

Agenda Item 7b
PAF/08/15



Carers Count in Essex

Essex Carers Strategy 2015-2020

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As Chair of the Essex Health and Wellbeing Board, I am delighted to introduce this strategy for 2015 to 2020, which sets out the shared aspirations of Essex County Council and our five Clinical Commissioning Groups and our commitment to improving outcomes for carers in Essex.

While, in one sense, caring is a very normal part of life, with one in three of us likely to take on a caring role at some point, it is not something that people necessarily plan for, or choose to do. Caring doesn't always come easily and alongside the complexity of navigating health and social care systems, comes the practical and emotional impact of being a carer which means it may be very hard to do well in school or to stay in work; friends may drop away; finances can suffer; and your own health may start to deteriorate.

Yet despite these very real difficulties, we see every day the vital role that carers play in supporting people across Essex to live independently within their own homes and communities. We know this because of the work already done with carers, for example in the engagement activity undertaken by the Essex Carers Network and Mencap Essex, which informed the recent report 'The System Is Not Working With Us: Learning From Family Carers In Essex', which has helped to shape our approach. We know, quite simply, that without the ongoing commitment and efforts of thousands of carers, the health and social care system could not continue to function.

The Care Act has set us a challenge, creating a fundamental shift in the way carers are viewed and supported, focusing on their health and wellbeing and giving them parity of esteem with service users and patients. We are pleased to respond to that challenge, knowing that it will bring improved outcomes for carers and the people they care for. This strategy sets out our plans to transform our approach, creating a new relationship with carers and a new model of support, which together will really make Carers Count in Essex:

- Supporting carers of all ages to maintain their own quality of life, by focusing on their health, wellbeing and life opportunities;
- Recognising, respecting and involving carers as expert partners in care.

We have a long way to go and we don't have all the answers yet, but over the next five years we will work with our with carers, and our partners across the public, private, voluntary and community sectors to develop the right solutions. If you are a carer we hope that this strategy will help you to be heard and supported.



David Finch

Chair, Essex Health and Wellbeing Board

Why carers are important

In Essex an estimated 145,000 people provide care and support for someone else who needs help with their day-to-day life. These unpaid carers play a vital role in supporting people who are frail, ill, disabled, or who have mental health or substance problems. But carers have needs too. Many are particularly vulnerable to stress and breakdown: about 32,000 are estimated to for more than 50 hours per week.

Caring is not just something that is done by adults. An estimated 10,000 carers across Essex are aged between 11 and 18, role of supporting and caring for someone with enjoying their childhood and completing their school work. Over a quarter of all of secondary school-age experience problems of some kind, while 40% of children caring for someone who misuses drugs or educational difficulties. Supporting young carers is crucial if they are to get the best start in life and have opportunities for the

Changing expectations

We have supported carers in Essex for many years, but the Care Act 2014 signals a real change, making care and support and putting people's wellbeing at the centre. The Act places carers on an equal footing with those for whom they care, giving rights to assessment and support for eligible needs. It also means that information for carers should be easier to access and they better involved in the care and support of the person they care for. Additionally, the Children and Families Act 2014 makes sure carers, and parent carers, get the support they need.

What it means if we don't get it right

Caring can be stressful and carers have needs and rights too. Their health and wellbeing can suffer if they are not supported and this is not only bad for them but also has wider costs. The value of care provided by unpaid carers in Essex is estimated to be £2.5 billion a year, based on the cost of alternative home care provision. Unpaid carers are therefore an asset to their communities as much as they are to the person they are supporting.

What needs to change

We need to embrace a prevention agenda. For carers, this means reducing the impacts of caring on their lives, enabling them their aspirations and cope with crises in their caring roles. This requires a fundamental shift from reactive services that address ill

The Essex Carers Strategy . . .

This strategy presents what we know about caring in Essex and describes the changes we'd like to see over the next five years. With growing recognition of the value that carers bring to our health and care systems, and an increased focus on the wellbeing and life chances of carers of all ages, this strategy sets the framework for an outcomes-based approach to recognising, respecting, working with and supporting carers. It includes a high-level action plan and describes a set of principles which will shape how we work together in partnership to achieve improved outcomes for carers – making Essex a place where Carers Count.

Our Vision: Carers Count in Essex

Carers of any age are identified, recognised, and valued as essential to our communities, helping to support and care for people in need. Carers will be able to feel in control of their lives and able to balance a life outside of caring, maintain good health and wellbeing. Young carers will have the same life opportunities as their peers.

The strategy sets the high-level direction for all agencies working with carers, and describes a set of outcomes for carers, based around the following themes:-

- 1. Choice and Control** - Carers know what their options are now and for the future and are supported to stages of their caring role.
- 2. Respect and Recognition** - Carers are recognised, respected, valued and included as expert and partners by professionals.
- 3. Access to networks of support** - Carers are connected to local community support networks.
- 4. Achieving full potential** - Carers are able to access education, employment and life opportunities.
- 5. Good Health and Wellbeing** - Carers are able to maintain their health and wellbeing, both physically emotionally, whilst managing their caring role.
- 6. Independence** - Carers are resilient and able to sustain a life of their own alongside their caring role.

To ensure progress towards achieving outcomes for carers, the strategy includes a high-level action plan which shows how we will implement our new model of support.



Background –
Carers – a definition
National policy and legislation
Local benefits and impacts

What do we mean when we say 'carer'?

While many of those who regularly offer care and support would not recognise or label themselves as carers, for the purpose of this strategy we define a carer as a person who is unpaid and looks after or supports someone else who needs help with their day-to-day life, because of:

- a long-term illness;
- a disability;
- mental health problems;
- substance misuse.

Carers may be family members, including children and young people who live with the person they care for, or family, friends or neighbours who live elsewhere.

The term 'young carer' applies to anyone under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of a person on a regular basis. They may be the main carer, or provide partial care for an adult or sibling. The majority of young carers

provide support for parents or siblings, with a smaller number caring for grandparents or other family members. In some cases the young carer is looking after more than one person.

The term 'carer' does not include any carer who gets payment either in cash or in another way for the care they provide; or who works as a volunteer on behalf of a voluntary organisation.

A carer may help with tasks such as washing, dressing, using the toilet, getting someone up or helping them to bed, shopping, cleaning, laundry and making meals. The caring role can also include providing emotional support, and childcare responsibilities. The care may mean keeping an eye on people who are confused or at risk if not supervised, or encouraging them to do everyday things for themselves.

The UK Government continues to champion carers - publishing the first National Strategy for Carers in 1999, which has subsequently been revised (2008) and updated (2010 and 2014). The needs of carers have also been recognised and strengthened in related employment and health policy, while advocating closer working between Health and Social Care.

In 2014, the Government continued its recognition of the importance of carers by releasing the 'Carers Strategy: Second National Action Plan 2014-16'. This plan prioritises issues for action:

Priority Area 1: Identification and Recognition

- Supporting people with caring responsibilities to identify themselves as carers so they can access the information, advice and support that is available
- Carers feeling their knowledge and experience are valued by health and social care professionals
- Involving carers in planning individual care packages and in developing local strategies

Priority Area 2: Realising and releasing potential

- Support for young carers and young adult carers
- Support for carers of working age

Priority Area 3: A life alongside caring

- Personalising support for carers and the people they support
- Availability of good quality information, advice and support

Priority area 4: Supporting carers to stay healthy

- Impact of caring on health and well-being
- Prevention and early intervention for carers within local communities
- Supporting carers to look after their own health and well-being

In 2014, NHS England published a 'Commitment to Carers' in eight priorities:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

Foreword by Rt. Hon. Norman Lamb Minister of State for Care and Support:

'Supporting carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities are priorities across this Government.'

Locally, Essex County Council has identified action to improve outcomes for carers within the following Commissioning Strategies:

- Children in Essex get the best start in life
- People in Essex enjoy good health and wellbeing
- People have aspirations and achieve their ambitions through education, training and lifelong learning
- People in Essex can live independently and exercise choice and control over their own lives

The Care Act 2014 means important changes for carers from 1 April 2015:

- Carers have the same legal rights as those for whom they care;
- Local authorities have a duty to assess carers who appear to have eligible needs
- Local authorities must consider a carer's overall wellbeing, which includes physical, mental and emotional well-being, participation in

What Carers UK said:

'The Care Act gives landmark new rights to carers, for the first time giving them the same entitlements to assessment and support as those they care for.'

'We welcome this recognition of the contribution of carers and the need to support them to live their own lives at the same time as caring for a loved one.'

Why carers need support – the impact of caring

Health and Wellbeing

- Forty-three percent of people caring for an older person are themselves aged over 65.
- Nearly half of older carers reported high blood pressure or hypertension, cholesterol and arthritis. Around 20% of older carers experienced self-care difficulties themselves, for example, as many as 13% reported difficulty dressing. (Independent Age *'The Bigger Picture: Understanding disability and care in England's Older Population'* Dec. 2014).
- 58% of carers said that their mental health had been adversely affected by being a carer (Carers Trust survey).
- 27% said that caring had a negative impact on their physical and mental health.
- Substantial numbers of young carers report stress, anxiety, low self-esteem and depression.

Social Challenges

Carers Trust research suggests that:

- One of the most difficult challenges carers have to cope with is the impact on their relationships, with two thirds (66%) saying their relationships had suffered as a result of their caring responsibilities.
- The same percentage said they felt a loss of identity as a direct result of their caring role.
- Three-quarters had not had a regular break from caring in the past 12 months and 38% had not had a single day off.
- Many young carers report feeling isolated from their peers. They also feel that they lack the time and opportunity to socialise and can also be reluctant to do so.

Financial difficulties

- 59% of carers said that being a carer had a negative impact on their working life; with 17% having to stop work; 15% having to reduce their paid working hours; 15% having to use holidays for caring duties (Carers Trust survey).
- A survey of 3,000 carers found that 44 per cent had been in debt as a result of caring (Carers UK 2013).
- More than two thirds (67%) reported they were financially worse off as a result of caring (Carers Trust survey).

Educational Attainment

- 27% of all young carers of secondary school-age experience some educational problems, while 40% of children caring for someone who misuses drugs or alcohol have educational difficulties. Many miss school and fail to attain any educational qualifications. This, combined with ongoing caring responsibilities, serves to exclude some young carers from the labour market.

Hidden Impacts

- Identifying young people with caring responsibilities for a relative at home is difficult – they may not have the language, confidence or self-awareness to relay the physical and/or emotional impact of living with a relative who requires care. Many experience traumatic life changes such as bereavement, family break-up, losing income and housing, or seeing the effects of an illness or addiction on their loved one.

University of York research found that:

- Emotional and mental health problems are more often associated with care giving than physical health problems.
- Carers are more likely than non-carers to report high levels of psychological distress, which can include anxiety, depression, and loss of confidence and self-esteem.
- Carers report that emotional health problems interfere with their everyday activities and work. Restrictions on personal, family and social life also take their toll on carers' health.
- Maintaining carers' health, and ensuring their access to health services, are important in their own right. Promoting carers' health may also bring health and other benefits to the person they care for.

Why supporting carers makes sense

Health and wellbeing

Research shows that increasing support for carers:

- **improves** health and wellbeing outcomes for patients and recipients of care;
- **improves** health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health;
- **reduces unwanted admissions**, readmissions and delayed discharges in hospital settings;
- **reduces unwanted residential care** admissions and length of stays.

(Supporting Carers, the Case for Change, Princess Royal Trust and Crossroads Care)

Financial value of caring

Nationally, the support provided by carers has been estimated to save the state a staggering £119 billion a year (Carers year (Carers Trust)

Locally, the value of care provided by unpaid carers in Essex is estimated to be £2.463 billion a year, based on the cost of the cost of alternative home care provision (University of Leeds).

In Essex there are 32,000 people providing unpaid care for **more than 50 hours a week** – these are the ‘high-end’ carers end’ carers for whom carer breakdown is a real possibility and the potential financial impact of this is significant:



What do we know about carers in Essex?

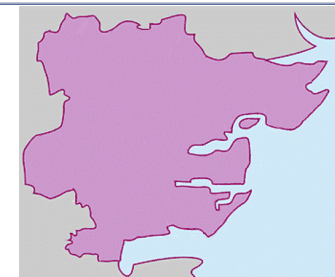
- **Carer statistics**
- **Current support for carers**
- **Carers' views and experiences**

What do we know?

A picture of caring:

- 146,211 adults in Essex provide informal care to relatives, relatives, friends or neighbours according to the 2011 Census - a 13% increase in the number of carers from the the previous Census.
- A large number of carers (31,882) provide more than 50 50 hours of care per week.
- An estimated 10,000 young carers aged between 11 and and 18 years old provide daily care to someone, with with almost 6,000 of these providing more than one hour hour of care a day.
- For adults with physical disability, carers are likely to be be spouses in their mid/late years. 43% of people caring caring for an older person are themselves aged over 65. 65.
- The number of older carers (65 years and over) providing providing care is also significant at 35,512.
- 10,500 adults in Essex receive a carer's allowance because they regularly spend at least 35 hours a week week caring for person who gets a qualifying disability disability benefit, and have limited earnings of their own.

Carers in CCG areas:



Mid Essex (Braintree, Chelmsford and Maldon)

There are currently an estimated 38,741 carers in the Mid-Essex region, making up around 10% of the population of the area. Of those 38,741 carers, 7,651 provide more than 50 hours of care per week. This represents 20% of the overall caring population.

North Essex (Colchester and Tendring)

There are currently an estimated 33,920 carers in North Essex, making up around 11% of the population of the area. Of the total 33,920 carers, more than 8,300 provide care for more than 50 hours per week, representing 24% of the overall caring population of the area.

South East Essex (Castle Point and Rochford)

There are currently an estimated 19,318 unpaid carers in South East Essex, making up 11% of the population of the area. Of the total 19,318 carers, 23% (4,389) provide more than 50 hours of care per week.

South West Essex (Basildon and Brentwood)

There are currently an estimated 25,429 unpaid carers in South West Essex, making up 10% of the population of the area. Of the total 25,429 carers, 23% (5,893) provide more than 50 hours of care per week.

West Essex (Epping Forest, Harlow, Uttlesford)

There are currently an estimate 28,803 unpaid carers in West Essex, making up 10% of the population of the area. Of this number, 5,702 (20%) provide more than 50 hours care per week.

Support for carers is currently provided via four main routes:

1. Social care assessment and support - resulting in information and advice, signposting to support services, or Carers Direct Payments:
 - 10,208 carers were assessed or reviewed by ECC in 2013/14
 - 28% of those assessed received a Carer's Direct Payment (2,898 people)
2. For young carers - support to young carers from 8 to 18 is currently via Essex Youth Service, with funding to local voluntary providers as well as some direct delivery.

This provision facilitates group sessions in each district, which provide a respite from caring responsibilities as well as social and developmental opportunities, including accredited learning programmes and peer support. Young carers are assessed and needs identified, as well as emergency support plans put in place – about 1100 young carers each year are supported by these sessions across Essex.
3. Voluntary and community sector services across Essex, funded by both ECC and NHS, which include information, advice and support services, sitting services and support groups. Support is provided by specialist carer organisations and also as part of condition-specific approaches, for example to carers of people with dementia.
4. Engagement with health and social care professionals in primary, secondary and social care settings, for example in relation to support for young carers and their families:
 - Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes.
 - Practitioners offer support and services to help families find their own sustainable solutions. The aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.
 - Work to a conceptual model and windscreen which illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Additional, Intensive and Specialist).

<http://www.escb.co.uk/Professionals/EffectiveSupportforChildrenFamiliesinEssex.aspx>

We need GPs and social workers to understand that we know things about caring and the person we're caring for - they need to involve us!

I don't know where to go for the right information and advice.
What are my entitlements?
How do health and social care systems work - which agency does what?

Looking back on my caring experiences, I can now see that I needed different things at different times.
What I needed early on is different to what I need now...

We need to be reaching out to connect with patients and carers
We need to identify all carers - who are they? Where are they?
Are they OK?

More service support for carers will lead to better lives for the cared for

Essential:
keep carers healthy!

We need individuals, and community groups to feel able to ask for support and advice in the same way as they would in any other part of life

Young carers in Essex feel that schools should be better at supporting them and being flexible while GPs need to improve their services, including listening to them more and understanding that they have additional responsibilities and needs. They also want to be consulted as carers and listened to by other professionals, including housing, health professionals and social workers - both for them and their cared for.

INFORMATION

1. WHERE CAN I GET INFORMATION ON CARING?
2. HOW CAN I LEARN TO CARE WELL?
3. HOW CAN I MEET SOMEONE WHO KNOWS WHAT ITS LIKE?
4. WHERE DO I START? WHAT ARE MY OPTIONS?

FINANCES

- CAN I GET HELP?
- WHAT AM I ENTITLED TO?
- WHERE CAN I GET GOOD ADVICE?
- HOW CAN I PLAN FOR THE FUTURE?

EDUCATION

- ☐ DOES MY CARING RESPONSIBILITY AFFECT SCHOOL?
- ☐ HOW CAN I MANAGE?
- ☐ HOW CAN I HELP SCHOOL UNDERSTAND?
- ☐ DOES SCHOOL REALLY MATTER?

Time:

Do I have time for me?

Do I have time for my friends?

respect:

- ✓ I'm the best source of knowledge
- ✓ Am I included in decisions made?
- ✓ Can I influence how things happen? What services are available?

EMPLOYMENT

- HOW CAN I MANAGE?
- DOES WORK KNOW ABOUT MY CARING ROLE?
- MANAGING THE WORK/CARING JUGGLE
- WHAT DO I NEED TO BE HAPPIER AT WORK?

Health

Am I coping OK? Am I doing too much?
Who can help? Talking to someone
Do I feel well?
Have I had a health check?
Taking a break
Making plans for when different things might happen

independence

- Where do I go for support?
- What do I want for me?
- What do I want for others?



Transforming our offer to carers

- **Vision and outcomes**
- **A new model of support**

Our Vision: Carers Count in Essex

Carers of any age are identified, recognised, and valued as essential to our communities, helping to support and care for people in need. Carers will be able to feel in control of their lives and able to balance a life outside of caring, maintain good health and wellbeing. Young carers will have the same life opportunities as their peers.

This strategy is very much focused on achieving outcomes for carers. By outcomes we mean the change brought about by an action, intervention or service. Outcomes might relate to changes in skills, attitudes, behaviours, status, or life condition.

The outcomes for this strategy have been discussed and agreed with a range of carers, commissioners and providers to ensure they reflect the changes that carers themselves consider important.

We've grouped these outcomes around the following themes:

1. **Choice and Control** - Carers know what their options are now and for the future and are supported to stages of their caring role.
2. **Respect and Recognition** - Carers are recognised, respected, valued and included as expert and partners by professionals.
3. **Access to networks of support** - Carers are connected to local community support networks.
4. **Achieving full potential** - Carers are able to access education, employment and life opportunities.
5. **Good Health and Wellbeing** - Carers are able to maintain their health and wellbeing, both physically and emotionally, whilst managing their caring role.
6. **Independence** - Carers are resilient and able to sustain a life of their own alongside their caring role.

Choice and control

Carers know where to go for information, advice and support

Information is available at a time and format to suit carers, support is flexible around the caring role and enables carers to achieve their goals

Carers know what their options are now and for the future, and are supported to plan for all stages of their caring role, including emergency and crisis management, so they can have confidence and peace of mind in what happens next

Carers have the skills, information and support that allows them to be the best carers possible for as long as they wish

Carers influence the development of care and support services in their community

Respect and recognition

Carers are regarded as a valuable source of information regarding the needs of the cared for person

Carers are recognised, respected, valued and included as expert partners

Carers are included in all aspects of care planning and management, including service re-design

Access to support networks

Carers can access a local carer-led support group

Carers have access to a peer mentoring or buddy system

Achieving full potential

Young carers achieve their full educational potential – attendance and attainment to be as good as peers

Employment and life opportunities for all carers are as good as their peers without caring responsibilities

Good health and wellbeing

Carers maintain or improve their, health, wellbeing and quality of life

Inappropriate caring tasks and responsibilities are reduced, particularly for young carers

Carers are able to take a meaningful break from their caring role

Independence

Carers balance their own life alongside their caring role

Carers are able to maintain relationships with family and friends

Carers are able to manage financially

A new model of support...

Our model starts with the belief that most people, most of the time, are perfectly able, with the support of their families and communities, to manage their lives and respond effectively to any events or crises that occur. However, sometimes the difficulties brought about by failing health or different life events mean that people need some help to achieve this.

This could just be information or advice to help them find a solution; or they might need the practical and emotional support of their friends, families and communities. Our new model encourages and supports individuals and communities to find the solutions that work so that people will retain choice and control over their health, well-being and quality of life.

Early and effective support for Children; Every child should have the opportunity to reach their full potential and children are best supported to grow and achieve within their own families. Partners are working hard to develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time, context and need

professional staff at the Family Operations Hub

Community based and led activities

- Reaching out to, identifying and supporting a wider range of carers, focusing on wellbeing and avoiding crisis escalation through early intervention
- Strengthening individual and community resilience, through self-sustaining peer support networks
- Working with community groups

A locality level 'first stop' service

- Voluntary and community-sector lead supporting carers in Essex plan to offer:
 - Delivering a co-ordinated, personalised response to carers
 - Supporting improved access to information advice and advocacy
 - Creating an ethos of 'planning to care', enabling carers to plan for and manage changes in their caring role, reducing the impact of crises
 - Ensuring a consistent county-wide offer of support is delivered in line with local

Social care assessment and support

- Putting carers on equal footing with those they care for
- Promoting wellbeing including personal dignity, physical and mental health, protection from abuse or neglect, control over day to day life, participation in work, education or training
- Ensuring appropriate transition from children's to adults' services
- Access to advice and guidance on service availability and appropriate referral pathways is provided by dedicated

Professional awareness and engagement

- Integrating care and support where this promotes, or contributes to the prevention or delay of development of needs, or improves the quality of care and support to carers
- Achieving wider awareness and identification of carers across education, employment, health and social care
- Working with carers as expert partners in care

How the new model will work for carers

Community based & community-led activities which support those people who take on a caring role, whether or not they define themselves as carers, helping them to find solutions to issues and support from within their communities and natural networks



Locality level 'first stop' services

co-ordinating support for carers in each CCG area, a service to identify and respond to carers, providing, co-ordinating or facilitating access to a range of information, advice, and support.

Social care assessment and support

Improved social care assessment and support in line with the spirit and expectations of the Care Act, enabling carers to maintain their health and wellbeing, continue in their caring role and achieve their potential

Professional awareness and engagement

recognising and involving carers as partners in care; factoring their contribution and support needs into mainstream service commissioning, identifying and supporting young carers in education, employment and



How we'll work together to deliver the strategy

- **Principles**
- **Achieving outcomes**
- **Performance**
- **Action Plan**

In developing this strategy we have agreed a set of shared principles with carers and stakeholders which will shape how we work - with carers and the people they care for, with our communities, with commissioners, practitioners and partners:

Working with and for Carers across Essex; we will:

- Focus on carers' outcomes and experiences – supporting what works for carers and measuring success in the difference it makes to carers' lives
- Involve carers and stakeholders directly, learning from their experience and expertise to understand problems, design, test and implement solutions
- Communicate honestly about opportunities and constraints, including financial, sharing our plans clearly and transparently

Working with Commissioners and Service Providers we will:

- Collaborate - respecting each other's work and promoting joint working where it makes sense to do so
- Work together across the whole system – using the Better Care Fund as a mechanism for investing in carers to sustain and save, aligning our resources to best effect
- Ensure that our commissioning plans are based on evidence of what is needed and what works, and that we are willing to stop things that aren't working
- Monitor the effectiveness of our commissioning plans and service delivery in improving outcomes for carers, and share the results
- Use processes that are clear and transparent

Working with our Communities we will:

- Look to build the resilience of individuals, families and communities to support themselves and each other

In developing a new model of support we will:

- Prioritise carers' health and wellbeing, supporting carers to remain mentally and physically well, ensuring that they do not miss out on their life opportunities
- Support independence choice and control wherever possible and appropriate
- Recognise that carers are not all the same and need different solutions that are right for them
- Ensure carers and young carers are identified early focusing on preventing problems before they occur

The outcomes-based approach in this strategy sets our future direction for carers. In order to determine the progress towards reaching these outcomes, we will develop a set of **performance measures** and **indicators**.

Our approach to performance measurement will answer three basic questions of actions, interventions or services:

1. What actions were undertaken, for how many people? (type and quantity)
2. How well was it done? (experience, satisfaction and quality)
3. What difference did it make? (impact or outcomes achieved)

Initially, reporting will be based on performance information already collected via surveys and from social care services – relating to both national and local indicators. As new service models are implemented we will work with carers and providers to expand this set of indicators and measures to provide a broader picture of outcomes achieved

National ASCOF indicators, information collected via surveys:

- 1D. Carer-reported quality of life
- 1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like
- 3B. Overall satisfaction with social services of carers
- 3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for
- 3D. The proportion of people who use services and carers who find it easy to find information about support

Local performance information, collected via existing social care measures:

- Numbers of carer assessments and reviews
- Number of missed opportunities to assess or review an involved carer
- Proportion of carers assessed who receive a service from ECC as a result
- Number of carer direct payments

This action plan describes our intention to deliver within identified budgets, and in line with our principles, we will communicate honestly about opportunities and constraints, including financial, sharing our plans clearly and transparently. In keeping with our principles, wherever possible and appropriate, we will engage with carers.

	What we're planning to do	Delivery mechanism	Timescales
1	Improving access to information advice and guidance in line with expectations of the Care Act	ECC 'Essex Living Well' online information portal.	By April 1 st ; then regular updating
2	Building on the roll out of social prescription, time banking and community mobilisation, to increase community-based support for carers. Exploring the learning from West Essex GP pilot activity and Mid Essex Living Safe and Well programme, and focusing on the Carer specific elements Working with carers to identify and develop sustainable peer support mechanisms	Carer support networks	From October 2015 From April 2015 From October 2015
4	Identifying and supporting carers within their communities	Community agents	In place; Annual report due October 2015
5	Addressing social isolation for carers	Re-commissioning of countywide befriending service	Commissioning activity underway – to be completed by Sept 2015
6	Targeted support – age or condition related in each CCG locality	Voluntary sector grant-funded provision	New funding agreed and services to be implemented by April 2015

	What we're planning to do	Delivery mechanism	Timescales
7	Countywide partnership scheme, providing consistent and appropriate information, advice and support for carers of all ages; via a single telephone number, web presence, building-based support, outreach activity and respite provision	Essex Carers – Voluntary Sector Partnership First stop early intervention model	New service model to be implemented from 1 st April 2015; grant-funded to 2017
8	Design, procurement and implementation of long-term model, co-produced with carers and providers, incorporating learning from implementation of Essex Carers Voluntary Sector Partnership; In North East, working with carers and stakeholders, shape and design a 'hub' model for carers to be delivered as part of the Care Closer to Home contract.	First stop early intervention model – long term approach	Design work from April 2015 Procurement completed by December 2016 Implementation April 2017
9	Young carers groups offering educational support, life skills, respite opportunities, information, advice and guidance and peer to peer engagement in localities across Essex.	Young carer groups	From April 2015
10	School link workers; building on existing activity within Mid Essex; targeting additional schools across the county	School liaison - delivered via the Essex Carers Voluntary Sector partnership	In place in Mid Essex Additional activity from April 2015

	What we're planning to do	Delivery mechanism	Timescales
11	<p>Pilot to support families caring for people with disabilities who live at home to plan for the future</p> <p>Developing a training and development programme to support older carers of working age adults with disabilities</p>	Pilot of planning tool developed by the Foundation for People with Learning Disabilities	Pilot from April 2015 with a view to extending if successful.
12	Identifying and supporting carers within hospitals and at point of discharge. Building on successful approaches in Mid and West Essex, extending to other Essex hospitals	Hospital discharge support - delivered by the Essex Carers Voluntary Sector partnership	In place in Mid and West; further roll-out from April 2015
13	<p>Countywide end of life support service; building on existing approach in Mid Essex;</p> <p>Mobilise successful bid within Castlepoint and Rochford to secure funding to run dedicated survey of bereaved carers, linked to improving the end of life care across the CCG</p>	<p>End of life and bereavement support - delivered by the Essex Carers Voluntary Sector partnership, with MacMillan</p> <p>Friends and Family pilot</p>	In place in mid-Essex; further rollout from April 2015
14	Financial inclusion - Review issues impacting on financial health and wellbeing for carers and potential for preventative, early intervention support	Approach to be defined and developed	From April 2016

	What we're planning to do	Delivery mechanism	Timescales
15	<p>Revised practice guidance; training and development programme to deliver expectations of the Care Act for adult carers</p> <p>New Adult Operations Commissioning Framework</p> <p>Review experience of the assessment process with carers to improve ongoing practice</p>	Assessment and support – Adult Social Care	<p>Guidance and training in place from Feb 2015</p> <p>In place from April 2015</p> <p>From July 2015</p>
16	Revised approach to assessment for young carers	Assessment and support – Targeted Youth Advisors	From April 2015
17	Review of pathways for young carers becoming adult and transition support	Assessment and support – Family Operations / Adult Social Care	From Feb 2015
18	<p>Improvements to current service delivery</p> <p>Development of new approach to planning and crisis response – to be co-produced with carers as part of long-term development of the offer for carers</p>	Carers Emergency Planning service	<p>In place by March 2015</p> <p>Design work from October 2015</p>
19	<p>Carer health checks</p> <p>Practices to include carers on practice registers to ensure appropriate health checks undertaken</p> <p>Further county-wide roll-out to be considered following evaluation of pilot</p>	Pilot activity in Castle Point and Rochford to be undertaken by GP practices within the federation.	<p>Initial pilot complete by April 2015</p> <p>March 2016</p>

	What we're planning to do	Delivery mechanism	Timescales
20	Developing a care-co-ordination approach to support engagement of carers and recognise their expertise and contribution within the health and social care provision for the cared-for - built around Personal Care Plans, developed by a Care Coordinator in partnership with the individual concerned and their carer/s.	Initial activity led by Basildon and Brentwood CCG	From April 2015
21	GP practice level support for carers - – working with GP practices to develop 'centres of excellence' for carers	Activity to be delivered by Essex Carers Voluntary Sector partnership	From April 2015
	Improving awareness and recognition of carers by GPs through a series of meetings in GP forums	Castle Point and Rochford CCG	From October 2015
	In West, carers are embedded in the transformation work streams, with key priorities including identification of carers, care planning and support in order to promote wellbeing, choice and control.	West Essex CCG	From October 2015
	In Mid, developing integrated pathways with statutory and voluntary sector partners for better information and support for carers in areas such as Dementia.	Mid Essex CCG	From October 2015
22	Employer awareness and engagement - awareness raising activity to be delivered on carer-friendly employment approaches. - initially within ECC and health organisations	Activity to be delivered by Essex Carers Voluntary Sector partnership	From October 2015
	Develop plan for broader long-term roll-out of awareness campaign for employers on the issues that face carers.		October 2015