, and healthy eating to prevent and delay the need for further support.	To ensure that carers are viewed on an equal footing to the person they care for a significant cultural shift is still required; workforce development will take time and investment.	
A first stage proportionate assessment has been introduced by NTCC. In the last 12 months only two carers who had a first stage carers assessment progressed to a second stage statutory carers assessment.	Under the duty to cooperate all NHS providers who have contact with a provider should be asking carers a	
Carers can access assessment via a NTCC Carer Support Worker, or by a worker from Adult Social Care according to preference or need. Healthwatch and CAB have carried out promotional work to help carers	number of questions to identify whether or not they feel they are in need of additional support, either in order to continue their caring role or	
understand their rights. Work is currently underway with TyneHealth to deliver training to Primary Care	to continue contributing to their family and social networks. Also whether the carer is able and willing to	
Navigators and work with the Navigators to deliver additional training to practice staff where requested.	continue in the role – is this happening?	
All new Adult Social Care contracts now include references to identifying, working with and supporting carers. Providers are also expected to agree to the principles of the Carers' Charter and promote the inclusion of carers in planning and decision-making.	There is still a significant amount of work that needs to be undertaken to be confident that all partners are delivering on their statutory responsibilities.	
Impact of carer support is now being measured following NTCC interventions.	NTCC has developed a self assessment tool for providers to demonstrate how they are delivering the principles set out in the NT Carers	

	Charter. It is envisaged that this information could be collected as part of annual contract monitoring - this is an area that needs to be implemented. There is scope for the NT Carers Charter to also be included in CCG provider contracts.	
Information and advice		
<ul> <li>Main provider of information and advice to carers is NTCC. A professionally trained team support carers in a number of ways using a variety of methods, for example; telephone, email, face to face or in group situations. Where appropriate carers are directed to specialist support services e.g. PROPS, LDNE, AGE UKNT, Stroke, and Cancer.</li> <li>Carers are routinely provided with information and advice as part of the ASC assessment process of the person they care for. During 2016/17, 2,812 carers were included in the assessment or review of the person they support. Of these carers 1,964 were provided with advice and information to support them in their caring role.</li> <li>NTCC provides a wide range of information for carers on their rights, benefits and entitlements, services available and also information for professionals that support carers. Their website receives over 5,000 hits per month. <a href="https://www.northtynesidecarers.org.uk/">https://www.northtynesidecarers.org.uk/</a></li> <li>During the 6 month period April to September 2017, 2870 carers were registered with NTCC and had access to a monthly newsletter. In addition to this, 687 carers were provided with advice, information and guidance via the telephone or face to face.</li> <li>A Carers specific page has been added to SIGN <a href="https://www.sign-nt.co.uk">www.sign-nt.co.uk</a> – this provides information to support carers and links to other specialist organisations.</li> </ul>	Local authorities are responsible for ensuring that all adults including carers in their area, with a need for information and advice about care and support, are able to access it. It is however recognised that this will only be achieved through working in partnership with health and social care providers, the wider public and other local advice and information providers. Information and advice is the only ASCOF indicator that we have improved however there is clearly still work to do in this area. What information is provided to carers in primary and secondary care about their rights to assessment and options for support?	AMBER

Care and Connect continues to support carers to access support for themselves and also the person they care for. Carers of people with dementia are supported through the specialist Community Navigator for Dementia and Memory Loss. Age UK dementia services and Admiral Nurses provide specialist support to carers of people with dementia.		
Assessment and eligibility The Carer's Wellbeing Assessment was developed with carers; this includes	In the ASCOF survey only 45% of	AMBER
prompts to help carers to think about the impact on them and their own family situation.	carers said they were aware they were entitled to a carers assessment more work is needed by all	AWDEN
The Care Act makes it clear that assessments should be proportionate to the needs of the carer. The Carers Centre has developed a First Stage	professionals so they can direct carers for support when needed.	
Assessment to prevent carers from having to undergo a full assessment only to have access to some free training or signposting to a specialist service.	Any carer who appears to have needs for support should be offered an assessment – is this happening	
From April 2017 to September 2017:	routinely?	
129 carers received a First Stage Assessment by NTCC	Do all organisations understand how to refer carers for assessment?	
• 37 carers received an individual Carers Wellbeing Assessment (the majority of these assessments have been conducted by the Carers Support Workers in NTCC)	Not all carers will be eligible for care and support; however they may still benefit from the opportunity to talk	
• 415 carers have been jointly assessed with the person they care for (this figure is being queried as there are some inaccuracies in the recoding of joint assessments)	about their situation. Can we assure ourselves that all carers are encouraged to undergo an assessment of their own needs?	
To increase the range of ways carers to support carers to access an assessment, an online assessment has been developed. The process includes prompts throughout to alternative sources of carer support. <u>https://mycare.northtyneside.gov.uk/web/portal/pages/help/carerassess</u>	Issues have been identified in relation to the recording of joint assessments; however a solution to this problem	

<ul> <li>NTCC has developed a system to evaluate the experience of the carer assessment process carried out by NTCC workers.</li> <li>17 evaluations have been returned to date: the feedback is very positive:</li> </ul>	has been identified through the new NTC IT systems. This should strengthen our confidence in the data provided on joint assessments.	
• 15 carers reported that they were fully able to discuss the impact of caring on their physical and mental wellbeing and 2 reported they were partly able;	NTC has recently commissioned the Community Health Care Forum to conduct some interviews with carers	
16 carers reported that the advice and support they received was very helpful and 1 reported carer report the support was partly helpful.	who have had a Carer's Wellbeing Assessment. The first round of interviews will be carried out in December 2017 – this information will be used to feedback to the teams on the carers views and also develop the process further. ASCOF Survey – 59% of those who have undergone assessment are very or fairly satisfied with the process –	
Care and support planning and reducing or delaying poods	therefore there is scope to improve.	
Care and support planning and reducing or delaying needs The support many carers require involves a service delivered to the person they care for. Other forms of support are often provided by access to a peer support group, training or being provided with advice and information on the condition of the person being cared for.	In the ASCOF survey: 14% of carers say they miss their own health appointments as a result of their caring role.	AMBER
During 2016-17	249/ corers courthour competimes con't	
• 387 actual episodes of respite were delivered to provide carer relief.	24% carers say they sometimes can't look after themselves.	
• 94 people received a day care service to support the carer.	43% of carers said they had reached breaking point in the last 12 months.	
• 94 people received a sitting service as a carer service to support the carer.	More work is needed by all	
• 11 carers received their own Personal Budget (PB) to purchase something to directly support themselves as a carer.	organisations to ensure that carers needs are being appropriately met	

Ap	ril 2017 to September 2017	and that carers know who to contact when things deteriorate.	
Ap	ril 2017 to September 2017 138 carers were provided with 1-1 support by a Carer Support Worker 75 carers of people with a Mental Health problem were referred to the specialist MH Worker for support	<ul> <li>when things deteriorate.</li> <li>Social Work pressures mean that the focus of support is still on the cared for person. How can we assure ourselves that carers are on an equal footing?</li> <li>Hospital discharge has been highlighted as an area of particular concern. Carers do not always feel part of discharge planning and often feel pressurised to take on caring responsibilities.</li> <li>A new pathway for carers of people with mental health problems is currently being developed. Once implemented the effectiveness of this pathway needs to be reviewed.</li> <li>Numbers of carers with Personal Budgets is low. How can we assure ourselves that outcome focused support is being provided to carers, their needs are being fully met by utilising community assets; replacement care; and one to one support or personal budgets?</li> </ul>	
		The use of personal budgets for carers needs to be clarified for social work teams.	

Advocacy		
NTCC continues to be the main source of advocacy for carers. Carer Support workers support carers by liaising with employers when needed and through the safeguarding process when appropriate.	<ul><li>Whilst advocacy provision is available, are all carers aware of their rights to advocacy?</li><li>Do Providers understand their role in this?</li><li>How can all organisations support sharing this information?</li></ul>	AMBER
Transition for Young carers		
At present we have no established way of identifying young carers who are reaching adulthood – this area needs to be urgently reviewed.	The Care Act introduced new obligations to young carers 'in transition' to adulthood. Councils are required to undertake an assessment for a young carer if it considers that she/ he is likely to have needs for support after becoming 18 and that the assessment would be of significant benefit to him / her. The collection of young carer assessment data will support identification of young people approaching adulthood. However a process will need to be developed to progress this work.	RED

# 4.9 Young Carers

The 2011 Census identified 166,363 young carers in England, an increase of over 26,000 since 2001. The number of five to seven year old young carers in England also increased by around 80% in the previous 10 years to 9,371. Data is not available per local authority area. It is estimated that there are up to 7,000 young carers living in North Tyneside.

It is recognised that data available on the number of young people providing care is likely to be an under representation of the reality. This is due to various reasons including: families wanting to manage alone; not recognising the caring role of young people; and fear of involvement from services.

438 young carers are known to North Tyneside Carers' Centre, of which 55% are girls and 45% are boys. This is representative of the UK gender split in young carers.

### 4.9.1 Young Carers Project

NTCC's Young Carers' Project work with young people with caring responsibilities for a family member aged 5-18 where their caring role is impacting them socially, emotionally, educationally or physically. One to one and family support is offered as well as a breaks and activities service incorporating term time age, specific clubs, holiday activities and targeted group support for young carers facing specific challenges. 438 young carers across North Tyneside are currently registered with the Young Carers' Project.

Of the young carers' registered with the project:

- 14% are under 10
- 86% are over 10
- 7% of referrals are aged 5-7
- 39% of referrals are female and 61% are male

29% of the overall project is funded by NTC and NTCCG. 71% is funded by trusts e.g. Children in Need, Henry Smith Charitable Trust.

Over the last 12 months:

- 70% of referrals have come from the 27 lower super output areas equating to the 10-20% most deprived areas in England.
- 61% of referrals have been for someone who is caring for someone with a mental health issue.
- 32% of referrals have been for someone who is caring for someone with a physical health issues
- 7% of referrals have come from someone who is caring for someone with substance misuse issues.

In 2017, 48% of the young carers that have accessed the family support service have reported that they have had to miss school due to their caring. 40% have reported that

they have experienced bullying and 36% report having their own mental health difficulties.

The Family Support pathway involves young carers being supported to complete a holistic assessment to explore the impact of their caring role on their mental health, emotional wellbeing, education, life outside of caring, friendships, physical health and family relationships.

From this assessment and gathered information from schools and family members, the Family Support Worker draws up a support plan with the young carer from which they will work over an agreed amount of sessions to reduce the impact of caring. Comparative data is collected at the start and the end of the work to identify the difference the work has made to the life of the young carer through use of NTCC internally designed impact assessment and a subjective wellbeing questionnaire made up of six questions from the ONS datasets chosen to explore the young carers' satisfaction with their life.

Nationally recognised tools for understanding and measuring caring responsibilities and the impact of interventions are completed. Any inappropriate caring responsibilities that are identified as part of this process result in a referral to Children's Services for assessment. Feedback is collected from professionals and family members to supplement the subjective information.

### 4.9.2 Meeting our Statutory Requirements

Both the Care Act 2014 and the Children and Families Act 2014 address the needs of young carers clearly and directly. The Children and Families Act 2014 has amended the Children Act 1989 and clarified the law relating to young carers' and addresses the local authority as a whole (applying to both adult and children's services). The new provisions include:

- Ensuring the right to an assessment of needs for support to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it;
- Placing a clearer duty on local authorities to undertake an assessment of a young carer's needs for support on request or on the appearance of need;
- Requiring local authorities to ensure that young carers are identified and that consideration is also given as to whether they are a 'child in need';
- Making links between children's and adults' legislation to enable local authorities to align the assessment of a young carer with an assessment of an adult they care for (preventing inappropriate care); and
- Requiring local authorities to be proactive about identifying young carers in their area and acting to help reduce their need for support through the provision of information and preventative measures (for example in schools).

# 4.9.3 Young Carers Priority Areas

Statutory requirement	Comments and challenges	RAG Rating
Identification of Young Carers		
Work has been undertaken to look at what systems and processes we currently have in place to identify and support young carers. New processes to support roll out of Young Carer identification and assessment have been developed in partnership with NTCC Young	The only current generic pathway we have for identifying and recording young carers is through the Early Help Assessment (EHA), but this does not include any young carers known to Adult Services or Children's Social Care.	AMBER
Carers Service. As part of the procurement of Liquid Logic, the Authority has had the opportunity to develop a young carers module that will meet our requirements/ needs for recording and reporting on young carer data. Until Liquid Logic is rolled out, a separate email has been set up so completed assessments can be logged. This email address will remain in place for Young Carers Needs assessments, to be sent in if the author cannot access Liquid Logic.	It has been agreed that where an Early Help Assessment (EHA) identifies a young person who may have caring responsibilities. A Young Carers Assessment would be offered to the child /young person. This will be carried out by whoever the young carer chooses, so a range of professionals will require training. This includes Locality Staff /Health Visitors/Youth Offending) / Social Workers (both Adults and Children's) / Schools and Connexions.	
<ul> <li>Young Carer training has been developed with NTCC to include:</li> <li>Identification of Young Carers / why we need to support them;</li> <li>What a Young Carers needs assessment is;</li> <li>What support can be put in place for the family; and</li> <li>Recording and reviewing the case.</li> </ul> Training is scheduled to take place from early 2018 and can be accessed via the Learning Pool.	Adult Services are required to identify children in the household/ family network and ensure that young carers are not left with unreasonable levels of caring responsibilities. Additional work is needed with ASC to support this.	
For those staff that have already completed the EHA training, 2 hour briefing sessions are being delivered across several days.		
Young Carer training will be incorporated into the EHA training for new staff		

The Centre has maintained a good level of awareness raising around young carers' needs by delivering school assemblies and presentations to senior school staff. A separate session will be added to the learning pool for other staff that are not required to undertake the EHA training.	Additional resources may be needed if the critical work in schools is to be successful.	
Assessment of Young Carers		
Young Carers Needs Assessment documentation has been developed with support from NTCC. Two assessments have been produced, one for young carers under the age of 12 and one for young carers over the age of 12. Staff guidance has also been developed to support the process. All documents can be accessed on the following link: <u>NTC Early Help</u> After a period of implementation, the Young Carers Assessment and review processes will be evaluated by a group of young carers, to ensure they are fit for purpose. NTCC Family Support Workers have contributed to or initiated Early Help Assessments for 32 young carers and contributed to Children's Services plans for 20 young carers.	Although the process has been agreed for conducting young carers assessments, there is still a lot of work to be undertaken ensure that all staff in both adult and children's services and also in the wider system, are trained to recognise and respond to the needs of young carers.	AMBER
Supporting Young Carers		
Young carers of disabled children are the responsibility of Children's Services. Many services that Adult Social Care put in place to support young carers are similar to those provided to support adult carers, for example; home care and respite provision.	There are currently twenty young carers waiting to access Family Support. We need to ensure the resources we have are sufficient and that these young people are being appropriately supported to ensure their caring responsibilities are not becoming too great a burden whilst they are waiting to access support.	AMBER
Schools clearly have a significant role to play in identifying and supporting young carers. The NTCC Young Carer Project Manager and the team are available to support schools and other	Additional work with schools is still required to support this area.	

<ul> <li>professionals in how to support young carers. Strong relationships have been developed with 10 schools that have been supported to implement young carers' support groups.</li> <li>Between October 2016 and October 2017, 109 young carers and their families accessed support through NTCC Family Support Service.</li> <li>138 young carers have accessed the NTCC Breaks and Activities Service since October 2016 through a combination of school holiday activities, term time clubs and regular targeted group sessions. Targeted groups respond to patterns that emerge amongst the young carers and groups to support sibling carers and groups to support those caring for someone with mental health issues.</li> </ul>		
Parent CarersThe only requirement under the Children and Families Act is to provide an assessment for the parent. Support is then provided by way of services to the child with disabilities.Work is underway with the Parent Carers Forum to enhance the Local Offer (next session is planned 10 <sup>th</sup> November) this will involve a deep dive into the current website offer, to ensure that parents are fully aware of what is available.	Although there is no statutory requirement to provide it during consultation Parent Carers often describe being unable to access emotional and practical support for themselves. NTCC currently receives Big Lottery funding, part of which can be used to support Parent Carers, however no other forms of support are directly commissioned.	AMBER

### 4.10 Summary

The Care Act placed carers on an equal footing to the people they care for, however in line with national reporting, not all carers feel that their needs are being fully met.

Carers have reported some really good practice in both health and social care but we need to reduce the variation in experience and the inconsistency in approaches.

Significant progress has been made toward the actions carers themselves identified as important when the North Tyneside Commitment to Carers' was developed. In 2015 when the Commitment was first published, we were not even able to say who our carers were or how they were being supported. A considerable amount of work has been undertaken 'behind the scenes' to introduce new systems and processes, however this alone will not improve support to carers.

The Action Plan that supports the North Tyneside Commitment to Carers' was a high level plan that covered all the areas identified by carers. Whilst progress has been made in many areas, some actions have been more challenging than others. There are key areas that require further action which are highlighted in section 4.1.

To truly make a difference to carers a whole system change is needed. Partnership working and co-operation is key. Joint working between the Authority, the NHS, voluntary organisations, education, public health, housing and local communities is needed to support carers. We need to maximise resources and opportunities to help carers to identify themselves and also know what help is available if they need it.

The person with care and support needs still appears to be the focus of professional attention. There is pressure to move people through the system at any cost. Understanding what carers need requires investment in time, including helping them to understand that they are carers in the first instance.

### 5. Decision options:

The Board is recommended to:

- a) acknowledge the work undertaken to date;
- b) recognise the gaps that have been identified in supporting carers which are highlighted in this report;
- c) support a collaborative system wide approach to deliver on the actions in the Health and Wellbeing Work Programme to support carers; and
- d) for all partner organisations to identify a lead person to take this work forward.

### 6. Reasons for recommended option:

- 1. To ensure that all health and social care partners are delivering on their statutory responsibilities; and
- 2. To improve the health and wellbeing of carers.

# 7. Appendices:

Appendix 1: North Tyneside Commitment to Carers' and Action Plan Appendix 2: Funding for Carers Services Appendix 3: ASCOF Survey Results

### 8. Contact officers:

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 Tel: 0191 643 7940

 Tom Dunkerton
 Tel: 0191 293 1156

 Claire Easton
 Tel: 0191 643 2296

### 9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- 1. An integrated approach to identifying and assessing Carer health and wellbeing <u>https://www.england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf</u>
- 2. The Care Act Factsheet 8 the law for carers <u>https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-8-the-law-for-carers</u>
- 3. No Wrong Doors working together to support young carers and their families <u>https://www.local.gov.uk/sites/default/files/documents/no-wrong-doors-working-to-</u> <u>27d.pdf</u>
- 4. Young Carers Needs Assessment https://www.local.gov.uk/sites/default/files/documents/Young%20Carers%20needs%2 0assessment.pdf

# COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

# 10. Finance and other resources

There are no known financial implications arising from the report.

### 11. Legal

The Care Act 2014 and the Children and Families Act 2014 both outline the legal responsibilities with regard to carers, these include:

- The provision of information, advice and support;
- A focus on the wellbeing of carers and the outcomes they want to achieve; and
- Duties in relation to identification, assessment and planning.

### 12. Consultation/community engagement

A significant amount of consultation with carers was carried out to agree the priorities in the North Tyneside Commitment to Carers', this included; focus groups with adult and young carers; online surveys; sessions held by Healthwatch North Tyneside; feedback from members of the Carers' Voluntary Sector Forum and the All Together Better group; and information collected as part of the Adult Social Care Carers Survey.

Events held on Carers Rights Day and during Carers Week provide the opportunity for carers to give their views on services and support and this information is used to develop local work.

North Tyneside Carers' Centre has recently conducted their annual survey of carers they support. The main findings from this survey are:

- GPs 24% of carers reported that their GP is aware they are a carer and offer support to them as a result. However 61% of carers report their GP knows they are a carer but do offer any support in relation to this.
- Employment 49% of carers have left employment/education or training as a result of their caring role.
- The main concerns carers reported were:
  - The health of the person they care for; and
  - Deterioration of their physical and mental health as a result of their caring role.
- 94% of carers who accessed support from the Centre felt their needs had been fully
  or partially met. However some carers report that their needs were not met in other
  parts of the system.

Healthwatch has recently conducted a piece of work with carers. The draft report has highlighted some concerns in relation to the identification of carers, carers not being informed of their rights to assessment and the quality of assessments that have been undertaken. The recommendations in their final report will be reviewed and included in any future work.

### 13. Human rights

There are no human rights implications directly arising from this report.

### 14. Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

### 15. Risk management

A risk assessment has not taken place. There are no known risks arising from this report.

### 16. Crime and disorder

There are no crime and disorder implications directly arising from this report.

### SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X
Head of Law & Governance	X