

West Yorkshire & Harrogate Health and Care Partnership

Report of findings
Long Term Plan unpaid carers
engagement event

April 2019

Contents	Page
1. Purpose of the report	3
2. Background and purpose of event	3
3. Principles of engagement	5
4. What we already know	5
5. Methodology	6
6. Long Term Plan unpaid carers event	7
7. Findings from the event	9
8. Equality	13
9. Overall findings and key messages	13
9. How the findings will be used	13
 Appendices	
Appendix 1 – Engagement plan	15
Appendix 2 – Key drivers and legal obligations	26
Appendix 3 – Data capture form and raw data	27
Appendix 4 – Evaluation form and raw data	26
Appendix 5 – Equality monitoring form	

1. Purpose of the Report

The purpose of this report is to present the findings from the West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) Long Term Plan unpaid carers event which took place on Thursday 4 April 2019 at Unity Works in Wakefield.

This report describes the journey so far, the purpose of the event, the content of the sessions and the feedback we received from carers, voluntary and community organisations and health and care professionals. The report also sets out the legal obligations for engagement and the principles by which WY&H Health and Care Partnership want to engage, which is in line with the Partnership's strategy.

2. Background and purpose of the event

2.1 National

The NHS Long term plan was published on 7 January 2019 and sets the direction of travel for the NHS over the next ten years. The document addresses some of the ways that we want to improve care for people over the next ten years; including making sure everyone gets the best start in life; reducing stillbirths and mother and child deaths during birth by 50%; taking further action on childhood obesity; increasing funding for children and young people's mental health; reducing waiting times for autism assessments. It also includes the importance of delivering world-class care for major health problems; preventing 100,000 heart attacks, strokes and dementia cases; investing in spotting and treating lung conditions early to preventing 80,000 stays in hospital and delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

The need to support carers has been recognised within the 2019 NHS Long Term Plan. Carers can often suffer social deprivation, isolation and ill health. They may have fewer opportunities to do the things other people may take for granted, such as having access to paid employment or education, or having time to themselves or with friends. Many carers including a number of children and young people are hidden; caring for a loved one with a long-term condition often providing the majority of care without formal support.

There are a number of key priorities within the Long Term Plan to recognise and strengthen support for carers. The implementation of quality markers for carer-friendly GP practices, developed with the Care Quality Commission (CQC), will help carers identify GP services that can accommodate their needs. A strong focus on personalised care as one of the five long term plan priorities will strengthen support for carers to ensure their individual health needs are addressed holistically as well as specific support for them within their caring role. The national adoption of carer's passports will identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

2.2 Local

Over the coming months, alongside our stakeholders, workforce and communities, we will work through what the NHS Long Term Plan means for us. We will work with our WY&H programme leads to identify gaps between the strategy and what we have in place and the Long Term Plan. The five year strategy will build on the significant work the Partnership has already done - as described in the 'Next Steps to Better Health and Care for Everyone' publication – to plan for ambitious improvements to health and care. The strategy will belong to us all.

West Yorkshire & Harrogate Health and Care Partnership have been recognised by NHS England as an exemplar site for developing support for unpaid carers.

We estimate that there are around 260,000 unpaid carers in West Yorkshire and Harrogate. As public services continue to face financial pressures, increasing demand, the introductions of new legislation and approaches, and changing expectations of citizens, increasing numbers of unpaid carers are taking on responsibility for more intensive levels of care. This combined with changes in retirement age, means the demographic of unpaid carers across the country is changing too. This will become more complex as the changes in retirement age means people will be working until much later than is currently the case and therefore juggling work and caring for longer.

Although caring can be rewarding, there is substantial evidence that carers have poorer physical and mental health than those who are not caring, and that the more care they provide the more likely they are to experience have poorer health. For many carers, the biggest priority is the health and wellbeing of those they care for and as such they are more likely to neglect their own health and are known to put off treatment for themselves.

As a partnership we recognise that carers play a significant role in delivering and supporting health and care and that without them the health and care system would be overwhelmed. Carers are recognised in a number of partnership work-streams and our next steps document. We want to raise their profile and share the excellent work taking place across the area.

In addition we also want to celebrate the difference this is making in our communities on a regional and national level – and most importantly ensure that this is applied for all carers no matter where they live in West Yorkshire and Harrogate.

2.3 Purpose of the event

The purpose of the event is to bring together a range of stakeholders from across WY&H including carers, carers organisations and health and care staff to seek their views on the long term plan for carers and align the WY&H carers' strategy with the long term plan.

An engagement plan for the event can be found in appendix 1.

3. Principles for Engagement

Our draft communications and engagement strategy sets out our principles for communications, engagement and consultation and our approach to working with local people. Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right. We are committed to transparency and meaningful engagement in our work.

We are also committed to meaningful conversations with people, on the right issues at the right time. We believe that this approach informs the ambitions of our partnership - to work in an open and transparent way with communities.

The strategy can be found at <http://www.wyhpartnership.co.uk/get-involved> and sets out what the public can reasonably expect West Yorkshire and Harrogate Health and Care Partnership to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

Key drivers and legal obligations can be found in appendix 2.

4. What we already know

Carers can often suffer social deprivation, isolation and ill health. They may have fewer opportunities to do the things other people may take for granted, such as having access to paid employment or education, or having time to themselves or with friends. Many carers including a number of children and young people are hidden; caring for a loved one with a long-term condition often providing the majority of care without formal support. For young carers, it can often mean life chances are severely limited. The need to support carers has been recognised within the 2019 NHS Long Term Plan. A key priority is to strengthen support for Carers including using best practice through implementation of quality markers and personalised care approaches that identifies and addresses the health and wellbeing needs of unpaid carers holistically.

There is emerging evidence that suggests that investing in support for carers can contribute significantly to the sustainability of health and social care. In particular that early intervention and targeted support for carers reduces carer breakdown and thereby limits the use by the cared for person of in-patient services, social care and institutional care.

A summary of the key areas we are progressing across the West Yorkshire and Harrogate Health and Care Partnership are below. These have been informed by the feedback we have already received from carers and voluntary and community organisations across WY&H.

Getting better at identifying carers within primary care

- As early identification is recognised within the NHS England Quality Markers, we are exploring methods of how we can use this framework to support our primary care services across West Yorkshire and Harrogate.

Ensuring working carers receive support within acute care and primary care through embedding quality markers of care

- Adoption of the working carers passport has been agreed across West Yorkshire Association of Acute Trusts and sharing the learning with primary care organisations within our region.
- We are looking to work collaboratively with primary and community care organisations to promote the awareness and adoption of the [NHS England Quality Markers](#). We will be working with programmes within the West Yorkshire and Harrogate Partnership to support the development of processes for embedding quality markers across our region.

Listening to our carers

- We will be working with our partners to create a network for carer engagement and involvement using existing mechanisms in all six places and identifying any gaps. We will also where it makes sense to will have a WYH conversation at regional events.

Raising the profile of young carers

- We will be working with the primary care and community programme and other programmes in our partnership to promote the profile of young carers.
- We will work in collaboration with the West Yorkshire combined authority to support the education sector to be aware of the challenges facing young carers and support the voluntary sector organisations in place to work with the schools in our 6 places.

Alignment with West Yorkshire & Harrogate programmes

- A key part of our work is how we embed the carers' agenda into all nine of our West Yorkshire and Harrogate programmes, including mental health, stroke and cancer. What we hope to see over the coming months is a natural shift in the way we consistently support carers at both a local and West Yorkshire level.

5. Methodology

West Yorkshire and Harrogate Health and Care Partnership held a full days Long Term Plan unpaid carers engagement event on Thursday 4 April at Unity Hall in Wakefield.

The event provided an opportunity for an open and honest conversation about the vision for carers in the long term plan and our WY&H five year plan.

The aim of the event was to:

- Opportunity to identify gaps and refresh the carers strategy to align with the long term plan
- Show and share the good work happening already in WY&H and the work of the carers programme
- Show and share what good work is happening in other parts of the country

This event was an essential part of our engagement process and included a wide range of representatives from:

- Carers organisations
- Primary and secondary care colleagues
- Adult and Children Social Care
- Primary care acute colleagues, young carers services, LWAB, HRD, Clinical
- Community services
- Directors of children services
- Directors of adult social services
- GP federation leads

As a partnership we are committed to open and honest conversations to develop solutions together. It is important that we work in collaboration with all of our partners and stakeholders within the Partnership. This event will be another step to genuine and authentic conversations about how we can work together to support the work we are doing as a system. The agenda for the event can also be found in appendix 1.

6. Long Term Plan unpaid carers event

Stakeholders were invited by invitation and were asked to complete a registration form and highlight any dietary requirements or additional support required (see appendix 1). To ensure there were representation from across West Yorkshire and Harrogate across section of stakeholders were invited as mentioned in section 5.

6.1 Presentations

The event was delivered as part presentation and part workshops both in the morning and the afternoon. The presentations were as follows:

- Welcome and purpose of the day - Fatima Khan-Shah West Yorkshire and Harrogate Health and Care Partnership programme lead for the Carers WY&H programme
- A carers perspective - Michelle Turner, Carers Wakefield
- West Yorkshire & Harrogate Vision / Overview - Ian Holmes, Programme Director, West Yorkshire and Harrogate Health and Care Partnership
- National context for carers on the LTP - Jennifer Kenward, Experience of Care Lead, NHS England
- What's happening elsewhere - Ron Critcher, Policy & Development Officer, Surrey County Council
- What's happening elsewhere - Tim Anfilogoff, Head of Community Resilience, NHS England (East of England – Hertfordshire)

The presentations used can be found by visiting our website [here](#).

6.2 Webcasting

The event was also webcasted live to give carers who were unable to attend the event the chance to feel part of the event and have digital conversations using #forcarers and to contribute to discussions in the room. You can view the webcast video [here](#).

6.3 Gathering views

There were six tables around the room with a mixture of people from health and care professionals, carers and colleagues from carers community organisations.

Following the presentations, participants were asked as part of the table discussions to think about the following:

- Identify Key issues – What is working and what is not working in supporting carers
- Key themes to take forward for the carers agenda
 - What are the key priorities under this theme that need addressing?
 - How should these be taken forward and by whom?
 - What are the key outcomes for delivery? (E.g. How do we know these priorities have been addressed?)
- Action planning – Prioritise key themes/actions forward that are identified and identify a volunteer to lead within their respective area of work

Participants had an opportunity throughout the day to be part of table discussions. A data capture sheet was provided for scribes to capture table discussions (see appendix 3) and participants were also asked if they would like to write comments on post it notes provided as part of a facilitated table discussions.

An evaluation form (see appendix 4) also gathered people's views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know.

The following information was provided as part of the delegate packs:

- Agenda
- Delegate list
- Speakers biographies
- Caring for our Carers – Our Priorities for supporting unpaid carers across West Yorkshire & Harrogate
- Evaluation form
- Equality monitoring form

The WY&H HCP communications and engagement team used social media platform Twitter to promote the event. Audience members were encouraged to use Twitter giving immediate feedback of the event. WY&H HCP Twitter address is @WYHpartnership.

A post event news feed can be found on our website at the following link

<https://www.wyhpartnership.co.uk/news-and-blog/news>

7. Findings from the event

The event took place on Thursday 4 April at Unity Works in Wakefield, with 60 people in attendance.

The findings from the event are captured below and include all the feedback received from the workshop discussions and the evaluation form. Raw data can be found in appendix 3

See section 9 for overall themes and key messages from this event.

7.1 Table discussions

The majority of conversations that took place during the first table discussions were around what's not working well, they are in no particular order see below;

7.1.1 Key themes what's working well and what's not working as well

Main themes what people said are working well;

- **Peer support** - sharing experiences, support from carers organisations
- **Partnership working** - CCGs and primary care are getting better at identifying carers but still lots to do. Hospitals also getting better at working in partnership with others e.g. John's campaign working well. Carers UK, great and getting better at 'in reaching' into health and social care

Main themes that people told us that are not working as well are;

- **Contingency and emergency care planning** - needs to be planned and resources made available, one contact number and involvement with families and creating links with family and friends and quicker response times. There is no support for un-well carers, or respite care for carers requiring hospital care. Current emergency services are not widely used and do not cover planned care. Gaps in provision for young carers. Access to emergency services for carers needs to be made more accessible. With the right plan in place people felt there will be reduced admissions and will also reduce pressure on respite care.
- **Support for carers** – people want more support for carers and the need for support to feel empowered. Practical advice and support is needed before crisis point for example mental health, finance and relationship advice and bereavement. The need for better signposting to services. Support for working carers with flexible approaches to working
- **Communication** – simplified language, getting the right information at the right time. Involving families referring to carers as 'carers' is not working. Many people do not identify themselves as carers. The language needs to be changed to ask if they 'look after someone' People felt it was important to de-medicalise the language and introduce simple communication. Creating social movements to raise awareness was important to raising the profile of carers.
- **The model** – Conversations with health professionals tend to focus on the clinical need of the person being cared for rather than the carer. Not everyone needs to see a GP,

they may just want to talk to somebody or get some non-medical advice. Model needs personalisation with a whole family approach. The carers agenda needs to be wider than just being health focused. Support needed for community assets and solutions need to come from communities.

7.1.2 Key themes to take forward for the carers agenda and priorities that need addressing

Main themes that people told us are;

- **Carer awareness – family centred care**
 - Consideration should be given to whether the power of attorney could be transferred to other family members
 - There need to look at what would happen in an emergency should the carer be taken ill.
 - Develop carers skills for example by telling the carers story to influence change.
 - Address issues locally and create a movement for change within local communities for example; ensuring hospitals are carer aware and listening to carers.
 - Better conversations between the families and professionals and ensuring carers are equal partners.
 - Consider the impact on all the family
- **Contingency and emergency planning**
 - One point of contact and a contact number that's easy accessible
 - Right information at the right time
 - Services need to be fit for purpose and staff fully trained e.g. able to support someone with mental health concerns
 - Being able to contact family / friends in a response to an emergency
 - Contingency / plans in place to give carers peace of mind
 - Gaps in emergency provision for young people
- **Primary care and primary care networks**
 - Carers agenda needs to be wider than just health
 - Better signposting for carers need to be signposted properly and GPs need to engage
 - Language and terminology needs to be simple for example, not medicalised and 'are you a carer' not everyone recognises they are a carer
 - Look at other models and what's working.
 - Agree a system wide approach
 - Educate and empower people to access other services not just GP services
 - Integrated working, local councils, Clinical Commissioning Groups (CCGs), Voluntary and Community Sector (VCS), GPs, Pharmacists – build on relationships already made
 - Support needs to be available before crisis point

- **Supporting working carers**

- Variations across organisations needs to be identified in terms of carers policies/processes. Policies don't reflect what a carer really needs, organisations need to have flexibility. Insufficient resources are often dedicated to looking at the 'reasonable adjustments' needed to help carers to work. Managers also need to feel supported in the decision-making; policies and procedures are often left to manager's discretion which can lead to inconsistency.
- Clear communications with employers/ managers about the financial, economic and productivity benefits of supporting carers and what it costs not to support them
- Many carers choose to be self-employed to accommodate their caring responsibilities. Self-employed carers also need access to support that is available to working carers.
- Sign up to a charter for organisations to say what they will do to support carers, tailored to whether a company is large or small etc.
- What already exists? For example; Carers UK – carers digital resource, for employers and carers. Carers Trust offer membership to an employer support scheme. University of Sheffield research project – 'Sustainable care programme
- It should not just be about supporting carers, but supporting employers too.

- **Identifying carers**

- Identify young carers
- Carers awareness e.g. recruitment processes,
- Language to identify carers e.g. do you look after someone?
- Breaking down barriers within a GP surgery, creating tools to identify and signpost carers, e.g. checklist to identify carers, more time for appointments, performance indicators
- Identify carers before crises point
- One point contact e.g. carers helpline for advice.
- Caring responsibilities do not stop at 5pm
- More awareness raising, understand impact on carers, education for staff and organisations and make it easier for carers to identify themselves

- **Carer friendly cities**

- Learn from other initiatives such as dementia friendly and baby friendly areas including what's happening already in communities by sharing good practice
- Sign up from other organisations such as transport sector, private sector, councils and hospitals
- Carer awareness education in schools and workplaces including carer champions
- Carer friendly places for carers and cared for to go. For example an adult crèche where the carers have a chance to have a break and to meet other carers and access to information. Validated places to visit by carers on business website like trip advisor
- Make physical adaptations to areas such as developing dementia friendly gardens, better wheelchair access, drop curbs and multi-use pavements

- Have mystery shoppers visit businesses and organisations to identify areas that may need improvement

7.1.3 Action planning

Due to the rich and lengthy discussions that took place throughout the morning and afternoon the action planning part of the event didn't take place. The wealth of ideas and views that came from all participants during the discussions which are included in this report will inform the key priorities and actions for future planning for the programme in 2018 / 2019.

7.2 Evaluation

Each person who attended the event was asked if they could complete an evaluation form. 27 people completed or partially completed an evaluation form. Raw data can be found in appendix 4

There were six presentations in total and a Q&A session. Presentations were a mixture of scores with the majority scoring 8 or above. The lowest scores related to presentations from what is happening in other areas and the carers story with a comment '*Black and Ethnic Minority (BAME) story*'. Overall people really enjoyed the event and most comments were positive. It could be looked upon that the low scores are due to people more being interested what's happening locally rather than other areas and that more diversity is needed when telling the stories of carers.

What people said in their evaluation of the event;

- Excellent - thought provoking event!
- A rich mixture of presentations. I really enjoyed the flow of the day which set the context nationally and locally - the "carers perspective" and sharing of others practice. A great sense of commitment moving forward.
- BAME Carers Story
- Need a BAME Carers Conference
- Not enough time for Q&A panel session
- Great to hear from real life carers. They need more of a voice as well as support to be the best they can be!
- Really enjoyable day. Met so many interesting and useful contacts. Very informative in particular within other authorities
- Really good event, very informative. Lots of good suggestions to take back and discuss further. Well done on all your hard work on the event!
- Food labelling - bit into a jalapeno without realising. Room a bit chilly. Michelle - totally awesome and inspiring.
- Carers perspective was good but experiences from over 20 years ago may not be relevant today, some things have moved on.
- Very interesting. I feel I have gained some good ideas to take back to my organisation.
- Carer stories were very powerful! Maybe some of the more strategic discussions were a bit much for some carers who became overwhelmed and left early. If inviting carers to future events it may be useful to dedicate some time or designated space for them to

be able to debrief/offload their frustrations and anxieties. I personally found the sessions exciting and informative. Thank you for a great day.

- It was cold throughout the day - the day was upsetting to a number of carers
- Useful enjoyable event - lots of ideas taken from it. Thank you!

8. Equality

A total of 60 people attended the event. Of those 24 people completed or partially completed an equality monitoring form (see appendix 5).

Of those people who completed the form 13 people said they were carer and aged between 24 and 58, all said they were female.

9. Overall findings and key messages

The main key theme is the lack of **support for carers and working carers**.

- The carers agenda needs to be a family centred approach to support and wider than just being clinically and health focused
- The need for support was a big issue for people including practical advice and support before crisis point for example finance and relationship advice and support around mental health and bereavement and better sign posting to services.
- Support for working carers with flexible approaches to working and variations across organisations need to be identifies in terms of carers polices and process. consistency in policies

Other key themes that were important to people were;

- **Contingency and emergency care planning** was important to people to give carers piece of mind. Access to current emergency services is not widely used and need to be made more accessible, and include planned care services. Need to identify gaps in emergency provision for young carers
- **Identifying carers and awareness raising** was also important to people. Many people do not identify themselves as a carer and appropriate use of the word carer needs to be taken into consideration. Create social movements to raise awareness, keeping language and communication simple.

10. How the findings will be used

This report of findings will be reviewed by WY&H HCP carers steering group and shared with the Carers VCS colleagues who will consider next steps to develop an action plan and timescales for delivery for the Carers programme

The report will be shared with those who attended the event and people who have previously expressed an interest the carers work. The report will also be uploaded to the West Yorkshire & Harrogate Health and Care Partnership website.

West Yorkshire & Harrogate Health and Care Partnership

Long Term Plan unpaid carers engagement event plan

Version Control	Who	Date
Initial draft	JD	30.01.19
Review and amends	JD	08.03.19
Review and comments	JR/JD	11.03.19
Review and comments	PS	21.03.19
Amends	JD	21.03.19
Final review and comments	WY&H HCP Carers steering group	21.03.19
Sign off	WY&H HCP Carers steering group	28.03.19

Contents	Page
1. Purpose of the plan	3
2. Background	3
3. Overview of the event	4
4. Objectives of the event	5
5. Communications	6
6. Presenters, facilitators and venue	7
7. Budget	9
Appendices	
Appendix 1 – Invitation to the event	10

1. Purpose of the plan

The purpose of this plan is to describe how we will deliver this Carer Long Term Plan event which aims to provide an opportunity for an open and honest conversation about the vision for carers in the long term plan and our WY&H five year plan.

This plan will include;

- Background
- An overview of the event including the purpose and delegates
- Objectives of the event and the proposed agenda
- Communications
- Invite
- Presenters, facilitators and venue

2. Background

The NHS Long term plan was published on 7 January 2019 and sets the direction of travel for the NHS over the next ten years. It sets out some of the ways that we want to improve care for people over the next ten years; including making sure everyone gets the best start in life; reducing stillbirths and mother and child deaths during birth by 50%; taking further action on childhood obesity; increasing funding for children and young people's mental health; bringing down waiting times for autism assessments. It also includes the importance of delivering world-class care for major health problems; preventing 100,000 heart attacks, strokes and dementia cases; investing in spotting and treating lung conditions early to preventing 80,000 stays in hospital and delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

The need to support carers has been recognised within the 2019 NHS Long Term Plan. Carers can often suffer social deprivation, isolation and ill health. They may have fewer opportunities to do the things other people may take for granted, such as having access to paid employment or education, or having time to themselves or with friends. Many carers including a number of children and young people are hidden; caring for a loved one with a long-term condition often providing the majority of care without formal support.

There are a number of key priorities within the Long Term Plan to recognise and strengthen support for carers. The implementation of quality markers for carer-friendly GP practices, developed with the Care Quality Commission (CQC), will help carers identify GP services that can accommodate their needs. A strong focus on personalised care as one of the five long term plan priorities will strengthen support for carers to ensure their individual health needs are addressed holistically as well as specific support for them within their caring role. The national adoption of carer's passports will identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

2.2. Local context

Over the coming months, alongside our stakeholders, workforce and communities, we will work through what the NHS Long Term Plan means for us. We will work with our WY&H programme leads to identify gaps between the strategy and what we have in place and the Long Term Plan. The five year strategy will build on the significant work the Partnership has already done - as described in the 'Next Steps to Better Health and Care for Everyone' publication – to plan for ambitious improvements to health and care. The strategy will belong to us all.

West Yorkshire & Harrogate Health and Care Partnership have been recognised by NHS England as an exemplar site for developing support for unpaid carers.

We estimate that there are around 260,000 unpaid carers in West Yorkshire and Harrogate. As public services continue to face financial pressures, increasing demand, the introductions of new legislation and approaches, and changing expectations of citizens, increasing numbers of unpaid carers are taking on responsibility for more intensive levels of care. This combined with changes in retirement age, means the demographic of unpaid carers across the country is changing too. This will become more complex as the changes in retirement age means people will be working until much later than is currently the case and therefore juggling work and caring for longer.

Although caring can be rewarding, there is substantial evidence that carers have poorer physical and mental health than those who are not caring, and that the more care you provide the more likely you are to have poorer health. For many carers, the biggest priority is the health and wellbeing of those they care for and as such they are more likely to neglect their own health and are known to put off treatment for themselves.

As a partnership we recognise that carers play a significant role in delivering and supporting health and care and that without them the health and care system would be overwhelmed. Carers are recognised in a number of partnership work-streams and our [Next Steps](#) document. We want to raise their profile and share the excellent work taking place across the area.

In addition we also want to celebrate the difference this is making in our communities on a regional and national level – and most importantly ensure that this is applied for all carers no matter where they live in West Yorkshire and Harrogate.

3. Overview of the event

The workshop will start at 10.00am until pm 4.00pm and will be held at Unity Works in Wakefield. Registration will start from 9:30am.

Key speakers who will support this event will be:

- Fatima Khan-Shah West Yorkshire and Harrogate Health and Care Partnership programme lead for the Carers WY&H programme

- Ian Holmes, Programme Director, West Yorkshire and Harrogate Health and Care Partnership
- Tim Anfilogoff Head of Community Resilience, NHS England (East of England – Hertfordshire)
- Ron Critcher, Policy & Development Officer, Surrey County Council
- Jennifer Kenward, Experience of Care Lead, NHS England

The event will ensure that we have appropriately engaged, properly discussed, listened to and considered all comments from stakeholders.

The purpose of the event is to bring together a range of stakeholders from across WY&H to seek their views on the long term plan for carers and align the WY&H carers' strategy with the Long Term Plan.

Stakeholders will be invited to by invitation (see Appendix 1).

This event is an essential part of our process where we will demonstrate that we have taken the time to fully consider the views of carers in West Yorkshire and Harrogate, the Partnerships Five Year strategy and the Partnerships Carers strategy.

3.1 Delegates

The stakeholder list is continuously updated and refreshed as an essential part of our commitment to ensure we engage across all sectors and that it is meaningfully representative. A range of stakeholders across WY&H organisations include;

- Carers
- Carers organisations
- Directors of Children's and adult social services
- GP Federations
- Primary care, acute and mental health trust colleagues
- Mental Health Trusts
- Education colleagues
- Local councillors and MPs
- WY&H programme leads

4. Objectives of the event

The objectives of the event; is to:

- Opportunity to identify gaps and refresh the carers strategy to align with the long term plan
- Show and share the good work happening already in WY&H and the work of the carers programme
- Show and share what good work is happening in other parts of the country

4.1 Proposed agenda for the event

Time	Activity	
9.30	Registration and networking (refreshments on arrival)	
10.00	Welcome – purpose of the day	Fatima Khan-Shah
10:05	West Yorkshire & Harrogate Vision / Overview	Ian Holmes
10:20	Carers perspective	Michelle Turner
10.35	National context for Carers on the Long Term Plan	Jennifer Kenward
10:50	Question and answer session with panel speakers	All
11:05	Break	All
11:20	Table activity – identifying key issue	All
11:45	Feedback from each table	All
12:05	NHS Surrey CCG	Ron Critcher
12:20	NHS Hertfordshire CCG	Tim Anfilogoff
12:35	Question and answers	All
12:45	Lunch	All
13:15	Table activity – Key themes for the WY&H carers agenda	All
14:30	Break	All
14:45	Feedback from each table	All
15:00	Table activity – Action planning	All
15:45	Feedback key actions	All
16:00	Next steps and close	Fatima Khan-Shah

5. Communications

The communications required prior to and after the event are set out below. The development of these materials will be led by the communication and engagement team as part of a planned approach to delivering the event.

The lead facilitator will provide a briefing to table facilitators and scribes before the start of event.

Pre event activity:

- To identify interested stakeholders
- To develop an invitation
- To co-ordinate the development of presentation material
- Develop discussion material and mechanisms to capture discussions
- Develop signing in sheets
- Social media
- Prepare a delegate pack that will consist of:
 - Content list of what is in the pack
 - Agenda
 - Delegate list
 - Biographies
 - Presentations
 - The Carers Strategy
 - Long Term Plan
 - Evaluation Form
 - Equality Monitoring form
 - WY&H HCP publications

Webcasting

- Digital interactive event - webcasting the whole event to give carers who are unable to attend the event the chance to feel part of the event and have digital conversations using #forcarers and to contribute to discussions in the room

Post event activity:

- To type up all notes and flip charts etc.
- Analyse the event discussions
- Oversee the production of the event report
- Feedback the findings to participants with a covering letter to thank them for participating
- Feedback the findings to other stakeholders who have expressed an interest
- Publish the event report on the Partnerships' website
- Social media

6. Presenters, facilitators and venue**Presenters:**

- Fatima Khan-Shah West Yorkshire and Harrogate Health and Care Partnership programme lead for the Carers WY&H programme
- Ian Holmes, Programme Director, West Yorkshire and Harrogate Health and Care Partnership
- Tim Anfilogoff Head of Community Resilience, NHS England (East of England – Hertfordshire)
- Ron Critcher, Policy & Development Officer, Surrey County Council

- Jennifer Kenward, Experience of Care Lead, NHS England

The communications and engagement team will be responsible for the development of the presentation material. Biographies of each presenter will also be required for the delegate packs.

Presentations required on the day:

- Slide for toilets/phones/hearing loop etc.
- Welcome – purpose of the day – Fatima Khan-Shah
- West Yorkshire & Harrogate Vision / Overview – Ian Holmes
- Carers perspective – Michelle Turner
- National context for carers on the LTP – Jennifer Kenwood
- NHS Surrey CCG – Ron Critcher
- NHS Hertfordshire CCG – Tim Anfilogoff
- Show and tell WY&H and Nationally
- Table Discussion information
- Feedback and next steps

Facilitators:

Carers programme project members;

- Maria Green-Lynch - Wakefield
- Ian Brooke-Mawson - Leeds
- Lyndon Peasley – Kirklees
- Helen Thirkell – Harrogate
- Dawn Collins – Calderdale
- Helen Twiggins - SWYT
- Pam Shepphard – WY&H HCP

Scribes:

- Tony Sheeky – Bradford
- Jo Rothery – WY&H HCP
- TBC

Scribes will collect their tables' material including the notes they have captured and be responsible for typing up their notes and sending them to the communication and engagement team.

Workshop facilitator:

The event will be chaired by Fatima Khan-Shah

The communication and engagement lead will manage the agenda, present house-keeping; introduce each presenter and the activities.

Venue management:

The communications and engagement team will lead and manage the event which will include setting up the venue, providing AV and a roaming mike, managing up load of

presentations and room set up, registration, packing up and transporting equipment and collateral.

Seating arrangements:

Room layout: the room layout will be cabaret style and we anticipate up to 100/150 attendees for the event. Refreshments/Lunch: We will provide refreshments on arrival and during the morning and afternoon break and lunch.

7. Budget

The stakeholder event will be funded from the carers programme budget. The resources and budget required are listed below:

Long Term Plan un paid carers event: budget	
Item	Estimated Cost
Venue Hire – carers budget	£290
Refreshments and lunch (in cost of venue hire)	£0
Equipment hire – PA system, projector – within cost of venue – Roving Microphone hire	£100
Travel and subsistence and out of pocket expenses – if requested	£200 est.
Interpreter costs/BSL if requested	£500 est.
Printing costs	In house
Estimated TOTAL	£990 est.

Appendix 1 – Invitation

Dear Colleagues

We are pleased to invite you to an event to discuss how **‘The NHS Long Term Plan can support better outcomes for Unpaid Carers across West Yorkshire and Harrogate.’** taking place on **4th April 2019 at Unity Works, Wakefield.** *(An outlook invitation will follow under separate cover).*

The event will be opportunity to share the progress we have made in WY&H in our work to support unpaid carers. We will also have a guest speaker from NHS England who contributed towards the development of the NHS Long Term Plan. They will be sharing some information about what the plan means for carers nationally as well as for the people of West Yorkshire and Harrogate. We would also value your views on what this means for the Unpaid Carers Programme here at the West Yorkshire & Harrogate Health and Care Partnership.

As always, everything we do is shaped by the lived experience of Carers and we hope to invite carers to attend this event as well as people working across our WY&H Health and Care Partnership. We also want to use this event as a chance to share with you some excellent practice from other parts of the country who have worked hard to improve outcomes for carers in their areas.

We really hope that you will support this event which is an exciting opportunity for you to shape our carers agenda for the future.

If you would like to / are able to attend please confirm via email to wyhstp.coreteam@nhs.net.
(We will be providing lunch and refreshments, so if you have any special dietary requirements please do let us know)

We are in the stages of putting the finishing touches to our exciting programme and hope to share it with you shortly.

We look forward to seeing you.

Best wishes

Fatima

Fatima Khan-Shah
Lay Member North Kirklees CCG, Greater Huddersfield CCG & West Yorkshire and Harrogate Health and Care Partnership
Senior Responsible Officer, Unpaid Carers Programme,
West Yorkshire & Harrogate Health & Care Partnership
Mobile: 07970 234687

WY&H HCP Carers Long Term Plan event

Date: Thursday 4 April 2019

Time: 10:00am till 4.00pm (registration from 9.30am

Venue: Unity Works, Wakefield

Please complete this form to register for the event and return to via email to;
wyhstp.coreteam@nhs.net

If you need have any questions about the form please email us on:

wyhstp.coreteam@nhs.net

1. Please tell us who will be attending the event:

Name	
Email or telephone number	
If more than one person attending please provide their name and contact details here:	

2. Are you attending as:

an individual <input type="checkbox"/>	on behalf of an organisation or group <input type="checkbox"/>
If attending on behalf of an organisation or group please tell us which one:	

3. Please can you tell us if you have any dietary requirements (for example: gluten free, dairy free, vegan, vegetarian, halal, kosher etc.)

--

4. We aim to ensure that people have equal access to public events.

If you need additional support such as alternative formats or other reasonable adjustments please tell us. (For example: documents in alternative formats such as: large print, easy read, braille

--

Appendix 2 – Key drivers and legal obligations

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity', and c) foster good relations. All public authorities have this duty and will need to be assured that "due regard" has been paid.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services



Appendix 3 – Data capture form and raw data

Date	Thursday 4 th April 2019
Venue	Unity Hall and Business Space, Westgate, Wakefield, WF1 1EP
Event	How the NHS Long Term Plan can support better outcomes for Unpaid Carers across West Yorkshire and Harrogate
Time	Facilitators and Scribes arrive for 9:00am Event 10:00 – 4:00pm
No. of people on table	10
Workshop Name	PLEASE STATE WORKSHOP NAME
Table Facilitator	PLEASE ADD NAME
Scribe	PLEASE ADD NAME

Instructions:

- This template is used to report key outcomes in a standard way, the table scribe is responsible for taking notes on the day, either directly into this template or by transposing their notes into this format later. If you are using this to record points on the day please expand the boxes to allow for notes.
- Note taking should focus on summary points and agreements rather than providing a verbatim transcription – please follow the above reporting note to record the expressed sentiment to allow for
- The role of the table facilitator is to keep the discussions ‘on task’ and to move the discussions on if it becomes stuck on one point or the discussion is being dominated by one (or two) individuals. Encourage quieter members to contribute by asking them directly for their opinion, but do not push if they do not wish to participate.
- For those who are not keen to participate – remind participants they can complete the evaluation form or write comments on a post it note

Question 1

Identify Key issues – What is working and what is not working in supporting carers

Table 1

What is not working

Long term ambition – re: emergency planning

- This is a very big issue for Carers Trust Kirklees
- There is currently no support for unwell carers

North Yorkshire and Kirklees each have an emergency card scheme that covers “what happens next”.

Respite care for carers requiring hospital care is an issue

- How can this be planned for and the resource made available?
- Should responsibility be on hospitals to take over responsibility into account?
- Leeds has 48hour emergency care but it is not widely used and does not cover planned care.
- A Kirklees pilot will involve liaising with Social care and someone attending a home when needed and doing risk assessments etc. then providing care for up to 3 days
- The issue in Leeds is that it can take up to 6 months to register a person for an initial visit.

There are gaps in emergency provision for young carers – issue with funding for example if a project is being funded by adult social care.

Table 2

- Our use of the medical model – everything going through the GP is not working
- Carers need support to empower them for example support around mental health and wellbeing
- We need to support community assets and solutions need to come from communities, can the NHS engage with a co-production approach in addressing health inequalities and access to community solutions.
- A carers experience – Following a stroke it took 3hours for his mother to be admitted to hospital. It was suggested that it needs to be made easier for carers to access emergency services
- People need the right information at the right time
- The language such as referring to carers as ‘carers’ is not working as many people do not identify themselves as carers.
- We need to invest in research and engagement with the ‘hidden communities’ – the communities who are seldom heard.
- If you are well informed you are more likely to see better outcomes. Offer good care packages and better relationships with social/health care team. Early intervention to avoid admission to hospital.

Overall

- We need to develop a values based approach to carers by shifting the emphasis towards meeting the needs of carers and their families.

Table 3

- How do GP's work out who carers are and how they help them?
- Funding for carers who are caring for more than one family member.
- There are no family centers to care for the whole family, create places where families can get help before having to go to the GP
- Connectivity of services – Have services that navigate around users not the other way around and de-medicalise things to make it simpler
- Bereavement support along with financial advice/support
- Personalisation with whole family approach
- There needs to be a contingency plan in place such as practical support but also signposting
- Peer support – connecting people in the same cohort
- Financial pressures caused by giving up a job can put additional stress on personal relationships
- Take a family centered approach including financial support
- The current carers assessment approach is horrendous and increases the stress levels.
- There may need to be a different approach for young carers young carers

Table 4

No information was submitted

Table 5

What is not working well?

- There is a lack of support for carers in-terms of getting the right information or not knowing where to go
- Having somebody to talk things through with, to help the person not feel like they are dealing with things on their own.
- It is a minefield of where to go to get support there needs to be better signposting in place
- Carers also need a level of support and not just those who need the care
- The term carer is used but most 'carers' don't see themselves as carers
- Carers feel guilty asking for support – it needs to be made easier to ask for support
- Conversations are usually about clinical need for patient criteria rather than.
- "As a carer nobody has ever asked me if I am ok"
- What happens next when a carer has lost the person they were caring for?

What works well

- Peer support has been proven to work well
- Working carers struggle for time – partnership working works well
- Carers telling their story , become a volunteer or a non-executive of a carers organisation
- Carers feel very guilty and scared if they have to put a relative into care – Emotional help and support can help with these feelings.
- A carer getting time out for themselves
- Dual carers can help share the responsibility and pressure

Table 6

What's working well?

- CCGs and primary care are getting better at identifying carers – lots still to do
- Hospitals also getting better at working in partnership with others e.g. John's campaign working well but.. it is important that carers family's don't think they have to do the caring but they can if they want to
- Excellent support from the carers organisations but...need better signposting
- Carers UK – great and getting better at 'in reaching' into health and social care organisations but... there are other employers also e.g. utilities

What's not working as well?

- Better support for working carer is still required - Special leave policies for carers is welcome but not flexible enough in many organisations e.g. often available for emergency carer leave but not for planned episodes e.g. appointments. It's too static and it's not always available to trigger for just a few hours and not always available in non-health and social care settings
- Identification of younger carers still needs to improve
- We often have a medicalised approach to identification and supporting carers this needs to change
- Opportunities to learn from other communities who seem to support their families and approach caring responsibilities differently
- Care navigation needs to improve
- There will be a growing burden on carers over the next few years which will present further challenges to us all e.g. the demographics, ageing, complex conditions etc
- Respite care is great but we must ensure we support the needs of the person requiring respite and support their carers who may have lots of worries regarding this
- There are different challenges in rural v urban settings
- Carers supporting people with very specialist conditions require information about the specialist condition as much as possible as early as possible and whether there are any specialist groups that can help them. Even if that's not the case then generic help and advice is also important

Themes

- We have examples of things going well but lots still to do e.g. there are carers leave policies but these need to improve and become more flexible
- Opportunities to learn from other communities

- The challenges related to this agenda are going to increase in the future
- Are there opportunities to have a whole city approach to caring building on the child friendly city e.g. carer friendly city approach

Table 6 agreed they wanted to propose 2 themes for the afternoon session – 1 operational and 1 more strategic which were as follows:

- Operational – Greater flexibility of specialist carer leave policy
- Strategic – Carer friendly city approach

Table 7

- GP practices should refer carers to carers support organisations but this is rarely happening
- In Huddersfield GP surgeries are offered a financial incentive to have a carers champions but this is still not happening
- Signposting boards should be visible in GP surgeries but often this is not the case.
- Carers champions often don't have enough time to fulfil the role
- Not everyone needs to see a GP, they may just want to talk to somebody or get some non-medical advice. Participants around the table agreed it would be useful to have a drop-in center placed at GP surgeries.
- Carers often feel they have been passed from one professional organisation to another, there needs to be a 'one-stop shop', offering annual health checks for carers, advice and a place to be able to talk without feeling pressured by a 10minute appointment.

Key Themes

Title of Key Theme:

Points to pick up on:

- o What are the key priorities under this theme that need addressing?
- o How should these be taken forward and by whom?
- o What are the key outcomes for delivery? (e.g. How do we know these priorities have been addressed?)

Contingency and Emergency planning – Table 1

What are the key priorities under this theme that need addressing?

- There should be easy accessible one phone number and one point of contact.
- Getting the right information at the point of need otherwise it can go out of date.
- Make sure services are suitable for everyone with staff fully trained for example to support someone with mental health issues.
- Have links with emergency family and friends contacts, there is a need for a speedy response in an emergency.

What are the key outcomes for delivery? (e.g. How do we know these priorities have been addressed?)

- Having a contingency in place will give peace of mind to carers.
- With the right plan in place there will be reduced admissions and will also reduce pressure on respite care.

For consideration:

- Look at the Kirklees pilot – having the first point of contact on an emergency call
- Consider risk assessments

Carer Awareness - Table 2

What are the key priorities under this theme that need addressing?

- Colleagues considered whether the power of attorney could be passed across the family and if this would help.

How should these be taken forward and by whom?

- There is a need to look at what would happen in an emergency should the carer be taken ill. There should be an advanced statement or plan that the NHS has to adhere to.
- Look at how Health Education England (HEE) can support and develop carers skills for example by telling the carers story or working to influence change. Develop a care model for learning driven by Health Education England in co-production with carers and using their experiences.
- We need to create momentum to address issues locally and create a movement for change within our communities for example; ensuring hospitals are carer aware and listening to carers.
- There should be better conversations between the families and professionals and carers should be working as equal partners.
- Look at the impact on all the family so that members of the family and how the family can take on the role of 'carer' at different times so it is not the responsibility of just one person.

Primary Care – Table 3

What are the key priorities under this theme that need addressing?

- The carers agenda needs to be wider than just being health focused.
- Carers are not being signposted properly
- Some areas are struggling to get GP's to engage

How should these be taken forward and by whom?

- There needs to be better signposting when carers are presenting to their GP surgery with stress, anxiety and depression. There should be active signposting by GP receptions and carers boards in the reception area. De-medicalise the language and introduce simple communication.
- Pharmacist should have the ability to refer
- Look at introducing the 'Herts Help' model so GP's can refer directly.
- Empowering people to access services without accessing GP's. – Self-referral / social

prescribing.

- Bring the voluntary sector, GP's and Commissioners together and tap into the comment thread between Primary Care Networks.
- Invest time and build trust between different organisations and build on successful relationships already made.
- Educate the general public that they don't always need to go through their GP.
- Have more outreach workers working within GP's or in easily accessible places.
- Communication and Engagement with the public using simplified language and easy to understand funding
- Make an agreement of how it's going to be delivered as a system wide approach
- There are governance barriers that are affecting operations
- Build a close working relationship between the CCG's and local councils.
- Benefits realization paper: Sharing outcomes and help people realise all the benefits
- Place ethos needs to be simplified
- Have time to embed the changes before seeing outcomes
- Make sure support is available before crisis point
- Change the terminology from 'are you a carer' to 'do you look after someone' as many people do not recognize themselves as carers.

Supporting working carers – Table 4

What are the key priorities under this theme that need addressing?

- There are too many rigid systems and processes in place, organisations need to have a flexible approach to allowing carers to vary their working hours. There is a lack of ability to make person-centered decisions.
- Managers need to feel supported in the decision-making; policies and procedures are often left to managers discretion which can lead to inconsistency. This is even more so in a larger organization.
- Clear communications with employers/ managers about the financial, economic and productivity benefits of supporting carers and what it costs not to support them
- Many carers choose to be self-employed to accommodate their caring responsibilities. Self-employed carers also need access to support that is available to working carers.
- Variations across organisations needs to be identified in terms of carers policies/processes. It needs more than just an unplanned leave policy. Policies don't reflect what a carer really needs.
- Insufficient resources are often dedicated to looking at the 'reasonable adjustments' needed to help carers to work
- Our perceptions around time off for childcare, is far more advanced than time off for caring responsibilities.

How should these be taken forward and by whom?

- A social media campaign like 'Looking out for our neighbours' driven by the ICS to get people behind the importance of supporting carers. Factor in the cost against the benefits
- More sharing of good practice across the ICS is required.
- Organisations to have increased opportunities to work from home.
- Local managers need to work in the spirit of policies but be flexible
- Carers UK – carers digital resource, for employers and carers. More people need to know about it. Also Carers Trust offer membership to an employer support scheme. Signing up to a charter to say what they will do to support carers, tailored to whether a company is large or small etc.
- There are lots of gaps in knowledge - look at what projects/ pieces of work are already out there to develop a resource for the support available to both employers and working carers. Use this to inform a social media campaign across west Yorkshire and Harrogate.

For consideration:

- It should not just be about supporting carers, but supporting employers too.
- Look at commissioning a research and awareness campaign and other channels to disseminate
- Look at the university of Sheffield research project – 'Sustainable care programme'
- Your understanding of what a carer needs may not actually be what you think

Carer Friendly Cities/Places – Table 5

What are the key priorities under this theme that need addressing?

- Learn from dementia friendly initiatives and ask organisations such as transport sector, private sector, councils and hospitals to sign up

How should these be taken forward and by whom?

- Build up from neighbourhood level, learn from what is happening already in communities
- Include carer awareness education in schools and workplaces.
- Create a social movement and learn from what is already happening such as other initiatives such as Dementia Friendly or Baby Friendly initiative
- Have a carer friendly place for carers and cared for to go such as adult crèche where the carers have a chance to have a break and to meet other carers and have access to information.
- Schools should have carers champions
- Carer friendly locations could be validated by carers voices on business websites such as Trip Advisor
- Make physical adaptations to areas such as developing dementia friendly gardens, better wheelchair access, drop curbs and multi-use pavements

- What does good practice look like? Share good practice
- Have mystery shoppers visit businesses and organisations to identify areas that may need improvement

How to Identify Carers – Table 6

What are the key priorities under his theme that need addressing?

- GP's need to have better tools to identify and signpost carers – the doors need to open, there are too many barriers in the carers journey such as GP's not understanding and also making an appointment to call and not calling and appointment durations are not always long enough.
- Identifying young carers

How should these be taken forward and by whom?

- There should be a checklist in surgeries to help identify carers
- Every organisation that comes into contact should take responsibility, quite often a carer is only recognized when it gets to crisis point.
- Performance indicators would highlight a carer and encourage a follow up.
- A 'Carers Helpline' as a main point of contact for advice so that carers could get advice at any time as caring does not stop at 5pm
- Ofsted should take a better role in identifying young carers
- Organisations should hold more events like the one today to raise awareness.
- Professionals need to be more aware of the human impact and how being a carer can cause breakdown in relationships and leave carers feeling isolated.
- Educate staff in carer awareness and help them to make it easier for carers to identify themselves
- More people are aware of carers but there is still a problem where the word 'carer' is used incorrectly. The language needs to be changes ask if they 'look after someone'.
- Everyone who comes into contact with carers should take responsibility for identifying them.
- Care awareness should be part of the recruitment/interview process

What are the key outcomes for delivery (e.g. How do we know these priorities have been addressed?)

- Care awareness should come from the 'top' and be engrained into organisations
- The carer will feel listened to and not as though they are having to fight the system

Action Planning

Take key actions participants want the Partnership to take forward as well as volunteering to lead within their respective areas

See section 7.1.3 page 12



Appendix 4 – Evaluation form (Raw data)

Feedback
West Yorkshire and Harrogate Health Care Partnership (WY&H HCP)
How the NHS Long Term Plan can support better outcomes for Unpaid Carers
across
West Yorkshire and Harrogate
Thursday 4th April 2019, 10:00am to 4.00pm
Cloth Hall Court, Leeds

Name & Organisation (Optional)

Presentations (including content and presenter) – Was the information presented in a way that you could understand?	Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand									
Welcome and Introductions	1	2	3	4	5	6	7	8	9	10
Presentation 1 – West Yorkshire and Harrogate Vision/ Overview – What has happened so far in the programme and next steps Responses received:	1	2	3	4	5	6	7	8	9	10
						2	2	5	7	10
Presentation 2 – A carers perspective Reponses received:	1	2	3	4	5	6	7	8	9	10
					1	1	2	1	1	20
Presentation 3 – National Long Term Plan context NHS England Responses received:	1	2	3	4	5	6	7	8	9	10
						2	3	5	7	10
Presentation 4 – The cultures we need to support Universal Personalised Care The stories of Collaborative Practice Responses received:	1	2	3	4	5	6	7	8	9	10
							4	5	4	8
Q&A Panel session Responses received:	1	2	3	4	5	6	7	8	9	10
		1			2	2	2	4	3	7

Presentation 5 - What is happening in other areas - Surrey County Council Responses received:	1	2	3	4	5	6	7	8	9	10
					1	1	2	6	4	10
Presentation 6 - What is happening in other areas – Herts Valleys CCG Responses received:	1	2	3	4	5	6	7	8	9	10
			1			1	2	5	4	13
<p>Is there anything else you would like to tell us?</p> <p>Excellent - thought provoking event!</p> <p>A rich mixture of presentations. I really enjoyed the flow of the day which set the context nationally and locally - the "carers perspective" and sharing of others practice. A great sense of commitment moving forward.</p> <p>BAME Carers Story</p> <p>Need a BAME Carers Conference</p> <p>Not enough time for Q&A panel session</p> <p>Great to hear from real life carers. They need more of a voice as well as support to be the best they can be!</p> <p>Really enjoyable day. Met so many interesting and useful contacts. Very informative in particular within other authorities</p> <p>Really good event, very informative. Lots of good suggestions to take back and discuss further. Well done on all your hard work on the event!</p> <p>Food labelling - bit into a jalepeno without realising. Room a bit chilly. Michelle - totally awesome and inspiring.</p> <p>Carers perspective was good but experiences from over 20 years ago may not be relevant today, some things have moved on.</p> <p>Very interesting. I feel I have gained some good ideas to take back to my organisation.</p> <p>Carer stories were very powerful! Maybe some of the more strategic discussions were a bit much for some carers who became overwhelmed and left early. If inviting carers to future events it may be useful to dedicate some time or designated space for them to be able to debrief/offload their frustrations and anxieties. I personally found the sessions exciting and informative. Thank you for a great day.</p> <p>It was cold throughout the day - the day was upsetting to a number of carers</p> <p>Useful enjoyable event - lots of ideas taken from it. Thank you!</p>										

Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you were listened to?	Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely									
Activity 1 – Table discussions to identifying key issues Response received:	1	2	3	4	5	6	7	8	9	10
					1	1	1	5	6	9
Activity 2 – Group work - Key themes to take forward for Carers Agenda Response received:	1	2	3	4	5	6	7	8	9	10
				1	2		3	3	4	9
Activity 3 – Group work – Action planning Response received:	1	2	3	4	5	6	7	8	9	10
				1	1	1	1	3	3	9

Is there anything else you would like to tell us?				
Table Large - difficult to hear and communicate within a group setting				
Interesting to hear others views/thoughts on the different themes.				
Very Useful				
Please rate the following by ticking the appropriate box	Very good	Good	Poor	Very Poor
Registration	18	4	1	
Welcome	6	1		
Introduction	18	1		
Venue	2	5	1	
Lunch	18	1	1	
Is there anything else you would like to tell us?				
An engaging and inspirational day. I really appreciated the effort in design of the day and the connection's that were made through conversations - thank you. I look forward to				

continuing our conversations again.

Had to ask for agenda and to double check times

All good. BAME carers, Young carers, Migrant carers.

Good venue but it was too cold

Name missing from registration form at entry but pack waiting. Venue great room but cold.

Venue was cold - sorry!

The venue is brilliant but it was very cold with lots of complaints from delegates

Vegetarian food not labelled and some on plates with non-vegetarian food.

Venue cold.

Venue was very cold!

Thank you. It was a fantastic event; really informative and great opportunity for networking.

Any other general comments?

Room was difficult for acoustics!

Keep up the good work

Future events more BAME carer representation

Lots of people didn't turn up going by the amount of event packs left on the table

Thank you for listening to us

Really enjoyed the day

Not everyone was clear that was the end of the meeting.

Wasteful use of paper in packs. Bio's could have been presented on one sheet of paper.

Very Informative day

Group work and table top discussions were excellent. Fabulous input and sharing from everyone. I found this very useful especially population health and GP network

The food and cake was amazing! Thank you

Thank you for taking the time to complete this form

Appendix 5 - Equality Monitoring Form

In order to ensure that we provide the right services and that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions.

<p>1. What is the first part of your postcode?</p> <table border="1"><tr><td>Example</td><td>HD6</td></tr><tr><td>Yours</td><td></td></tr></table> <p><input type="checkbox"/> Prefer not to say</p> <p>2. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. How old are you?</p> <table border="1"><tr><td>Example</td><td>42</td></tr><tr><td>Yours</td><td></td></tr></table> <p><input type="checkbox"/> Prefer not to say</p> <p>4. Which country were you born in?</p> <p><input type="text"/></p> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <p><input type="text"/></p> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6	Yours		Example	42	Yours		<p>6. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <p><input type="text"/></p> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <p><input type="text"/></p> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <p><input type="text"/></p> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <p><input type="text"/></p> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <p><input type="text"/></p> <p><input type="checkbox"/> Prefer not to say</p>
Example	HD6								
Yours									
Example	42								
Yours									

7. Do you consider yourself to be disabled?

- Yes No
 Prefer not to say

Type of impairment:

Please tick all that apply

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No
 Prefer not to say

9. Are you pregnant?

- Yes No
 Prefer not to say

10. Have you given birth in the last 6 months?

- Yes No
 Prefer not to say

11. Please select the option that best represents your sexual orientation?

- Bisexual (both sexes)
 Gay (same sex)
 Heterosexual/straight (opposite sex)
 Lesbian (same sex)
 Other
 Prefer not to say

12. Do you identify as Trans*?

- Yes No Prefer not to say

*Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.

Contact details

Tel: 01924 317659
Email: Westyorkshire.stp@nhs.net
Visit: www.wyhpartnership.co.uk

This information was published May 2019.