

Hywel Dda University Health Board



Hywel Dda University Health Board (H DUHB) Information & Consultation Strategy for Carers 2012-2015

2015/2016 Annual Report



**Hywel Dda Information & Consultation Strategy for Carers – 2012/2015
Annual Report 2015/16**

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1 JOINT FOREWORD

The Carers Strategies (Wales) Measure 2010 (Carers Measure), clearly identified that through support, guidance and information, Carers are able to establish and maintain a healthy lifestyle, and improve their health and wellbeing. The resultant effect is that, in the majority of situations, a cared-for person is able to remain in their home whilst being safely and appropriately supported. This principle, combined with our partnership approach to the Information & Consultation Strategy has delivered significant progress noted in our previous annual reports, positively acknowledged by Welsh Government, partners and external stakeholders alike.

From the outset the Partnership has recognised Carers as equals and an asset in the provision of care, rather than passive recipients of support services. The provision of quality information has provided Carers with the opportunity to input directly to the planning, development and delivery of high-quality, flexible support. In turn this has provided individuals and communities with the resources to manage their caring responsibilities with confidence and enjoy life alongside their caring role.

We have now seen the mainstreaming of areas of good practice within the partner organisations. The Investors in Carers (IiC) scheme has seen the vast majority of General Practitioner (GP) surgeries in the region achieve bronze level, with several committed to achieving silver status. This serves to demonstrate the ongoing commitment to Carers and a longer term, proactive approach to identify and support Carers through Primary Care, within their communities.

The scheme delivers a number of cultural changes particularly;

- Increased communication between professionals and voluntary organisations
- Recognition of their role and the identification of 'hidden' Carers
- Targeted health checks for Carers
- Evidence of involvement and feedback from Carers on the services they receive, in design, development and delivery

The good practice developed through this scheme has also been extended to include secondary care settings including community hospitals and elderly mental health units, with excellent links implementing the same scheme across community pharmacies.

The investment in the "Carer Aware" training package on a regional basis has seen a great deal of work taken forward in raising awareness amongst

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staff across all sectors. The original E-learning method training has been supplemented with alternative facilitated sessions to reach as many staff as possible, particularly those with no access to personal computers during their normal work.

Significant progress has been made in taking forward the Young Carers agenda in 2015/16, working closely with commissioned voluntary sector organisations and other key stakeholders. This has been complemented by the development and subsequent commissioning of the Young Carer Aware E-learning package, endorsed fully by each local Children's and Young Peoples Partnership (CYPP).

Considerable strides have also been made across Mental Health services culminating in areas of increased engagement within the proposed development of the "Triangle of Care" (TOC) model in 2015/16. The latter is closely linked to the work already established as part of the Investors in Carers (IiC) Scheme and the work of the regional Mental Health Carers Forum.

It is also encouraging that mechanisms have been developed to ensure that Carers' views have been sought through various networks including several significant consultation initiatives at both a local and all-Wales basis. We are also pleased that the roles of Carer Ambassadors, Carer Leads and Champions at all levels continue to feed back Carers views whenever possible. The formal inclusion as members of the Programme Board ensures that Carers input to the developments at the highest level. The innovative approach of an on line survey has also enabled the Health Board to establish the number of Carers across the workforce.

Carers' views, their experiences and our ability as a partnership to respond have been embedded within our report supported by comments received directly through various engagement initiatives and commissioned services.

The key challenges over the next year will be to maintain the positive progress made now that funding has been confirmed during the transition to the SSWBA implementation, particularly to ensure that information, advice and assistance is provided when delivering health care services. Long term maintenance and development of the initiatives is essential and the appointment of substantive posts linked to Investors in Carers Scheme and Young Carers can maintain the momentum.

The effort across the partnership, has laid a solid foundation on which, the SSWBA and the Well-being of Future Generations (Wales) Act 2015, (WFG) can now build and truly advance the Carers' agenda.

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We are therefore delighted to endorse the following Annual Report outlining the positive progress that has been delivered over the past 3 years, in partnership for the benefit of Carers across the region.



**Bernardine Rees, OBE,
Chair & Carers Champion,
Hywel Dda University Health Board**



**Cllr Catherine
Hughes
Carers Champion,
Ceredigion County
Council**



**Cllr Jane Tremlett,
Carers Champion,
Carmarthenshire
County Council**



**Cllr Mike James,
Carers Champion,
Pembrokeshire
County Council**

2 CONCLUDING POSITION 2015/16

In line with previous years, the continued focus on the Key Aims presented in the Information and Consultation programme and has delivered significant improvements to Carers lives and outcomes across our communities as well as an increased focus on workforce colleagues with caring responsibilities.

Over 9,800 Carers has been identified across the region, with 100 Young Carers who have received assessments by Social Services. In addition, Carer training was completed by over 900 staff through the Carer Aware e-learning, staff briefings and liC workshops.

a. Welsh Government (WG) Feedback – “Carer’s Voice”

Following the feedback to previous Strategy reports, Carers involvement and input has significantly increased in designing and implementing the Strategy, with Carers representatives on all major groups, forums and the Programme Board. Supported by the Key Performance Indicators (KPIs), in line with Welsh Government requirements, this report demonstrates the progress of the Strategy and the commitment across the Hywel Dda Partnership to actively listen to the Carer’s Voice, in line with the previous Welsh Government feedback below;

“This is a detailed and robust report, containing good analysis and detailed information of the awareness raising of Carers providing a number of examples where and how information is disseminated to Carers. There is strong evidence of the training programmes provided and undertaken by staff and Carers. Recruitment of dedicated personnel has been effective and successful in raising the importance of identifying Carers. Strong evidence that Carers are involved in decision making and have been included in the development of a number of strategies and consultations which includes “The Young Carers Charter”. There has been a significant increase in the involvement of Carers of people with mental health problems in developing mental health strategy and services. The provision of monitoring/feedback system for Carers has been effective. The report provides both qualitative and quantitative information.”

3 KEY PROGRESS AND DEVELOPMENTS 2015/16

a. Carer Engagement

Carers' issues and questions are now a permanent feature of the Health Board's communication strategy, featuring in the "Talking Health" programme and Citizen's Panel surveys. At a community level, Carer's issues feature in learning sessions at GP surgeries and local, community National Health Service (NHS) staff surveys. Hywel Dda's own Health Board website, now has a permanent Carers section providing valuable information and guidance on services and support for Carers, NHS staff, agencies and pharmacies to enhance the Carers agenda at all levels, whether at community or hospital locations. This compliments the websites and information displayed by our local authority partners. The Programme's partnership approach has enabled common and consistent messages, themes and literature to be provided across the Region.

The health board has now included Carers as a specific element of the Patient Public Engagement (PPE) programme and its communication team has a dedicated role to ensure these cultural changes are embedded for the future.

Carers Story

An 82 year old Carer from Haverfordwest required a replacement hip operation but was concerned how that would impact on him looking after his wife with multiple sclerosis. Following a discussion with the Carers Information Service, the local authority and the health board were able to make the necessary arrangements for the pre-operative assessment for the replacement care required. The latter was arranged so that both the Carer and Cared for spent a week together in a local residential care home and the Carer sent the following message by email – "Wishing to thank you from the bottom of our hearts for all the work that you have done on our behalf. Many, many thanks. Happy to report that things are going well....My hip operation took place and I was able to spend about a week in Ward 1 before spending another week with my wife in Torestin. I am now home, feeling able to look after myself whilst my wife remains in Torestin until I will be able to drive and bring her home for me to care for her again. So, all being well, I should be 'back on my feet' by the end of this month".

"The above demonstrates the importance of highlighting Carers as a priority when planning services provided by the Health Board and the

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wider impact on well-being and patient treatment” – Peter Llewellyn, Assistant Director, Strategic Partnerships, Hywel Dda University Health Board

b. HDUHB Staff Survey

During 2014, the Programme conducted an on-line survey which provided a clear insight on Carers in our workforce and clearly highlighted the constant change in priorities of their personal and professional roles. Many long-serving colleagues have managed the position for a number of years.

“While I could discuss it at work I don't tend to bring how stressed I am at home into the workplace as I work in a busy office environment and it would not help anyone”

The survey outcomes are shown below compared to the 2011 Office for National Statistics (ONS) census and it's clear that the Health and Social Care workforce constitute a significant proportion of the caring community.

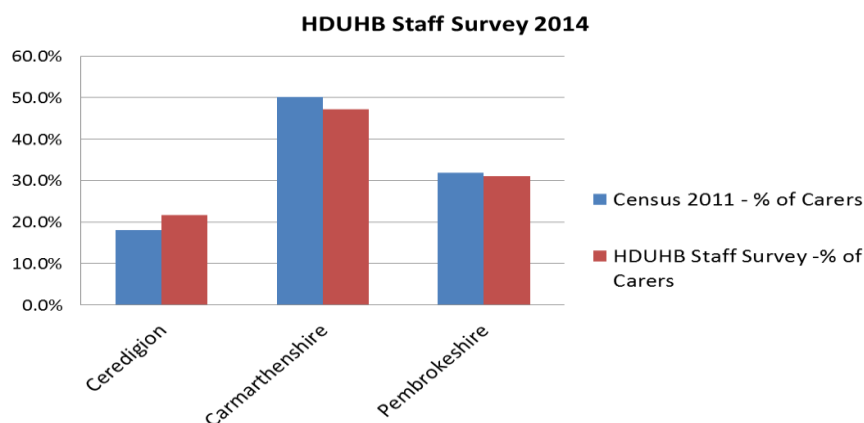


Figure 1 – HDUHB Staff Survey 2014

It also highlights the impact directly on HDUHB and its' ability to deliver health care services.

“I could not go to another post that could not help with flexible working conditions”

The survey results were previously published and clearly demonstrate that simple steps advising and assisting our own workforce, can have a significant impact on their individual well-being. In turn, this directly

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improves our ability to consistently deliver quality Health and Social care.

HDUHB Staff Survey 2014

In particular, the respondents highlighted some issues which directly affect service delivery and performance specifically;

- 44% stated that caring affected training.
- 30% of staff had reduced skill levels due to their caring role.
- 40% stated that their work suffered as a result of caring
- 75% of staff reduced their hours or bought additional leave to perform their caring role, clearly impacting on their own standard of living.

During 2016/17, a key focus of the transition plan will be towards improving information and advice for colleagues on their work/life balance and Caring responsibilities.

“More tired in work as I take annual leave to attend appointments and care for my partner when their unwell...”

c. Carers Information & Guidance

In partnership with local authorities, third sector brokers and commissioned providers, an extensive audit programme was completed on Carers communications in wards, clinics, departments and GP practices.

The information group has now developed communication protocols and action plans for Carers' information, on a regional partnership basis, and has now developed strong links to continue this approach for the future. Over 40 new information boards have been installed at secondary health care settings, including hospital outpatient departments and in particular ward reception areas which are seen as key locations to provide Carers with relevant information and support.

Carers Story

Mrs S. cares for her partner who is frail and recently suffered a fall. Mrs S. was referred to the service via the liC registration form at Llwynhendy GP practice as her partner was undergoing rehabilitation at Prince Philip Hospital. An appointment was made with the Carers Outreach worker to talk through the support available. Mrs S. was concerned how she would care on her own when her partner was transferred home considering her own health conditions. The Social Care and Occupational Therapy assessment processes were discussed as well as equipment loan from the British Red Cross. Following a number of visits from the Outreach Worker Mrs S. has now attended a Llanelli's Carers Group and feels happier and better able to manage her caring role.

In partnership with Marie Curie, there is on-going distribution of the revised, Carers specific literature such as revised “Say I’m fine....and mean it”,



Figure 2 “Say I’m Fine....and Mean It”

and inclusion of Carers’ information in bedside folders and with all discharge “take home” medicines, providing information and guidance to a wider and relevant audience. Future work will develop similar “affinity” approaches to deliver cost-effective communications and advice to Carers.

d. Staff Awareness & Training

The workforce development through training and briefings has given staff the tools and skills to understand the caring role better and recognise and value Carers as an asset in successful patient treatment and community support. In turn, this has prompted the need for cultural shifts within the Health Board to further embed Carer involvement and recognition.

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The momentum gained through the Carers Measure has clearly established the wider understanding around the “chain” of care and the importance of partnership working, whether through health, social care or third sector and independent organisations.

4 ENGAGEMENT WITH CARERS AND STAKEHOLDERS

Throughout the programme, the Carers Measure and its implementation across the region has featured strongly with regular reports featuring in community health council locality meetings and 50+ Forums.

Historically, whilst Carers have featured in the health board/local authorities’ and stakeholder reference groups; the Carers Measure has increased the focus such that Carer representation is now viewed as essential across the region. The development of regular discussions through Carer Forums, Carer Leads, Carer Ambassadors and Carer Champions has also been instrumental in gaining essential input into the design and delivery of our Partnership services. The on-going partnership programme has also provided a forum to share and refine best practice across the Region.

Collaborative planning and delivery has proven invaluable for events such as Carers Rights Day and Carers Week to maximise the impact of budgets across organisations, as well as enable the identification and assistance to hidden Carers who beforehand had previously been unsupported.

It is clear that the Carers Measure has embedded the principles of partnership working and engagement with Carers, and has laid a solid foundation to a consistent method of receiving and responding to Carer feedback. Future support and funding for Carers services will only increase the positive attitudes across the workforce and recognition of the huge part Carers play in our communities.

During 2014/15 the Health Board revisited the Equality Impact Assessment (EIA) as part of the Carers Measure Programme and whilst this received a positive assessment, it highlights the need for monitoring and ensures future plans reflect the ever changing profile of our communities. Particularly, with current low level demand from Polish and Eastern European communities.

EIA Extract

“There was also evidence of positive engagement with a large range of stakeholders with no indication of any negative impacts. These stakeholders included older people, mental health carers, carer forums and health board staff, utilizing a number of different engagement methods”

Stakeholder feedback & Strategy development

A consistent message from Carers in which ever form that we engage with them is that they are not a demanding cohort of caring individuals. They don't seek much more than recognition and responsive services that support them to continue in their caring role. In short, Information, Advice and Assistance.

“Mr X felt socially isolated due to his caring role and lacked confidence. He was interested in learning more about how he could take advantage of Information Technology to help with his caring role. The carers outreach worker discussed activities offered by third sector services and he agreed to be referred to LINKS to take part in their Information Technology sessions. He has since participated in social activities with the group at LINKS including meeting up to play pool. The carer has also attended Information Technology lessons organised by the Llanelli Carers Group.”

Carers have expressed preferences for a single point, face to face contact for assistance and we were pleased to further develop Carer outreach services during the Programme. This model has now been developed across the Hywel Dda Region and we have implemented outreach services in all 3 Counties, providing an additional channel for Carer support.

Over the last 12 months, this message has been repeated consistently at a range of forums, groups and through individual feedback received from Carers. Work has commenced to extend these engagement methods into Hospitals, Schools, Community Services, Education and Housing Departments, and the SSWBA clearly reinforces this approach with requirements on all departments to identify Carers as early as possible.

5 PUBLIC SECTOR ORGANISATIONS

a. Scrutiny/Policy/Single Integrated Plans

The initial Information and Consultation Strategy was presented to the Local Health Board, Local Authorities and County Voluntary Councils for scrutiny, comment and feedback. Following consultation, the Strategy was published as final, representing alignment with Single Integrated Plans across the Region in support of the Carers Measures aims, objectives and legislative requirements. During this period, the strategy was published for patient, public and partner consultation and feedback through the normal channels and mechanisms.

The Programme Board has regularly reviewed the governance framework to maintain its relevance to regional authorities and county plans and ensure that Carers have direct input to the strategy implementation.

The programme progress has regularly been reported at Scrutiny Committees, demonstrating the achievement of common aims and objectives between health, local authorities and third sector organisations to improve Carers' outcomes.

The future governance will clearly reflect organisational changes within the health board and its' Partner organisations. At this time, it is proposed that reports from the Programme Board will be fed into the Improving Experiences Committee within HDUHB. In addition, changes will be required during 2016/17 to reflect changes brought about by the SSWBA and WFG acts and the introduction of Public Service Boards and Regional Collaboratives.

b. Health Board Priorities

The health board's Integrated Medium Term Plan (IMTP) has taken the initial Information and Consultation strategy further through ensuring that Carers issues are mainstreamed into everyday working practices for NHS and Local Authority staff to work effectively with Carers, and in true partnership to deliver;

- Earlier and planned support for Carers
- Creation of cultural change in the NHS and its relationship with Carers
- Carers mainstreamed into working practices in the NHS at all phases from
- Design through to service delivery.

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Additionally, the liC schemes across GP practices, health centres and community pharmacies have promoted and supported the health board's objectives and its' integrated plan, particularly;

- Facilitating the early identification of Carers and Young Carers
- Ensuring early planned support through partnership mechanisms
- Recognition, involvement and support for Carers as partners and assets in the health care process.

Hywel Dda has now introduced a specific web page, dedicated to Carers' issues to ensure that the latest information and guidance is available and demonstrates that Carers are a core focus of its services. The communications team within Hywel Dda has now taken responsibility, as a core function, to update the pages with the latest news, accessible by both the public and NHS staff.

www.hywelddahb.wales.nhs.uk/carers)

c. Regional Partnerships / Commissioning

The advantage of taking a partnership approach has been a recurring theme in meeting the aspirations of the Carers Measure. In particular, effective collaboration and joint service commission between health, authorities and the third sector has proved hugely beneficial as the example below demonstrates;

Carer Story – Stroke Association/Carers Information Service

“A woman who cares for her grandchildren due to family circumstances has also suffered several strokes and has recently diagnosed with a terminal condition. Due to her condition, the woman has not been able to bath and can't manage stairs, so sleeps on the sofa. Following a meeting with the Stroke Association and co-ordinated activity with the Carers Information Service, several outcomes were achieved;

- *Motorised bed/chair funded through a Stroke Association grant was supplied*
- *Fastrack application with the Council and installation of a stair lift*
- *Access to the bath for washing & relaxation*
- *Improved family interaction during a difficult time, particularly for grandchildren*
- *Increased rest and less reliance on the family*

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However in going forward the impact of Local Authority cuts on spending and the potential reorganisation following the Williams review will challenge these established partnership arrangements. There will be an opportunity though for Carers to benefit from further integration of health & social care and the new regional collaborative arrangements spanning Pembrokeshire, Carmarthenshire, and Ceredigion.

Carer Story – Carers Information Service

Funding applications were submitted for Carers Trust Grants, obtaining £282 for a wheelchair power pack to enable the Carer to take her husband out in his wheelchair as her own health problems make it difficult to use a manual wheelchair.

“The recently commissioned service ‘Carers Outreach Workers’ by Hywel Dda University Health Board has proven complementary to the existing Carers Information Service. Working in tandem and within The Carers Trust, Carmarthenshire are ideally placed to offer domiciliary and targeted support to so many unpaid Carers who find themselves housebound most of the time due to committed caring responsibilities for a loved one.

By providing a service that can ‘reach out’ to Carers some of the most basic and fundamental needs of us all – company, someone to listen, someone who knows how to get help and someone just for Carers are met. .

Carers can be referred to the outreach service by social care and health care professionals and can benefit from home visits and relaxed interactions without any perceived pressures or stress. They appreciate a dedicated service and welcome the sharing and listening opportunities, the knowledge and the signposting that this Team is able to deliver and the focus on themselves as Carers. ”

Cllr Jane Tremlett, Carers Champion, Carmarthenshire County Council

d. Performance Summary – 2015/16

In line with Welsh Government policy under the Carers Measures funding, the national Key Performance Indicators (KPIs) are summarised in the table below. In addition, the summary tables showing the KPIs for the full programme are shown at Appendix 2.

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Overall, there has been significant progress across the programme with all indicators showing a rise, year on year. The workforce training element has not been as successful as might have been hoped, and take up across the health boards has, in part, been impacted by mandatory training requirements. An identified area for improvement across all organisations, is the executive commitment to support workforce learning. Future strategies should have an early focus on this aspect at the outset to be truly successful.

Whilst it should be recognised that the task is far from complete, it demonstrates that the programme and the partnership approach is showing significant benefits and achieving the aims and objectives of the Carers Measures legislation.

The steady increase in Carer identification through health settings does suggest that cultural change is underway. In particular, the combination of training and the LiC Awards, have significantly increased Carer Awareness at a community level, providing Health with the opportunity to provide necessary and relevant advice, information and guidance.

(Further detail can be found section 7(f) under the Performance Sub Group review.)

HDUHB Regional Summary 2015/16 Key Performance Indicators (National)

Carers Measures 2010 - Performance Indicators	Q1	Q2	Q3	Q4
Indicator 1: Percentage of Carers identified	19%	19%	20%	21%
Indicator 2: Percentage of staff trained (accredited training)	0.3%	0.8%	1.1%	1.4%
Indicator 2b: Percentage of staff trained (Accredited and non accredited training)	1.0%	2.0%	2.8%	3.5%
Indicator 3a: Percentage of carers known to Social Services who had assessment or review	5.6%	9.2%	26.8%	17.2%
Indicator 3b: Percentage of Young Carers you had assessment or review	23.0%	39.7%	41.2%	47.8%
Indicator 4 The percentage of carers that have been referred for carers assessments by health staff during the year.	24.5%	34.8%	10.6%	13.3%

n.b. Key data comparisons against 2011 Census (ONS data)

Figure 3 - National KPI summary 2015/16

6 PROFILE OF CARERS IN THE HYWEL DDA REGION

A significant amount of data and information has been assessed in developing the Strategy, and, during the delivery phase, on-going analysis will be performed to review and affirm the plans. The following statistics were used as a baseline for planning during the development of the Strategy:

- 2001 census – 43,232 Carers identified.
- 2011 census – 47,787 Carers Identified.

Hywel Dda Region - Carers Identified
(Census 2011)

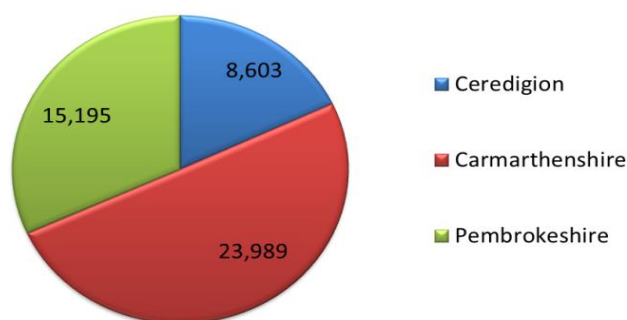


Figure 4 – Hywel Dda Carers by County

Through the work of the Strategy Implementation Group and more latterly the Performance Management Sub Group, further analytical work was commissioned, showing firstly;

Carers by age group providing more than 50 hours per week, unpaid Care;

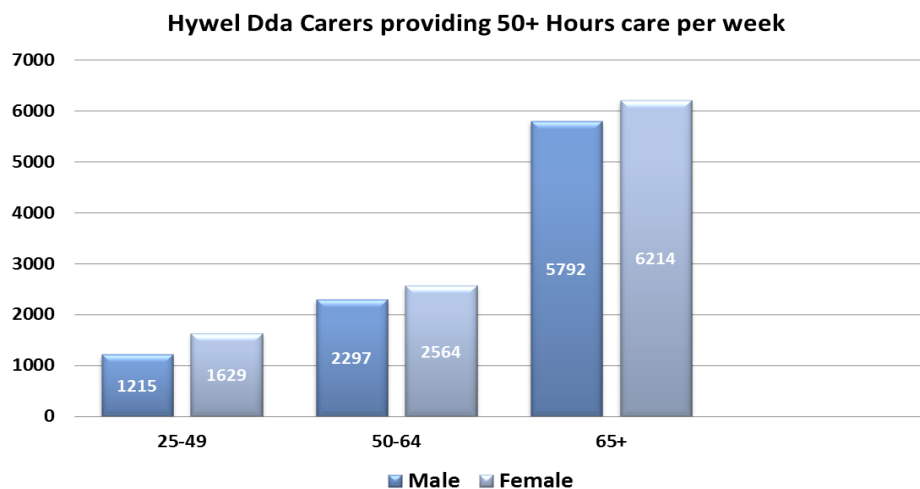


Figure 5 – Age of Carers by Hours per week

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Secondly the profile of Young Carers and the hours of Care per week they provide is shown below;

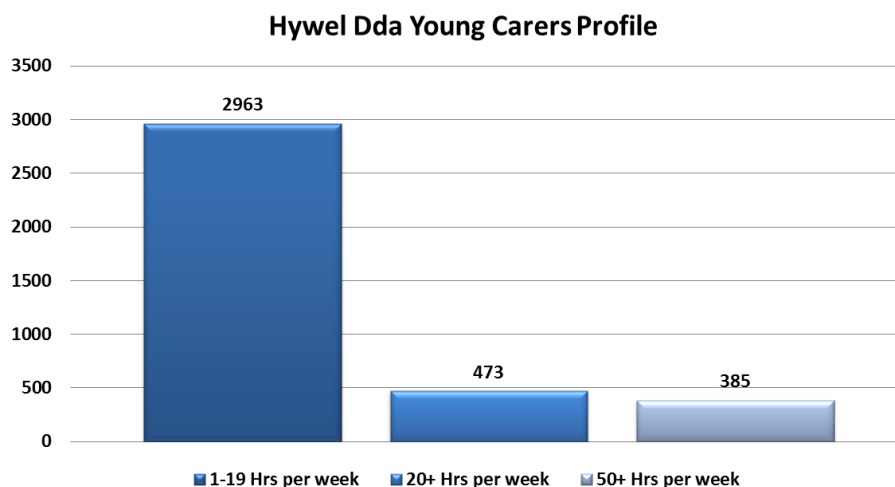


Figure 6 – Young Carer numbers by Hours Caring

Since its inception, the Carers Measures programme has collected a wealth of data and information, in particular Carers input, to provide a robust understanding of the Carers issues across the region.

During 2016/17, as part of the Health Board's requirements under the SSWBA, further analysis will be performed to focus on key groups, to better manage the high risk groups. In particular;

- Carers performing 50+ hours per work, whether adult or young carers. Clearly this is the highest risk group across all factors including Well-being and inclusion
- Carers with commitments under CHC and how advice, information and assistance can give them more voice and control in the Care plans, both for themselves as well as the Cared for.

Whilst the national KPIs provide good measures of the progress, future research and KPI's will be developed to prioritise the delivery of Carer relevant services, information and advice.

7 CARERS MEASURES - POLITICAL IMPACTS

a. WELSH GOVERNMENT FUNDING

- *Initial Funding*

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The Programme Board approved expenditure of the initial Welsh Government funding in 2012 /13 to support the strategy and the following outlines that allocation:

- *First tranche - £53,493 to raise NHS awareness of the Measure*

This allocation was fully utilised in establishing the required governance structure and resourcing the expertise of LA lead officers and other key stakeholders in the development of the Information and consultation strategy.

- *Second tranche - £53,493 to implement the Information & Consultation Strategy.*

This allocation was also fully utilised in delivering the Key elements of the strategy including the procurement of e-learning Carer Aware package, in partnership with LAs and Powys THB. It also enabled the Health Board to purchase information and materials to promote the key aims and deliverables of the strategy.

- *Initial allocation of £10,189 for Young Carers.*

This allocation was utilised fully by working with Commissioned Young Carer services, with detailed spending plans forwarded and agreed by Welsh Government enabling key strands of the Strategy to be taken forward.

b. FUNDING ALLOCATIONS

In January 2012, the Welsh Government approved the Information and Consultation Strategy document, Implementation Plan and expenditure programme. However, during May 2013, the previously announced annual funding was reduced to each region, although the expectation to still deliver the published Implementation Plans remained.

This resulted in the 3 Counties Carers Strategy Implementation Group convening to review progress and amend the annual objectives to account for the reduction in available funding, and subsequently submitted an amended Implementation Plan to the 3 Counties Programme Board in spring 2014 for approval.

Carers Story

A 58 year old Carer from Aberystwyth had given up his job five years ago to look after his 62 year old wife who has Multiple Sclerosis. By getting in touch with the Health Board and its partners the following support was identified and provided:

- *Links made with Care & Repair to receive advice on the adaption required at home;*
- *Weekly replacement care of three hours provided by Crossroads to give the Carer a much needed break;*
- *Carer registered with his own Surgery in Aberystwyth;*
- *Physiotherapy and Re-ablement support provided on a weekly basis;*
- *Face to face consultation arranged with Neurology Consultant and Specialist Nurse as part of a formal review process*
- *Ongoing discussions with the Carer regarding links with the MS Society and local Carer support groups.*

c. FUNDING IMPLICATIONS 2015/16

Based on the reduced overall allocation it was also necessary to revisit the initial Implementation Plan. This has seen the initial 44 key aims for 2012-2015 being reduced, revised and implementation extended to March 2016 to coincide with the revised allocation and timelines of the funding.

This clearly had an impact on the planned development of a comprehensive Carers outreach service (This is disappointing as it was seen as a key priority by Carers during the engagement process for the Strategy itself) and a dedicated project support officer to take forward the Young Carers agenda.

However, by working together through the Programme Board a clear spending plan was agreed, supplemented by existing health board and local authority resources.

The Performance Group has also stated that due to the reduction in funding it has not been possible to establish data recording for KPI 4 and the ability to completely differentiate new Carers identified at GP surgeries, not already recorded by Social Services as fully as had been planned. As a result of the funding revisions, data is currently collected

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from GP Surgeries and Health Centres only, with limited prospects for further development.

“Despite these financial restrictions, the advantages of a robust regional partnership has allowed Hywel Dda University Health Board and its three associate Local Authorities to continue planning several key aims.

By their conclusion in March 2016 these objectives will provide a sound basis upon which to support services for Carers in their areas. However the continuation of current Carers Measure funding will be essential in any further improvement and extended services for Carers”.

Bernardine Rees, OBE, Chair & Carers Champion, Hywel Dda University Health Board

d. Funding Implications 2016 onwards

The financial pressures on Local Authorities and the reduction of resources to support Third Sector services have been highlighted as a risk to the support available to Carers.

The recent confirmation of the funding during the transition from Carers Measure into the SSWBA funding of £119,000 per annum from April 2016 will also have a detrimental effect on the work that is being done across the region. The funding supports four part time posts which have been instrumental in making such excellent progress in taking forward the Investors in Carers scheme and providing the necessary support in coordinating the E learning programme and the performance management framework.

Direct representations to Welsh Government have been made on behalf of the Programme Board stressing the importance of this resource being mainstreamed into the revenue support grant. In addition, the Programme Board and implementation group are holding a planning session on 1st July 2016, to confirm the key activity, deliverables and resource requirements to manage the transition work from Measure to Act.

8 ACTIVITY HIGHLIGHTS FOR 2015/16

a. Information sub-group

The Information Group has made significant progress in delivering its

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key aims as seen in the highlight reports at Appendix 1. The Information action plan was completed for the partnership and formed a solid protocol for a regional approach to on-going Carers information and communication.

The “3 Tiers” approach to information and communication was adopted and agreed across the partnership to enable;

- Information and guidance to be produced based on stated Carers’ needs
- economies of scale to ensure value for money with print costs and distribution costs
- communication to the widest possible Carers audience throughout the region across health, social care, third and private sector locations

“I was looking at the new display of Carer’s information in my local pharmacy and the member of staff approached me to ask if I wanted any more information – I was very impressed as although I am not a Carer I do appreciate how important it is to receive relevant information”

The group has identified 40 locations across health board sites and has now completed the installation of Carers information displays to ensure maximum exposure of the relevant information and guidance. This has now been included within the HDUHB communications team function as a specific role to ensure future sustainability and on-going Carer guidance.

The boards have been particularly important when promoting regional and local events such as Carers Rights Day, Carers Week and community support groups and meetings.

Regular communication campaigns were throughout the year in line with the partnership approach, have ensured that consistent, high quality information is provided across Hospital and Primary Care sites, as well as local authorities, libraries, community outlets and third sector organisations. Ensuring that Carers at any location can gain access to information and advice, equitably across the Hywel Dda region.

The partnership approach has facilitated the on-going publication of a range of information and guidance in particular;

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- Carers' information packs at information hubs, libraries, leisure centres, GP surgeries, community pharmacies and hospital settings.
- Information leaflets included within medicine "take home packs" from Hospital pharmacies and dispensaries.
- On-going publication of Carers booklets such as the revised "Say I'm Fine...and Mean it" re-publication
- Local Carers newsletters
- Young Carers leaflets supporting Young Carers Service providers and local authority CYPP strategies.
- Funding and input to staff surveys, to identify Carers within the NHS workforce and to raise awareness of caring and recognition of the work/life balance amongst colleagues.

Much of this work has now been mainstreamed and the key focus for 2016/17 will be embedding this approach within our Authority communications plans for the future.

b. Investors in Carers

The Investors in Carers (IiC) scheme has been very successful at raising awareness of Carers with primary care staff and many surgeries now recognise the longer term benefits for Carers health, through including them in patient consultations and treatments. In total, 6,301 Carers are now registered at GP Surgeries across the region, benefiting from Carer specific information and consultation, with over 400 referred to other agencies, including Social Services for advice, information and assistance during 2015/16.

"I've received several referrals from Bro Cerwyn following the IiC Officers' talk explaining Carers Support services"

Carer Lead Events

Carers lead events continue to provide a valuable insight for Surgery staff on the role Carers play in delivering a quality services.

Over the last three years seven Carer Lead events have taken place

"I found out today what Caring really means....A really useful and enjoyable workshop"

whereby the participants have learnt about other Carers support services in their area, become Dementia Friends, learnt about Young Carers and the support there is for them and how the Carer registration and referral process works. They have also benefited from networking

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with other surgeries and organisations. These events have been open to Carer Leads from other health settings participating in the liC scheme. It has also enabled surgery staff to identify third sector organisations and enable closer working. In the last 2 years alone, over 700 surgery and pharmacy staff across the HDUHB region attended Carer Lead Events.

Carer Story – North Pembrokeshire

“My husband has been diagnosed with early-onset Vascular Dementia and it took me quite a few visits to my GP surgery before I realised I was a Carer. I had read the information several times before I realised that it applied to me. I have registered with my surgery and have found the information pack I received very useful. I have met the Carer’s Outreach Support worker who was very helpful and attended a support group which was the last thing I thought I wanted to do but in fact have found it very helpful.”

GP Surgeries / Community Pharmacies

The initial focus for the scheme was to increase the information and support for Carers through GP Surgeries, as the primary health “touch point”. The Investors in Carers scheme has now been rolled out across the Hywel Dda region with 52 of 54 Surgeries at Bronze level and a further 3 successful at the higher Silver Level award.



Figure 7 - Llynfrfan and Teifi Surgeries receiving liC Silver Awards

8 community pharmacies have also completed the Bronze Level Award and a further 14 community pharmacies are engaged and progressing the liC award across the region.

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The Silver level has already been achieved by 1 surgery in Carmarthenshire under the Measure with a further 7 progressing towards the higher level.



Figure 8 - Boots in Haverfordwest achieving the Bronze Award

“Working in a community pharmacy gives you direct contact with people enabling you to have a conversation and reach out to people who aren’t looking for help but it becomes apparent that they could do with it. I can help people find out about the kind of support there is out there, it is important for people not to be nervous of it – they can often be worried about asking.”

This clearly demonstrates the importance placed on Carers at a local level and a real desire to improve the outcomes for the unpaid partners in care.

Hospitals/Wards/Units

The hospital setting has been a challenging one to introduce the scheme, though this is now developing and whilst some momentum has been gained across the Mental Health and Learning Disabilities (MH&LD) units, in general more progress had been hoped. Submissions are expected from a number of teams, including outpatients and Community Mental Health Teams (CMHT) to progress the liC scheme.

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There has been success with 2 Older Adult Mental Health Wards completed at the Bronze level, one Community Mental Health unit and one Community Hospital, all achieving Bronze level.

liC has worked closely with the MH&LD Carers champions and has been involved in the initial pilots for the Triangle of Care, (TOC), where Carers are an essential partner in the service delivery and patient treatment programme. Further work is planned for 2016/17, and it is hoped the liC principles can assist the developments.

Hospital Pharmacies have been supportive and now include Carers Information leaflets in all “take home” medicine bags for discharge medicines. In addition, all hospitals across the HDUHB region now have dedicated noticeboards providing Carers with specific information and advice.

Schools & Colleges

The liC scheme for Secondary Schools has been developed with 3 schools currently at Bronze level with and a further 5 schools engaging with the scheme.

Through partnership working with the Third Sector, we've worked with Marie Curie (a part of their Big Lottery funded project Caring for Carers) to purchase a number of the Young Carer board games called ...'I care, do you?...' for use across the Hywel Dda region. The game is designed to help identify what a Young Carer has to do when compared to their peers. As part of the scheme and awareness raising, the game has been tested with a number of age ranges in Pembrokeshire and Carmarthenshire. On completing the game, one pupil commented;

“I think this game is good because it shows what life is like every day for young carers.”

The Young Carer Aware e-learning course also provides Young Carer focused training for all teaching staff to support the scheme's implementation across the region.

“During the past 12 months we have seen all 15 of the GP surgeries in Pembrokeshire support the Investors in Carers programme. Our first pharmacy has also been accredited and others are now working towards it.

This is a fantastic achievement and they are to be commended for their commitment to supporting our “unpaid” Carers and recognising the significant contribution they make to the lives of those they look after.

This coming year, in acknowledgement that the vast majority of young carers attend school, we will be highlighting the Investors in Carers programme with our secondary schools and Pembrokeshire College.

Working together, we hope to demonstrate the positive actions they can take to encourage young carers to come forward for help and support, either for information or through referral to our local young Carers service.

As the Carers Champion for Pembrokeshire County Council I am delighted to be involved in this new and exciting work and look forward to supporting the Investors in Carers Scheme as it grows and goes from strength to strength.”

Councillor Mike James, Carers Champion, Pembrokeshire County Council.

c. Carer Aware/Young Carer Aware e-Learning/Workforce Training

The Programme Board has supported the on-going Carer Aware/Young Carer Aware e-learning and during 2015/16 some 386 staff have completed the courses. It is apparent over the last 6 months, the introduction of the SSWBA has diverted some focus towards the new legislation and changes to Carer’s rights, in turn this has directly reduced the number of course passes expected during the year, whilst a natural position, this is a little disappointing overall.(Learner survey and e-learning performance can be seen at Appendix 3)

In total, over the 3 years, 1,686 staff have now passed the course which is CPD certified, with the ability and information to provide on-going Carers guidance and support, both professionally and within their family and communities.

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Learner Survey Feedback

“This course gave me insight into who can be carers, what defines them for being a carer and their entitlements under law are. The course has also provided me with access to links which can help me direct carers to the support they can get whilst carrying out their caring role.”

Prior to the course, 32% of the workforce stated they were confident to give Carers guidance and information, though only 4% stated they were fully aware of Carers and the legislation. On completion 94% stated they were confident to give Carers advice and guidance.

Over 36 Third and Voluntary Sector organisations have signed up for the training with Local Authority Scrutiny Committees and Service Boards have endorsed the training and promoting the course across the region.

Across Primary Care, surgeries and Health Centres are engaged with the course as part of the liC accreditation and over 79 dedicated staff have passed the course, being available first hand to provide information and guidance to Carers within the surgery area. It was also pleasing to note that the Community Health Council is also fully engaged with this training across the region.

“Have just now completed this and am very impressed with the content/delivery style etc., and will be recommending this course to others. Can you advise me whether there are any other courses accessible to CHC staff and NHS employees?”

Hywel Dda Mental Health Carers Champions forum has actively targeted the training and recently included medics and consultants for completion of the course.

The Young Carer Aware course was launched in late 2014 and has similarly been endorsed by Childrens and Young Peoples Partnerships (CYPP) in all 3 Counties across the region. The course forms an important link in the regional approach to Young Carers, working with Commissioned providers, CYPPs and is an important strand to the liC programme for Schools and Colleges.

During 2016/17 both courses will be updated to reflect the changes introduced under the SSWBA, to ensure that they are both relevant to the current legislation.

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Staff Briefings

A blended approach has been developed over the 3 years and “Staff briefing sessions” have also been delivered to raise Carer Awareness in primary care and have been particularly effective as an introduction at Practice Managers / staff briefings again in support of the liC scheme.

They’ve also provided an informal opportunity for “drop-in” sessions to give staff information and guidance on Carers and also identify “hidden” workforce Carers. These will be include updates for the SSWBA changes and will continue as part of the overall Training Strategy.

Carer Related Workforce Training

Overall, over 2,700 staff across the work force received Carer Awareness training. Carer specific topics across the Health & Social Care workforce have been delivered during the programme. Whilst, the headline number is slightly lower than anticipated, the key factor is that Surgery, Care and frontline staff are the majority of learners, who have constant contact with Carers on a day to day basis. As such the improvement in the workforce knowledge has been spread across a significant number of the Carers community.

Open to all partnership staff, the training delivered by Local Authorities and the Regional Social Care Workforce Development Partnership (SCWDP) team has not only increased awareness but also goes towards improving Carer support as well as highlight partnership delivery, in particular;

- Carers Needs Assessments
- Direct Payments
- Demonstrating Care skills to Carers

Where feasible, the courses have also covered the proposed changes to the legislation under the Social Services and Wellbeing Act and have also provided a forum for positive discussions around partnership and multi-disciplinary working to improve outcomes for Carers.

Carer / Community Training

Courses available include Looking After Me (LAM) and an Introduction to Self- Management (ISM), all designed to provide Carers with the skills to better manage their caring role and achieving elements of respite on a day to day basis. In addition, Carers training directories have been developed by the Local Authorities, which also identify

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community courses on a range of topics and hobbies.

Throughout the programme the LAM course has been available through a number of options, though confirming Carers availability and licencing restrictions has resulted in a disappointing uptake.

Ceredigion has trialled the courses through the Commissioned provider, the British Red Cross Carers Support Service, at which 10 Carers attended a combined event with the Education Patient Programme (EPP) delivering the ISM course successfully.

As part of the Training Strategy, Carers training will remain as a key strand throughout 2016/17 and beyond, providing Carers with the knowledge and information to have a voice and control over their and the Cared For persons outcomes.

Future Training Strategy

Over recent months, a significant amount of training material has been provided centrally, in particular;

- Carer Aware e-learning from NWIS/Shared Service for the All Wales Forum giving a brief summary of the Carer agenda
- SSWBA training from the Care Council
- Carers Trust information on the new legislation
- Social Service Improvement Agency (SSIA) information via the DEWIS Cymru portal on the changes and information for Carers.

In addition, the on-going work under the Regional Collaborative's own Training strand will provide common source of Learning & Development for the workforce covering Carers' issues.

Throughout 2016/17, the key focus will be to develop an agreed training plan for al health and social care workforce in respect of Carers, as a mainstream function.

d. Young Carers Sub Group

During 2014/15, 137 Young Carers have been identified and are registered across the region with 118 assessed, representing an average of 96% during the lifetime of the programme. The Young Carers Group has agreed collaborative approaches with each Children and Young Persons Partnership, delivering, Young Carers Charters in each County as well as input to commissioned service provider selection for Young Carer Support Services with direct input and feedback from Young Carers in their design.

Carers Story – Action for Children, Pembrokeshire

“An 11 year old “J” has been part of the Pembrokeshire young carer’s project for seven months. From the age of 9, he has worked hard every day, cleaning, cooking and caring for his mother who has serious health conditions which means that she cannot be left unattended.” J’s” caring role starts early in the morning where he has to help his mother out of bed, walk her safely down the stairs and make her breakfast, before getting ready for school. “J’s” grandparents arrive to take over the caring to enable “J” to attend school. When “J” comes home from school, he does his homework and takes over from his grandparents where he will clean the house, cook dinner and attend to his mother’s needs, whilst keeping her company. This leaves “J” with very little time to see his friends and play outside on his scooter.

Being part of the project several outcomes have been achieved;

- *“J” has a break from his caring role and attends a local support group twice a month and the holiday activity programmes*
- *He has fun and makes new friends.*
- *His mother has stated that the Pembrokeshire young carers project has given “J” more confidence and he seems a lot happier in himself.*
- *He has access in the foreseeable future for continued support and fun activities from Pembrokeshire Young Carers, which will enable him to continue and cope as his caring role progresses.*

In support of these initiatives, both the liC and Young Carer Aware courses provide the training and protocols for Schools and Colleges and GP Surgeries to assist with the early identification and support for Young Carers. The group has also reviewed the assessment and feedback mechanisms for Young Carers to identify commonality and process improvements across the region.

e. Mental Health Sub Group - (Learning Disabilities / impairment / Sensory Loss)

During 2015/16, the Mental Health Sub Group has continued with the success of the Carers Champions initiative across the Hywel Dda region.

The Champions Forum has been formed from Health Staff at all HDUHB Mental Health locations and meets regularly to cover Carers issues and share best practice, information and guidance. The forum members are then “apostles” for Carers issues, knowledge and

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information in their respective units. A particular focus during the year has been the development work covering the pilot for the Triangle of Care model, now a key initiative within MH&LD across Hywel Dda.

"The Three Counties Mental Health Carers Network has produced a comprehensive Action Plan for improving support for Carers. This has been well received by the Mental Health Partnership Board and the Carers Strategy Implementation group. Work has started on the implementation of the Triangle of Care working closely with the Investors in Carers Team and the Health Board. Some of the Carers attending the Network are reporting a positive change in the way carers are supported and listened to, and promising foundations have been laid for the future. There is a strong commitment to improving help and support for Carers by mental health services and WWAMH will continue to work with Carers and organisations to help support this change. "
Angie Darlington Director West Wales Action for Mental

f. Performance Management Sub Group

Key Performance Indicators (National)

Throughout 2015/16, the national performance indicators have maintained the ability to monitor key factors around the programme, providing guidance for the Strategy Implementation and maintaining the momentum in the final year. Performance reports produced on a quarterly basis have demonstrated sustained improvements across all indicators.

At the beginning of the Strategy, 4,882 Carer were identified across the region by all authorities and this has steadily increased over the 3 years to a final figure in March 2016 of some 9,843 Carers identified. The number of Carers identified across the region continues to steadily increase with over 4000 previously unknown Carers identified at the start of the programme. The most significant increase is clearly at GP and Surgery level, with the identification and registration of Carers, confirming the improvement that liC has delivered.

Developments for 2016/17

During 2016/17, the introduction of the SSWBA requires a minimum data set to be reported to WG. The Performance Sub-Group will review the national KPI's in light of these changes to avoid duplication,

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though still maintain the priority of the Carers agenda.

Whilst the indicators give a clear indication of improvements over the 3 years, there is still a significant gap between Carers identified by the ONS survey in 2011 (47,787) and those recorded by Authorities. Work is planned during 2016/17 to understand the gap and the key reason for the variance.

g. Additional Developments

A key project developed during 2014/15 and approved by the Regional Strategy and Implementation Group was in relation to the direct feedback from 2013/14 to develop improved pathway planning and specifically to;

- Develop a system for tracking a Carers' journey from the point of identification onwards.
- Gain a better understanding of the needs of Carers throughout their journey to possibly facilitate earlier identification.
- Target information, support and services at the appropriate juncture and ensure that Carers receive the best possible outcomes at the most appropriate time.

The initial analysis is complete and a system to record data has been agreed across the region. During 2016/17 this will provide the focus for Pathway Planning, delivering targeted support and information to improve outcomes for Carers.

9 THE YEAR AHEAD - INITIATIVES AND PRIORITIES 2015/16

In the final year of the Information and Consultation Strategy, the programme primarily focused on completing the key activities and at the same time, encompassing and preparing for the introduction of the SSWBA from April 2016 onwards. The programme's approach has been carer focused through partnership working, and this has laid a solid foundation for the new legislative requirements.

Across the partnership, the key elements will include;

a. Partnership Strategy

On-going input to the All Wales Carers Advisory Group and ensure continued Carers feedback through a range of forums, not limited to Citizen's Panel, Talking Health, 50+ Working Group and the Mental Health Carers forum. Similarly, strengthening connections and

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feedback from Authority based groups such as Carmarthenshire Carers forum and the newly established Forums in Pembrokeshire and Ceredigion.

In addition, a key focus of the Strategy will focus on achieving mainstreaming of activities developed during the programme such as communication and Investors in Carers, to ensure the continued information and guidance for Carers, as well as input and support for services.

b. Carers Training (Workforce & Community)

The development of a range Training material to support the SSWBA 2014 will allow the development of training opportunities for the workforce and community alike. In conjunction with a commitment to e-learning courses, Training Strategies will be developed in conjunction with the Regional Health and Social Care partnerships to widen and increase the availability of training focused on Carers issues.

- Young Carer Aware module focused towards Education and Children's services as well as Adult Services teams such as Substance Misuse, where there's a strong likelihood of identifying Young Carers.
- Wider availability for Safeguarding teams covering sport and recreation groups as well as youth organisations such as Scouts, Guides and Young Farmers.
- Further development of training options for Carers to deliver the knowledge, tools and techniques to maintain a healthy balance with their caring role
- Align Carer Aware training with the objectives of the SS&WB Act and input to training development and mainstreaming for workforce courses on a regional or national basis.
- Increasing awareness & commitment from Primary & Secondary Care will be a key priority for 2016/17.

c. Investors in Carers

The appointment of a full time regional post to lead and support the liC scheme will ensure further implementation and development of the scheme can continue, in particular focusing on;

- Building upon the substantive appointment of the Regional Project Support Manager (liC) and the longer term options to maintain the County Development Officers (liC) through Third and Voluntary Sector solutions

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- GPs Surgeries
Maintain the liC momentum and on-going validation of the Bronze award. Encouragement for more GPs to achieve the Silver award
- Community Pharmacies
Continuing engagement across the region at bronze level
- Schools & Colleges
Develop plans, in partnership with Authority Education teams to implement the scheme across the region to schools & colleges
- Develop the liC Gold Award for GPs, Surgeries and Health Centres.
- Investigate and develop a stronger commitment in hospital and ward settings to complete liC and through the TOC initiative, develop working protocols.

d. Information & communication

Development of the communication plan and protocols have been key to the progress and maintenance during 2016/17 will be essential during the transition period to the SSWBA 2014, when additional details, guidance and information have an impact. Key areas of activity will be;

- Maintain and mainstream the partnership approach to literature and information
- On-going development of the Hywel Dda web presence, both for internal and external audiences
- Define the use of social media and its' role in communicating with Carers and the wider community on Carers issues.
- Measure impact of dedicated noticeboards and increased communications against Carer outcomes.

*“Facebook and Twitter continue to be an effective way of disseminating information on Carers events, research and policy...598 Facebook likes and 575 followers on Twitter”,
Carmarthenshire Carers Information Service*

e. Young Carers Sub Group

Whilst the funding reductions impacted on the Key Aims for the group, on-going development and implementation of the plans will continue during 2016/17 with particular focus to;

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- Build upon the substantive appointment of the Regional Young Carers Project Support Officer within the School Nursing Service in the Health Board
- Support the deployment of Young Carer Aware e-learning
- Advise and support the deployment of liC across schools and colleges
- Maintain the feedback from Young Carers and ensure on-going service development, particularly within the Health Board for service design and improved outcomes
- Increase input and involvement in commissioning for services to support Young Adult Carers, particularly with HDUHB staff groups such as School Nursing.

Carers Story – Young Carers, Ceredigion

“I receive a lot of helpful support from the Red Cross Young Carers Service such as one to one support outside of school. This really helps me because it gives me time away from the house and I don't need to constantly worry about what's going on at home. My younger brother also receives this support with me and he enjoys it just as much. The day trips we take to different places is a great help to all of us because it gives us a break and a chance to be teenagers again, without stress and worry and also a chance to socialise with people in the same situations as us”

f. Mental Health Sub Group

Building on the momentum of the Carers Champion Forum, the Mental Health group aims to continue working towards its' Key Aims and also input to Health Board policy and procedures for Carers, particularly:

- Implement liC Bronze Award across all Mental Health setting within the Health Board
- Deploy Carer Aware/Young Carer Aware e-learning to the workforce including consultants, medics and clinicians
- Input to the developments with Health Board policies including the “Triangle of Care”

10 INTEGRATION AND CONTINUITY

Transition from Measure

The Social Services and Wellbeing (Wales) Act received Royal Assent on 1st May 2014 and has been implemented since April 2016.

In essence Local Health Boards and Trusts will no longer be the lead authority for strategic planning for Carers when the Measure is repealed in 2016. Instead the Act introduces duties on LHBs to submit to the Welsh Government any part of the Health and Well-being strategies which relates to Carers. The WFG Act also aims to simplify and streamline strategic planning for public bodies in Wales and puts Public Service Boards on a statutory footing with a duty to assess, plan and report on their objectives to improve the well-being of their populations.

The following captures the feelings of the local programme Board;

"Over the past 3 years, the Regional Carers Programme Board has made significant progress to rightfully embed Carers in our approach to Health and Social Care services across the region. This year has been marked with significant developments across the region, particularly for Ceredigion with the Ministerial approval for the Cylch Caron development here in Tregaron, a development that will enable us to focus on it also being a Carer Friendly community as well as being a whole community approach. The on-going development of Health and Social Care partnerships, and the involvement of Carers and our communities directly at the heart of service design remains so crucial in these increasingly challenging times. During the transition period from the Carers Measure to the Social Services & Well-being (Wales) Act 2014, we must maintain the focus, momentum and commitment to our Carers in our communities to ensure their healthy future and well-being."

Cllr Catherine Hughes, Ceredigion Carers Champion.

It is clear from the experience of the last 3 years, that a combined commitment and partnership approach has had a significant improvement on the advice and support Carers receive across the Hywel Dda region. Mainstreaming of these practices is essential if the focus on Carers is to be maintained.

The programme has started the change in attitudes to Carers, slowly understanding that not only are they partners in service delivery, but as importantly, a high risk group, which merit a concerted focus to improve

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their own health and well-being.

The key efforts of the transition phase will focus on maintaining the momentum and ensuring batons are passed within Authorities and the new regional bodies.

11 Recognition & Thanks

In the development, planning and implementation of the Carers' Information and Consultation Strategy, a number of authorities, organisations and individuals have contributed to its success. Individuals, in many cases, Carers themselves, have given valuable time voluntarily, and shown immense effort and dedication.

The Programme Board and Implementation team would like to extend their sincerest thanks and recognition to all those concerned.



Appendix 1 - 2015/2016 Key Aims Summary and Highlight reports

Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**
 Project Group: **Strategy Implementation Group**
 Project Group Lead: **Peter Llewellyn**

Date	31st March 2016	Author	Peter Llewellyn	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Progress / Issues/Risks
KA3.1	Review Carers information, guidance and signposting for cultural sensitivity and language relevance	Revisit Equality Impact Assessment (EIA) prepared for initial Strategy	100%	G	Based on the progress made within the Annual Report and its formal approval full Equality Impact Assessment to be commissioned during 2014/15. This work has now been done and will be presented to the May Programme Board and included in 2015 Annual Report.
KA4.1	Review organisational structure in line with Strategy development and adopting a consistent approach to individual Carers and Carer Forums	Revisit current governance structure and gained approval of any changes in September 2014 Programme Board. Review structure as necessary with changes in LHB/LA in Oct'15.	100%	G	<p>Appointment of new HDUHB Carers Champion now made who will also assume Chairing duties of Programme Board (PB). New Governance Structure discussed at Strategy Group on the 8th October for submission to PB on the 28th October where it was agreed.</p> <p>Review and provide an Impact assessment across HDUHB region in respect of Carers Measures funding and mainstream services during Q1 2015.</p>

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KA4.2	Ensure that existing services are in line with increased demand and strategic direction and new jointly commissioned services are in place to meet increased demand.	Contribute to each Local Authority (LA) Carers Strategy in line with national refresh Carers Strategy guidelines	100%	G	<p>Contributions made to each LA Carers Strategy and / or Action Plan across the region. Further update from the three LA's shared at each PB meeting. Current consultation underway on PCC strategy.</p> <p>Potential for Strategy integration during 2015/16 encompassing refresh and Carers Measure responsibilities.</p> <p>Integrated Strategy is now in place with Pembrokeshire and during 2016/17, further expansion across Carmarthenshire and Ceredigion, as well as alignment to the Mid & West Wales Social Care partnership developments.</p>
KA5.1	Establish a sustainable annual plan for Outreach Services	Carers access to equitable services across all 3 counties	100%	G	<p>Additional resources of £42,000 pa required to develop an equitable and accessible outreach model. This work to be taken forward further by the Strategy Group during 2015/16 following further discussions with current commissioned services. Outreach Services are in place across all 3 Counties in partnership with Third Sector providers.</p>
KA6.1	Adopt a national approach on Carer feedback mechanisms through the All Wales Carers Advisory Group. (AWCAG)	National Carers Survey completion .	100%	G	<p>Contribution already made to National Survey while the formation of a Carers Forum in each county will also ensure further Carer feedback.</p> <p>This will complement the Citizen Panel and NHS Staff survey results and strengthening links with the Talking Health Programme, Mental Health Carers Forum, CAB and 50+ groups.</p> <p>Adopt a regional/local approach as appropriate to get feedback and review against Carers Measures Strategy</p> <p>During 2016/17, further work will be required in line with the requirements under the Social Services & Well-being Act and partnership development.</p>

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr.Gareth Morgan**
 Project Group: **Performance**
 Project Group Lead:**Martin Gillard**

Date	31st March 2016	Author	Martin Gillard	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA6.2	Evaluate and evidence impact of planned increased engagement with Carers to gauge any improvement or otherwise in this process across and within groups and work streams across the 3 counties	Improvements in quarterly scorecard report cards.	100%	G	
		Review All Wales Outcomes Framework for KPI/Measures for 2016 in Q1 2015.	90%	A	The national KPIs were maintained for 2015/16 in light of the introduction of the SSWBA 2014 and changes to LA reporting under the act. Further work has been deferred until Q1 2016/17, when there will be a clearer understanding of the national KPIs and recording systems.
		Assess impact across H&SC for 2016 performance measures, in line with WAG Guidance for SS & WB Legislation		G	Review planned for Q1 2016/17.in line with SS&WB guidance.
KA22.1	Monitor demand for Carers needs assessments.	Quarterly reporting on uptake of Carers needs assessments across region made available to partnership.	85%	G	
KA22.2	Report on declined Carers assessments and reasons for decline	2015/2016 – Maintain current monitoring reporting for 2015 and review in light of SS&WB Guidance and new WAG Performance Measures	100%	G	Unable to progress with reporting on number of declined carers assessments. System development required for Carms/Pembs to align 3Cs approach. An alternative local PI agreed to report on number of carers waiting for Carers assessment. However, this still requires data from Pembs for full Hywel Dda regional perspective.

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KA23.1	Develop a method or system to track the Carer through-out their journey from identification as a carer onwards.	Develop a feasibility study and report with recommendation for wider study and development for approval by Programme Board.	100%	G	Initial delays in data collection have delayed report publication. Report to be published end of May 2015 for input to Information Group plans for 2016. Full analysis will be conducted to include in IMTP in conjunction with Health and include in Regional planning and Strategies under the Social Services & Well-being Act
KA24.1	Review existing systems for collecting data to evidence implementation of strategy (to include local & national performance indicators).	Production of report reviewing existing systems.	100%	G	New developments were suspended in light of new requirements under the Social Services & Well-being Act. Further developments to be considered in 2016/17.
KA24.2	Identify areas of improvement to systems for collecting data to evidence implementation of strategy (to include local & national performance indicators).	Quarterly reporting on national indicators made available across partnership.	100%	G	On-going regional approach for 2015/16. Minimum standards will be maintained during initial planning stages for 2016/17 Q2.

Programme: **Hywel Dda Carers Measures Programme**

**Hywel Dda Information & Consultation Strategy for Carers – 2012/2015
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Programme lead: **Peter Llewellyn/Dr.Gareth Morgan**
Project Group: **Investors in Carers (KA11/KA21)**
Project Group Lead: **Pennie Muir**

Date	31st March 2016	Author	Pennie Muir	Period Covered	2015/2016 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA11.1	Ensure all GP surgeries have an up to date Bronze level liC Certificate	Continue supporting surgeries to either achieve the bronze level for the first time or be revalidated	96%	G	Ceredigion 1 surgery not at bronze, 6 overdue revalidation Pemb 100% at Bronze level, 6 overdue revalidation Carns 1 not at bronze, 3 overdue revalidation Completed.
KA11.2	Evaluate and review the GP liC Bronze level version to ensure it's still fit for purpose.	Review completed now using the new version for all revalidations.	100%	G	Completed.
KA11.3	Finalise good practice guide to support GP surgeries in achieving the Bronze and Silver levels	Develop a toolkit to support Bronze level.	80%	A	Bronze Completed. Silver being developed.
KA11.4	Report information/key findings and Carer stories to other sub groups as appropriate.	Established a template to gather Carers stories and relevant figures.	100%	G	Template and analysis completed. Ongoing gathering of stories.
KA11.5	Roll-out Silver level to GP surgeries that want to aspire to greater things	Established a format for disseminating and support mechanisms for the Silver level to these surgeries who want to progress.	100%	G	1 surgery in Carmarthenshire successful at Silver. 2 surgeries in Ceredigion. 16 surgeries interested and working on this level across the region.
KA11.6	Implement and assess the liC Bronze level versions for Hospital settings and Pharmacies. Roll out to other sites as required.	Developed bronze level frameworks for Pharmacies and Hospital settings	100%	G	Pharmacy – 8 at bronze, another 15 working on but some are hard to engage with. Hospital's harder to engage, 3 hospital settings working on their version. 4 hospital settings now successful at Bronze. TAF pilot.
KA11.7	Carers will be routinely identified through admission/transfer of care process and given targeted information so they are signposted to the appropriate support services and are aware of their potential right to a Carers Needs Assessment.	Pathway for all hospital ward/settings to follow.	50%	A	Meeting established with Nursing lead to progress in Q4 2015/16.

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KA11.8	Market liC for other interested parties in other counties	Finalise the platform and supporting documents so interested parties can purchase the scheme.	100%	A	Did not progress, too late with the end of the Carers Measure. Note: Bridgend Carer Centre interesting.
KA11.9	Use the liC scheme to help and promote other areas of the strategy on an on-going basis e.g. Training	Raising awareness of the scheme to other health & social / Voluntary organisations.	80%	G	Ongoing. Issues –Time.
KA21.2	Bronze level liC awards in 4 service areas. (Mental Health)	Pilot underway in 4 units for further deployment throughout 2016.	50%	A	OAMHS engaged with the scheme. S-CAMHS starting in April 2016. Possible using the liC as a base line for the Triangle of Care.
KA18.3	Develop and liC programme for Schools and Colleges and pilot before rolling out widely.	Develop liC for Schools and colleges to include monitoring and reporting system	100%	G	2 schools in Pembs and 1 in Carmarthenshire at Bronze level. Another 5 across the region working on the scheme. Pembs college nearly ready to submit. Coleg Ceredigion now engaged.

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn/Dr.Gareth Morgan**
 Project Group: **Information Sub Group (KA6,KA7)**
 Project Group Lead: **Jon Rees**

Date	31st March 2016	Author	Jon Rees	Period Covered	2015/2016 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA6.2	Evaluate and evidence impact of planned increased engagement with Carers to gauge any improvement or otherwise in this process across and within groups and work streams across the 3 counties	Develop an action plan from the Joint Survey results from 3 Counties Citizens Panels (Feb/Mar 2014)	100%	G	Use increased GP referrals and as evidence for impact of measure and Carers engagement. Transition funding has been confirmed and will provide support to continue partnership approach, during 2016 to embed the regional approach.
KA7.1	Complete the development of an Information Action Plan which ensures the engagement of all partners in this process to reflect best local practice	Action plan agreement in light of formal review of the Information Group	100%	G	Tactical plan followed throughout the Programme with reviews at 3Cs Strategy meetings. Revised Action plan will be developed in Q1 2016/17 to include KA6.2 with risks identified around finance and structure which may limit capacity to deliver.

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn/Dr. Gareth Morgan**
 Project Group: **Information Sub Group (KA8)**
 Project Group Lead: **Jon Rees**

Date	31st March 2016	Author	Jon Rees	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA8.1	Work with the Partnership and other sectors to Implement the Information Action Plan	Action Plan	100%	G	
KA8.2	Disseminate the established “3 Tiers” of Carer information as agreed by the Information Group.	Implement Tiers of Information On-going implementation process for 2015/16.	100%	G	The Regional approach will be continued during 2016/17 and identify links with the regional Health & Social Care partnership for further development.
KA8.3	Complete the ongoing audit of main site hospital & Local Authority notice boards	Method approved Baseline audit complete.	100%	G	Complete
KA8.4	Purchase & install dedicated notice boards, according to the results of the audit	Funding identified for 14/15 for purchase of display materials	100%	G	Complete
		Installation of notice boards across Hospital sites.	75%	A	Boards installed at all In patient units across the region and information maintenance confirmed for majority of main sites. Final arrangements for maintenance and update during 2016/17
KA8.5	Produce fixed & updated display items for the notice boards &/or Carers Hubs e.g. Carers Calendar of events	Survey results from specific events to be analysed centrally.	100%	G	On-going dissemination of information will be included in roles and responsibilities across Health locations.
KA8.6	Work with & train Hospital Volunteers/Carers Ambassadors to maintain the notice boards &/or Carers Hubs	Engagement with the Volunteering for Health Scheme.	100%	G	Volunteer expenses to be reviewed during 2016/17 and new work required to ensure continued communication.
		Appointment of Carer Ambassador in each County	100%	G	Now appointed and in post for each County with role shared in Pembrokeshire.

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KA8.7	Ensure all forms of social media including web sites etc. are utilised and regularly updated using the established carers calendar of events	Links with Health Board Internal Communications Team – Nominated representatives identified from this team highlighting Calendar of Events across all Patient and Carer Groups.	100%	G	Complete and on-going via HDUHB Comms team. Specific role identified
		Communications lead identified for Hywel Dda University Health Board	100%	G	Identified and in post

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**
 Project Group: **Information Sub Group (KA9, KA10)**
 Project Group Lead: **Jon Rees**

Date	31st March 2016	Author	Jon Rees	Period Covered	2015/16 Final
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Key Objective/Milestone	Description	Milestone Summary	% Complete	R / A / G	Issues/Risks
KA9.2	The partners develop & conduct staff surveys to identify staff knowledge of carers & their issues, their role in assisting the carer, their knowledge of local services and self-identification	HDUHB staff survey May 2014 Completed and scheduled for 2015/2016 repeat	100%	G	Carers Measure funding to be confirmed. Additional staff survey information to be identified and included, specifically, CAEL survey results. Develop overall summary of staff carers across the region, where possible, providing evidenced insight and comment. Action complete due to lack of funding.
KA9.3	Ensure carers information & communication issues are reflected in all partners strategic documentation, policies & procedures	Good practice guide developed	85%	G	Draft guide complete at Q4, 2015 and principles adopted across LA's during 2015/16. Confirmation of funding will allow consultation with relevant Health Managers to mainstream Carers information throughout 2016/17.
KA10.1	Enhance the regional approach to the distribution of information and explore opportunities for synergies and cost reductions.	Communication plan developed and agreed. Leaflets/posters developed reflecting regional approach.	100%	G	Joint communication guidelines agreed. On-going activity includes regional co-ordination for Carers specific events, guidance and information where appropriate and effective.(e.g. DWP on-line Carers Service etc.) On-going partnership approach will be maintained during 2015/16.
KA10.2	All partners to continue with regular awareness campaigns & events, involving a variety of media e.g. LHB Carers' webpage using the established Carers calendar of events	Comprehensive programme of events for Carers week. Ongoing for 2015/2016	100%	G	Programme for 2015 has now been published across the region and partnership approach continuing throughout 2015/16.
KA10.3	Evaluate whether staff are reporting that there has been an improvement on understanding; modify	Review staff survey results and feedback from E-Learning	85%	G	On-going training commitment for e-learning during 2016/17 to continue to raising staff awareness. Learner surveys will be monitored to measure staff feedback.

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	awareness-raising accordingly and ensure continuity of delivery.	package. Review Hywel Dda (MH&LD) staff feedback during 2015/2016.			Continued funding for 2016/17 will also allow the planned expansion of the “Carers Champions” model (MH & LD), across Health Board directorates. An integrated training strategy will be developed in 2016/17 to increase workforce knowledge.
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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr. Gareth Morgan**
 Project Group: **Young Carers Group (KA18, KA19, KA 20)**
 Project Group Lead: **Sally Star**

Date	31st March 2016	Author	Sally Star	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA18 .1	Publish and launch a Charter for Young Carers within each local authority area.	Charter for YC in each County	100%	G	
KA18 .2	Assist with the development & roll-out/mainstreaming of e-learning Young Carer Aware programme targeting specific staff groups who work with Young People	Purchase of Young Carer module	100%	G	Communications plan drafted for regional input
KA18 .3	Develop an liC Programme for Schools and Colleges and pilot the scheme before rolling out more widely.	Develop liC for Schools & Colleges include monitoring & reporting system	90%	G	Trial using 1 secondary school per County achieved in Pembrokeshire & near completion in Carmarthen & Ceredigion. Draft College scheme complete. Trial in process
KA19 .1	Audit the quality and consistency of data and report on the audit outcomes	Investigate and determine current data available.	90%	G	Ceredigion & Pembrokeshire YC Service now provided by one organisation. Working closely with Carmarthenshire YC Service
KA19 .2	Through the Young Carers sub-group, seek to establish common data collection systems to improve information that can be shared to inform service planning.	Agree local measures and consistent data collection process	90%	G	Standardised systems in place for Ceredigion & Pembrokeshire. Consistent processes in place with Carmarthenshire YC Service where possible

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KA19 .3	Review the assessment processes used in each area to consider how these could be standardised.	Report on YC assessment processes across HDUHB region.	85%	G	Standardised systems in place for Ceredigion & Pembrokeshire. Consistent processes in place with Carmarthenshire YC Service where possible
KA20 .1	Gather and analyse feedback and information from Young Carers as to what has and hasn't worked well to inform future service planning.	Regional action plan	50%	A	Topics/ events organised for Q1 in 2016 and on-going initiative to develop regional data and understanding during 2016/17

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr Gareth Morgan**
 Project Group: **Training & Implementation Sub Group**
 Project Group Lead: **Sally Star**

Date	31st March 2015	Author	Sally Star	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA9.1	Systems are in place for relevant staff to easily access Carer Aware Training	Training Options Developed LA Development through Learning Pool, initially with Pembrokeshire and further expansion to be established in Q1 2015.	100%	G	Carers Measure funding
KA12.1	Review any change that has occurred by carrying out an extensive survey of Carers across the Hywel Dda region	Involvement in National Carers Survey	85%	G	Funded from Carers Measures. On-going monitor of employee status and develop positive change. On-going for 2016/17.
KA13.1	Evaluate the effectiveness of the Carer Aware training programmes into existing training to ensure sustainability.	Receive regular feedback from Carer Aware e-learning Survey On-going and results for Annual Report	100%	G	Extension for 2015/16 training for both courses. Future sustainability of Carers training subject to All Wales/Care Council/Central Services programme to be finalised. Develop Training Strategy in partnership with Regional Training Managers.
KA13.2	Establish the viability of the dedicated project role	On-going funding until March 2016	100%	G	Review underway of Carers Measure funding and requirements for mainstreaming activity.
KA13.3	Consult with Carers to establish the success of the staff training and implement any long term changes into existing information & services	Effective feedback from Carers	100%	G	Include Carers feedback in training/communications/events within wider Strategy implementation. Include clear Carers requirements in Training Specification and requirements.

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KA14. 1	Evaluate and review the Carers Needs Assessment pathway & associated training	Increase in number of practitioners in Carers Needs Assessments Little or no demand identified to support e-learning development. Individual training delivered by authorities to meet local demands.	100%	G	Complete for 3cs Complete & Discharged On-going discussions for CNA training to be reviewed in light of SSWBA and LA briefings provided by Carers Units/Leads.
KA15. 1	Evaluation, consolidation and further development where appropriate in partnership with CCFW for the Demonstrator training.	Further demonstrator site training available. Supported pilot and promoted roll-out across the region in partnership with SCWDP and L&D.	100%	G	To be discussed with TSO's , Carers' Forums and CCFW. Regional Training promotion to be confirmed across Third and Voluntary sector organisations.
KA16. 1	Agree on-going long-term delivery, review and evaluation of the training programmes available.	Regional Carers Training Directory reviewed and part complete. Local Carer training is published through relevant Authority/ Health Board/Third Sector channels.	90%	G	Carers Measures funding On-going activity for 2015/16 Review as part of exit Strategy and future location of Carers Training
KA17. 2	Mainstream the LAM courses in line with Carer view and to build in flexibility around referrals and the needs of rural carers	Full training programme for 2014/15, with EPP courses. Continue to investigate alternative courses (e.g.ISM), providers (e.g. British Red Cross) methods of delivery & appropriate attendees e.g. Health & Social Care professionals.	85%	A	Carer's requirements for training to be identified during 16/17 and included for specification to Regional Training Managers in LA's and Health Boards.

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Programme: **Hywel Dda Carers Measures Programme**
 Programme lead: **Peter Llewellyn / Dr.Gareth Morgan**
 Project Group: **Mental Health & Learning Difficulties Sub Group**
 Project Group Lead: **Alison Evans**

Date	31st March 2016	Author	Alison Evans	Period Covered	2015/16 Final
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Key Objective/Milestone Description		Milestone Summary	% Complete	R / A / G	Issues/Risks
KA21.1	Completion of Carer Aware training for all MH & LD Staff	MH&LD Champion's forum developed. 3 Counties Carers network with 12 action points for MH&LD – Carers reps embedded Completion of Young Carer Aware module by relevant staff/units.(e.g. CAMHS)	100%	G	Carers Measures funding for 2016 onwards.
		All in-patient areas staff to be trained. 70% of registered learners have completed course. Refine Training Strategy across the partnership to include MH&LD medical staff.	90%	G	.
		Triangle of Carer to be embedded with Investors in Carers. (e.g.Enlli unit)All medical staff trained	50%	A	During 2016/17, include TOC with Carers information and communications. Carer involvement is key to TOC protocols. HB Initiative to implement TOC commenced in April 2016. Future relationship with liC to be finalised during Q1 2016/17
		All community staff trained, focus on Substance Misuse, CAMHS and Learning Disabilities for 2016/17	80%	G	On going initiative for 2016/17

Appendix 2 – National KPIs 2013 to 2016

HDUHB Regional Summary - Carers Measure Programme Key Performance Indicators (National) March 2013-March 2016

2013/14 - KPIs - Percent & Actuals	Jun-13	Sep-13	Dec-13	Mar-14
Carers Measures 2010 - Performance Indicators	Q1	Q2	Q3	Q4
Indicator 1: Percentage of Carers identified	10.2%	11.6%	12.5%	14.8%
Indicator 2b: Percentage of staff trained (Accredited and non accredited training)	0.5%	1.1%	1.8%	2.3%
Indicator 3a: Percentage of carers known to Social Services who had assessment or review	10.9%	19.8%	25.2%	31.0%
Indicator 3b: Percentage of Young Carers who had assessment or review	100.0%	100.0%	98.8%	100.0%
Indicator 4 The percentage of carers that have been referred for carers assessments by health staff during the year.	N/A	N/A	N/A	N/A

2014/15 - KPIs - Percent & Actuals	Jun-14	Sep-14	Dec-14	Mar-15
Carers Measures 2010 - Performance Indicators	Q1	Q2	Q3	Q4
Indicator 1: Percentage of Carers identified	15.7%	17.0%	19.1%	19.5%
Indicator 2b: Percentage of staff trained (Accredited and non accredited training)	2.7%	3.3%	4.0%	5.2%
Indicator 3a: Percentage of carers known to Social Services who had assessment or review	7.6%	13.5%	19.9%	26.8%
Indicator 3b: Percentage of Young Carers who had assessment or review	100.0%	103.8%	78.5%	86.1%
Indicator 4 The percentage of carers that have been referred for carers assessments by health staff during the year.	27.8%	31.7%	22.8%	32.3%

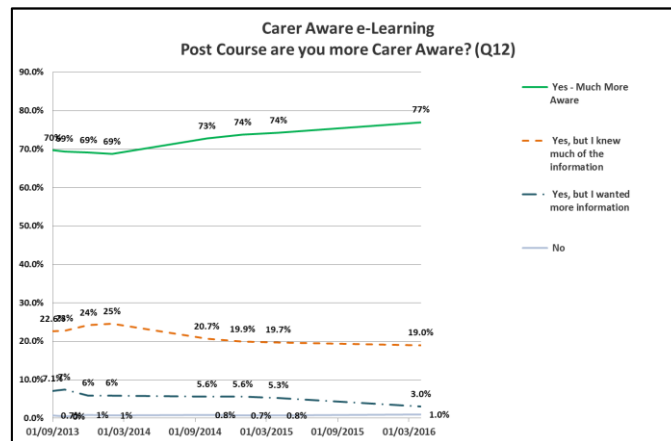
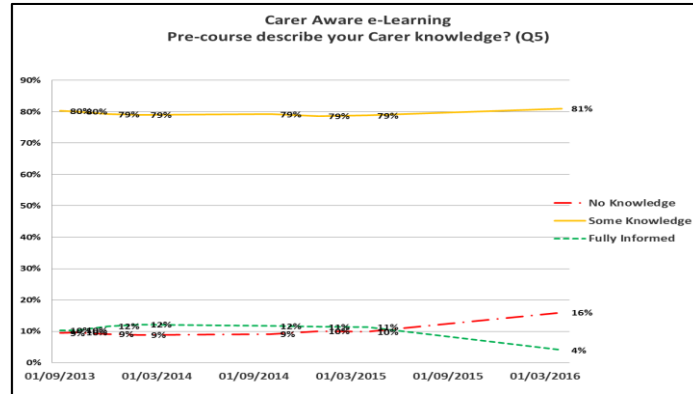
2015/16 - KPIs - Percent & Actuals	Jun-15	Sep-15	Dec-15	Mar-16
Carers Measures 2010 - Performance Indicators	Q1	Q2	Q3	Q4
Indicator 1: Percentage of Carers identified	18.6%	18.5%	20.0%	20.6%
Indicator 2b: Percentage of staff trained (Accredited and non accredited training)	1.0%	2.0%	2.8%	3.5%
Indicator 3a: Percentage of carers known to Social Services who had assessment or review	5.6%	9.2%	26.8%	17.2%
Indicator 3b: Percentage of Young Carers who had assessment or review	23.0%	40.0%	41.0%	48.0%
Indicator 4 The percentage of carers that have been referred for carers assessments by health staff during the year.	24.5%	34.8%	10.6%	13.3%

n.b. Key data comparisons against 2011 Census (ONS data)

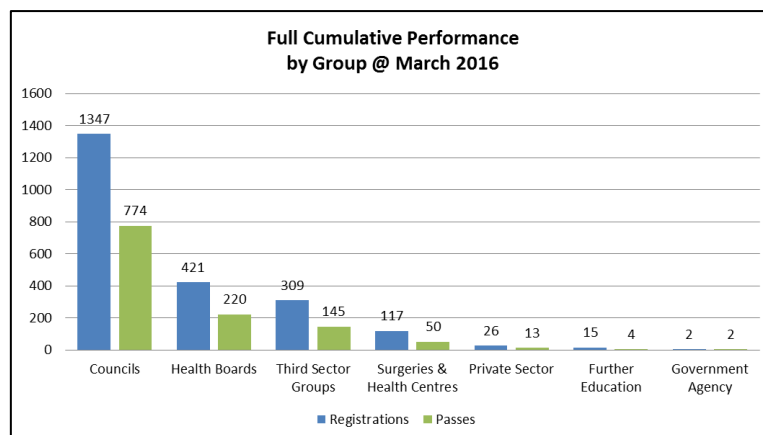
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Appendix 3 - Carer Aware e-Learning

Learner Survey Results – 2014 to 2016



Carer Aware e-Learning – Partnership Performance



Appendix 4 - “Carers Experiences”

Selection of Case Studies and Carers Feedback across the Region

1. Carer’s Outreach – Carmarthenshire, March 2016

Mr X, 73 years, was referred to the Carers Information Service by Llangennech Surgery through the Investors in Carers scheme. He was caring for his wife with health issues including emphysema, arthritis and impaired mobility.

Mr X received a copy of the Carers Information folder and was offered an appointment with a Carers Outreach Worker. At his first appointment, Mr X explained that he also had significant health issues, including prostate cancer and was finding it increasingly difficult to care for his wife.

Mr X had been managing the care for his wife without any support and was uncertain whether he could continue to care for his wife as he was finding day-to-day tasks increasingly difficult. The carer completed the Carers Star with the carers outreach worker to identify the aspects of caring he found difficult and to look at the support he would need to enable him to continue to care for his wife.

The outreach worker made referrals to social care Carers Assessment for him as he felt he would benefit from practical support to help him manage his caring responsibilities. His wife was reluctant to have external support and so refused the offer of a referral to social care to have her needs assessed.

Mr X reported experiencing high levels of stress & anxiety, therefore a referral was made to The Old Mill Foundation for him to access complimentary therapies. The Old Mill Foundation have been visiting him at home to offer support including healing therapies. He reported feeling less stressed & anxious as a result.

Mr X felt that their home wasn’t suitable for their needs, for example their bathroom wasn’t accessible and they were both unable to go upstairs due to their mobility issues. A referral was made to Care & Repair for a Disabled Facilities Grant and as a result their bathroom was adapted to include a new sink, toilet, shower, bathroom heater and grab rails.

As the carer and his wife had been sleeping downstairs on a fold-up bed, an application was also made to Carers Trust Grant Fund for a new bed that would help them to sleep better. The grant application was successful and they were awarded £229 toward the cost of a new bed.

Mr X and his wife were informed of the option to consider making a new claim for Personal Independence Payment (PIP) as they were both on the standard rate and as their care needs had increased since the award, they may be eligible for the enhanced rate. The outreach worker was able to refer them to Catch Up for support to make a new claim for PIP.

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Mr X felt socially isolated due to his caring role and lacked confidence. He was interested in learning more about how he could take advantage of IT to help with his caring role. The carers outreach worker discussed activities offered by third sector services and he agreed to be referred to LINKS to take part in their IT sessions. He has since participated in social activities with the group at LINKS including meeting up to play pool. The carer has also attended IT lessons organised by the Llanelli Carers Group.

2. Carer's Outreach/ Investors in Carers/Young Carers/Co-delivery

Ms Y is 51 years old and cares for her two teenage children who have additional needs. She was referred to the service via the Investors in Carers scheme at Meddygfa Tywi. Ms Y is divorced and has a 15 year old daughter and 16 year old son with Autism. She also has a 20 year old daughter who helps her to care for the children as they both require significant care and support.

Ms Y's was very concerned for the future as she hadn't been able to discuss transitional support for when the children finish school. Her eldest daughter is also planning on going to university this year and she had concerns about how she would manage without her support. Ms Y felt very anxious and stressed as there was no support in place other than Special Educational Needs provision at the children's school.

Ms Y completed the Carers Star with the carers outreach worker. She had to give up work two years ago as her daughter had a breakdown and needed more support. Ms Y has been unable to work since. Although they have adjusted to the changes to their income, Ms Y really misses the social aspect of working and has felt very isolated since giving up work. She also felt that her caring responsibilities had a negative impact on her health & wellbeing and that this was at risk of deteriorating further if she couldn't access support.

Ms Y has attended the ASD coffee morning to meet with other carers and has reported feeling less isolated. A referral was made in January to social care for a Carers Assessment for Ms Y as she was interested in accessing Direct Payments to allow her to have some time out for herself - she is still waiting for an assessment of her needs. As Ms Y's daughter helps to care for her siblings, she has been able to access 1:1 support from the Young Adult Carers project.

3. Ceredigion Adult Carer – Inclusion, Outreach, Multi Agency Partnership

1. ABOUT THE CARER	Help Notes
<p>The Carer is a 74 year old woman who lives with and provides care for her two adult sons. Her husband died some years ago. One of her sons is an amputee (as a result of cancer treatment) and the other has a diagnosis of bipolar.</p> <p>She tends to feel anxious and isolated in her caring role much of the time. She is linked in to her local community through long-standing friendships and still manages to attend some social groups</p>	<p>1. What is their age? Do they live alone? How is their general wellbeing? Do they have family/friends nearby?</p>

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<p>from time to time.</p>	
<p>2. WHAT WAS THE SITUATION</p>	
<p>The Carer was referred to Red Cross from an agency who works with people with learning difficulties – one of their clients had the Carers’ permission to seek help for her. This agency had tried unsuccessfully to contact the Carer themselves, before referring them on to the Red Cross service. The Carer was described as being ‘in urgent need of support’ at the time of the referral.</p> <p>On meeting with the Carer, she described herself as feeling stressed, tired all the time, worried that her son with mental health issues was not motivated to do anything and seemed to have ‘lost his purpose’ in life. She felt her own health was deteriorating as a result.</p>	
<p>3. WHAT DID THE CARERS SERVICE DO TO MAKE A DIFFERENCE?</p>	
<p>Initial face to face meeting and subsequent frequent telephone support provided a ‘listening ear’ to the Carer and enabled her to start setting some achievable goals to help her in her caring situation.</p> <p>Case worker actions:</p> <ul style="list-style-type: none"> • referred both the Carer and her son to a mental health charity for support; • registered the Carer as an unpaid Carer with her GP practice; • contacted her other son’s occupational therapist to discuss issues around the adaptations to the family home and kept in regular contact over a number of weeks to monitor progress; • linked Carer with sources of information by giving an information pack and registering her to receive Jigsaw magazine; • Put Carer on Red Cross mailing list for training in first aid and moving people safely. 	
<p>4. WHAT OUTCOMES WERE ACHIEVED?</p>	
<ul style="list-style-type: none"> • Feelings of isolation and anxiety were reduced through regular contact between the support worker and the Carer. • Mental health charity made contact with Carer in order to provide support to her and her son. • Occupational Therapist was linked to Carer to discuss issues relating to house alterations and a stair lift was fitted. Other work is on-going. • Through regular monitoring of statutory involvement, a support worker has been involved to help Carer and family de-clutter the home. 	

2. Describe how the person came to be involved with the service you are writing about. If an older person - what challenge or issue were they facing and how was this affecting their life

3. Describe what action the case worker took to support the Carer.

4. What was the outcome for the service user? What difference did the interventions make?

5. Please provide a direct quote from the service user. What did they say about the service received and the difference this has made to them?

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<ul style="list-style-type: none"> • Carer has been offered Red Cross training but has not yet been able to attend due to poor health. 	
5. QUOTES/FEEDBACK	
<p>On different occasions during meetings and telephone calls: 'very useful to talk things through', 'very helpful', 'nice to chat'</p>	

4. Third Sector Involvement/Well-being/Whole Family Approach

1. About the Carer?
<p>Adult Carer</p> <p>Gender: male</p> <p>Age: 59</p> <p>Relationship to cared for: Spouse</p>
2. What are the Background & Circumstances?
<ul style="list-style-type: none"> - How did they become a Carer? - How long have they been Caring? - Do they have any support from family or friends? - How is/was their Well-being and general health?
<p>Became a Carer when his wife developed a back condition which led to both becoming physically disabled and then to associated mental health problems. While the Carer was able to cope with his wife's physical health issues, her mental health problems developed a significance which placed a sustained strain upon both their circumstances. These problems had deteriorated for a two year period prior to the Carer being referred to Hafal services.</p> <p>The Carer states that he is able to find support from friends and has a well-developed social network</p> <p>The Carer reported that his wife's condition and needs were placing him and his two teenage children under enormous amounts of pressure and stress. He was also under financial pressure as both he was no longer in employment and his wife was no longer able to work: the reduction in the family income meant that they were at risk of losing their home.</p>
3. Which service did they Request/Need/Receive?

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- What Outcomes did the Carer want to achieve?
- Which aspects of Well-being would be improved?

The Carer requested a service which would provide support to his wife and himself. He identified that he only required some direct support but that his wife needed significant emotional and therapeutic support.

Carers' desired outcomes:

- To reduce the stress of providing a caring role
- To reduce the stress being placed on his children
- To increase the amount of respite from his caring role in order to spend more time with his children
- To increase the amount of respite in order to spend time re-developing career plans in order to ultimately address significant financial concerns , and, also to pursue social and leisure activities
- To increase his and his wife's independence
- To promote the opportunities for his wife to achieve recovery

Improvement of Carers' well-being:

Better management of stress, physical tiredness, mental distress and anxiety. Significantly less stress placed on family, therefore, enabling parental responsibilities. Improvement in communication between the family. To minimise the stress caused by unemployment/reduced income. Increased sense of independence

4. How were the services provided to the Carer?

- Did the Carer receive information, advice & assistance?
- Was the Carer actively involved in achieving the Outcomes?
- Did the Carer receive additional support?

Support sessions directly to the Carer are monthly and for up to 2 hours. The Carer is also able to contact the service at any time needed. Respite from the caring role is provided on a twice weekly basis for four hours.

Information, advice and assistance is provided in the following ways:

- Information/signposting about other available services (e.g. resource centres and available activities)
- Advice and information regarding ways to develop career opportunities
- Advice, as appropriate, regarding legal and financial issues
- Information and advice re mental health and the mental health system
- Assistance, as needed, with accessing legal rights
- Assistance, as needed, with accessing community facilities
- We work with both the Carer and the cared for in order for them to identify and achieve the best possible outcomes for themselves as individuals and as a family. Support sessions and interventions are designed and developed in order to ensure

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<p>that the Carer is fully able to explore which outcomes he wishes to achieve. The Carer continues to receive support in the following areas:</p> <ul style="list-style-type: none">• Emotional/therapeutic support• Maintaining his family life• Support to regain employment and occupation; financial management and towards maintaining accommodation
5. What Outcomes were achieved?
<p>- Which aspects of Well-being were achieved?</p>
<p>Through direct support to the Carer:</p> <p>There has been some reduction in the stress arising from providing a Carer role. Family circumstances have become easier to manage-there is less unpredictability-clearer roles have been established. More time is spent in the parental role, thus reducing stress on the children. Respite time has increased-the Carer has thus been able to spend more time developing career plans and social/leisure activities. Financial circumstances are gradually improving The Carer has an increased sense of independence.</p> <p>Improvements in the mental health of the cared for is meaning she is attaining higher levels of independence. Opportunities for the Carers' wife to achieve recovery from mental illness have been substantially increased by the support the service offers</p> <p>The support directly provided to the cared for has seen improvements in her mental health and is also, therefore, significantly reducing the strain this places on the Carer and his family.</p>
6. What were the Carers' comments and views on the support, advice and outcomes? (Carers' quotes & feedback)
<p>- Which aspects of Well-being were achieved?</p>
<p>The Carer reports that he can only be 'complimentary about the difference the service is making to his and his family's circumstances'. He states that, whilst he remains extremely concerned about the well-being of his wife, he also 'feels more optimistic about their future,' and attributes this, in part, to what the service can offer. He expresses relief that the service is available and is very appreciative about the role it is playing</p>

5. Carer Outreach Services (Pembrokeshire)

A Carer (Victoria) came to see me after being referred by a GP staff member.

The Carer felt that she could cope in general although in the past couple of weeks she felt a bit 'down'. When she continued to talk about her caring role it became more and more clear that first signs of tiredness were started to show. Some of the

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concerns she raised were regarding her uncertainty how to communicate to the cared for with learning disabilities that they (she and her husband) planned a fortnight away. She was also concerned about the wellbeing of her husband in general. She in addition was considering taking some time off or at least decreasing the hours she worked.

Taking into consideration all the above mentioned 'concerns' and thoughts it was obvious that in spite of saying she could cope the difficulties of everyday caring were taking their toll.

One of the things we discussed was how to tell the cared for (with learning disabilities) that they were going for a holiday and he was not going to join them. Since he moved in with them (5 months ago), they took him everywhere, even when they went out for a meal as a couple. There was a plan put in place but due to the health condition of the cared for this particular arrangement might not have been the best solution for him. Discussing this issue with me allowed Victoria to re-consider the original plan and come up with alternative solution which involved also a consultation with the GP.

She was also encouraged to register as a Carer with the local surgery as well as to sign up for the Carers Emergency Card. Victoria was also told about other relevant services that might be helpful should she need more support.

We agreed to meet in a month time after they are back from holiday but due to some illness in the family we had to postpone the 2nd session. Victoria decided to take some time off from work and would like to meet again 'once the situation back home settles a bit'.

There are some issues she would like to discuss in more details to see what can be put in place to help her in her caring role in the future.

When asked whether the session was helpful the answer was yes. Victoria could talk to someone who was not a family member and by discussing their situation it helped her to re-think some of the arrangements and find out what is available in case she needs more support. She could share some of her concerns with her work colleagues but there are some things which she felt uncomfortable to talk about. Being able to share thoughts and feelings with a 'complete stranger' was what she needed.

6. Carers Outreach / Multi Agency Support - Pembrokeshire

Agnes (not her real name)

A Carer made an appointment at one of the surgeries to discuss her new caring role. This support was mentioned to her by one of the receptionists at the surgery. She used to be the cared for as she has got a long term medical condition but unfortunately her husband was recently diagnosed with an illness himself and it

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became obvious that the role will reverse. She wanted to discuss what her options as a Carer were. She knew what would help her to continue to support herself and her husband so it was really straight forward referral to Social Services for her Carer's Needs Assessment.

We went through the usual 'list' of what is available regarding arrangements at home (to support people with mobility issues; memory loss conditions etc) as well as financial support. As a result of this Agnes was referred to CAB. She met with one of their consultants fairly soon after our meeting. They helped with some paper work and she found their support useful.

The communication with the Social Services was not exactly within the time line Agnes expected but after several phone calls made by her as well as by me to find out what was happening, and after additional referral for a Community Care Assessment Social Services arranged a visit 3 months after the initial contact with them.

Overall the Carer felt that the outcome of the assessment was almost what she wanted. She was happy with the result and thanked me for being supportive during this process. She phoned to update me on the latest developments and when asked whether she would like to share her experience and have her story recorded she agreed.

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Appendix 5 - Summary of Terms & Acronyms

Term	Full Title
Carers Measure	Carers Strategies (Wales) Measure 2010
CMHT	Community Mental Health Team
CYPP	Children & Young Peoples Partnership
EIA	Equality Impact Assessment
GP	General Practitioner
HDUHB	Hywel Dda University Health Board
IiC	Investors in Carers
IMTP	Integrated Medium Term Plan
KPI	Key Performance Indicators
MH & LD	Mental Health & Learning Disabilities
NHS	National Health Service (Wales)
ONS	Office for National Statistics
PPE	Patient and Public Engagement Programme
SCWDP	Social Care Workforce Development Partnership
SSIA	Social Services Improvement Agency
SSWBA	Social Services & Well-being (Wales) Act 2014
TOC	The Triangle of Care
WFG	Well-being of Future Generations (Wales) Act 2015
WG	Welsh Government

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