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**Carer's Review Task Group**  
Informal Meeting

02.03.2011

**Carer's Review – Final Report**

**Background**

1. The Chair of the Health Overview & Scrutiny Committee originally suggested this review topic and it was subsequently agreed that a small cross-party Task Group be set up to undertake the work. The Task Group recognised certain key objectives and the following remit was agreed:

**Aim**

2. To promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and the support available.

**Key Objectives**

- i. To raise awareness of carers
- ii. To improve access to information for carers

**Consultation**

3. Consultation took place between the Task Group and relevant Council Officers. A public event was held on 7<sup>th</sup> January 2011 and was attended by approximately 20 people, including carers, care workers and key partners.
4. Questionnaires were also completed and 34 of these were received back.

**Information Gathered**

**National & Local Policy Context**

5. The Government's recently refreshed Carer's Strategy 'Recognised, Valued and Supported: Next steps for the Carer's Strategy'<sup>1</sup> was published on 25<sup>th</sup> November 2010. The key messages relevant to this review are contained within section 1 of the document 'Identification and Recognition' where Priority Area 1 is outlined as:

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<sup>1</sup> ['Recognised, Valued and Supported: Next Steps for the Carers Strategy'](#) – published 25<sup>th</sup> November 2010:

*'Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of the contribution and involving them from the outset both in designing local care provision and in planning individual care packages.'*

6. The key messages contained within the refreshed national policy do not significantly change the priorities within the current York Strategy for carers, however this will be refreshed over the next 12 months.
7. A briefing note provided by the Local Government Information Unit is attached at **Annex A**. This gives an outline and overview of the national strategy.

### **Profile of Caring Nationally and Locally**

8. Carers are of all ages and come from all walks of life. Three in five people will become carers at some point in their lives and women have a fifty-fifty chance of becoming a carer before they reach the age of 59.<sup>2</sup> 52% of carers will care for their parents or in-laws, 18% for their spouse and 8% for a child.<sup>3</sup> In 2009/10 City of York Council completed assessments or reviews for 1473 carers and York Carers Centre had 1959 carers registered on its database.
9. It is estimated that 37% of the caring population start caring and a similar proportion cease caring every year in the UK, which means over 6,000 new carers in York annually. In a survey undertaken by Carers UK for a report in 2006, 65% of carers did not identify themselves as a carer in the first year of caring. The report that detailed the outcomes of this survey recommended that information strategies target carers in the first year of caring.<sup>4</sup> The Health and Social Care Information Centre recently published a survey of Carers in Households 2009/10. The Executive Summary of this is attached at **Annex B** and briefly outlines the prevalence of caring, profile of carers, the impact of caring upon carers, support and services for carers and the profile of the people being cared for in England.
10. Most adult carers of children and adults with severe and long-term disabilities or illnesses will be identified through provision of health and social care services. Carers of people with enduring mental health problems may also be identified when the person they care for accesses treatment. This means that carers in significant need may well be identified at the point at which the person they care for accesses health or social care services. Many carers are sustained in their role through natural support from their communities and networks.
11. The 2001 census figures record 17,009 carers in York and 342 young carers aged 8 to 17. Since then the population of York has risen and gives rise to an estimate in carer numbers of 18, 676 in 2010. York's older population is likely to increase by 32.7% within the next 20 years.<sup>5</sup> The rise in the ageing

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<sup>2</sup> Information from Carers UK

<sup>3</sup> General Household Study 2000

<sup>4</sup> The importance of information for Carers, Carers UK 2006

<sup>5</sup> Older People Profile Version 1, City of York Council

population will mean a rise in the number of carers and a rise in the number of older carers.

12. Various services exist to support carers in York; both the City of York Council and third sector organisations provide these. A multi-agency Carers Strategy Group meets on a quarterly basis, there is an agreed 'York Strategy for Carers 2009-2011' (extended to 2012) and a Carers Strategy Action Plan as well as the York Carers Centre which is commissioned to provide a range of support for carers in York.
13. Further information regarding carer identification, carer awareness raising and information provision and good practice examples as well as details of the current practice in York is at **Annex C** to this report. A copy of the York Strategy for Carers can be found at **Annex D**; this also includes action plans for implementing the strategy.

### **Performance, Funding & Economic Importance of Carers**

14. In 2007 Leeds University published 'Valuing Carers – Calculating the Value of Unpaid Carers' which stated that:
15. *'The true value of the care and support provided by carers cannot be quantified, as caring is also an expression of love, respect, duty and affection for another person. However it is important to recognise the true scale of carers' support provided to frail, disabled and ill people. Our estimates here seek to highlight the importance of the contribution carers make, unpaid, in relation to the amount of money spent annually on health and social services.'*
16. The report indicates that unpaid carers in York alone are saving local health and social care systems approximately £223 million per annum (**Annex E refers**).
17. Funding for carers support is currently provided primarily through the Carers Grant which has traditionally been paid to the local authority as part of the Area Based Grant, but which will, from next year, form part of the overall grant settlement.
18. Currently City of York Council is performing against its targets; however it is struggling to keep pace with the demand for assessments and there are currently waiting lists for new carer assessments.
19. The Task Group also learned that although Government had indicated that Primary Care Trusts (PCT) had been given additional funding to support more carer breaks, the funding was part of their base budget. Like many other areas it was understood that NHS North Yorkshire and York had not been able to release funding from base budget to increase services for carers. The multi-agency Carer's Strategy Group for York were advised in October 2010 that there was no specific funding allocated in NHS North Yorkshire & York's budget for 2010/11 for carer's breaks.

### Identification of Carers by York Hospital

20. The Chair of the Task Group had written to York Teaching Hospital NHS Foundation Trust asking them what their procedures were for identifying carers who may be supporting patients at the Hospital. The following response was received from the Assistant Chief Nurse:

*'We are piloting a health passport in neurology and this would be a useful way to identify carers formally and ensure robust communication with them. The Learning Disability Liaison Nurse works with all patients with learning disabilities who attend the hospital and she routinely identifies and involves carers as part of her role. Her input includes asking carers for feedback on their experience. In more general terms when a patient is admitted to hospital our routine information gathering is expected to identify who is a carer. In some instances this would be to ensure that there is not a 'cared for' person at home who requires urgent input as a consequence of an emergency admission of their carer for example and the converse to ensure we know who to communicate with if the 'cared for' person is admitted to hospital. Carers needs are considered in discharge planning, more specifically for complex discharges rather than routine hospital discharge and their needs are taken into consideration or indeed carers would be invited to a discharge planning meeting.'*

### Information Received at the Public Event & via Completed Questionnaires

21. The Task Group was particularly interested in hearing first hand from carers and care workers and held a public event on 7<sup>th</sup> January 2011 at the Monk Bar Hotel, York. This took the form of a drop in session and ran from 2pm until 6.30pm with approximately 20 people attending to give their views to the Task Group.
22. In addition to this two questionnaires were devised and these were e-mailed to carer's organisations, condition groups, voluntary sector organisations, care workers and key partners. One questionnaire was targeted at carers and another at care workers. In total 34 of these were completed and returned.
23. Both the information received at the public event and that contained within the questionnaires was subsequently collated and is set out in **Annexes F<sup>6</sup>, G, H & I** to this report.

### **Analysis of Information Received**

24. On consideration of all the information received the Task Group identified the following:
25. **The importance of early identification of carers** – The NHS is undergoing significant change with new legislation passing the responsibility of Public Health to local authorities and commissioning to newly formed GP Consortia. It

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<sup>6</sup> One questionnaire was completed by a group of 6 young carers aged between 12 & 15 and their responses are set out separately but still within Annex F.

was therefore vitally important that key professionals, especially GPs were aware of carers from an early stage and identified them as soon as possible. GPs were often the first point of contact for carers who frequently accompanied the person they cared for to GP appointments.

26. There had been an incident reported in one of the returned questionnaires where a GP had refused to talk to a carer and not wanted them present with the patient for their appointment. Overall, the responses in the returned questionnaires and those given at the public event in relation to how carer aware GPs were were mixed. There were strong indications that the way GPs behave in relation to carers was variable. Other comments suggested that the GP would be the best person to hand out information to carers in the first instance and care workers at the public event believed that GPs should keep a register of carers. However, it was also noted that some GPs had been highly praised for their attitude towards carers and the help and support they had given.
27. Having considered the information received to date and noted its variability the Task Group decided to ask York Health Group and NHS North Yorkshire and York the following questions:
- i. What is being done by NHS North Yorkshire & York and York Health Group to raise General Practitioners' awareness of carers and the role that carers undertake?
  - ii. Are NHS North Yorkshire & York and York Health Group currently undertaking any work to close the 'gaps in service' indicated by the variable comments received?
28. The following response was received from York Health Group (YHG):

*YHG is very aware of the needs of carers and would like to raise their profile. There is not a specific plan to do this at present but it is an aspiration to be handed on to the new GP commissioning consortium (GPCC), which should be running in a shadow form from April 2011. GP practices are encouraged to hold a carer list, and identify patients who are carers and offer them support and contact with York carer centre. Practices are also encouraged to check their lists against carer centre lists, and any carers not known to carer centres are contacted to ask if they wish to be put in touch.*

*YHG is in the process of commissioning a memory advisor whose role will include provision of information, guidance and support for carers. It is hoped that funding will also be available to commission a part time coordinator to provide direct support and respite for carers of those with dementia.*

*Not directly linked to YHG but of interest to the committee - Hull and York Medical School (HYMS) medical students are taught in many practices in York and one of their recent clinical sessions was to meet a patient and their informal carer. Much of the teaching session was around the role of carers.*

29. The following response was received from NHS North Yorkshire & York (the Primary Care Trust (PCT)):

**Question (i)** - *The PCT chairs the York Carers Health Group that has an action plan with the aim of improving the health and well being of carers. This includes the promotion of a self-assessment tool for carers to complete and then discuss with their GPs. This has been piloted and shown to be an effective tool in raising the issues of carers with the GPs. The PCT also commission the Carers Centre in York to promote carers issues with practices, including how to identify carers and how to provide them with the relevant support.*

*Opportunities are also taken to raise Carers issues when discussing specific conditions and care pathways to ensure the carer perspective is not forgotten. For example a prompt for GPs has been added to the dementia map of medicine pathway to refer carers for carers assessment and raise the issue of the Emergency Carers Card.*

**Question (ii)** - *As part of the Quality and Outcomes Framework (QOF), GP practices are expected to have a protocol in place to identify carers and a mechanism for referral to social services for assessment. There are no further requirements as part of their contract to do any more than this. However, many GP practices have carer registers and some are more proactive than others in supporting carers. When the QOF visits are undertaken the LAY assessor routinely asks about carers. They ask to see a copy of the practice Carers' Protocol, view posters/leaflets in waiting rooms - ask how they are kept up to date / up to date contact details, telephone numbers etc. They also ask how Carers are identified - and what "flags" are put on the system to identify them - and how young carers are identified and any specific contact details for young carers. Some practices receive updated lists from local carers centres which they cross check against their registered list to make sure they tally.*

*I have had feedback from some carers who feel they are not listened to when trying to discuss the cared for person. Confidentiality is an issue in relation to this but the message needs to be given that listening to a carer doesn't breach confidentiality but can help give a more rounded picture of a person's circumstances - this of course needs to be treated with caution as not all carers have the cared for person's best interests at heart. So along with generic carers services it's important we don't forget advocacy services also.*

30. The Task Group felt that there was a willingness within NHS North Yorkshire & York and York Health Group to address issues around carer identification. However it was unclear how the quality checks detailed in the responses received would lead to a clear action plan and a clearer understanding by GPs of the impact caring can have on a carer's health. On balance and having taken all the evidence into consideration, the Task Group believe this is an area where there is room for ongoing improvement. There is further scope for some GPs and GP practices to be more carer aware and a need to establish consistent practice across all GP surgeries, which ensures all GPs, and practice staff are able to identify carers and offer appropriate support and services. GPs also needed to work more proactively to recognise a carer's own needs as well as the needs of the person they are caring for. Recent changes to the NHS and the introduction of GP Consortia meant that this was the prime time to encourage GPs to undertake some work in this area.

31. However the Task Group did not want the positive relationships that some GPs have with carers to go unrecorded.
32. In addition to this the Task Group were encouraged by the new ways of working to identify carers detailed by York Teaching Hospital NHS Foundation Trust (**paragraph 20 refers**). They felt that they wanted to encourage the Trust to embed these approaches into all hospital admissions and both simple and complex hospital discharges.
33. **Recognising you are a carer** – Responses to the questionnaires and at the public event indicated that most people did not immediately recognise themselves as a carer with many feeling that they were ‘just looking after my mother/child/spouse’ or ‘just doing my duty’. From the comments received recognising that you were a carer was often a gradual process, however it often became very clear at a point of crisis, such as a hospital admission or diagnosis of a particular condition. In some cases it was friends or health professionals that were the first people to recognise that someone was a carer. The Task Group felt that steps needed to be taken to encourage early carer self-identification so that the right information could be provided at the right time. The multi-agency Carer’s Strategy Group could undertake work to identify the key places where information can be made available, so that people can be encouraged to identify themselves as a carer at an early stage.
34. **Provision of Information** – It soon became apparent from responses received that not all carers would need or want the same level of support as others. Information needed to be proportionate to the needs of each individual carer. Some carers said that they preferred written information whilst others would prefer to talk with someone face to face. It was also important who gave information to carers, as they needed to be able to have confidence and respect for the person or organisation providing it. In the first instance the Task Group identified, through the comments received as part of this review, that this was about providing the right advice on the cared for person’s medical condition. It was important that a carer was able to understand the impact a particular condition would have on both the cared for person and the carer. In the second place it was important to have clear and up to date information and advice on rights for both the cared for and the carer and the support available to them. All Health professionals needed to think about the information they were giving and the impact it might have on the carer.
35. **A Carer’s own needs** – some comments received identified that often more emphasis was placed on the needs of the cared for than on the needs of the carer. This meant that the carer’s health often suffered as a consequence. Carers didn’t always get enough time to spend on their own needs, especially if they were caring for more than one person. One person said directly that *‘the impact caring has on carers’ lives is not always recognised’*. However, other people commented on this point in different ways such as identifying the need for day care, respite care and help with non-personal matters such as organising housing or utility repairs. There was also a comment regarding employers – where it was felt that a carer was not always afforded the same consideration as a parent for example.

36. In addition to this the Task Group were aware of a recent case reported in the national media. This highlighted a disabled child's parent's situation where they were considering putting their daughter into care because they were at 'breaking point'. They highlighted a lack of respite care as one of the reasons for them considering this option. In a recent BBC news article the mother of the child was quoted as saying:

*'Caring for my daughter is relentless. She needs someone 24 hours a day. Caring takes over your whole life. Carers across the country are struggling the same way. It's not a new thing. It's been going on for years'*

37. One concern raised by several people through the consultation and questionnaires was that carers do not feel they receive a holistic or integrated assessment. The Task Group's discussions with officers informed them that, in York, a carer's needs should be identified through the carer assessment process, however it was understood that this did not always happen in tandem with the assessment of the cared for. It was also noted that if the carer's needs had not been appropriately identified then the care package in place should be checked to ensure that it was providing the relevant help. In light of this the Task Group decided to seek further information and asked the following two questions of the Assistant Director, Assessment and Personalisation (Adults) at the City of York Council:

- a. How are carer and 'cared for' assessments currently undertaken, and are there any plans to change this? Do you think there are any ways the assessments could be undertaken in a more holistic/integrated way?
- b. Are there any reasons why both assessments could not take place at the same time/in parallel to each other?

38. The following response was received:

- a. *Assessments for the 'Cared for Person' start with the Social Care Assessment' following a referral to Adult services. The Care Manager undertaking the assessment would ask the 'Carer' if they also wanted to undertake a 'Carer's Assessment' - This is usually followed up with an Assessment from a Carers Care Manager.  
Also when there is a need to look at longer term support for the 'Cared for Person' a Personal Needs Assessment Questionnaire is undertaken to establish a level of funding for a 'Personal Budget' - This questionnaire also looks at the level of support that a 'Carer' can continue to support/ and is willing to continue to support in the future. There is also a follow up check again to see if a 'Carer' has already had a Carers Assessment, or would want one.*
- b. *There are pros and cons for this approach. There is no reason why an assessment could not take place at the same time / or in parallel. The difficulty for the 'Carer' might be that they might not feel able to express their needs easily in front of the 'Cared for Person'. The urgency and identification of this will be a judgement call by the Care Manager undertaking the initial Assessment.*

*From a Personal Budget perspective there are advantages to looking at both at the same time as this is clearly looking at the interdependency between the Carer' and the 'Cared for Person' There are differences for different customer groups too that need to be considered - for a person with a Learning Disability where we are starting a process at a much younger age, some carers are wanting to relinquish their caring role much sooner and conversely some young people with a Learning Disability may make the choice to move away from the family caring role. This can inevitably cause some differing views about the best way forward.*

*For an Older person - they can sometimes underestimate their needs as a 'Cared for Person' and as a 'Carer' - again the Care Manager will have to support the family in making positive choices, that do not diminish their independence, but support them to lead a life that has the right level of support. This can of course change suddenly for a person at any time and a reassessment and revisit of offering a Carers Assessment will need to be undertaken in these circumstances.*

39. Many of the challenges facing carers and their families are clearly understood by Care Management but the Task Group were not confident from the response given above that there was an agreed way forward that would address the needs of a family as a whole as well as the needs of each individual within that family.
40. Apart from the obvious benefits to both carer and cared for of having an appropriate care package in place where both persons' needs are recognised, there are also economic benefits that need to be acknowledged. In the long term it will be economically beneficial to support carers as much as possible, especially as in York alone they save the health and social care system approximately £223 million per annum. If carers are not fully supported they will be more likely to give up their caring role and the responsibility for and cost of care would most likely need to be borne by the public sector.
41. **Carer Awareness Raising & The Cheshire Carers Link Model** – The Task Group were impressed with the idea of the 'Cheshire Carers Link Model' which was developed through a multi-agency strategy group identifying 'carer link workers' or 'champions' across health and social care teams. The carer link workers take on additional responsibilities and are a pivotal point of contact to provide advice, information and support to colleagues. Workers are provided with training and a toolkit to help them in their role.
42. Whilst the Task Group did not look at the model itself, only the brief information above, they very quickly recognised that it shouldn't be at all difficult or expensive to build a carers element into the already existing Equalities Champion roles at City of York Council. To ensure that any recommendation that they might make about this would be feasible they asked the following questions of the Corporate Equality & Inclusion Manager at City of York Council:

- i. What framework is in place in York for the Equalities Champion role<sup>7</sup>, and does it already have any expectations with regards to carers?
  - ii. If the Task Group were minded to suggest (as a recommendation arising from this review) that the role of 'Carer's Champion' be incorporated into the Equalities Champion role would there be any reasons why this would not be feasible?
43. The following response was received and is her professional view:

*'I think that issues like this should be championed by the Executive Portfolio Holder for inclusion rather than by separate champions. This is because older people, children, disabled people and other groups that are in need of champions are being faced with poor outcomes mainly because they are excluded (intentionally or not) from accessing what they need. Having separate champions dilutes the real issues and compartmentalises them in a way that may lead to greater inequality whereby the group with the loudest or most powerful champion gets preferential treatment'.*

44. The Corporate Equality & Inclusion Manager also suggested that it would be timely to consider amending the membership of the Equality Advisory Group (EAG) [formerly the Social Inclusion Working Group] to include a carer representative.
45. In addition to this the Scrutiny Officer has found the following information:

### Member Level

*There is no formally constituted Member Equalities' Champion. However the portfolio holder for Leisure, Culture & Social Inclusion has the responsibility to promote issues relating to equalities, social inclusion and cohesion in the Council and with all partners.*

*City of York Council's Constitution sets out the following generic role and function for formally constituted Member Champions:*

*'To Act as a positive focus for the local community at elected member level in respect of the relevant section of the community or range of activities designated by the Council so as to ensure that full consideration is given to the impact of Council activities and decisions upon the section of the community or range of activities'.*

*The Constitution also sets out the generic key responsibilities and tasks associated with the Member Champion Role.*

### Officer Level

*The Director of Communities & Neighbourhoods is the most senior officer advocate for Equalities within the Council.*

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<sup>7</sup> Both Officer and Member Champion Roles

*There are various officer groups within the Council which directly deal with Equalities issues; these are detailed below:*

*The Equalities Leadership Group is a cross-directorate group of Directors, Assistant Directors and managers and has responsibility for overseeing equalities work in the council. The group:*

- Promotes and communicates the importance of diversity, equality of opportunity, inclusion and cohesion in the culture of the organisation;*
- Oversees the implementation of the corporate Fairness and Inclusion Strategy and Scheme and directorate schemes;*
- Ensures linkages between the Fairness and Inclusion Strategy and Scheme and other corporate strategies or plans and directorate equality schemes and directorate service planning and delivery*
- Ensures City of York Council progresses through the Equality Framework for Local Government levels.*

*There are also Directorate Equality Leads whose role is to ensure that each Directorate successfully progresses Equality related work/projects in order to meet their legal responsibilities. They work closely with the Corporate Inclusion and Equalities Manager.*

*This role does not champion individual equality strand groups but as part of this more general officer role issues relating to carers should be picked up when Equality Impact Assessments (EIA) are undertaken. As part of the Equalities Act 2010 carers should be added to the list of people that EIAs consider. The Corporate Inclusion and Equalities Manager has indicated that she would support this.*

*Underneath this is the Staff Equality Reference Group (SERG) whose purpose is to promote equality, diversity and fairness in employment practices and service delivery, especially where it affects employment practice, within City of York Council. This group particularly encourages involvement from staff that can represent the six equality strands and also working carers.*

46. The Task Group would like to encourage the Corporate Equalities agenda to support the changes brought in by the Equalities Act 2010, which gives carers greater recognition. They would also support a carer representative being part of the Equality Advisory Group as mentioned in **paragraph 44** of this report.

### **Conclusion/Key Findings**

47. The Task Group felt that reviewing this topic was a significant milestone in itself towards raising the profile of carers within the city. The review demonstrated the Council's ongoing interest in this subject and the Task Group felt it was important for the momentum to continue in this regard.
48. The review highlighted many positive aspects of the services available, in particular the 'Caring & Coping' course run by the Alzheimer's Society. Many

people who completed the questionnaires as part of this review and attended the public event found this course invaluable. In addition the Task Group also recognised that several professional individuals had been named during the review in relation to the outstanding care and services they had provided to carers.

49. On consideration of all the information received during the review the Task Group identified several key points to base their recommendations on. These are listed below but have all been mentioned in more detail in earlier paragraphs of this report:
- The variable reports in relation to the carer/GP relationship and the need to close the gap between these
  - The need for assessments for the cared for and the carer to be undertaken at the same time so that both parties' needs are recognised
  - The need for City of York Council to champion the role of carers
  - Access to information on specific conditions (i.e. Alzheimer's disease, multiple sclerosis)
  - In order not to forget carer and to continually promote awareness of them - An annual update on the Carers Strategy for York to be presented to the Health Overview & Scrutiny Committee and thereafter to the Executive Member for Health & Adult Social Services
50. The Task Group also wished to acknowledge the valuable and unpaid work undertaken by carers. Carers saved the local economy a substantial sum every annum and in the hope they would continue to do this it was important that, whenever and wherever possible they could receive support and assistance. A little bit of help from City of York Council would go a long way to help keeping health and social care costs down.
51. In addition to this the Task Group appreciated that in the current time of financial restraint there was a need to obtain the best results for the budget we currently had. They felt that it was important to build on existing services and acknowledge and where possible enhance what already worked well. However, if any additional monies were to become available the Task Group hoped that consideration could be given to fund respite care in order that carers could take some well-earned breaks.

### **Corporate Strategy 2009/2012**

52. This topic is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012.

### **Implications**

53. **All Implications: Financial & Human Resources** – It is believed that much can be achieved without significant additional expenditure or change to job requirements or structure.

54. There would be some staff costs associated with any awareness raising, primarily in respect of releasing staff. Quantifying this will only be possible by our partner agencies identifying the numbers of staff who will need training. Learning resources already exist, with an E-learning tool for 'Level 1' awareness available to all partners. Carers are also willing to be involved in training.
55. Other implications would need to be explored in detail as the proposals are developed.

### **Risk Management**

56. There is a general risk for the health and social care economy that if the Council, the voluntary sector and key partners do not continue to identify and support carers then costs will rise. Carers provide an enormous amount of unpaid care, which would otherwise fall to health and social care agencies to provide. The recommendations within this report would help to reduce this risk.
57. There are no other risks associated with the recommendations in this report, which would need to be registered on the Council's risk register.

### **Recommendations**

58. The Task Group make the following recommendations:

#### Key Objective (i)

- a. That health commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed. This would need to include:
  - Training in carer awareness for all health professionals and allied staff
  - That the hospital looks at extending the innovative approaches they have been piloting and embedding these into standard practices for all admissions and discharges
  - That a written report be provided to the Health Overview & Scrutiny Committee on a six monthly basis in relation to quality indicators that are being monitored in respect of carers.
- b. That the Multi-Agency Carer's Strategy Group identifies where it would be helpful to provide public information about what it means to be a carer and how to access support to enable carers to identify themselves earlier
  - Where places are identified carer awareness training should be made available for key workers
- c. That City of York Council reviews its Equalities Framework to ensure that carers become an integral part of all equality and inclusion work and this to include

- Inviting a carer representative to become a member of the Equalities advisory Group

Key Objective (ii)

- d. That health commissioners ensure that all care pathways provide guidance on the information and advice carers will need regarding specific medical conditions as well as sign-posting them to support and advice. This will need to address what the impact might be on:
- The carer
  - The family as a whole
  - The cared for person
- e. That Adult Social Care Services develop a clear pathway, which provides an integrated approach to assessment for the whole family whilst recognising the individual needs within the family and the impact of caring on the carer.
- f. To continue to promote carer awareness an annual update on the Carers Strategy for York be presented to the Health Overview & Scrutiny Committee and thereafter to the Executive Member for Health & Adult Social Services
59. In addition to the above recommendations and if monies were to become available the Task Group hoped that consideration could be given to funding respite care in order that carers could take breaks (**paragraph 51 refers**)

Reason: To complete this scrutiny review

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**Final Draft Report  
Approved**

**Date** 23.02.2011

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**For further information please contact the author of the report**

All

**Background Papers:**

See footnotes

**Annexes (on line only)**

- Annex A** Local Government Information Unit Briefing Note in relation to the recently refreshed national carers' strategy
- Annex B** Survey of Carers in Households 2009/10 – Executive Summary
- Annex C** Information on carer identification, carer awareness raising and information provision and good practice examples as well as details of the current practice in York
- Annex D** York Strategy for Carers & Implementation Action Plans
- Annex E** Valuing Carers
- Annex F** Summary of Responses from Carers
- Annex G** Summary of Responses from Care Workers
- Annex H** About the Carers and Care Workers
- Annex I** Issues Arising at the Public event