

WEST NORTHAMPTONSHIRE COUNCIL CABINET

9th JULY 2024

CABINET MEMBER FOR ADULT CARE, PUBLIC HEALTH AND REGULATORY SERVICES – COUNCILLOR MATT GOLBY

Report Title	Carer Strategy
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Approvers

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List of Appendices

Appendix A – Carer Strategy v1 (separate PDF)

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Appendix C – Carer strategy consultation comments (enclosed within this document)

Appendix D – Carer strategy Implementation plan (separate PDF)

Appendix E – Carer strategy Healthwatch Report (separate PDF)

1. Purpose of Report

- 1.1. To advise Cabinet of the consultation feedback undertaken on the draft carer strategy.
- 1.2. To seek approval for publication of the carer strategy (v1).

2. Executive Summary

- 2.1 West Northamptonshire Council (WNC) and North Northamptonshire Council (NNC) have jointly commissioned carer support services from Northamptonshire Carers. The contract is led by NNC and both councils delegate Care Act (2014) statutory duties for carers, to this provider.
- 2.2 The contract is due to end at the end of September 2024. NNC requested a 6-month waiver to allow time for both councils to develop a new service specification and will commission their own carer support services going forwards. Cabinet will be informed of our intended commissioning approach during 2024.
- 2.3 To support the respective strategic direction each council will undertake, both councils have developed their own carer strategy. The WNC strategy has been coproduced with West Northamptonshire carer experts by experience (EBEs). This report is to advise Cabinet of the carer strategy consultation feedback and seek approval for publishing the final version of the carer strategy. This is a very positive step for WNC and supports the assurance work for CQC inspections of local authorities. This is a carer strategy written for carers, by carers.
- 2.4 A carers strategy will allow us to set out the direction of travel for the council over the next five years. The strategy sets priorities for the council with associated actions, written to tackle those issues identified in the engagement and self-assessment. It sets out the council's ambition to deliver the best services it can for the people of West Northamptonshire and fulfil its statutory duties for unpaid carers.

3. Recommendations

- 3.1 It is recommended that the Cabinet:
 - a) Approve the carer strategy for publication.

4. Reason for Recommendation

- 4.1 The Care Act 2014 makes provision for the responsibility and statutory duty on a local authority to assess a carer's need for support, to include any possible future support, what those needs may be and how those identified needs will be met having been evaluated and if they meet the eligibility criteria. The strategy aims to improve the council's adherence to those statutory duties and sets the direction of travel over the next five years.

5. Report Background

- 5.1 Carer numbers:
 - The 2021 Census showed 31,723 people identifying themselves as carers in West Northamptonshire (based on averages of all the custom carer dataset queries).
 - The percentage of the population in a caring role in West Northamptonshire = 7.5%
 - The potential 2024 carer population of West Northamptonshire = 33,007
 - Number of carers on the Northamptonshire Carers list - 11,191 (May 2024) made up of adults and child carers.
 - Shortfall in known carers (June 2024) = approximately 22,000

- 5.2 Headlines from the national carer survey 2024 (West Northamptonshire):
- Carers who accessed services were generally happy with them
 - Only 1 in 5 carers said they had as much control as they needed
 - 7 out of 10 carers said that the information/advice they received was helpful
 - Overall carers reported feeling tired, depressed and stressed
- 5.3 Carer finance:
- With the current cost of living crisis, carers are facing unprecedented pressure on their finances (Carers UK).
- A quarter of carers are cutting back on essentials like food or heating.
 - 63% are extremely worried about managing their monthly costs.
 - 44% of working-age adults who are caring for 35 hours or more a week are in poverty.
 - Carer's Allowance is the main carer's benefit and is £76.75 per week (2023/24) for a minimum of 35 hours. It is the lowest benefit of its kind. In the UK, 977,506 carers were in receipt of Carer's Allowance in 2022.
- 5.4 Work and caring in West Northamptonshire:
- 36% of carers also work full-time.
 - 19% of carers also work part-time.
- 5.5 Disability and caring in West Northamptonshire:
- 18% of carers are disabled under the Equality Act and their day-to-day activities are limited a little
 - 10% of carers are not disabled under the Equality Act: but have a long-term physical or mental health condition but their day-to-day activities are not limited.
 - 8% of carers are disabled under the Equality Act and their day-to-day activities are limited a lot.
- 5.6 The carer strategy supports the aim of the council's anti-poverty strategy for a fairer and more inclusive West Northamptonshire, where everyone can live their best life, prosperous and fulfilling, free from poverty and inequality.
- 5.7 The strategy aims to support people who wish to work but who also have a carer role by providing support, information, signposting and a support plan personalised to the needs of the carer.
- 5.8 Carers can access advice on benefits such as Carer's Allowance, Attendance Allowance for the cared for person and advice on council tax exemption for severe mental impairment for example, so the carer effectively has a 25% discount on their council tax bill.
- 5.9 Two priorities support this: the development of a guide for carers in West Northamptonshire and a one-stop shop that will visit the respective LAPS as a peripatetic support service.
- 5.10 Supporting the carer reduces carer burden and improves quality of life, reducing the risk of carer crisis. Carers are encouraged to plan for a potential crisis and appropriate support can significantly reduce this risk. Carer crisis can lead to hospital and care home admissions.

- 5.11 Our EBEs wanted an outcomes framework to prove the strategy will have an effect on carer burden and quality of life, as well as those measures commissioners may usually record, such as an increased number of carers being supported. Evidence based tools were explored and the following selected:
- Carer burden: Zarit Burden Interview
 - Care Quality of life: Adult Carer Quality of Life Questionnaire (AC-QoL)
- A baseline score will be recorded at the beginning of an intervention and then after a period of time has lapsed, depending on the circumstances.
- 5.12 The Care Act (2014) and Children and Families Act (2014) set out statutory responsibilities for carers. Our EBEs wanted people to understand their rights and so the main duties are listed in the carer strategy. These duties include a right to a carer assessment, a support plan, review of that support plan and information and advice. They set out how the market should be developed to support people and how carers should be safeguarded and provided with advocacy when they need it.
- 5.13 The Health and Care Act 2022 gave CQC new powers that allow them to provide a meaningful and independent assessment of care at a local authority and integrated care system level. They enable CQC to start to understand the quality of care in a local area or system and provide independent assurance to the public of the quality of care in their area.
- 5.14 CQC has set out a framework for inspection and that includes reviewing strategies a local authority produces to understand if these strategies support the local authority in fulfilling its duties under the Care Act (2014). Northamptonshire Carers were leading a countywide approach to developing a carer strategy but the statutory duty for carers lies with the local authority. Both NNC and WNC took the decision to develop their own carer strategy. Northamptonshire Carers have supported this by providing information to each council on the work they had carried out up until that point in time.

6. Issues and Choices

- 6.1 The strategy will be a framework for developing support for carers. Not just as a one-off but as a progressive process of positive change over the next 5 years. It recognises the increasingly important role that carers play in West Northamptonshire, alongside the wide variety of caring roles and the diversity of those within these roles and it acknowledges that carers need more help and support than has been available in the past.
- 6.2 The Care Act (2014) and Children and Families Act (2014) set out what support local authorities must provide for carers, as well as the cared for person. West Northamptonshire Council delegated these responsibilities when it commissioned with NNC Northamptonshire Carers to deliver these services for its residents. The current contract led by NNC is due to end at the end of September 2024. A 6-month waiver will be requested to allow time for the strategy to be published and separate models for NNC and WNC to be developed. The priorities set out in the strategy will guide the development of a new carer support service specification, specifically aimed to meet the needs of the carers in West Northamptonshire.

- 6.3 The strategy has been developed with current carers of people in West Northamptonshire. People with lived experience of caring, referred to as experts by experience (EBEs) were recruited during the engagement events for this strategy and formed a coproduction group with officers of WNC. More EBEs have been recruited during the consultation for the carer strategy.
- 6.4 Engagement events were held in all nine Local Area Partnership (LAP) areas with a mixture of morning, afternoon and evening sessions. Commissioners held two online engagement events and comms' colleagues developed an online questionnaire. The feedback was used by the coproduction group.
- 6.5 The Senior Leadership Team requested commissioners assess WNC adherence to our statutory duties to carers under the Care Act (2014). Commissioners contacted ADASS and the LGA to ask if an assessment tool had been developed for this purpose. When commissioners were advised that they were not aware of a tool, one was developed in WNC. The tool was highlighted as good practice by the LGA and is now used by numerous other local authorities.
- 6.6 The results of the self-assessment led to recommendations resulting in WNC task and finish groups. The results of the engagement events and self-assessment were shared with the EBEs and they used this and their own experiences to develop the strategy.
- 6.7 There is no current national carer strategy to consider and national carer voluntary groups have been campaigning for the government to put one in place. The last national carer strategy was, *'Carers at the heart of 21st-century families; (2008-2018)* and the Carers Action Plan 2018 – 2020.
- 6.8 The NHS Long Term Plan published in 2019 set out some priorities for carers and the main themes are detailed in the carer strategy.
- 6.9 The National Institute for Health and Care Excellence (NICE) carer guidance published in 2020 is included in the strategy. Nice carer guidance covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support. It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care.
- 6.10 Although the EBEs were not aware of the NHS Long Term Plan or NICE guidance, the local priorities align very well with these national themes.

7. Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 There are no new resources or financial implications arising from the strategy. However, the Accelerating Reform Fund (ARF) for adult social care (7.1.3) will support the early implementation of key priorities.

- 7.1.2 The strategy is a strategic direction for improved information, support and signposting for carers. It will include upstream interventions aimed at prevention. The new service specification for carers will take the priorities into account and be developed within the current financial envelope for the carer support model, currently being provided by Northamptonshire Carers. EBEs will be involved in the process from the start.
- 7.1.3 Northamptonshire Integrated Care System (ICS), led by WNC officers, submitted an expression of interest for the DHSC Accelerating Reform Fund (ARF). The expression of interest was a grant for three projects from a list of 12 national priorities. Five of these were for carers. The ICS chose two projects for carers (and another for shared lives) and these are areas identified for improvement in the self-assessment. Furthermore, they are priorities in the carer strategy. The projects are: supporting people to identify themselves as carers and identifying more carers which is a statutory duty under the Care Act (2014). Based on the 2021 national Census data, in 2024 there are approximately, 33,007 who identify themselves as a carer and many more that do not currently identify themselves as a carer. As of May 2024, Northamptonshire Carers had 11,191 people on their books – made up of adults and child carers. There is a significant shortfall of people yet to be offered support.

The first of the two Accelerating Reform Fund grants have now been received from the DHSC. The total ARF grant for Northamptonshire (NNC & WNC) is £644,232. This funding will be used to support projects for early implementation. This work has begun and a coproduction group including experts by experience for NNC and WNC is overseeing this work:

1. Develop a one-stop shop model for carers across the county and will cover all WNC LAP areas. This will be delivered by Northamptonshire Carers and partners and will be offered at least monthly
2. Develop a printed and digital guide for carers
3. Develop a carer passport and carer friendly community model across the county with four main elements: employment, education, health and community
4. A project to support people to identify themselves as carers
5. Identify hidden carers (hard to reach) and offer them support.

7.2 **Legal**

- 7.2.1 The Care Act 2014 makes provision for the responsibility and statutory duty on a local authority to assess a carer's need for support, to include any possible future support, what those needs may be and how those identified needs will be met having been evaluated and if they meet the eligibility criteria. The strategy aims to improve the council's adherence to those statutory duties.

7.3 **Risk**

- 7.3.1 By not having a carer strategy in place, the council risks criticism in the council's CQC inspection.

7.3.2 Not having a carer strategy increases the risk to the council of not meeting its statutory duties towards carers. The strategy aims to address areas identified for improvement and will address gaps in support and reduce the risk of carer crisis.

7.3.3 If carers are not adequately supported, the risk of carer crisis increases. Carer crisis leads to the cared for person being admitted to long term care or hospital admission and has a negative effect on the carer's wellbeing.

7.4 **Consultation and Communications**

7.4.1 Engagement events were held in all nine Local Area Partnership (LAP) areas with a mixture of morning, afternoon and evening sessions. Commissioners held two online engagement events and comms' colleagues developed an online questionnaire.

7.4.2 To prompt engagement and input into the events / online questionnaire, a range of communication channels were used to share the messaging which include:

- Text and flyer included distributed to Town & Parish Councils
- Members briefing
- Community newsletter
- Community forums distribution lists
- Members of the WNC Consultation Register
- Members of the WNC Residents' Panel
- Regular social media messaging shared on all channels
- Cllr Golby Interview on NLive radio station
- Uploaded article to website
- Press release issued to all media outlets
- Issued via e-resident newsletters
- Article shared via Northants Carers newsletter and social media
- Internal mid-week update and news centre
- Shared via internal WNC Staff carers network
- Commissioners shared directly to providers / contacts / LAP leads

7.4.3 To support feedback and prompt responses to the public consultation, a comprehensive communications plan was developed by comms colleagues that included:

- Article for newsletters for: Northants Carers, WNC internal, direct email to community forums
- Shared to local area partnership members via LAP leads
- Shared via anchor institution networks and partner networks
- Commissioners shared with other stakeholder contacts
- Social media: for WNC accounts and Northants Carers accounts
- Media release issued to local media outlets and published
- Added to news section on website
- Included in the members briefing

7.4.4 The feedback received from the consultation (included in the appendix) was very supportive of all the priorities set by the experts by experience in the coproduction group. Comments and suggestions fell into several themes:

- Suggestions that are already covered by the strategy
- Support of priorities in the strategy
- Services that are already in place but people may not be aware of them
- Services that are for the cared for person, rather than specifically for carers
- Concerns over delays to getting support from a variety of services. These tend to be for the cared for person but negatively impact the carer
- Concerns about benefits. Whilst this is a government issue, improving awareness of benefits and supporting people to apply for them is covered in the strategy
- Concerns relating to NHS issues that will be passed onto the ICB and will be improved with better joint working and a more whole system approach to unpaid carers
- Several suggestions that the strategy should be reviewed annually and this suggestion from multiple people responding has been incorporated into the final version of the strategy.

7.5 **Consideration by Overview and Scrutiny**

7.5.1 The strategy is not considered necessary for the Overview and Scrutiny Committee. However, a scrutiny sub-group for unpaid carers have submitted a report (June 24th) with their recommendations.

7.6 **Climate Impact**

7.6.1 No impact on climate.

7.7 **Community Impact**

7.7.1 The carer strategy is aimed at significantly improving the carer support offer in communities. For example, one of the priorities is for a one-stop shop peripatetic service to move around the LAPs. Some of the feedback from the engagement events was about what is perceived as a 'postcode lottery' for support where there is plenty in the towns and less so in the very rural villages. This strategy addresses those issues.

8. **Background Papers**

Appendix A The carer strategy v1 (separate PDF)

Appendix B Carer strategy consultation feedback (separate PDF)

Appendix C Carer strategy consultation comments

Are there any other strategic priorities that are missing and that you think we should include?

Comment
Support of the hard to reach carers such as fathers/male carers and from all ethnic minorities
Direct link between caring resources being access and help given when leaving hospital to home. He went from 24/7 hospital care to purely me; if not for me providing this care he would be still in hospital, bed blocking, for overwhelming lack of care support options at home when released from hospital. We're on our own.
More support for working carers, as it can be difficult to access support, have the energy to ask or access support and to get the bespoke support that actually makes a positive difference
More day centre availability to help carers get breaks
Close the gap in what care you get in north Northants by bringing west Northants up to the same standard. I hope that you get all your proposals through in the next period
I think that the strategy should include young carers or work alongside young carers strategy. There does need to be a move towards a family or household approach to health and social care and a move away from episodic care approaches. Many young carers are looking after parents and have adopted the parental role which will significantly impact on their well-being and development.
I definitely believe the priority around a one-stop shop for advice is towards the top of the list. It's been really challenging accessing the correct advice around funding availability and local day services / respite care etc... Advice for private care homes is aplenty but for local options is lacking severely and this adds to the stress of a carer.
I do not really understand what you are asking, however I am very aware we do not have any facilities in daventry to help us carers ensure the ones we care for have a good quality of life. To enable us to take them out in a wheelchair, we do not drive and bus services are not suitable, this is extremely difficult because there are no dropped kerbs ,especially on the Grange estate, also one has to walk on the road to visit Abbey house surgery as there are no dropped kerbs at top of their drive. Seating along the pavements are needed, from the grange estate to the beginning of the town centre there is one on the corner of western avenue and Warwick street.
End of life training and support for carer is really important.
I had no help when our daughter was 6 months old and that is over 40 years ago. More information is needed when folk find out that children are going to need help. It is only word of mouth by parents that information was found out. The trouble we are getting older and she is, help is needed more but no one is around to talk about this due to cut backs
More home visits from medical professionals as getting disabled or older people to hospital appointments are difficult as parking is horrendous
This is a terrible survey!! How did this get approved. Shameful such an important subject can be ruined with a jargon filled and badly written piece of rubbish
I don't agree you should be waiting for carers to be at crisis point before intervening. Terrible model
Making social services and health care accountable for their service, so that if things go wrong they have a duty to correct it without long complaints procedures for weary carers to have to plough through.

<p>Working Carers often find it difficult to access help and support, the fall between services especially sitting services to allow them some time out. They are either at work or caring.</p>
<p>One size does not fit all. People need to be able to get help in a number of places and ways where they feel comfortable. It should not all be via computer or smartphone. Some people need more support than others. We need to try harder too to reach people in groups that are more isolated. More focus too on the impact on carers' lives and health. What they miss out on. Also sort out the financial support carers can get.</p>
<p>An emergency help line, similar to Samaritans, where carers can call for help, guidance and emergency support when things get too much</p>
<p>Professional. Advocacy a priority. It is lack of advocacy that causes so much angst and frustration. Cancer patients have their MacMillan nurses. Parkinson's patients have their specialist nurses but their role needs to develop and improve. Advocacy when in hospital is outstandingly poor.</p>
<p>There are so many different organisations to deal with. Carers need one specific person they can turn to, who can coordinate that for them. Not just providing a list of people they might call. Home visits would be so helpful for people with dementia, who get confused and don't want to leave the house. Supporting employers to support carers, even if you work in a different authority region. Ie. I work in Milton Keynes but care in Northampton.</p>
<p>Multiple situations where as I am a carer but also have needs of my own too for example I am unfit for work and classed as such but get no help, but still am a carer as there is no one else.</p>
<p>Def a one stop shop and more re end of life care and palliative please</p>
<p>Acknowledgement of carers who suffer physical or emotional abuse from their family or cared for person, either in the long or short term, with support and options for managing such scenarios. End of life care is especially important and needs robust, universal strategies urgently as in my experience this is still a chaotic mess at the most crucial moment in people's existence. It should not be a battle to get support and proper care when things are clearly terminal.</p>
<p>The length of time taken to see a cared for person. As the elderly don't like asking for help until it is too late as they don't want to be a burden to anyone. Even if it means they suffer.</p>
<p>Regular Respite care is very important and should be a top priority. Also a regular person to act as stand n carer on at least a weekly basis. The strategies all sound excellent but need implementing and not just left as ideas that look good! I no longer care for my husband as he became too challenging but am very lucky to have found an excellent care home near to me so I can visit regularly.</p>
<p>How will the timescales be agreed so that the goal of getting support in a timely manner at the time of crisis. My experience with my daughter at the age of 36 is my voice is not heard and has not been appreciated or encouraged at certain assessments. What happens as in my daughter's case we have not had a diagnosis yet. Her last crisis was mid Sept 2023. We are still waiting now, I fully appreciate that her diagnosis can only be achieved with her being open and honest and when we have attended assessments she has not been. Also is it due to her age we are not provided information or reports of the assessments and she doesn't share those reports with us.</p>
<p>The current system does NOT work and it's impossible to establish who and where to go so things needs to change as ASAP!!</p>
<p>I have been able to care for both of my parents at home. I have often felt very alone with this. I am now facing end of life care, I have had no training for this and feel it is something I will also face alone. My mum doesn't want to be resuscitated I would like a help line to help me to allow her to be in her own home.</p>

Advice and support for carers in 'anticipation' of a crisis event. Either sudden deterioration of the cared for; also, most critically in the event of the carer being unable to care for their charge. Readily accessible signposting of 'crisis' care service availability!
Access to benefits for all concerned.
Consideration given to carers when they need support for their own medical conditions
Carers often can't work and so should be properly compensated to be able to lead a life outside of poverty.
Work towards improving awareness of support plans to avoid mis-communication when someone is transitioning between carers.
Importance of addressing diversity and hard to reach carer groups. Importance of inclusion of all types of caring including less visible needs (such as carers of people with mental health needs). Imaginative and flexible approach to respite support needed (enabling carers to make best use of time away from caring as they choose). Recognising the particular needs of sandwich generation carers. Ensuring peer support is integral to carer support. Having the right balance between virtual and face to face support and hubs. Providing the right support at the right time and not leaving carers until they reach crisis.
The one stop clinic is an excellent idea thus avoiding having to liaise with different individuals to get either help and or information. Any policies / strategies written and distributed should be available in simple language making them easy to understand for all carers some of who may not have English as their first language although I'm aware info is usually supplied in different languages.
We have an incredible volunteer support. However, they need support too. I am a Tadd driver and don't think that you realize the value of us
Carers should be believed when they request service. Currently the system does not believe them when they ask for services. Even when the carers have to pay for these.
Fund carers properly. I'm currently paid £2.34 per hour maximum (I give more than the minimum 35 hours a week to care for my daughter but there's no extra money for that). This is also taxable. This is my only income as I don't qualify for universal credit and I'm too busy caring for my daughter to go and get another job. I'd love to know how anyone is supposed to make ends meet on £2.34 per hour. I do realise this isn't a Northants Council issue but it has to be talked about and fed back to government that they are absolutely failing carers.

If you have any other comments you would like to make about the (draft) West Northants Carer Strategy that you have not already told us, then please tell us here

Comment
Although support for carers revolves around the support they give to the person they are caring for there is the practical needs, as stated before, that urgently need addressing to keep the carers quality of life high which in turn will keep the person they are caring for quality of life high. It took nine months for me to get permission for a pathway for me to have access/egress to our property for my husband's wheelchair. This was very frustrating as it ended up with my original idea being put into action. An example of NOT listening to the carer! Too many people/agencies involved but not liaising with each other.
Access to many services require hoops to jump through (incontinence service). Other services have no idea how to access other services (recently been told by the OT service that we needed a GP referral to access the wheelchair service when this is not required. There needs to be an analysis

<p>about what does and does not have to go through the GP as appointments (even telephone appointment are so hard to access.</p>
<p>Too much about legislation and background, and not enough painting a picture of how things will look any different. Need more detail about what will actually be done and what services will be available.</p>
<p>I would suggest to shorten the time before you review how the strategy is working. Two years is, too long to see if it is working before changing focus. If you are truly committed to change, you would see drastic results within 3 months. Part of the huge problem with care is that it takes too long - far too long - for systems to adapt and change, let alone react.</p>
<p>I would like to reiterate the point of Post Code Lottery as living in the rural area of Daventry most of the support services for Dementia sufferers and their carers comes from Northants Carers who are based in Northampton which for our elderly carers who are no longer able to drive and with a very limited bus service might just as well be 25 miles away rather than the 10 miles in actual distance. AGE UK only show the nearest Day Care Centre as Leamington Spa, and we have only just had a private company Affinity set up a Day Care Centre in March this year running 3 days a week 10.30-15.30 pm. Our NHS mental health team is over whelmed with people waiting months for basic assessments and even longer to see a consultant, only to find that after receiving a diagnosis there is no support available and what is available is small local volunteer charities or online or phone support. Which in no way is providing the support for dementia suffers offered in the Governments 10 year plan for an improved Health & Care Act for better outcomes for all dementia suffers.</p>
<p>Only what I said about the move away from episodic care approaches to a more true holistic approach which are family or household orientated.</p>
<p>Although support for carers revolves around the support they give to the person they are caring for there is the practical needs, as stated before, that urgently need addressing to keep the carers quality of life high which in turn will keep the person they are caring for quality of life high. It took nine months for me to get permission for a pathway for me to have access/egress to our property for my husband's wheelchair. This was very frustrating as it ended up with my original idea being put into action. An example of NOT listening to the carer! Too many people/agencies involved but not liaising with each other.</p>
<p>Joined up services - Fantastic if it happens. Support while in Hospital particularly the Acute Hospitals NGH / KGH very Few Drs and some Nurses will Not Listen to a carer away from the person they care for as we are just an irritation, not an "Expert by lived experience" Someone to go through the Discharge letter as often what is written is different to what has been discussed</p>
<p>Carers should have official recognition of their role making any related work or other issues in their day to life easier.</p>
<p>The review process of the strategy should be done yearly, so any issues won't be left to run for years and can be addressed throughout the plan.</p>
<p>Bottom line here is, there is no money for it. All the leaflets and signposting in the world isn't going to relieve carers much. As it happens, most are incredibly resourceful and discover things for themselves. You could do things which cost next to nothing or, indeed, nothing. County owns gyms, give free membership to carers. Exercise is an incredible way to recharge or, to have the luxury of free cinema, swimming, health suites. These really are within the remit of what can be offered for nothing. Free parking at country parks. look, carers allowance is rubbish, it's less than minimum wage even with UC as a top up. Carers save the county £millions. Give these small concessions to carers so they can care better and longer</p>
<p>access to most services and support simply takes too long</p>
<p>More support for working and parent carers is needed</p>

<p>Within the strategy, inclusion should be encouraged for engagement and funding of support organisations that are smaller, who have a raft of local knowledge, and can offer significant support within local and rural communities if allowed the opportunity to grow and work together with the larger organisations involved.</p>
<p>I have been a carer for 14 years. My husband has always been cared for at home. He is currently under care of hospice for palliative care. He now has funded CHC with a team of carers. If it was not for the input of senior NHS frontline professional staff family my husband would have died four years ago. I have been active in working with Parkinson's UK and carers UK both professionally and as a volunteer for Parkinson's UK until recently. This is a subject I am passionate about.</p>
<p>Carers need a starting point of one person who can give advice about facilities, respite, medication, support, funding. There are lots of older carers who don't have computers and therefore can't access the majority of support. There are also many elderly people who care for their spouses but don't see themselves as carers and aren't supported</p>
<p>It's a work in progress and still a long way off, still need something in the meantime</p>
<p>Good luck</p>
<p>As said previously the protection and safeguarding of both the vulnerable and their carers from physical, emotional, or even financial abuse. Dynamics of families and care arrangements are often complex and often cannot follow the same trajectory as vases without a caring dynamic in the situation. End of life care needs to be quickly reorganized so as to be easily obtainable, fair and overall, humane with minimal fuss and distress caused to the terminal person and their family/carers.</p>
<p>It is extremely important that a carers package is put together so that as soon as there is a diagnosis support is available, A diagnosis is traumatic in itself and the carer needs to know where and how to get support both financially and mentally. I have had to rely on word of mouth and information from support groups.</p> <p>A clear guide of all that is available is vital and would save much time-wasting (particularly on the phone) and stress at a time that is already difficult!</p>
<p>Nothing to add but just hope this is all put into action speedily</p>
<p>I once tried to get a chair inflatable cover for my 90 year old mum I had to fill out a form online only to be told I had done it wrong and try again. Then they would send out someone to see if she was eligible which would take six weeks and then we would have to wait for it to be sent out. My mum has worked in the nhs her whole life and now she needs help it's long winded or non existent.</p>
<p>RE: last question: I believe two years is far too long for the plan to be reassessed. Given the speed of change, in recent years (particularly the pandemic but also in governmental decision making or lack of) in the environment carers and their cared for manage, It is imperative that reassessment is an on-going process.</p>
<p>Would be good if the questionnaire was in normal English that folk could easily understand. Too technical language used.</p>
<p>More information and support for Carers on funding/support available. Having gone through NHS CHC, it's emotionally exhausting.</p>
<p>Not much help in villages only in towns</p>
<p>This consultation seems somewhat flawed and there were no options with most of the questions leaning towards answering 'agree' as they are mostly things that most people would want to see. The issue is that if all these things are prioritised then none are an actual priority</p>
<p>This survey closes in three days. I am a very active carer and this is the first I've heard of it. I'd suggest this hasn't reached as many of your target audience as you'd have liked</p>

Come up with practical help, see us for who we are and actually help rather than putting things in place that don't achieve anything. We as carers are invaluable and know how to support others if we were seen as more

It's a tick box exercise

Review after 12 months

Access to many services require hoops to jump through (incontinence service). Other services have no idea how to access other services (recently been told by the OT service that we needed a GP referral to access the wheelchair service when this is not required. There needs to be an analysis about what does and does not have to go through the GP as appointments (even telephone appointment are so hard to access.

Appendix D – Carer strategy Implementation plan (separate PDF)

Appendix E – Carer strategy Healthwatch report (separate PDF)