

North Tyneside Health & Wellbeing Board Report Date: 21 June 2018

ITEM 7

Title: An integrated approach to identifying and meeting carer health and well-being needs (of all ages)

Report from : North Tyneside Clinical Commissioning Group

Report Author: Tom Dunkerton (Tel: 0191 293 1156)

Relevant Partnership Board: A proposed Carers Partnership Board

1. Purpose:

The purpose of this report is to update the Board work to meet objective 5 of the Health and Wellbeing Board work plan 2018-20, "An integrated approach to identifying and meeting carers health and wellbeing needs (of all ages)". The first step will be to deliver a scoping event, engaging healthcare providers, social care and the third sector to take forward the objective.

2. Recommendation(s):

The Board is recommended to:

- a) agree to the establishment of a Carers Partnership Board;
- b) request the Carers Partnership Board to produce a joint plan for supporting carers, building on the existing North Tyneside Carer's Commitment; and
- c) request the Carers Partnership Board to report on progress made in formulating and delivering the joint plan to the Health & Wellbeing Board in January 2019.

3. Policy Framework

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

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

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

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

4. Information:

4.1 Adult Carers

The 2011 Census identified 22, 208 adult carers in North Tyneside and highlighted a 19% increase in the number of people who are caring for more than 20 hours.

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

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

4.2 Young Carers

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

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

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

Both the Care Act 2014 and the Children and Families Act 2014, addresses the needs of Young Carers clearly and directly and, builds on the Children Act 1989 to amplify the rights to improve how Young Carers and their families are supported by the principle of applying a whole family approach across all age groups and across all categories of care.

4.3 An Integrated approach to identifying and assessing Carer health and Wellbeing

The development of this document in 2016, addresses changes to the way in which Carer health and wellbeing need is identified, assessed, and supported, as a result of the Care Act 1024 and the Children's and Families Act 2014. The document set out to encourage and promoted working together between Adult Social Care, NHS commissioners and providers, and third sector organisations that support Carers, of all ages, with specific focus on developing an integrated approach to the identification, assessment and support of Carers and their families across health and social care.

4.4 NHS Five Year Forward View

The document sets how the NHS will seek to implement its duties under the above acts, including a clear expectation that, "CCGs alongside local authorities draw up plans to identify and support carers and, in particular, working with voluntary sector organisations and GP practices, to identify Young Carers and Carers.

4.5 North Tyneside Commitment to Carers

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

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

Our commitment to carers is:

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

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

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

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

4.6 Next Steps

In order to take forward the Board's strategic objective it is proposed that

- a) a half day scoping event be held on 28 June 2018, to determine the main functions of the Carers Partnership Board;
- b) a Carers Partnership Board be established; and
- c) a plan be developed to identify and support carers and develop mechanisms to ensure carers views are included.

5. Decision options:

The Board may either

1. Agree the recommendations outlined in section 2 and the work undertaken so far in pursuit of objective 5 of the Health and Wellbeing work plan 2018-20; or
2. Not to agree the recommendation outlined in section 2 and agree an alternative approach.

6. Reasons for recommended option:

Option 1 is the preferred option as this will give officers the basis upon which the delivery of objective 5 of the Health and Wellbeing Board work plan 2018 can be developed.

7. Appendices

Appendix One: North Tyneside Partnership Board draft Terms of Reference

8. Contact officers Background information:

Tom Dunkerton, Commissioning Manager, North Tyneside CCG Tel: 01912931156

9 Background Information

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

- An Integrated Approach to Identify Carer Health and Wellbeing
- North Tyneside Commitment to Carers
- NHS 5 Year Forward View

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no known immediate financial or resources associated with this report. All costs associated with the delivery of the recommendations will be contained within existing approved budgets.

11 Legal

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. It requires local authorities to adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children. In several places, the Act makes provision for all Carers, including Young Carers and Older Carers. This “whole system” approach bestows a duty of co-operation on local authorities and all agencies involved in public care.

12 Consultation/community engagement

The proposal to develop a ‘Carers Partnership Board’ is in light of recommendations from the Health and Wellbeing Board. The ‘Scoping Event’ in June will begin the wider consultation process.

13 Human rights

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

14 Equalities and diversity

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

15 Risk management

There are no significant risks identified in the delivery of the recommendations indicated in this report.

16 Crime and disorder

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

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance