

Wednesday, 05 October 2016

Meeting of the Health and Wellbeing Board

Thursday, 13 October 2016

1.30 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Mills (Chairman)

Councillor Doggett

Councillor Parrott

Councillor Stockman

Mayor Gordon Oliver

Andy Dempsey, Director of Children's Services

Caroline Dimond, Director of Public Health

Pat Harris, Healthwatch Torbay

Caroline Taylor, Torbay Council

Dr Liz Thomas, NHS England

Non-voting Co-opted Members

Alison Hernandez, Police and Crime Commissioner

Mairead McAlinden, South Devon Healthcare NHS Foundation Trust

Martin Oxley, Torbay Community Development Trust

Nick Roberts, South Devon and Torbay Clinical Commissioning Group

Melanie Walker, Devon Partnership NHS Trust

For information relating to this meeting or to request a copy in another format or language please contact:

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(1)

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 5 - 8)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 19 May 2016.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Healthy Torbay**
Discussion topic.
6. **Sustainability Transformation Plan (STP)**
Presentation
7. **Torbay Safeguarding Adults Board (TSAB)** (Pages 9 - 11)
To receive an update on the above.
8. **Torbay Culture Board** (Pages 12 - 13)
To receive an update on the current position of the Torbay Culture Board.

- 9. Mental Health - Follow up from Mental Health Seminar** (Pages 14 - 15)
To note the report on the above.
- 10. Community Safety** (Pages 16 - 18)
To receive an update on the current position of the Community Safety Partnership.
- 11. Adult Services Better Care Fund** (Pages 19 – 20, Appendix 1 – to follow)
To receive an update on the current position of the Better Care Fund.
- 12. Carers Update** (Pages 21 - 82)
To receive an update on the above.

Minutes of the Health and Wellbeing Board

19 May 2016

-: Present :-

Caroline Dimond, Councillor Ian Doggett, Councillor Derek Mills, Martin Oxley, Councillor Julien Parrott, Nick Roberts, Joanna Robison, Councillor Jackie Stockman, Caroline Taylor, Ann Wagner and Richard Williams

1. Election of Chairman/woman

Councillor Mills was elected Chairman for the 2016/2017 Municipal Year.

(Councillor Mills in the Chair)

2. Apologies

Apologies for absence were received from Pat Harris, Mayor Oliver, Mairead McAlinden who was represented by Ann Wagner, Alison Hernandez who was represented by Joanna Robison.

3. Minutes

The Minutes of the Health and Wellbeing Board held on 24 March 2016 were confirmed as a correct record and signed by the Chairman.

4. Declaration of interest

Councillor Doggett declared a non-pecuniary interest as he is a lay member of the Joined Up Medicines Optimisation Group.

5. Urgent items

The Director of Children's Services requested that, as part of the implementation of the Ofsted improvement plan, the Health and Wellbeing Board consider its governance arrangements and those of the Children's Improvement Board and the Torbay Safeguarding Children's Board at its seminar in July.

6. Appointment of Vice-Chairman/woman

Martin Oxley was appointed as Vice-Chairman for the 2016/2017 Municipal Year.

7. Job Description - Chair of the Health and Wellbeing Board

The Board considered the job description for the Chairman of the Health and Wellbeing Board (HWB).

Resolved:

Subject to number 11 being amended to read:

‘To positively represent the Torbay Health and Wellbeing Board at regional and national forums, particularly in developing the Sustainability and Transformation Plan.’

the Monitoring Officer be recommended to include the job description for the Chair of the Health and Wellbeing Board to the Council’s Constitution.

8. Joint Health and Wellbeing Board Assurance Framework

The Board received a report which sought to provide the HWB with assurance against delivery of the current Joint Health and Wellbeing Strategy. The report provided an update on work around Domestic Abuse, Alcohol, Mental Health and Ageing Well.

Domestic Abuse:

Members were advised by Nanette Amos, Project Manager for Public Health Commissioning that progress had been made to develop the governance arrangements around domestic and sexual violence and abuse (D&SVA). A Health and Wellbeing Board Sub-Group had been appointed to oversee the D&SVA strategy 2016, monitor the action plan, make decisions on local priorities and steer the efforts of the Experts Group. Members welcomed the proposals for ‘those informed and concerned’ about D&SVA in Torbay to be Members of the sub-group.

Resolved:

That, the Executive Lead for Children and Adults be a member of the Health and Wellbeing Board Sub-Group.

Alcohol:

Members were advised the alcohol strategy was being reviewed, indicators showed that Torbay was worst or third worst across six metrics such as deaths related to liver disease, alcohol related crime and alcohol admission related to children. These indicators together with the infrastructure that supported the strategy no longer existing, has resulted in Torbay’s alcohol strategy being in a worse position than five years ago.

The themes of the strategy include:

- Alcohol control;
- Reduction in alcohol related crime, disorder and impact on communities;

- Protection of Children and Young People from harm; and
- Prevention of alcohol related harm in adults

Each theme has an associated action plan and allocated lead agency that is responsible for delivering against the relevant plan.

Mental Health:

Members were advised that the Clinical Commissioning Group (CCG) had been working on cementing and further enhancing evidence based service delivery for mental health services as one of the essential elements to its Vanguard site status. As part of the Vanguard proposals it is hoped that an all age psychiatric liaison service, 24 hours a day, 7 days a week will be provided.

The services of Dartington Social Research Unit had been engaged to develop a systems approach to understanding the pathways in both Children's Mental Health Services and Adult service provision. The Dartington Team will be presenting to the Board's seminar in July.

Ageing Well Programme Board:

Members were advised that the Ageing Well Programme Board had discussed the legacy for the Ageing Well Torbay programme and that Ageing Well has operated without a locally agreed wider strategy. There is currently no active strategic document responding to the needs and opportunities of an ageing population in Torbay. In light of the Programme Board articulating key principles and the lack of a wider strategy the Programme Board has offered to lead the development of an Ageing Strategy for Torbay.

Resolved:

That the Health and Wellbeing Board accepts the offer from the Ageing Well Programme Board to take the lead in developing a five year Ageing Strategy for Torbay, with the strategy being available for consideration in March 2017.

9. Better Care Fund 2016/2017

Members received a report on the Better Care Fund (BCF) 2016/17 and were advised that the BCF provides financial support for the integration of health and social care. The BCF requires the Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. The Comprehensive Spending Review confirmed that the BCF will continue into 2016/17, with a mandated minimum £3.9 billion (nationally) to be deployed locally on health and social care. In order to meet the timescales, the return was submitted to NHS England with a narrative confirming all parties were committed to the BCF total being the same as in 2015/2016. Members were also advised that any stress in the system hadn't been around committing to the BCF but around finance, both commissioners were in a slightly worse position than envisaged due to a lack of taxation in the system to meet demand.

Resolved:

That subject to continued support and assurance from NHS England, the Better Care Fund submission for 2016/2017, as set out in Appendix 1 to the submitted report, be endorsed.

10. Wider Devon Sustainability and Transformation Plan - Progress and Next Steps

Members received a presentation from Laura Nicholas, Strategic Lead for Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon). Members were advised that the Sustainability and Transformation Plan (STP) focused effort around the 'actual doing', it is expected that the STP will result in a concerted effort of system change in order to keep pace with the changing needs of local people.

The STP has to be produced and submitted by the end of June, this requires a lot of work in order to pull together a comprehensive strategy that answers the questions contained in the NHS Five Year Forward View. Following the submission of the STP, work on a two year strategic work programme will continue for example, the construction of a prioritised integrated STP Programme Plan, a refresh/update of existing strategies aligned to the STP and national policy.

Caroline Dimond, Director of Public Health advised the Board that she had been tasked with leading a three area team, to develop the prevention element within the STP. Caroline advised that in order to develop a Devon wide plan, the team had to identify the health and wellbeing gaps/challenges, develop a Devon wide, cross partner prevention plan which links to place-based prevention strategies and identifies particular interventions that would rapidly have an impact on savings. Caroline advised that the next steps for the prevention theme would be to identify where agencies can all work collectively to make an impact on savings while also addressing the challenges, develop a monitoring and evaluation framework and approval and engagement with the prevention element of the STP. Members noted that five diseases were causing 40% of emergency cost so work that targets younger people to aid prevention would assist care moving from a supportive model to an empowering model, to do so you have to think about education and environment. To succeed you need a healthy literate population.

Chairman/woman

Title: Update Report – Torbay Safeguarding Adults Board (TSAB)

Wards Affected: All

To: Health and Wellbeing Board **On:** 13 October 2016
Contact: Joanna Williams
Telephone: (01803) 547045
Email: joannawilliams3@nhs.net

1. Achievements since last meeting

- 1.1 A Multi Agency Safeguarding Hub is now in place, co-locating safeguarding for both adults and children.
- 1.2 There is now a new approach to commissioning domestic abuse services with all partner organisations addressing the causes, changing behaviour and keeping people safe.
- 1.3 The TSAB appointed a new independent chair, Julie Foster.
- 1.4 Continued focus on sharing good practice with Devon County Council.
- 1.5 Introduced a new focus on performance in Making Safeguarding Personal priorities.
- 1.6 Publication of multi-agency Vulnerability Tool, to support all partner agencies who are working in this field.

2. Challenges for the next three months

- 2.1 The TSAB has developed a Safeguarding Adults Strategic Plan which sets out its vision regarding safeguarding adults and within this has identified five key priorities and objectives for strategic development.
 - Commissioning process and integrated care
 - Supporting staff across the partnership including the voluntary sector
 - Wider think family including carers
 - Emerging themes nationally
 - Celebrating and building on good practice

A number of factors have helped to shape and influence these priorities such as the review of activity, the need to respond to national developments including the implementation of the Care Act 2014 and other initiatives, for example Making Safeguarding Personal.

The TSAB faces the challenge of achieving these aims in another year of major change in the NHS, and continuing financial restrictions in all public services.

3. Action required by partners

- 3.1 Contribution to the TSAB pooled budget, as requested by the TSAB Executive.
- 3.2 Continued commitment to the TSAB.

Appendices:

Appendix 1 Torbay Safeguarding Adults Annual Report 2015/16

Background Papers:

The following documents/files were used to compile this report:

- Torbay Safeguarding Adults Business Plan 2015/16



I am very pleased to be writing the introduction to the Annual Report this year, having been appointed as the Independent Chair of the Torbay Safeguarding Adults Board in April 2016. We were very sorry to say goodbye to the previous chair holder, Bob Spencer, who has worked hard on behalf of the board for several years and who has developed the partnership between local organisations. He has left us with a solid foundation on which to build our plans to safeguard all adults at risk in Torbay.



The Core Act 2014 came into force on 1 April 2015, putting the safeguarding of adults at risk on the same statutory basis as safeguarding children. This has required the board to review its systems and processes to ensure that we comply with the new law and to seek assurance that of our own choice of the changes. To focus on this, the board has held a series of workshop style meetings over the last year to develop action plans to address some of the key issues. This has included the transition from child to adult services for vulnerable individuals and how best to commission services to meet the needs of people living in their own homes. The results of some of these discussions are in this report.

We are proud of the work of the partner organisations which make up the board, especially our front staff who work hard in difficult circumstances. However, there is evidence from recent investigations and reviews that some adults continue to suffer abuse and neglect. Today, people who deserve the highest standards of protection and care are left down on a daily basis. This is not acceptable and the board must continue to drive forward a culture where abuse is prevented.

Judith Foster
Chair, Torbay Safeguarding Adults Board



Strategic Plan 2014/15
Our plan set out the following four priority areas:

1. Young people in transition
2. Keeping people safe in their Own Homes
3. Complex Adults at Risk
4. Raising Awareness

Last year, the Board decided to devote each of its monthly meetings to a particular theme and priority area. We linked a range of projects from local organisations to their own knowledge and expertise to identify issues and gaps in service so practices. These issues were turned into an Action Plan which was monitored by the Executive Group.

Strategic Plan 2015/16
The Strategic Plan 2015/16 is available on our website: www.torbay.gov.uk/council/committees/1656/services/safeguarding-adults-board

The key themes we have placed in this year are:

1. Commissioning process and integrated care
2. Support for staff across the partnership including the voluntary sector
3. Wider risk management including carers
4. Emerging themes in advocacy
5. Celebrating and building on good practice

Domestic Violence
The Independent Experts have gathered face to face information from people who use domestic violence services. The findings from this initial piece of work have been used to help provide a commissioning safeguarding board. The public have a voice in shaping their services. This is an ongoing piece of work.

Safeguarding Evaluation
The face to face peer evaluations continue to inform, deepened support to practice development. The Experts have also highlighted the importance of ensuring people who have experienced capacity issues still have a voice to make improvements to the service.

Experts by Experience Sub-Group
Mystery Shopping
The independent duty experts continue to carry out their mystery shopping programme with a focus on raising awareness of the services available to vulnerable people. The BC Spotlight programme continues to support the mystery shopping programme with dialogue from the experts which was shared earlier in the year.

Joint Operational Sub-Group
The primary focus is to enhance and develop consistency of practice across Torbay and Devon. The aims of reference and membership of this group is to ensure that under review to ensure it meets both Torbay and Devon Boards aims. For this, the group received practice information on a number of themes such as modern slavery, COC (Prevention of Abuse), as well as reporting systems and health care in safeguarding adult enquiries, as well as feedback.

Joint Learning and Improvement Sub-Group
The primary focus of this sub-group has been to further development of the board's approach to self-assessment and to ensure that the board is able to identify and address issues relating to good practice regarding training. The board was supported by a number of experts who are members of both SABs, and some non-member organisations. All contributions were reviewed during our multi-agency peer review process and a range of common themes and issues were identified. The next step will be to develop recommendations on how to address these issues during the forthcoming year. It is anticipated this will be in the form of a change focus for the sub-group. An ongoing strategy has been implemented by the publication of the SAB Safeguarding Principles. Additional competencies for the officers staff – the college to consider for this year and the anticipated update of the ADASS reference manual and Commissioning framework for safeguarding adults.

Safe Sub-Group
The terms of reference of the sub-group have been reviewed and strengthened. The purpose of the group has been reviewed to further multi-agency co-ordination and co-operation through the provision of oversight and support to test our risk systems developed to outline specific areas of work to establish systems to ensure that vulnerable people receive effective and person-centred care. One multi-agency task and risk group has developed a multi-agency toolkit for assessing those adults at risk of self-harm. Another multi-agency sub-group will be reviewing information available for the public in Torbay on how to keep safe in their own homes in order to identify gaps in that information.

Local resident supported by safeguarding
"What last year was the worst year of my entire life and without that safeguarding thing I had to think what would have happened"

Local resident supported by safeguarding
"Maybe something that I have said here will make somebody else breeze through a situation"

Local resident supported by safeguarding
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"Maybe something that I have said here will make somebody else breeze through a situation"

Torbay Safeguarding Adults Board
The board meets quarterly to oversee and develop services to protect adults at risk of abuse or neglect in Torbay. Most of the detailed work is done in sub-committees which work across the whole of Devon, reporting to the Executive Group.

- In 2015/16 there were 547 alerts raised of which 228 ACRs were referred on for further investigation.
- In 2014/15 there were 514 alerts raised of which 275 ACRs were referred on for further investigation.
- Compared to 2014/15, the number of alerts in 2015/16 increased by the number and proportion referred on for further investigation decreased. This may signify improved public awareness of safeguarding adults.

Key Achievements in 2015/16

- Production of a multi-agency vulnerability tool
- The co-location of the children and adults safeguarding panels to create the Multi-Agency Safeguarding Hub
- Adopted the ADASS self-assessment tool for Learning and Improvement



Title: Torbay Culture Board - Update Report

Wards Affected: All

To: Health and Wellbeing Board **On:** 13 October 2016

Contact: Kate Farmery

Telephone: 207389

Email: kate.farmery@tedcltd.com

1. Achievements since last meeting

1.1 Arts and culture on referral test and learn programme

- **Singing for respiratory patients:** Wren Music identified as delivery partner and training/planning session held; participant recruitment underway, initially focused on Torquay COPD patients – 14 potential so far; first of 12 sessions will take place in next few weeks; programme #1 completed before Christmas. #2 (Newton Abbot focus) in Spring.
- **Dance for mobility/falls prevention:** Rebecca Foweraker (CCG); Jane Reddaway(NHS Trust); Linda Churm (PH) working with Dance in Devon and Culture Board – aiming to get first programme running before Christmas
- **Mental Health x 2 (younger/older)** – aiming for Spring start. Went to Torquay LMAT meeting in Sept to begin planning – discussing referral process, evaluation framework and alignment with Ageing Well programme with NHS Trust, Helen Harman (Age UK) and other colleagues. Also in touch with mental health commissioners.

1.2 Funding opportunities

- Health Foundation – shortlisted for funding award to augment dance/CYP programmes
- Great Places scheme (up to £1.5m to embed culture in strategic planning and delivery) – have submitted Expression of Interest, full bid would include strong element of further support for development of cultural commissioning and arts and health programme augmentation.

1.3 Cultural input into consultation events

- Members of Torbay Arts and Culture Network collaborated with Sarah Jones/Public Health on care homes consultation event and with Paul Hurrell/CCG on self-care consultation event. Exploring further opportunities for collaboration with Fran Mason.

2. Challenges for the next three months

2.1 Effective implementation/evaluation of initial programmes

2.2 Secure Health Foundation funding and shortlisting for Great Places scheme

2.3 Ensure appropriate representation of cultural commissioning in STP and other strategic plans

3. Action required by partners

3.1 Confirmation of match funding for Arts Council (ACE) grant

- ACE looks at evidence of commitment from strategic partners when assessing grant applications (strength of partnership/in-kind support but also ideally 50% cash match funding)
- Our ACE grant awarded on basis of £20k match 'expected' from NHS Trust; £5.5k 'confirmed' and £5.5k 'expected' from CCG
- Drawdown of grant reliant on confirmation of 'expected' funding – deadline January
- CCG not in a position to supply £5.5k 'expected' – informed ACE would reduce expenditure on project accordingly
- NHS Trust not yet able to confirm £20k 'expected' – Phil Heywood: NHS Trust match 'contingent on the evidence from the first programmes' (have shared sample evidence framework for initial programmes)
- ***Need Trust to note ACE deadline and agree that this early evidence sufficient to inform decision by then*** (implementation of later stages of test and learn programme reliant on this match – programme will be reduced (and will need to do some skilful re-negotiation with ACE!) if not confirmed)

3.2 Input into planning/delivery/evaluation of initial programmes

- Joint Prevention Board is main oversight mechanism; recommend a new sub-group to oversee in more detail
- Working groups (inc. clinical/commissioner/patient representation) to be set up for each test and learn initiative

Title: Mental Health – Follow up from Mental Health Seminar

Wards Affected: All

To: Health and Wellbeing Board **On:** 13 October 2016

Contact: Caroline Dimond

Telephone: (01803) 207344

Email: Caroline.dimond@torbay.gov.uk

1. Achievements since last meeting.

1.1 Since the Health and Wellbeing Board (HWBB) Seminar, the actions agreed from that meeting have been taken forward as follows;

- There has been agreement that the new models of care around mental health will have prevention at the core.
- Within the STP there will be a core priority for **all age** mental health.
-
- This will be refined and enhanced on the next version of the plan, but in summary:
 - A shared cross Devon plan for Mental Health which supports transformative new models of delivering care, promotes mental health and wellbeing and is ambitious in improving outcomes, addressing inequalities and achieving national standards.
 - The research from the Dartington work will inform this to enable system leaders to make choices that are safe and sustainable.
 - The two day event in November will actively progress this work. It is already over-prescribed which demonstrates the willingness of the system leaders and those that deliver the services to engage with the work.
 - We have engagement and listening events coming up in October for young people, young carers and older people, these are being run with the team at Dartington.
 - The transformation plan around improving services for children's and young people's mental health services is on-going. There is a requirement for this to be updated and refreshed and signed off by the

HWBB. This will be brought to a future meeting reflecting the work going on across the STP footprint.

2. Challenges for the next three months

This work is transformational and will be challenging.

It requires:

- Work across organisational boundaries.
- Work with staff across all sectors to address workforce development issues.
- Shifting money within the system in the face of on-going budget constraints.

3. Action required by partners

3.1 To note progress.

Title: Update Report – Community Safety

Wards Affected: All Wards

To: Health & Wellbeing Board **On:** 13 October 2016

Contact: Vicky Booty Partnership Lead Manager
Telephone: 01803 207263
Email: scatt@torbay.gov.uk

1. Achievements since last meeting

- 1.1 The statutory members of Torbay's Community Safety Partnership met on 28 September 2016. The statutory members of the partnership include: police, council, fire and rescue, clinical commissioning group, national probation service, and the community rehabilitation company. The activity of the Community Safety Partnership relates to **additional** work which is going to take place by agencies who will work together to **do something differently**. The work of the partnership does not include 'the day job' of each individual agency.
- 1.2 The Community Safety Partnership is now chaired by Superintendent Jacqui Hawley, the Devon and Cornwall Police Commander for South Devon.
- 1.3 An item for consideration at that meeting was the structure and governance of the Community Safety Partnership, and how that fits within the broader strategic structure of a Children's Safeguarding Board, Adults Safeguarding Board, and Health and Wellbeing Board.
- 1.4 A 'mapping' activity completed by the Partnership Lead Manager of Torbay's four 'strategic boards' (i.e. Adults Safeguarding, Children's Safeguarding, Community Safety Partnership and Health and Wellbeing Board) had been completed to highlight the work activity of each board, along with the contribution expected (and demand placed) on services/agencies to attend. This work demonstrated that the four boards generate approximately 116 meetings per year and generated a debate amongst the partnership signalling a need to move to a leaner, more efficient governance structure.
- 1.5 The work of the Community Safety Partnership has changed significantly in the last 2 years. This is in response to changes in crime, 'new' crime types (such as cyber crime, online exploitation of children, serious and organised crime, violent extremism and modern slavery), a rise in complexity of cases, and the increasing prevalence of issues such as mental ill health and problematic alcohol use as factors within crime. These changes have taken

place in a context of diminishing resources in response to 'austerity measures'.

1.6 As such the remit of the Community Safety Partnership must now move from working to achieve 'traditional community safety outcomes' to prioritising its activity on safeguarding the individuals and communities who are *the* most vulnerable and are at the greatest risk of significant harm.

1.7 At its meeting on 28 September 2016 the Community Safety Partnership considered its new draft Strategic Assessment. The data driven assessment provides a 'snapshot' of Crime and Disorder. Within the assessment the two biggest crime and disorder issues for Torbay are:

1. Domestic abuse and sexual violence
2. Violent crime associated with problematic alcohol use

1.8 The strategic assessment states:

1.9 *Over the past five years violent crime has increased year on year and in 2015/16 violent crime continued to rise in Torbay, with violence with injury rising by 10% and violence without injury rising by 9%.*

1.10 *In the past year there have been 2890 Violent Crimes compared to 2,521 two years ago representing a rise of 15%.*

1.11 *Compared to similar CSP areas and those within Devon and Cornwall, Torbay was above average for violence against the person, violence with injury and violence without injury.*

1.12 Based on an analysis of threat, risk and harm within the Strategic Assessment the following areas were also identified as priorities for Torbay's Community Safety Partnership:

- Violent Crime associated with Alcohol and the Night Time Economy
- Re-offending
- Cyber Crime
- Child Sexual Exploitation
- Modern Slavery
- Hate Crime
- Violent Extremism

2. Challenges for the next three months

2.1 The crime types listed above all require a multi-agency response and are 'cross-cutting' across each of Torbay's Strategic Boards. As Chairperson of the partnership, Superintendent Hawley will be encouraging discussions at a strategic level to consider:

- how governance structures could be improved further in Torbay to ensure that priority issues, particularly domestic abuse and sexual violence, for which agencies should be held jointly accountable, are considered in an efficient and action focused manner
 - the governance of the Community Safety Partnership (i.e. currently the partnership *reports* to the Health and Wellbeing Board, but is not *represented* on that committee)
 - streamlining structures to eradicate duplication, encourage collaboration, make the best use of individuals time, add value, affect change and enable swift decision making
 - ensuring that across all partner agencies, appropriate resources are fairly allocated to/diverted into activity to tackle these issues
- 2.2 The Community Safety Partnership will share with the Health and Wellbeing Board the new Torbay Strategic Assessment when completed. The Community Safety Partnership is also required to produce a three year Community Safety Strategy, which exists in draft and will be circulated to the Health and Wellbeing Board in its draft format for consultation/comment in due course.

3. Action required by partners

- 3.1 The Community Safety Partnership requests that the Chair of the Health and Wellbeing Board, along with the Chair of Torbay Adult's Safeguarding Board, and Chair of Torbay's Safeguarding Children Board commit to meeting and communicating regularly with each other to ensure that the combined efforts of the Boards are appropriately structured, efficient, and are able to drive forward change with shared accountability, collaborative approaches and in some cases joint commissioning.

Appendices

NA.

Background Papers:

NA.

Agenda Item 11



Title: Adult Services – Better Care Fund

Wards Affected: All

To: Health & Wellbeing Board **On:** 13 October 2016

Contact: John Bryant / Rebecca Foweraker
Telephone: 01802 208796 / 01803 652527
Email: John.bryant@torbay.gov.uk / Rebecca.foweraker@nhs.net

1. Achievements since last meeting

- 1.1 Better Care Fund (BCF) has been signed by the Clinical Commissioning Group (CCG) and Council
- 1.2 It was submitted in May and NHS England (NHSE) asked for further submissions in response to changes that NHSE made to the guidance as they clarified areas and expected contributions.
- 1.3 The Local Government Association offered support in the form of mediation and facilitation after the early submissions which was accepted. This was supportive in terms of the constraints being experienced by the whole system
- 1.4 A Section 75 agreement has been signed between the council and the CCG underpinning the BCF being the legal document that supports the transfer of fund
- 1.5 The financial amounts appear in the appendix being the checklist for the Better Care Fund submission
- 1.6 The targets were agreed in conjunction with the ICO and particular schemes to deliver these include:
 - Single Point of Contact
 - Frailty Care Model
 - Multi Long Term Conditions Clinics
 - Enhanced Intermediate Care
 - Health and Wellbeing Co-ordination
 - Dementia strategy and action plan

2. Challenges for the next three months

- 2.1 Delivery of the targets and on-track performance of the provider (Integrated Care Organisation [ICO]) Torbay and South Devon NHS Foundation Trust
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2.2 Early achievement of common assurance and reporting standards across groups ensuring correlation of data and indicators for improved information and action, whilst minimising impact on reporting resources, reducing duplication and inter-group assurance.

3. Action required by partners

3.1 Receipt of Approval for the Torbay BCF plan from NHS England

3.2 Continued focus and development actions in respect of Urgent and Emergency Care

3.3 The opportunity is being taken to refresh the dementia strategy and action plan which supports the BCF

3.4 Focus on and development of the care and support workforce in the community to build compelling offer of employment and career around which included domiciliary care

Appendices

Appendix 1 Better Care Fund Submission Front Sheet and Funding Sheet from Workbook

Background Papers:

None

Title: Carers update

Wards Affected: All

To: Torbay Health and Wellbeing Board **On:** 13th October 2016

Contact: Katy Heard
Telephone: 01803 219790
Email: Katy.heard@nhs.net

1. Purpose

- 1.1 To update the Board on key issues for Carers and progress against Measure Up - Torbay's multi-agency Strategy for unpaid Carers (Appendix 1).

2. Recommendation

- 2.1 To note the progress against the Measure Up Action Plan.
- 2.2 When the Health and Wellbeing Board responds to consultation regarding the new model of care and plans such the Sustainability and Transformation Plan – 'Think Person and their Carer' the board carefully considers the impact on carers.

3. Supporting Information

- 3.1 The six key priorities within Torbay's Measure Up Strategy 2015-17 were endorsed by the Health and Wellbeing Board in December 2014. The Action Plan was authorised in April 2015 by the multi-agency Steering Group set up to monitor progress against the Strategy. Progress is shown at Appendix 2, with highlights below.
- 3.2 Identification of Carers at the First Opportunity. This is the key to prevention with Carers, enabling them to access support before crises arise. Significant work has been undertaken in GP practices, achieving an average of 5.9% increase in Carers against practice targets of 2 - 5%. Awareness campaigns have taken place and continue in Torbay Hospital, local pharmacies, with Mears and with Wellbeing Coordinators.
- 3.3 Information, Advice and Support Services available to all Carers. The Carers Register continues to grow, with 12.5% increase against target of 10%, enabling people to have support in an emergency, but also giving them access to Carers Courses, newsletter and discounts such as free hospital parking when supporting the person they care for.

- 3.4 Carers Assessments Proportionate to Needs. Since April 2015, GP-based Carer Support Workers have had a significant impact on the number of Carers Assessments, completing 525 against target of 500. Evaluation is underway as to the quality of assessments by them and health and social care teams.
- 3.5 Developing a Whole Family Approach to Supporting Carers. Apart from excellent work with Young Adult Carers (16-25) which includes transition work, this is the area with least progress, probably as it requires a change in culture/practice for all organisations involved. Ongoing awareness work is continuing across these organisations, which requires further promotion from senior management.
- 3.6 Involvement of Carers in service delivery, evaluation and commissioning. Linking with TSDFT's researcher in residence, we have recruited and are training additional Carer Evaluators. The previous evaluators' work has been shared as a baseline in the learning / evaluation of the ICO's success.
- 3.7 Carers and Employment. Besides offering Carers flexible paid opportunities as evaluators, job coaching is now being offered to any Carers by TSDFT.
- 3.8 The main concern for Carers is the impact of 'Care Closer to Home', as it inherently moves responsibility onto the Carer and the person they care for. TSDFT Board has given a commitment to putting Carers at the heart of the new care model, but making that a reality for Carers will be a challenge across the whole organisation. Carers' needs must be explicitly recognised within the Sustainability and Transformation plan across the wider Devon footprint. If support to the Carer is not addressed within plans that affect them, then the risk is that both the Carer and the person they care for end in crisis.

4. Relationship to Joint Strategic Needs Assessment

4.1 Understanding the Community – an ageing population / poverty

Torbay's significantly ageing population not only means that more family members / friends are caring for someone but also that they are older, with their own health needs. In Torbay the highest frequency of ages cared for is 75-84 (33%) and 85+ (28%). 25% of Carers have got a physical impairment or disability, 25% a long-term illness. All are higher than national average.¹

Caring has an impact on Carer's employment, employability and finances²

- 49% of carers had given up work to care
- Of those still working 50% had reduced their hours due to caring and
- 39% had turned down promotion or taken a less qualified job
- 52% had cut back on buying food.
- 65% of carers were in fuel poverty.
- 55% were in debt as a result of their caring responsibilities
- 73% say that worrying about their finances is affecting their health

4.2 Understanding the risks to Health and Wellbeing – School Outcomes

¹ 2014 National Carers Survey (biennial)

² Carers UK 'State of Caring' Survey

Torbay has a long history of working with young carers and mitigating the impact on their education. We have high levels who provide more than 50 hrs per week (13.3%, region 9.5%, national 10.9%), and significant growth in the numbers of younger Carers aged 5-9. There is a strong body of evidence on the negative impact of caring on health outcomes, social connectivity, educational engagement and employment opportunities for young carers.³

4.3 Promoting Health and Wellbeing – Care and Support

Carers play a significant part in the health and wellbeing of the person for whom they care, but this generally has an adverse effect on their own health and wellbeing. Professionals who assess or support people must also consider the needs of their Carers. The Measure Up Strategy promotes whole family working, plus easy access to information, assessments and support.

4.4 Understanding Health and Wellbeing Outcomes – Isolation / self-harm

Carers often become isolated from friends/ family as their caring roles increase, especially Carers of people with dementia or substance misuse issues where there is also stigma attached. Ageing Well has two Carers projects – Circles of Support for isolated Carers and Growing Older Together for people with learning disabilities now mutually caring for ageing parents.

Mental health issues including self-harm are highly relevant especially for Young Carers under 25. Our Young Adult Carers workers are trained in Mental Health First Aid, in spotting and supporting signs of mental ill health, and are undertaking ASSIST training - helping people at risk of suicide.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Measure Up is an interagency strategy with all partners committed to prevention and early intervention, to support Carers Health and Wellbeing.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 To improve the efficacy of work with targeted groups, their Carers should be explicitly included. For example, if mental health is a priority, then Carers of people with mental health issues must be targeted in tandem.

Appendices

Appendix 1 Measure Up Carers Strategy 2015-17

Appendix 2 Measure Up Action Plan RAG-rated Oct 16

Appendix 3 Torbay Young Carers Health Needs assessment 2016

Background Papers: 2014 National Carers Survey

³ Torbay Young Carer Health Needs Assessment 2016 (Appendix 3)

‘Measure Up’

Torbay Carers’ Strategy

2015 - 2017



Foreword



2015 marks the most significant year ever in terms of Carers' legislation, with the introduction of the Care Act and the Children and Families Act. These acts give Carers the same rights as the person for whom they care, and put the focus on preventative support, the 'whole family' approach and looking after Carer's health and wellbeing.

Much of Torbay's Carer Support was already aligned with these principles, with the 2012-14 Strategy having 'early identification' and 'whole family working' as two of its key principles. Torbay Council and Torbay Care Trust (as it was then) first signed up to the

Memorandum of Understanding for Young Carers in 2009, and continue to see working together for the benefit of Young Carers as a priority area. The model of Carers Support in Torbay is frequently cited as an example of good practice.

This does not, however, mean that there is no work to be done. This 'Measure Up' Carers Strategy and the enclosed 2015-17 action plan, show the six areas deemed to be a priority by the people of Torbay, involving co-operation and co-ordination of the many organisations which touch Carers lives.

We really do understand the huge contribution that our carers and young carers make to our community, and I believe that the 'Measure Up' strategy reflects both our understanding, and our determination to do our part.

Councillor Julien Parrott – Torbay Council



The formation in October 2015 of the Integrated Care Organisation, joining Torbay's Acute Hospital and its Community Health and Social Care Services to become Torbay and South Devon NHS Foundation Trust, demonstrates the commitment of two such organisations to work together for the people of Torbay. They have a strong history of working together for the benefit of Carers, with the production of a shared Carers Policy and action plan in 2014, and having shared targets about involving Carers in patient support.

At this time of significant change and financial pressure across the public sector, this close cooperation and the partnership with voluntary and third sector organisations is essential in delivering the best services possible for Torbay's Carers. 'Measure Up', as an inter-agency strategy, is vital in ensuring that all the organisations work together to value the vast contribution that unpaid Carers make to our society, and to ensure that they receive the right support at the right time and in the right place, to live their lives to the full.

Mairead McAlinden – Chief Executive Officer – Torbay and South Devon NHS Foundation Trust

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1. Introduction

Who is a Carer? It might be you!

A Carer is someone who has caring responsibilities for a spouse, relative, friend or neighbour, who due to disability, frailty, illness and/or vulnerability cannot manage alone in the community. Carers can be of any age, and care without pay. (Measure Up, 2000) Two out of three of us will be a Carer at some time in our life, but many people do not realise that they are considered to be a Carer, or that there is a wealth of support available to them. 'Measure Up' helps us to address this issue.

What is Measure Up?

'Measure Up' is Torbay's interagency strategy for Carers, first written in 2000 and regularly updated, with 2015-17 being the 5th edition. It confirms the priorities for the agencies who come into contact with Carers, with a commitment and action plan to work together to achieve these priorities.

It takes into consideration the national priorities for Carers, the local demographics, and the issues which local Carers says are most important to them.

2. National Context

2014 saw the culmination of a number of years of increasing national awareness and government priority being given to Carers, with the passing of both the Care Act and Children and Families Act. The Care Act repealed most of the previous legislation for Carers and put them on a par with the people for whom they care. The Children and Families Act ensured that Childrens Services were given clear responsibilities for Carers of children, in a similar way to those which Adult Services have towards Carers of adults.

The Acts have some common principles :

- Health and wellbeing of Carers
- Involvement of Carers, in the choices they make and in the services they are offered
- Planning ahead, providing preventative services, planning for 'transitions' e.g. move to adult services
- Integration i.e. services working together to meet Carers' needs

The Government's Carers Strategy: Second National Action Plan 2014-16 identified four national priorities:

- 1: Identification and recognition
- 2: Realising and releasing potential
- 3: A life alongside caring
- 4: Supporting carers to stay healthy

3. Local Picture

According to the 2011 census, Torbay has 16,107 people who identify themselves as having a caring role, almost one in eight of our population. Yet we know that many people do not identify themselves as Carers, or do not identify their children as having a caring role for them, so actual numbers are likely to be much higher.

Looking at the previous census, the numbers of self-identified Carers has increased more in Torbay than across the rest of England (16% increase compared with 11%). We have higher than national averages of Carers providing more than 50 hours caring per week (29% compared to 21%), and of Carers aged over 65 (30% in Paignton/Brixham, 27% in Torquay and 22% nationally). Consequently, providing effective support to Carers in Torbay is critical in preventing a future crisis.

Torbay has a long history of supporting Carers through partnership working, often attracting national recognition or funding for this (e.g. Department of Health Demonstrator site 2009-2011). More recently, Torbay's Strategy for Carers under 25 in 2012 was cited as the first in the country providing integrated support to this age group, and the Carers Policy and Action Plan 2014 between Torbay and Southern Devon Health and Care NHS Trust and South Devon Healthcare NHS Foundation Trust paves the way for the Integrated Care Organisation supporting Carers.

Many of the aspects of the Care Act introduced in April 2015 had already been promoted as good practice in Torbay. Health and Wellbeing Checks for Carers were being undertaken within GP practices from July 2014, and the commitment to whole family working was embodied in the Carers under 25 Strategy in 2012. There will always be areas which require consistent attention or further improvement, and these are the focus of this 2015 -17 strategy.

4. Review of Measure Up 2012 - 14

There were two particular areas mentioned in the 2012-14 Measure Up which had not been achieved from the previous strategy - namely supporting Carers from black and minority ethnic (BME) communities, and setting up a Carers Centre in Paignton. We continue to monitor usage of services by BME Carers and have a number of plans to improve access. We now have a Carers Centre in Paignton, based in Paignton library and sharing premises with Healthwatch Torbay, who have helped us with consultation about this strategy.

Identification of Carers

- The pilot to identify Carers of people with dementia resulted in an average 40% increase in Carer numbers at the targeted GP practices
- GP practices also achieved their targets for identifying Carers. Amongst various publicity campaigns, a major coup was Torbay Hospital's offer of free parking to registered Carers.
- 327 Young Carers have been identified by adult services – not reaching the target of 400, but with actions in place to address this.

- Huge strides have taken place at Torbay acute hospital and the community hospitals at Brixham and Paignton, with CQUin targets in 12-13, 13-14 and 14-15 being achieved. Further improvements are included in the 15-17 strategy.
- The Hele community was targeted, linking in with voluntary organisations, community hubs and local pharmacies to identify Carers.

Information, advice and support

- Carers Support Workers maintained in each GP practice and undertaking Carers Health and Wellbeing Checks.
- 240 Carers per month receiving support via Signposts Information Service.
- Torbay Carers Register had 1697 new Carers since April 2012 exceeding the target of 1125.
- Permanent employment of Carer Support Worker at Torbay Hospital, and piloting volunteer support on wards. Community hospital support was stopped due to changes in Disability Information Service, but may be reconsidered as volunteer support.
- Signposts newsletter now sent electronically to 1000 Carers, thus reducing costs. All other printed information maintained, and reviewed in light of Care Act.
- Carer education programmes developing and linking with other partners.

Involvement of Carers in Service Delivery, Evaluation and Commissioning

- Significant numbers of volunteers involved with Crossroads Care, and also across Carers Services. Plans to develop this further in 15-17 strategy.
- Torbay Carers Forum was very successful but is being looked at again in terms of changing technologies and links to other developments.
- Evaluators have been working across a number of projects mentioned in the 2012-14 strategy, but also Torbay Hospital and mental health training courses. They will be involved in future developments with Torbay's Ageing Well projects.
- A review of Carer Support networks was completed and will be regularly reviewed.
- Brixham and Paignton zones developed Carers strategies, and Torquay zone has started to look at its engagement with Carers.

Effective Carers Assessment and Support

- Self –assessment developed and evaluated. Is being further adapted in light of Care Act.
- Crossroads Care provide independent enabling, brokerage and advocacy for Carers.
- Health and Wellbeing Check developed and used by Carer Support Workers. The principles are being used to review assessments undertaken by mainstream workers.
- Performance for Carers Assessments improved steadily to exceed target e.g. 2014-15, target of 35%, achieved 41%.
- Assessment addresses issues of employment. Review re accessibility within 15-17 strategy.

- The number of one-off direct payments made to Carers for breaks has not increased in line with the target, with 252 having been made in 14-15. Emotional support however has significantly increased. The Care Act has introduced national eligibility for services such as this, so the impact will be monitored closely.

Developing a whole family approach

- The inter-agency strategy for Carers Under 25 was developed in 2012 and many of the actions have already been achieved.
- More than 150 Young Adult Carers are receiving services.
- Services for Carers of people with substance misuse issues were piloted and evaluated, with on-going services being provided.
- Access for excluded groups such as BME and travellers is being addressed within support to Carers under 25 initially.

5. Formulation of Priorities for 2015-17

The development of potential priorities for 2015-17 was based upon the national drivers, the local demographics for Carers, the review of previous Measure Up priorities, discussion with local commissioners and partner agencies, and evidence from local and national initiatives.

However, the most significant factor in developing priorities for Carers' support must always be the opinions of Carers. Individual Carers are involved in many different aspects of support to Carers in Torbay. However, in order to engage with many more, an independent survey was carried out by Healthwatch Torbay. Having been sent to every Carer on Torbay Carers Register, over 730 individual responses were received and analysed. The subsequent report helped identifying the six key priorities and many of the actions needed to address these.

The draft priorities were widely consulted upon, and a detailed action plan devised. A multi-agency Strategy Steering Group has been set up to monitor progress against the strategy.

6. Key Priorities

1. Identification of Carers at the first opportunity.
2. Information, advice and support services available to all Carers.
3. Carers Assessments proportionate to their needs.
4. Developing a whole family approach to supporting Carers.
5. Involvement of Carers in service delivery, evaluation and commissioning.
6. Targeting groups of Carers for specific action.

To find out about progress against these priorities, look on our website www.torbayandsouthdevon.nhs.uk/carers and choose the 'Strategy' tab.

Measure Up Action Plan 2015 – 2017

1. Identification of Carers at the First Opportunity

	Priority	Target/Service Standard	Timescale	Responsible
1.1	Provide a range of Carer Awareness training for staff across Torbay (target one group of staff per year)	To provide training to staff in all GP practices in Torbay. Each practice to devise action plan. (Prioritise by Carer ID rates as below) Measure impact on Carers identified by practice To consider priority areas for 2016/17, 17/18 Meet priority targets	April 2016 April 2016 March 2016 April '17, '18	Carers Services in liaison with Practice Managers Strategy Steering Group
1.2	Focus on increasing identification rates for Carers within GP practices to reflect the 12.3% level of Carers that exist within Torbay (from census data)	Agree individual GP practice targets for identification of Carers and reporting arrangements (1 - 5% of expected numbers, dependent on previous performance) Achieve targets	April 2015, then annually April 2016, '17, '18	Strat. Steering Group / Practice Managers Practice Managers
1.3	Effective systems needed to identify hidden carers	Start project to identify carers in mutual caring situations alongside the Ageing Well project Interim report with learning. Improve adult services identification of Young Carers, targets as per Carers under 25 Strategy Improve Hospital identification of Carers – targets as per policy action plan	April 2015 March 2016 Ongoing Ongoing	Carers Services Carers Services TSD Operational Lead with Carers under 25 Strat. Steering Group Hospital Carers Steering Group

1.4	Increase take-up of the annual flu vaccination by Carers and signpost them to support	Set targets for numbers of Carers taking up annual flu vaccination (aim 50% or inc 5%) Achieve annual targets	April 2015 Feb '16, '17	Strategy steering Group/ practice managers Practice managers /CSWs
1.5	Deliver two publicity campaigns per year to enable Carers to identify themselves Work with local businesses to promote self-identification of Carers	Agree campaigns 15/16 = Living Well @Home and Torbay hospital. Deliver campaigns. Measure effectiveness - staff awareness, info cards, Reg referrals) Agree priorities 16/17, 17/18	April 2015 Mar'16 Mar'17	Strategy Steering Group Torbay Carers Services / Carers Register Strat. Steering Group

2. Information, Advice and Support Services available to all Carers

	Priority	Target/Service Standard	Timescale	Responsible
2.1	Ensure all Carer specific information is easily accessible through face-to-face, telephone and web-based access	With Carers, audit availability and range of Carers information. Using National Carers Survey results, demonstrate improvement (54% Carers found it easy to access in 2014, 5% difficult)	July 2015 Next survey	Carers Services Carers Services / Torbay Council (parent carers)
2.2	Audit the quality of Carers' information available via agency websites and ensure there are links to other information providers.	With Carers, audit quality of on-line information for Carers in Torbay. Implement audit recommendations linking with Torbay Information Strategy Using National Carers Survey results, demonstrate improvement (66% Carers found it helpful in 2014, 7% unhelpful)	July 2015 March 2016 Next survey	Carers Services Carers Services / Torbay Council Carers Services / Torbay Council
2.3	Maintain Signposts for Carers Information Service and extend availability of the service to weekends	Undertake feasibility study re extending service availability with timescales	Oct 2015	Carers Services

2.4	Develop tailor-made information for Carers on GP surgery reception screens	All GP practices to display information to help Carers to identify themselves as such and see how the range of services can benefit them	October 2015	Carers Services / Practice Managers
2.5	Maintain availability of Carers Centre in Brixham, Paignton and Torquay, offering drop-in to local Carers	Secure the use of services with drop-in services available at agreed times in each location. Develop use by other services	On-going	Carers Service
2.6	Provide for minimum of 1 day per week of Carers' Support Worker time in all GP practices and review the resource requirements especially re Care Act	All GP practices to have access to a Carers' Support Worker for at least one day per week. Review against targets 1.2, 1.4, 3.2	Quarterly review	Carers Service / GP practices
2.7	Maintain the direct access support services available through Torbay Carers Register	Ensure the sustainability of the Carers Emergency Card, Safely Home Scheme, Signposts Newsletter and Carers Discount Scheme. Increase of 10% per annum from 2014 baseline.	On-going	Torbay Carers service
2.8	Increase the number of Carers joining Carers' Register	Audit distribution of printed information Implement recommendations	Quarterly review	Carers Services / Carers Register / Alarm Service
2.9	Establish and maintain a central point for the distribution of printed information to Carers and staff on Carers' issues. Audit the effectiveness of the distribution system	Link with development of new front entrance. Ensure staffing needs are identified and resourced	Oct 2015 Jan 2016	Carers Services
2.10	Establish a Carers' Information Point (24/7) for Carers at Torbay Hospital	Role of volunteers to be encouraged, with appropriate support to be resourced - ? Ageing well opportunity Link with Policy Action Plan	As building progresses Oct 2015	Hospital Carers Steering Group Hospital
2.11	Identify areas for improvement of Carers' support in hospital discharge (acute and community)		April 2016 ongoing	Hospital Carers Steering Group Hosp Carers Group

2.12	Improve access for Carers to education to support them in their caring role	Review available education programmes Revise range of programmes if necessary. Develop access to e-learning and Hiblio / online material. With 2.1 and 2.2 above Establish a joint agency agreement for Carers access to learning resources.	Ongoing	Carers Services
2.13	Develop a 'Circles of Support' project with the voluntary sector to set up support networks in the community for individual isolated Carers	Project to be agreed by end of June 2015 with a steering group in place by end of July 2015. Service evaluation to be set up to provide 6-monthly reports with learning that can be shared	Interim report February 2016 Full report August 2016	Carers Services Carers Services

3. Carers Assessments Proportionate to Needs

	Priority	Target/Service Standard	Timescale	Responsible
3.1	Ensure that our response to Carers is appropriate to the level of need and that we provide early access to Carers' Assessments and support, in line with a preventative approach.	Develop assessments and processes that are appropriate to varying levels of needs. Monitor numbers of Carers receiving various level of assessment / services Promote as necessary	April 2015 Ongoing	Carers Services / TSD Operations Carers Services TSD Operations
3.2	Ensure that attention is focused on the health of Carers through the offer of a Carers' Health and Wellbeing check.	Carers will be offered a check at the point that they are identified as having support needs, as a light touch Carers Assessment. 500 Health and Wellbeing Checks per annum to be provided by Carers' Support Workers in primary care.	April 2015 2015/16	Carers Services Carer Support Workers in GP Practices

3.3	Take a whole family approach – particularly address the needs of Carers of disabled children and Young Carers.	Ensure tools and processes across adult services / children’s services / DPT promote whole family working Monitor evidence of whole family working	April 2015	Carers Services TSD Operations / Children’s Services
3.4	Monitor the number of assessments of disabled/vulnerable adults showing that parenting support was addressed.	Build in systems to record and report relevant assessments. Provide feedback on this quarterly Monitor evidence of parenting support	Quarterly April 2015 Quarterly Quarterly	Carers Services Carers Services TSD Operations
3.5	Review the current Carers’ Assessment process in light of the Care Act 2014 and ensure a clear care pathway for Carers through the system, including Carers in employment.	Review Carers’ Assessment process to ensure compliance with Care Act 2014 Clear care pathway through the system to include Carers in employment	April 2015 April 2015	Carers Services Carers Service
3.6	Develop a Carer friendly self-assessment framework that can be completed online	Online framework for self-assessment, after review of tool	Oct 2015	Carers Services / IT
3.7	Review the current Carers’ Questionnaire and Action Plan for Carers eligible for support.	Review of Carers’ Questionnaire and Action Plan	April 2015	Carers Services
3.8	Review the assessment frameworks for Young Carers under 25 and Parent Carers of disabled children.	Review paperwork	April 2015	Carers Services / TYCS / Childrens Services
3.9	Ensure availability of independent enabling and brokerage services for all Carers, including self-funders, and agree pathways for those requiring Carers’ Assessments from statutory services.	Ensure there is availability of independent enabling and brokering services. Develop services if necessary Agree pathways for those requiring Carers’ Assessments from statutory services	April 2015 Oct 2015 April 2015	Carers Services Carers Services Carers Services

4. Developing a Whole Family Approach to Supporting Carers

Priority	Target/Service Standard	Timescale	Responsible
4.1	Implement the Strategy for Carers under 25 in Torbay.	April 2015 ongoing	Carers Services All agencies
4.2	Embed the whole family approach in staff development, induction and on-going training programmes across Children, Adult and Community services.	On-going, with review in October 2015	Carers Services/ TSD operations / Children's Services
4.3	Maintain specialist Young Carer and Young Adult Carer services.	Oct 2016	Young Carers Services TYCS / YAC
4.4	Embed Carer support and a whole family approach in Substance Misuse services.	On-going with a review in October 2015	DPT / Carers Services / TYCS
4.5	Prepare staff in Children and Adult Services for undertaking family assessment for disabled children in transition.	Review Oct 2015 April 2016	DPT / Carers Services DPT
4.6	Review support for Parent Carers of disabled children and develop a joint policy and action plan with Adult and Children's services that meets their needs.	July 2015 Programme until April 2016	Carers Services / TSD Operations / Children's Services
	Carry out a review of the support that is in place for Parent Carers of disabled children. Develop a joint policy and action plan with Adult and Children's services that meets their needs	October 2015	Carers Service / Children's Services As above plus Operational and transitional managers

4.7	Promote services to Carers which focus on prevention/health promotion and self-care. Set targets for numbers of Carers engaged with Lifestyles services.	Promote through Health and Wellbeing Check, and Carers Assessments Lifestyles Team to work with 100 carers in 2015/16. Improve online information about Carers Health Trainers / Lifestyles Team	April 2015 March 2016 with quarterly progress meetings	Carers Services Lifestyles Team Carers Service / Lifestyles Team
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5. Involvement of Carers in service delivery, evaluation and commissioning

	Priority	Target/Service Standard	Timescale	Responsible
5.1	Review agencies policies on involvement of Carers including payments.	Carry out review of policies including best practice from other areas. Agree consistent approach where possible	April 2016 April 2016	Carers Services / Healthwatch Strat. Steering Group
5.2	Develop Torbay Carers' Forum as an independent point of engagement, in partnership with Healthwatch Torbay.	Review Forum as part of 2.1 and 2.2 Work with Healthwatch to ensure the service is fit for purpose for the needs of Carers in Torbay	July 2015 April 2016	Carers Service
5.3	A minimum of two services a year will be evaluated using recognised evaluation methods and the results published. Where there is a national benchmark, the Torbay service will have to be in the top quartile.	Review of Carers Assessments post Care Act implementation ? Short breaks ?Accessibility re employment (see 6.2) Plan 2016 /17 evaluations	March 2016 March 2016 March 2016	Carers Service Carers Services Carers Services
5.4	Actively support implementation of Devon Partnership Trusts 'Carers Charter' Monitoring Group to deliver the Charter Promises in mental health services.	Link in with DPT's Monitoring Group for the Carers' Charter and support its implementation.	On-going to be reviewed in October 2015	Carers Services Charter monitoring Group

5.5	Promote the use of Carer Evaluators in service review and evaluation.	Enhance Carer Evaluator's skills in partnership with RiPFa for evaluation of Ageing Well Carers projects Maintain a pool of 15 Carer Evaluators, including Carers under 25.	On-going with reviews in October 2015 and March 2016	Carers Services
5.6	Reduce duplication in Carer involvement by commissioners/agencies and develop a local protocol/good practice guide.	Develop a good practice guide to carer involvement linking with 5.1 above and looking at national best practice	March 2017	Strategy Steering Group
5.7	Explore ways to make more effective use of volunteers and opportunities for Carers/former Carers to contribute. Complete the project on Carer volunteering in Torbay Hospital (Victor) and extend into the community.	Liaise with CDT about use of volunteers and voluntary agencies across Torbay. Identify the barriers to volunteering in hospital. Seek ways of addressing these Link with Ageing Well projects to develop a wide range of volunteering opportunities for Carers across Torbay	Oct 2015 Oct 2015 March 2017	Carers Services Carers Services with Hospital Carers Group Carers Services

6. Targeting Specific Groups of Carers for Action – Carers and Employment

	Priority	Target/Service Standard	Timescale	Responsible
6.1	Develop action plan for meeting the needs of Carers in employment and those wishing to go into /return to employment.	Set up working party. Map services. Promote services and draft action plan Finalise action plan with targets	Oct 2015 March 2016 June 2016	Carers Services Carers Services with Employment Services
6.2	Review Carers services to make them more accessible to Carers in employment.	With Carers undertake accessibility audit Use national evidence / guidance to make recommendations. Address identified issues where possible	Oct 2015 Oct 2015 April 2016	Carers Services Carers Services Carers Services
6.3	Promote flexible working policies for Carers amongst local employers.	Target Steering Group's Agencies Identify largest employers and target	March 2016 March 2017	Strat. Steering Group Carers Services

Measure Up Action Plan 2015 – 2017 - Progress Oct '16

1. Identification of Carers at the First Opportunity

	Target/Service Standard	Timescale	Responsible	Progress
1.1	To provide training to staff in all GP practices in Torbay. Each practice to devise action plan. (Prioritise by Carer ID rates as below) Measure impact on Carers identified by practice To consider priority areas for 2016/17, 17/18 Meet priority targets	April 2016 April 2016 March 2016 April '17, '18	Carers Services in liaison with Practice Managers Strategy Steering Group	Awareness work in practices complete – see below for impact. 16-17 Target pharmacies agreed
1.2	Agree individual GP practice targets for identification of Carers and reporting arrangements (1 - 5% of expected numbers, dependent on previous performance) Achieve targets	April 2015, then annually April 2016, '17, '18	Strat. Steering Group / Practice Managers Practice Managers	Average 5.9% increase achieved 15-16 16-17 Further 2% increase agreed
1.3	Start project to identify carers in mutual caring situations alongside the Ageing Well project Interim report with learning. Improve adult services identification of Young Carers, targets as per Carers under 25 Strategy Improve Hospital identification of Carers – targets as per policy action plan	April 2015 March 2016 Ongoing Ongoing	Carers Services Carers Services TSD Operational Lead with Carers under 25 Strat. Steering Group Hospital Carers Steering Group	Project underway. Interim report presented. Final report by March 17 16-17 target 50 new Carers under 25 Carers Week '16 completed. Hospital project ongoing

1.4	Set targets for numbers of Carers taking up annual flu vaccination (aim 50% or inc 5%) Achieve annual targets	April 2015 Feb '16, '17	Strategy steering Group/ practice managers Practice managers /CSWs	Linked with 1.1 and 1.2 above Unable to separately monitor
1.5	Agree campaigns 15/16 = Living Well @Home and Torbay hospital. Deliver campaigns.Measure effectiveness - staff awareness, info cards, Reg referrals) Agree priorities 16/17, 17/18	April 2015 April 2016 Mar'16 '17	Strategy Steering Group Torbay Carers Services / Carers Register Strat. Steering Group	Hospital done. Living Well @ Home underway 16/17 16/17 Campaign with pharmacies started, Wellbeing Coordinators ongoing

2. Information, Advice and Support Services available to all Carers

	Target/Service Standard	Timescale	Responsible	Progress
2.1	With Carers, audit availability and range of Carers information. Using National Carers Survey results, demonstrate improvement (54% Carers found it easy to access in 2014, 5% difficult)	July 2015 Next survey	Carers Services Carers Services / Torbay Council (parent carers)	Done Next Survey to start in October 2016, results in 2017
2.2	With Carers, audit quality of on-line information for Carers in Torbay. Implement audit recommendations linking with Torbay Information Strategy Using National Carers Survey results, demonstrate improvement (66% Carers found it helpful in 2014, 7% unhelpful)	July 2015 March 2016 Next survey	Carers Services Carers Services / Torbay Council Carers Services / Torbay Council	Done Facebook set up. New leaflet launched. Improved information with Carers Register letters. Next Survey to start in October 2016, results in 2017
2.3	Undertake feasibility study re extending Signposts Information service availability with timescales	Oct 2015	Carers Services	Not extendable at present. Needs to be re-evaluated in 16-17. Link with Orb and Hospital front entrance redesign

2.4	All GP practices to display information to help Carers to identify themselves as such and see how the range of services can benefit them	October 2015	Carers Services / Practice Managers	Practice Information Boards updated. Electronic Carers information on screens
2.5	Carers Centres Secure the use of services with drop-in services available at agreed times in each location. Develop use by other services	On-going	Carers Service	Increased usage by DAS (Depression and Anxiety Service) and Lifestyles Services, Parents of Young carers, extended role of Healthwatch volunteers and reception
2.6	All GP practices to have access to a Carers' Support Worker for at least one day per week. Review against targets 1.2, 1.4, 3.2	Quarterly review	Carers Service / GP practices	Baseline funding in place
2.7	Ensure the sustainability of the Carers Emergency Card, Safely Home Scheme, Signposts Newsletter and Carers Discount Scheme.	On-going	Torbay Carers service	Efficiency savings being made without reducing service. Electronic newsletter working well.
2.8	Carers Register Increase of 10% per annum from 2014 baseline. 14-15 had 584 new, 13-14 had 415 new	Quarterly review	Carers Services / Carers Register / Alarm Service	12% increase achieved. 16-17 target - further 10% increase
2.9	Signposts Information Service Audit distribution of printed information Implement recommendations	Oct 2015 Jan 2016	Carers Services	Updated all leaflets
2.10	Torbay Hospital – Carers Information Point Link with development of new front entrance. Ensure staffing needs are identified and resourced	As building progresses Oct 2015	Hospital Carers Steering Group Hospital	Hospital front entrance to include information point for Family, Carers and Friends
2.11	Role of volunteers to be encouraged, with appropriate support to be resourced - ? Ageing well opportunity Link with Policy Action Plan	April 2016 ongoing	Hospital Carers Steering Group Hosp Carers Group	Longer term plan for managing Carers Volunteers alongside Carers Trust Phoenix

2.12	Review available education programmes Revise range of programmes if necessary. Develop access to e-learning and Hiblio / online material. With 2.1 and 2.2 above Establish a joint agency agreement for Carers access to learning resources.	Ongoing	Carers Services	Hiblio videos on Carers pages, Getting Links from other pages Katy to follow up.
		April 2016	Carers Services	
		Oct 2015	Strat. Steering Group	
2.13	Circles of Support Project to be agreed by end of June 2015 with a steering group in place by end of July 2015. Service evaluation to be set up to provide 6-monthly reports with learning that can be shared	Interim report February 2016	Carers Services	Project underway. Interim report presented. Final report by March 17
		Full report March '17	Carers Services	

3. Carers Assessments Proportionate to Needs

	Target/Service Standard	Timescale	Responsible	Progress
3.1	Develop assessments and processes that are appropriate to varying levels of needs. Monitor numbers of Carers receiving various level of assessment / services Promote as necessary	April 2015	Carers Services / TSD Operations	Variety of assessments in place
		Ongoing	Carers Services TSD Operations	43% achieved against target of 40% 16-17 target = 40%
3.2	Carers will be offered a check at the point that they are identified as having support needs, as a light touch Carers Assessment. 500 Health and Wellbeing Checks per annum to be provided by Carers' Support Workers in primary care.	April 2015	Carers Services	526 completed in 15-16 16-17 target = 500
		2015/16	Carer Support Workers in GP Practices	

3.3	Ensure tools and processes across adult services / children's services / DPT promote whole family working Monitor evidence of whole family working	April 2015 Quarterly	Carers Services TSD Operations / Children's Services	Processes are in place, prompts in adult PARIS. Audited in adult services - adequate On agenda for meeting
3.4	Parenting Support Build in systems to record and report relevant assessments. Provide feedback on this quarterly Monitor evidence of parenting support	April 2015 Quarterly Quarterly	Carers Services Carers Services TSD Operations	Unable to monitor quarterly Audited in adult services - adequate
3.5	Review Carers' Assessment process to ensure compliance with Care Act 2014 Clear care pathway through the system to include Carers in employment	April 2015 April 2015	Carers Services Carers Service	Done. Internal audit also satisfactory Improving support to working Carers
3.6	Online framework for self-assessment, after review of tool	Oct 2015	Carers Services / IT	Health and Wellbeing Check on-line. Awaiting IT guidance before undertaking algorithm development
3.7	Review of Carers' Questionnaire and Action Plan	April 2015	Carers Services	Further amendments possible after evaluation of Carers Assessments
3.8	Assessment Frameworks For Carers under 25 and Parent Carers of Disabled Children Review paperwork	April 2015	Carers Services / TYCS / Childrens Services	Ongoing work around transition to adulthood for Carers under 25. Ongoing work with Children's Services
3.9	Ensure there is availability of independent enabling and brokering services. Develop services if necessary Agree pathways for those requiring Carers' Assessments from statutory services	April 2015 Oct 2015 April 2015	Carers Services Carers Services Carers Services	Carers Trust Phoenix provide enabling and brokering service.

4. Developing a Whole Family Approach to Supporting Carers

	Target/Service Standard	Timescale	Responsible	Progress
4.1	Carers Under 25 Strategy Action Plan under review as targets achieved. Revised plan to be finalised. Targets to be achieved	April 2015 ongoing	Carers Services All agencies	Strategy being refreshed.
4.2	Whole family training. Review training content and amend as necessary. Consider specialist training if necessary	On-going, with review in October 2015	Carers Services/ TSD operations / Children's Services	Content being developed for adult social Care. Some undertaken with MH services
4.3	Ensure smooth transition of Young Carers Service to Youth Trust Ensure viability of both services	Oct 2016	Young Carers Services TYCS / YAC	Youth Trust not yet in place. YAC Baseline budget agreed. Additional fundraising achieved.
4.4	Maintain close working relationships with substance misuse services to increase the emphasis on the whole family approach. Substance misuse services to have a clear link to carers services. Evaluation of impact	On-going with a review in October 2015 Review Oct 2015 April 2016	DPT / Carers Services / TYCS DPT / Carers Services DPT	Link maintained with SM services To be agreed
4.5	Disabled Children in Transition Identify or develop appropriate training Train staff in Children and Adult services on undertaking family assessment for disabled children in transition	July 2015 Programme until April 2016	Carers Services / TSD Operations / Children's Services	Transition Strategy finalised Training Needs Identified Joint Training planned for 16-17
4.6	Carry out a review of the support that is in place for Parent Carers of disabled children. Develop a joint policy and action plan with Adult and Children's services that meets their needs	October 2015	Carers Service / Children's Services As above plus Operational and transitional managers	Carer Support now included in Local Offer Needs action plan going forward

4.7	Promote through Health and Wellbeing Check, and Carers Assessments	April 2015	Carers Services	Lifestyles included in check and guidance 198 Carers identified, 90 direct work 16-17 target = 100 Good Lifestyles web presence now Links from Carers pages
	Lifestyles Team to work with 100 carers in 2015/16.	March 2016	Lifestyles Team	
	Improve online information about Carers Health Trainers / Lifestyles Team	March 2016	Carers Service / Lifestyles Team	

5. Involvement of Carers in service delivery, evaluation and commissioning

	Target/Service Standard	Timescale	Responsible	Progress
5.1	Carry out review of engagement / involvement policies including best practice from other areas. Agree consistent approach where possible	April 2016 April 2016	Carers Services / Healthwatch Strat. Steering Group	Ongoing work with local organisations about effective engagement.
5.2	Carers Forum Review Forum as part of 2.1 and 2.2 Work with Healthwatch to ensure the service is fit for purpose for the needs of Carers in Torbay	July 2015 April 2016	Carers Service	Agreed to develop into Facebook pages. This has been set up and being promoted.
5.3	Evaluation of two Services Review of Carers Assessments post Care Act implementation. Short breaks Accessibility re employment (see 6.2) Plan 2016 /17 evaluations	March 2016 March 2016 March 2016	Carers Service Carers Services Carers Services	Started but limited availability of evaluators Service amended after Carers feedback Need to recruit evaluators first, see 5.5
5.4	Link in with DPT's Monitoring Group for the Carers' Charter and support its implementation.	On-going to be reviewed in October 2015	Carers Services Charter monitoring Group	Active membership of Monitoring Group Adopted as CQuIn by DPT for 16-17

5.5	Enhance Carer Evaluator's skills in partnership with RiPFa for evaluation of Ageing Well Carers projects. Maintain a pool of 15 Carer Evaluators, including Carers under 25.	On-going with reviews in October '15 March 2016	Carers Services	RiPFa not undertaking Ageing Well evaluation. Linked with ICO Researcher in Residence. New pool of Carer Evaluators being trained.
5.6	Develop a good practice guide to carer involvement linking with 5.1 above and looking at national best practice	March 2017	Strategy Steering Group	Start in Oct 16
5.7	Liaise with CDT about use of volunteers and voluntary agencies across Torbay. Identify the barriers to volunteering in hospital. Seek ways of addressing these Link with Ageing Well to develop a wide range of volunteering opportunities for Carers	Oct 2015 Oct 2015 March 2017	Carers Services Carers Services with Hospital Carers Group Carers Services	Partnership between Carers and Volunteers Services Plans to improve support to Carers volunteers in Hospital Circles of Support giving many opportunities

6. Targeting Specific Groups of Carers for Action – Carers and Employment

	Target/Service Standard	Timescale	Responsible	Progress
6.1	Set up working party. Map services. Promote services and draft action plan Finalise action plan with targets	Oct 2015 March 2016 June 2016	Carers Services Carers Services with Employment Services	Generic support identified. Services promoted to Carers. Carers Employment Event in June. Link with HR to support Carers, Link with local coaching provider.
6.2	With Carers undertake audit re Accessibility of Carers Services by Carers in employment Use national evidence / guidance to make recommendations. Address identified issues where possible	Oct 2015 Oct 2015 April 2016	Carers Services Carers Services Carers Services	Completed Carers Employment projects funded in other areas- use their learning when complete 16-17 Target of 30 Carers helped with employment
6.3	Target Steering Group's Agencies Identify largest employers and target	March 2016 March 2017	Strat. Steering Group Carers Services	Information in pay slips for Council and Care Trust.

Torbay Young Carers Health Needs Assessment



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Executive Summary

A young carer is anyone under the age of 25 years who cares for someone who cannot cope without support due to physical or mental illness, disability or an addiction. While research has found that caring can be very rewarding; there is a strong body of evidence on the negative impact of caring on health outcomes, social connectivity, educational engagement and employment opportunities for young carers¹. Consequently children who care for parents, siblings, relatives or members of the wider community who are ill or disabled may require support in their capacity as children and/or as young carers.

The true prevalence of young carers in the population is guesstimated as many young carers are unknown to services for a host of reasons, including family loyalty, stigma, bullying and not knowing where to go for support. As a result we are often reliant on survey based estimates. Using the Census (2011) estimate of young unpaid carers under 25 years and including claimants of carers allowance aged 18 to 24 years of age (2011); it is estimated that there were around 1,170 young carers in Torbay in 2011. This equates to approximately 35 young carers per 1,000 young persons aged less than 25 years – significantly higher than the England average. There were more female (55%) than male young carers; with the majority (66%) aged between 16 and 24 years and of White British ethnicity. Compared to England, over half of the wards of Torbay had significantly more young unpaid carers who also provided more intensive levels of support. Similar to national findings, the majority of Torbay's young unpaid carers self-report their health status as good or very good; however there was a higher proportion reporting fair, bad or very bad health status.

Census figures are widely believed to underreport the true prevalence of young unpaid carers as it asks parents as opposed to children to complete. Many families do not recognise their children as 'carers' and there can be a degree of reluctance amongst families to disclose caring responsibilities¹ which will result in a lower prevalence estimate. As well as underreporting through the Census, it is anticipated that with increasing long-term limiting health conditions in Torbay; that the prevalence of young carers will be higher in 2016 (compared to 2011) and in the future. An ageing population and diminishing social care budgets may also increase the requirement for young carer support in the future.

Studies have shown that nationally, only 1 in 4 young carers are officially identified by services². Qualitative research suggests that young carers, who were not receiving formal support, did not self-identify with the term 'young carer' and parents of these children expressed concerns about their child being labelled as such. In part, they felt this reflected negatively on them as a parent¹. As a proportion of the 1,170 young carers identified by the Census and through carers allowance data; the Torbay Young Carers Service (TYCS) and the Torbay Young Adult Carers service (TYACS) receive referrals from approximately 1 in 5 young carers in Torbay.

Of carers who were referred to the TYCS and the TYACS; the majority were female, under the age of 15 years and of White British ethnicity. The highest number of carer referrals came from the wards of Watcombe and Tormohun with the greatest carer population coverage in the wards of Watcombe and Shipway with the Willows. Compared to national

¹ Aldridge, J. The lives of young carers England, 2016

² The New Day, Too much too young, 29th February 2016

data, there were less young carers supporting siblings; however there were more supporting wider family or community members. Less young carers were supporting people with physical disabilities and sensory impairment in Torbay.

1. Health needs assessment

A health needs assessment (HNA) is an essential tool to inform commissioning and service planning. It can be defined as a systematic method of identifying the unmet health and social care needs of a population and provide a direction for addressing those unmet needs. HNA allow for the appropriate targeting of resources and this often involves working in partnership with other agencies, communities and service users [Bindra, 2008]³.

The author recognises that, ideally, a HNA contains a literature review of health needs as well services and/or interventions that show evidence of effectiveness as well as local stakeholder and service user feedback. Due to time and resource constraints, a brief grey literature review of health needs has been incorporated throughout; however it is recommended that a more comprehensive review, which includes qualitative local engagement information, is appended or incorporated within a future document refresh.

2. Definition of a young carer

Torbay's definition of a young carer is as follows:

“Young carers are children and young persons under 25 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem. They carry out, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.”⁴

3. Current policy

The Children and Families Act 2014 amended the Children Act to make it easier for young carers to get an assessment of their needs and to introduce a ‘whole family’ approach to assessment and support. Local authorities must offer an assessment where it appears that a child or young person is involved in providing care. The legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. In these circumstances, the authority must consider whether the care being provided by the child or young person is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development. Local authorities should ensure that that adults' and children's services work together (memorandum of understanding) to offer young carers and their families an effective service, able to respond to the needs of a young carer, the person cared for and others in the family. This avoids the requirement for multiple assessments from

³ <http://www.healthknowledge.org.uk/public-health-textbook/research-methods/1c-health-care-evaluation-health-care-assessment/uses-epidemiology-health-service-needs>

⁴ Social care Institute for Excellence (2005) Practice guide to implementing the Carers (Equal Opportunities) Act 2004

different services⁵. Locally the Torbay Young Carer Service (0-18yrs) and the Torbay Young Adult Carers Service (16-24yrs) work collaboratively to support young carers in Torbay.

4. Aim of this HNA

The aim of this HNA is to better understand the health and social care needs of young carers (less than 25 years) in Torbay in order to improve service delivery and inform the refresh of the Torbay Young Carers Strategy⁶.

The following is a list of objectives for this HNA in reference to young carers (less than 25 years) in Torbay:

- Provide expected prevalence estimates using national data;
- Discuss factors that may affect future prevalence estimates;
- Provide prevalence estimates of young carers known to services using local data;
- Compare young carers known to services with expected prevalence estimates;
- Identify gaps in provision and knowledge; and
- Provide recommendations for the future.

5. Young carers prevalence

The following information is taken from the 2011 Census using the categorisation of unpaid carer. A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include activities as part of paid employment. Unpaid care can range from 1 hour to over 50 hours per week.

Census figures are widely believed to under-report the true scale of unpaid young carers in the population as the Census asked parents rather than children to complete the questionnaire. Many families do not recognise their children as 'carers', some children do not recognise or identify with the role, and there can be a degree of reluctance amongst families in disclosing caring responsibilities⁷ The Census also makes no mention of the possible range of conditions where caring might be required, such as mental ill health, HIV or substance misuse⁸.

5.1 Sex/gender

In 2011, there were more female (593) than male (503) young carers aged less than 25 years in Torbay. There were around 36 females and 29 males per 1,000 aged less than 25 years giving some level of unpaid care. As a percentage of the under 25 population; Torbay had significantly more young carers than regionally or nationally (see Figure 1).

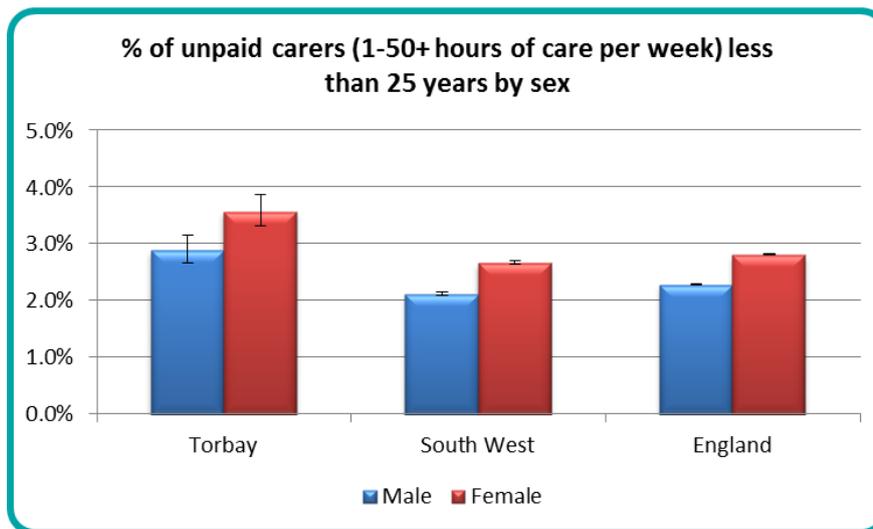
⁵ Local Government, Young carers health needs assessment, 2015

⁶ http://www.tsdhc.nhs.uk/yourlife/adult_social_care/carers_support/Documents/Amended%20Torbay%20Strategy%20for%20Young%20Carers.pdf

⁷ Aldridge, J. The lives of young carers England, 2016

⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

Figure 1: % of unpaid young carers by sex



Source: Nomis; Census 2011

5.2 Age

The 2001 Census estimated, as a proportion of total young carers less than 25 years, that over two thirds (68.5%) of young carers were in the older 16 to 24 year age group as shown in Table 1 below. This was the case nationally and for Torbay. In the 2011 Census, the same granularity of information was only available at regionally and national level.

Table 1: Count and percentage of young unpaid carers in 2001 and 2011 by total young carers under 25 years

	Count of young carers	Percentage of total young carers aged 5 to 24 years (Census 2001)			Percentage of young carers 5 to 24 years (Census 2011)		% change from 2001	
		Torbay	Torbay	South West	England	South West	England	South West
5 to 7	14	2.0%	1.6%	1.9%	2.5%	2.3%	56.3%	21.1%
8 to 9	17	2.5%	2.3%	2.9%	3.3%	2.8%	43.5%	-3.4%
10 to 11	40	5.8%	4.7%	5.5%	19.3%	16.8%	7.2%	-18.0%
12 to 14	98	14.3%	13.3%	15.0%				
15	47	6.9%	6.1%	6.6%	6.3%	5.5%	3.3%	-16.7%
16 to 17	108	15.7%	15.0%	14.6%	14.2%	13.8%	-5.3%	-5.5%
18 to 19	105	15.3%	15.1%	14.8%	14.6%	15.1%	-3.3%	2.0%
20 to 24	257	37.5%	41.9%	38.7%	39.8%	43.7%	-5.0%	12.9%

Source: Nomis; Census 2001, 2011. Please note that age bands are not split equally by the Census therefore an age band of one year (15 years) will contribute a smaller proportion compared to an age band of four years (20-24 years).

The 2001 Census estimated that there were higher rates of young unpaid carers in the older age groups (16-24) as compared to younger age groups as shown in Table 2 on the following page.

YOUNG CARERS AGED LESS THAN 25 YEARS AN OVERVIEW FOR TORBAY – 2016

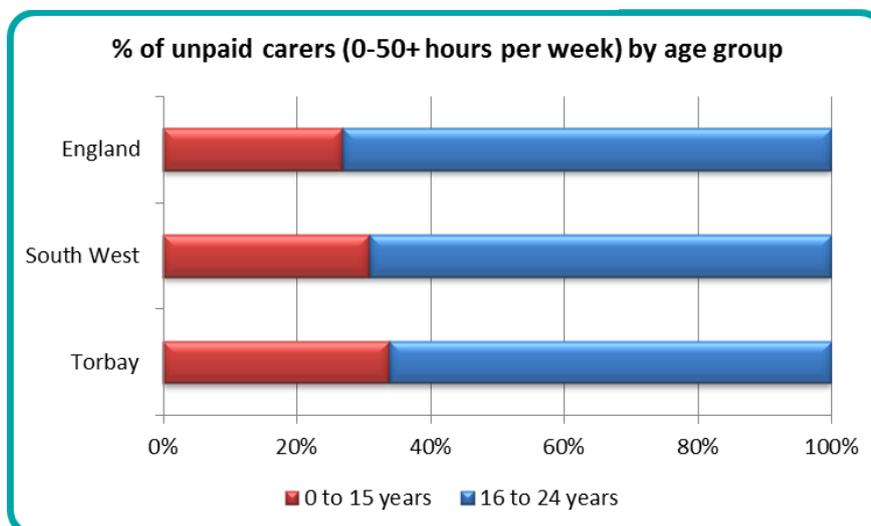
Table 2: Count and rate of young unpaid carers in 2001 and 2011 per 1,000 resident population of the same age group

	Count of young carers	Rate per 1,000 resident population of the same age (Census 2001)			Rate per 1,000 resident population of the same age (Census 2011)		% change from 2001	
	Torbay	Torbay	South West	England	South West	England	South West	England
5 to 7	14	3	3	3	5	5	80.0%	71.0%
8 to 9	17	6	6	6	11	10	85.1%	65.8%
10 to 11	40	12	12	11	23	22	-6.5%	-30.8%
12 to 14	98	20	23	21				
15	47	30	32	29	36	35	11.5%	20.0%
16 to 17	108	35	41	33	41	43	-0.7%	31.5%
18 to 19	105	41	46	38	44	51	-4.1%	33.0%
20 to 24	257	46	48	40	44	52	-7.6%	29.1%

Source: Nomis; Census 2001, 2011.

In 2011, there were slightly less young carers in the 16 to 24 age group (66.2%) as compared to estimates 10 years previously. Compared to England, Torbay had significantly more carers in the younger age bracket (0 to 15 years – bearing in mind that it is unlikely that there are many young carers under the age of 5 years old) as shown in Figure 2. Young carers aged 5 to 9 years have seen the biggest percentage increase from 2001 both regionally and nationally (as a % of total unpaid carers and as a rate per 1,000 resident population of the same age group).

Figure 2: % of unpaid young carers by age group



Source: Nomis; Census 2011

5.3 Ethnicity

Due to small numbers; we cannot interrogate unpaid carers data by ethnicity as well as by age group. Based on carers of all ages; the majority self-reported their ethnicity to be White (98.4%). This is similar to the ethnic spread reported for the region (97.3%); however is much higher than reported nationally (89.1%) for unpaid carers. Young person’s less than 25 year in Torbay and the South West characteristically have a less ethnically diverse population than England (see Table 3 on the following page).

Table 3: Ethnic profile of the under 25 population in Torbay 2011

Census (top level classification*) ethnic group	Torbay		South West	England
	Torbay count under 25yrs	% of total population under 25 years		
White British	32,331	94.0%	89.6%	74.6%
White Other (including Irish, Gypsy or Irish traveller, other White)	707	2.1%	3.1%	4.6%
Mixed or multiple ethnic group	817	2.4%	2.9%	4.6%
Asian/Asian British	429	1.2%	2.7%	10.2%
Black/African/Caribbean/Black British	63	0.2%	1.3%	4.6%
Other ethnic group (including Arab, any other ethnic group)	60	0.2%	0.4%	1.3%

Source: Nomis, Census 2011. *Census sub-categorisations for ethnicity are available

5.4 Location of carers

If we look at the prevalence of unpaid young carers by persons (as opposed to by sex as previously); there were significantly more young carers in over half (8 out of 15) of the wards in Torbay compared to the England average (shown in Figure 3 over the page). The highest prevalence of young carers was in the following wards: Watcombe (4.5%); Blatchcombe (4.4%) and Tormohun (3.7%). These wards have areas that rank amongst the top 10% (red areas) and 10+% to 20% (navy blue areas) most deprived (in 2015) compared to England as shown in Figure 4 over the page. However the lesser deprived ward of Churston and Galmpton and Cockington and Chelston also have significantly more young carers.

5.5 Level of care required

In Torbay, there were significantly more young unpaid carers offering intensive levels of support (50+ hours per week) than compared to regionally or nationally (shown in Figure 5 over the page). If we look at intensive unpaid young care provision by Torbay ward; in general higher levels of support were required in our more deprived communities in 2011 (as shown in Figure 6 on Page 11). The wards identified are consistent with areas ranked amongst the 10% (red areas) and 10+% to 20% (navy blue areas) most health and disability deprived relative to England in 2015 (Figure 7 on Page 11).

Figure 3: Significantly different prevalence of unpaid carers by ward

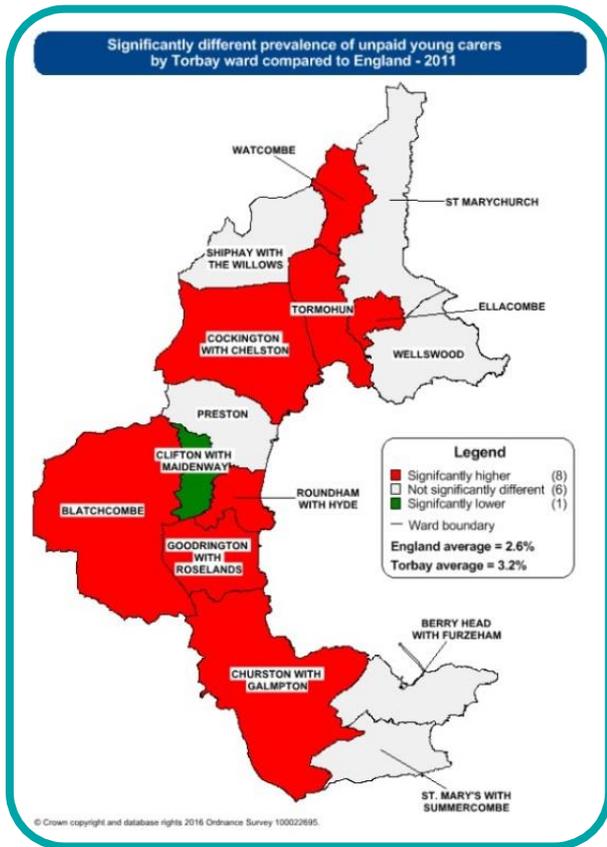
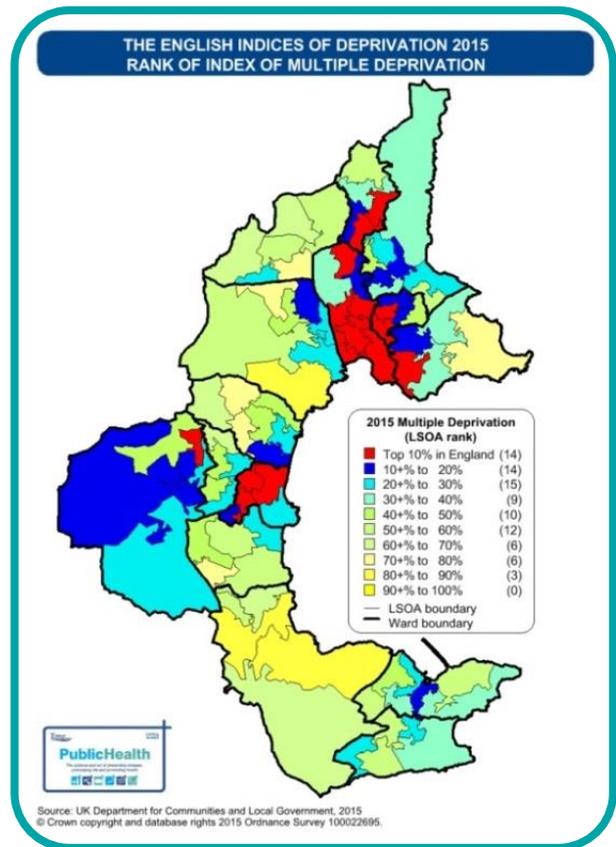
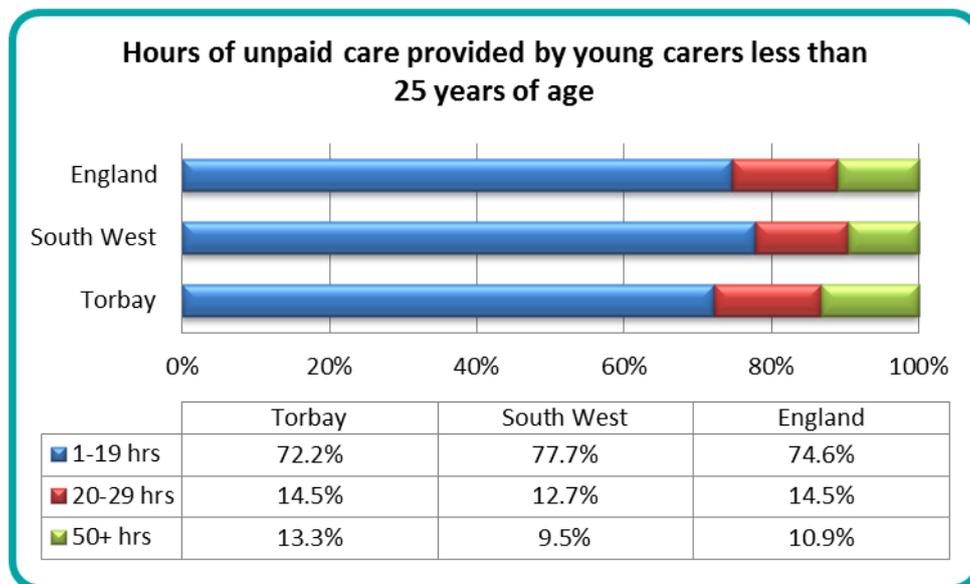


Figure 4: Multiple deprivation by LSOA and ward



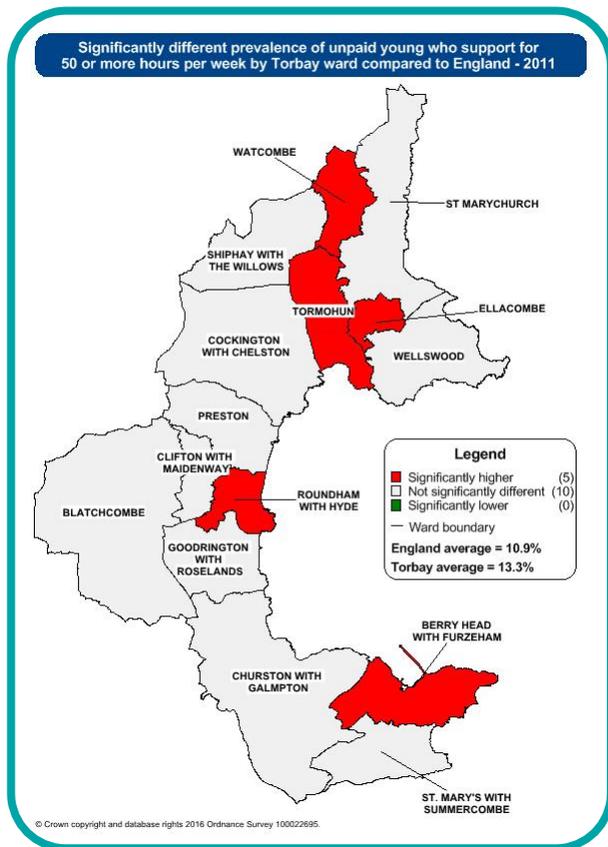
Source: Nomis; Census 2011; UK DCLG; 2015

Figure 5: % of unpaid young carers by hours of care provision



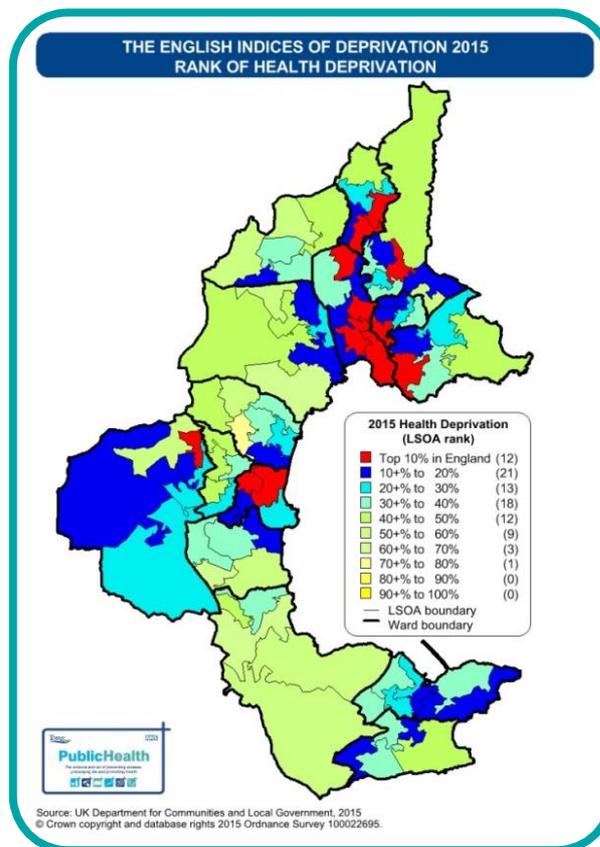
Source: Nomis; Census 2011

Figure 6: Significantly different prevalence of unpaid young carers providing 50 or more hours of care per week by ward



Source: Nomis; Census 2011; DCLG, 2015

Figure 7: Health deprivation by disability by LSOA and ward



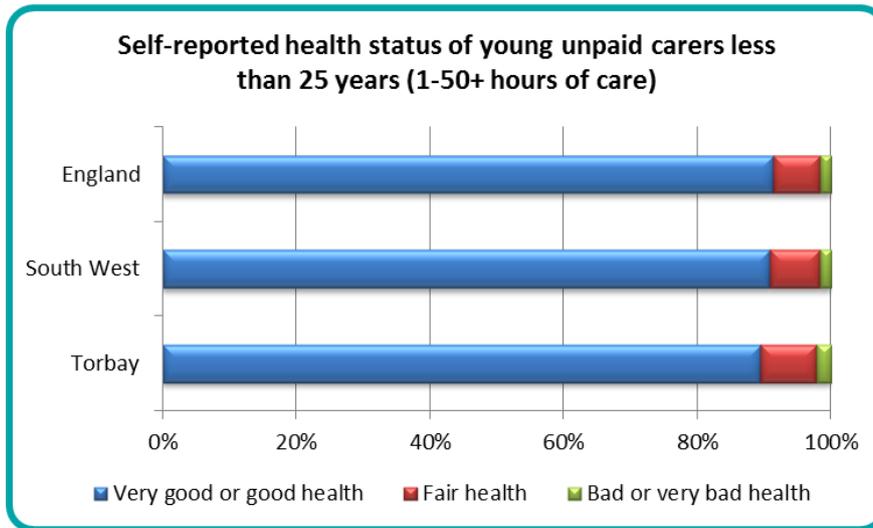
5.6 General health of carers

General health is a self-assessment of a person's general state of health. Parents or carers were asked to assess whether their health was very good, good, fair, bad or very bad. This assessment is not based on a person's health over any specified period of time. General health status may be recorded by a parent for their child carer. As such the true nature of a child's health state may not be captured by this measure. The majority of young unpaid carers (89.4%) self-reported their health status to be good or very good in Torbay (see Figure 8 on the following page). This is slightly lower than the regional and national average. Torbay had significantly more young carers reporting fair or bad/very bad health status compared to the South West and England.

Bad or very bad health status was reported by more young carers who were supporting less than 49 hours per week (5.2%) as opposed to those supporting for 50 hours or above (2.1%). Caution should be taken when interpreting these statistics due to small numbers (e.g. there were less than 5 young carers supporting 50+ hours per week in Torbay who reported bad or very bad health status therefore percentages could be highly variable).

The wards of Roundham with Hyde and St Marychurch had a significantly higher percentage of unpaid carers (1-50 hours per week) who reported fair or bad/very bad health status compared to the England average as shown in Figure 7 above. This may mean that more carer support is required in these areas as carers may be less able to support due to their own poor health status.

Figure 8: % of young unpaid carers by self-reported general health status



Source: Nomis; Census 2011

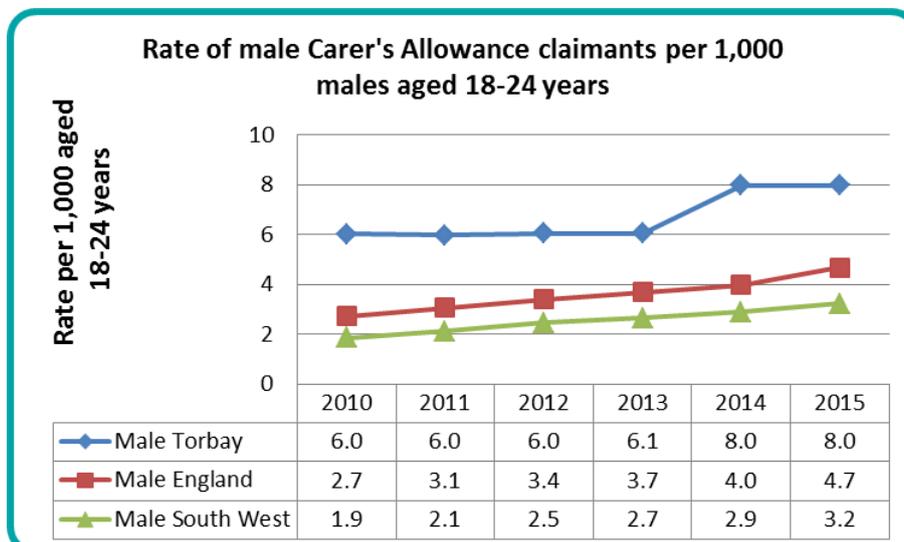
6. Carers allowance

Carer’s Allowance is awarded to those aged 16 and over who spend at least 35 hours per week caring for someone with substantial caring needs. The person cared for does not have to be a relation, or live with, the carer. Currently £62.10 per week is awarded; however Carer’s Allowance is taxable and can also affect other benefits (GOV.UK, 2016).

6.1 Males

In Torbay there were approximately 40 males aged 18-24 years claiming Carer’s Allowance in 2015. Numbers under 18 years were negligible. Compared to regional and national rates; Torbay has significantly more male carers as shown in Figure 9. Combined with the number of unpaid Carers from Census (see Section 5.1), there were around 530 male carers under 25 years in Torbay in 2011. It is likely that this figure underrepresents the true number of male young carers.

Figure 9: Rate of males aged 18-24 years claiming Carer’s Allowance

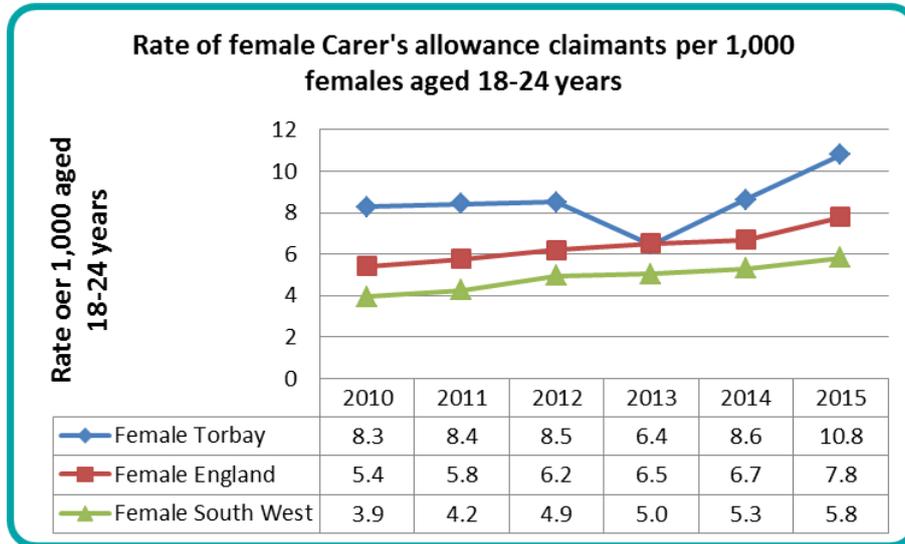


Source: Nomis; Department of Work and Pensions, 2010-2015

6.2 Females

In Torbay there were approximately 50 females aged 18-24 years claiming Carer’s Allowance in 2015. Numbers under 18 years were negligible. Compared to regional and national rates; Torbay has significantly more female carers as shown in Figure 10 below.

Figure 10: Rate of females aged 18-24 claiming Carer’s Allowance



Source: Nomis; DWP, 2010-2015

Combined with the number of unpaid Carers from Census (see Section 5.1), there were around 640 female carers under 25 years in Torbay in 2011. It is likely that this figure underrepresents the true number of female young carers in Torbay.

7. Future young carers prevalence

Based on the location of young unpaid carers shown in Figure 3 on Page 10; this suggests that the provision of young unpaid care is associated with areas with an older population cohort or areas with higher levels of deprivation and more complex health needs.

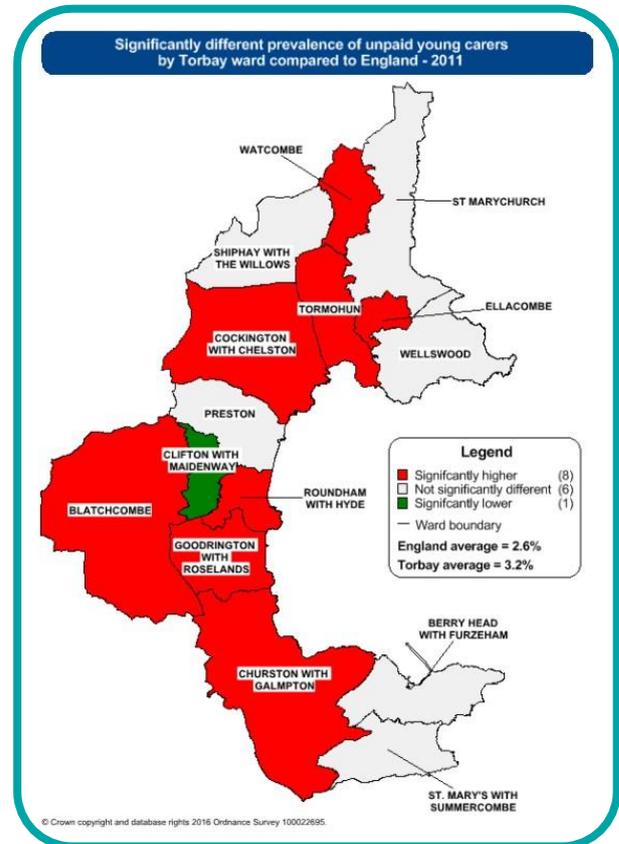
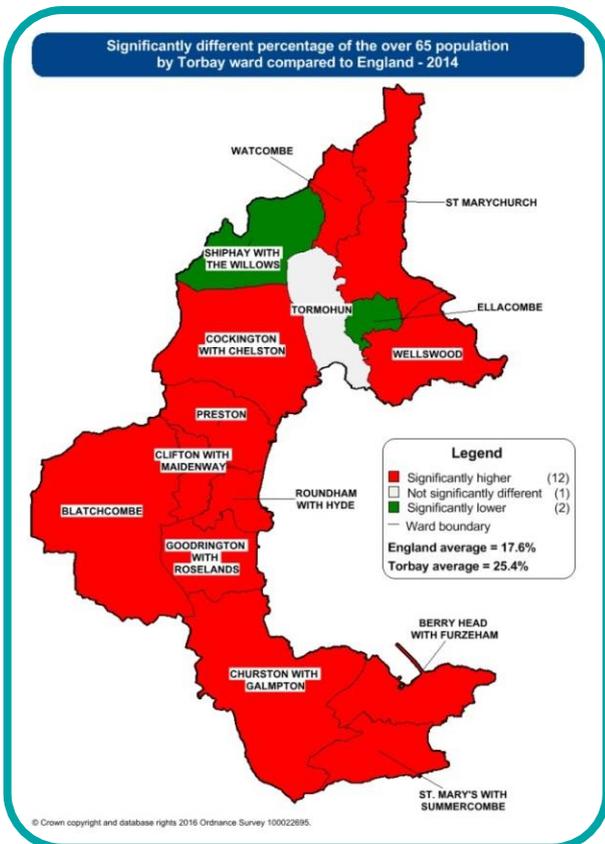
7.1 Age

Population projections suggest that whilst the proportion of young people in Torbay will remain fairly stable up to 2022; the number of older people over the age of 65 years will increase by around 14%⁹. The majority of young carers generally support a parent; however an ageing population and diminishing social care budgets may mean that more young carers will be required to support grandparents or older members within their communities in the future.

Figure 11 shows the Torbay wards that have a significantly higher proportion of older people over the age of 65 years compared to England. Some wards are consistent with the wards that have a significantly higher prevalence of young carers as shown in Figure 12 but not all. Unfortunately as age is a confounder between young cares and an older population; we cannot test the strength of the association between these two factors.

Figure 11: Significantly different % of the population over 65 years of age

Figure 12: Significantly different prevalence of unpaid young carers by ward (repeated figure)

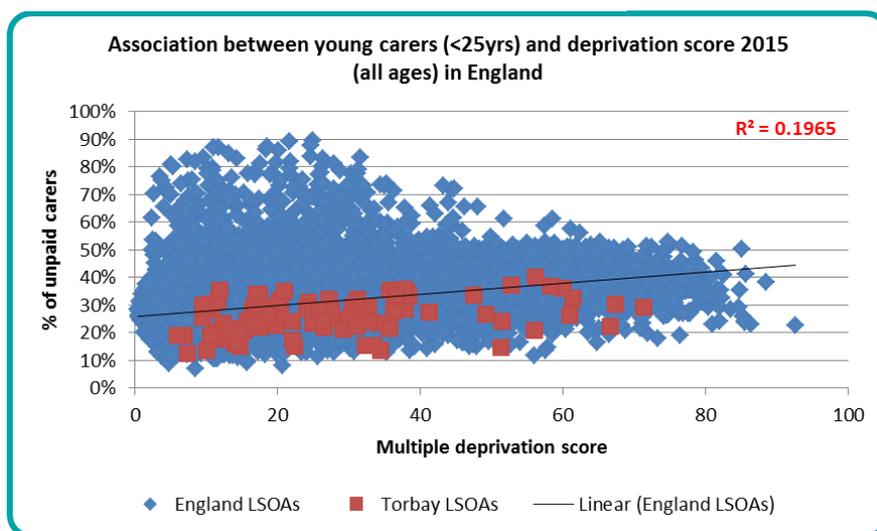


Source: Nomis, Census 2011; ONS population estimates 2014

7.2 Deprivation

Section 5.4 (Figure 3/4, Page 10) shows that the areas that have significantly more young carers compared to England, are consistent with areas in the 20% most deprived (multiple measure of deprivation) in Torbay as well as lesser deprived areas. We can test the strength of association between the percentage of young carers and deprivation score (where a higher score represents areas that are more deprived) in England. Figure 13 shows that there is a very weak positive association whereby the prevalence of young carers is slightly higher in areas with a higher deprivation score. This suggests that there is little association between the prevalence of young carers and how deprived a community is.

Figure 13: Association between unpaid young carers and deprivation



Source: Nomis;
Census 2011 ;
DCLG, 2015

The Longitudinal Survey of Young People in England (LSYPE) survey found that low family income, parental unemployment (where no adults in a household work) and maternal education levels (where mothers have no educational qualifications) were all factors which are more likely in families with a young carer present¹⁰. Income, employment, education and training all contribute to the above measure of multiple deprivation used; however stronger associations may be found when these factors are considered in isolation.

7.3 Long term limiting illness

Long term conditions fall more heavily on the poorest in society: compared to social class I (professional occupations); people in Social class V (unskilled occupations) have a 60 percent higher prevalence of long term conditions and 60 percent higher severity of conditions¹¹. Section 5.5 (Figure 6/7, Page 11) shows that the areas where significantly more intensive caring support is required compared to England are consistent with areas amongst the 20% most deprived in terms of health deprivation and disability deprivation relative to England in 2015.

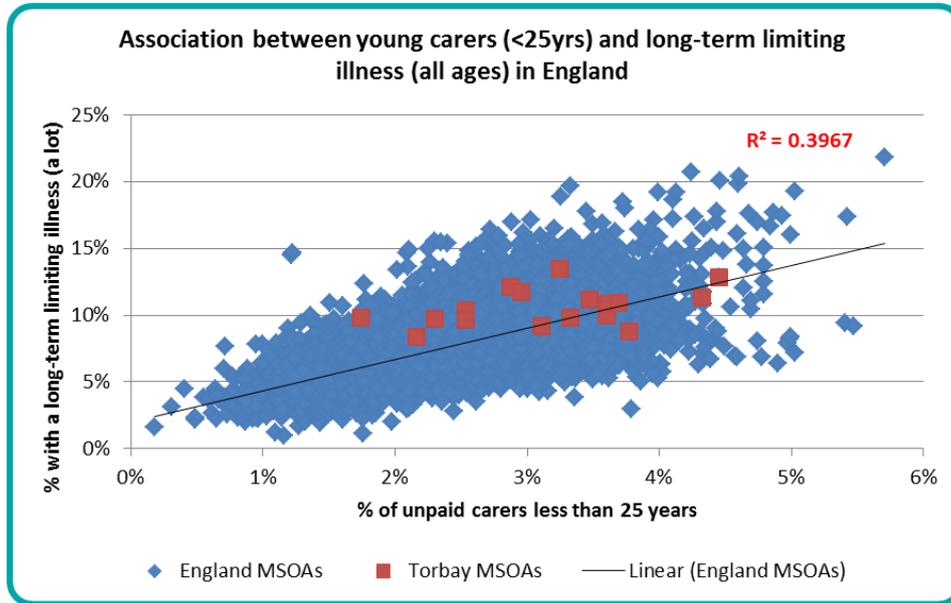
We can test the strength of association between the percentage of young carers and the percentage of the total population with a long-term illness which limits day-to-day activity a lot in England. Figure 14 over the page shows a weak to moderate positive association whereby the prevalence of young carers is higher in areas with a higher

¹⁰ The Children’s Society (2013) Hidden from view: the experiences of young carers in England

¹¹ Department of Health, Ten things you need to know about long term conditions, 2012

prevalence of long-term limiting illness. This suggests that if levels of long-term limiting illness increase in the Torbay population in the future; it is likely that the number of young carers required to support this need will increase. The LYSPE survey found a significant and strong association where young carers are over twice as likely to live in households where at least one adult has a limiting disability¹².

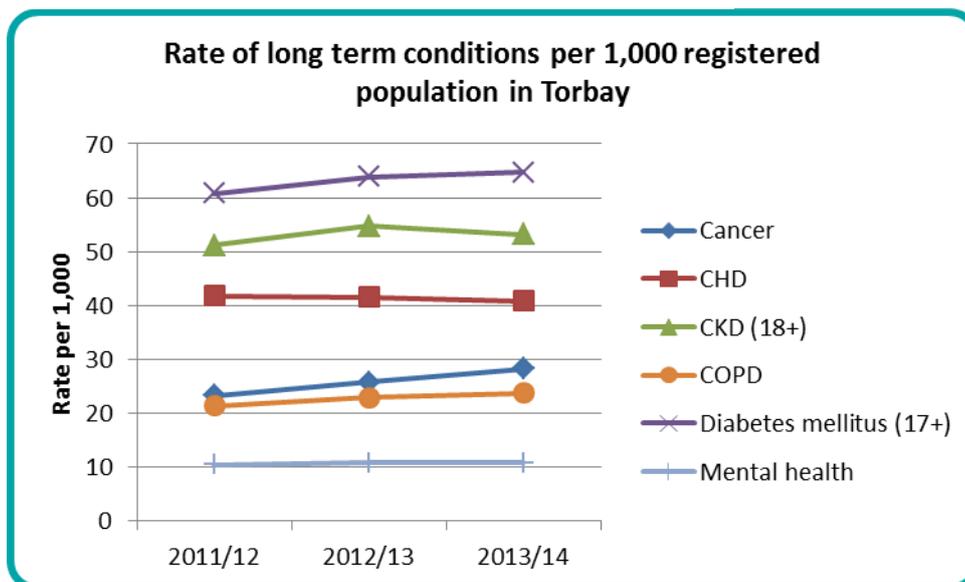
Figure 14: Association between unpaid young carers and long-term limiting illness



Source: Nomis; Census 2011; ONS population estimates 2011

Based on GP practice register data from 2011/12 to 2014/15; the prevalence of some of the main long-term conditions that could limit day-to-day activities have remained stable or have been increasing over time (see Figure 15). Torbay has significantly higher prevalence of all conditions displayed in Figure 15 compared to England which may, in part, explain why there are significantly more young unpaid carers recorded in Torbay by the Census.

Figure 15: Rate of long-term conditions per 1,000 registered population



Source: HSCIC QOF, 2011/12-2013/14, Torbay Public Health Team

¹² The Children’s Society (2013) Hidden from view: the experiences of young carers in England

8. Referrals to the Torbay Young Carers service (5 to 18 years)

The Torbay Young Carer's Service (TYCS) is commissioned and provided by Torbay Local Authority. It provides support for children and young people aged 5¹³ to 18 years of age in Torbay. Support for carers includes:

- Providing young carers with an assessment to establish their individual needs and determine how they can be met;
- Taking a whole family approach to consider family needs whilst signposting adults where appropriate;
- Giving information and advice around local activities, national contacts and support services relevant to their situation;
- Holding various drop-ins around the bay for young carers to attend. This is an opportunity for young carers to meet other people in a caring role within a fun and relaxed environment;
- Providing individual support and befriending. This can include support within the family household or/and in school;
- Keeping young carers up to date with project activities and relevant information via mailing lists;
- Signposting to any additional support that is required by either the young carer or cared for person, e.g. mental health services.

Support for agencies and those working with children and young people include:

- Advice on addressing young carers issues and making services more accessible to young carers;
- Support for those working with individual young carers.

The following data has been collected from the Torbay Young Carers service. This includes all young carers who have been in contact with the service. This means that there will be a mix of carers who are intensively supported by the service as well as others who may only be on a mailing list. For the future, it would be useful to know the level of support required by the carer and also the type of support provided by the TYCS.

8.1 Sex/gender

Since 2010 there has been around 1,000 young carers (5 to 18 years) referred to the TYCS. The majority of referrals were female, with an average (median used to account for 2014 and 2015 as outliers) of 140 referrals per year. Referrals have been increasing from 2013 (see Figure 16 over the page); however the increase in referrals from 2012 is not as pronounced as suggested¹⁴. 2016 data collection was up until the 8th of February.

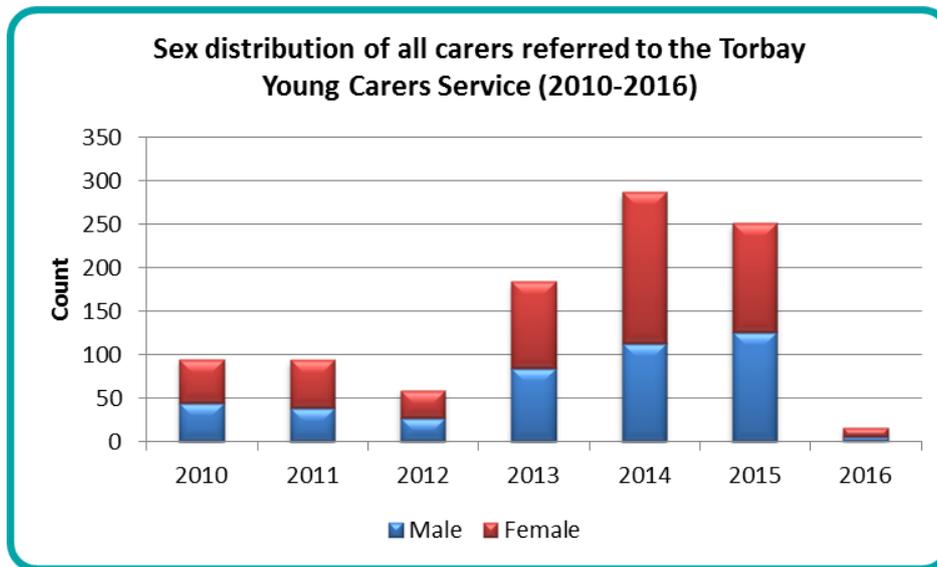
There are more female carers (56%) being referred to the TYCS as shown in Table 4 over the page. This is roughly the same if we remove carers who have left the service (service no longer required and/or older than 18 years). There are

¹³ Some young carers aged 4 years are supported by the service if nearing their fifth birthday

¹⁴ Young carer referrals were recorded by a new system (PARIS) in 2013 with only 'active' previous service users transferred across to the new system. This means that the TYCS may have been in contact with more young carers from 2010-2012 than is represented

estimated to be more female (54%) young unpaid carers than male unpaid carers by the Census (see Section 5.1) which suggests the TYCS is attracting a similar sex distribution of carers as we would expect in the population.

Figure 16: Count of young carer (0-18yr) referrals to TYCS 2010-2016



Source: Torbay Council, Young Carers Service

Table 4: Count and percentage of males and females referred to the TYCS

	All contacts with the service			Current contacts with the service		
	Count	% of total referrals	Rate per 1,000 5 to 18 years	Count	% of total referrals	Rate per 1,000 5 to 18 years
Male	439	45%	8.8	293	42%	5.9
Female	547	56%	11.6	411	58%	8.8
Total	986		10.2	704		7.3

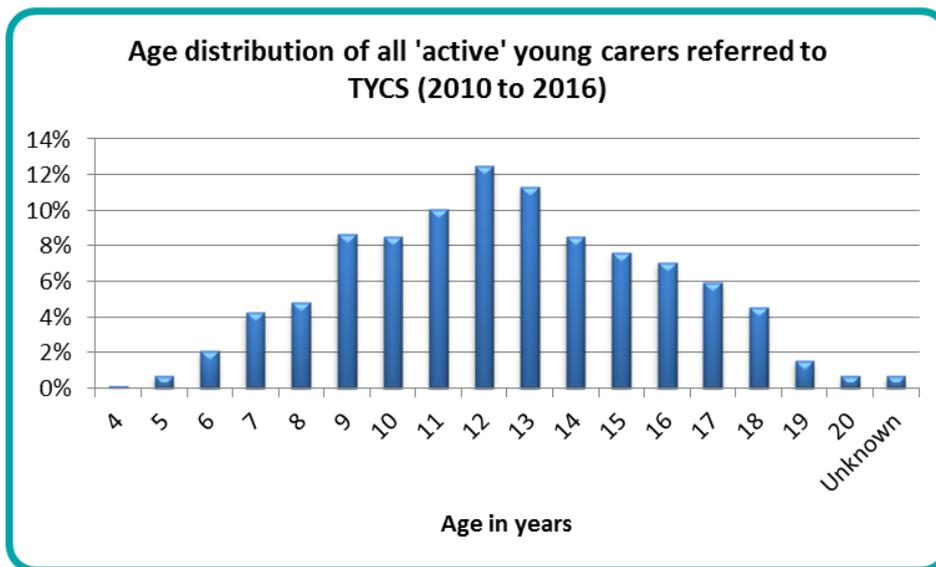
Source: Torbay Council, Young Adult Carers Service

8.2 Age

The TYCS supports carers aged 5 to 18 years of age. The majority of male and female referrals (excluding carers who have left the service) were aged between 9 and 17 years of age (72.3%) as shown in Figure 17 over the page.

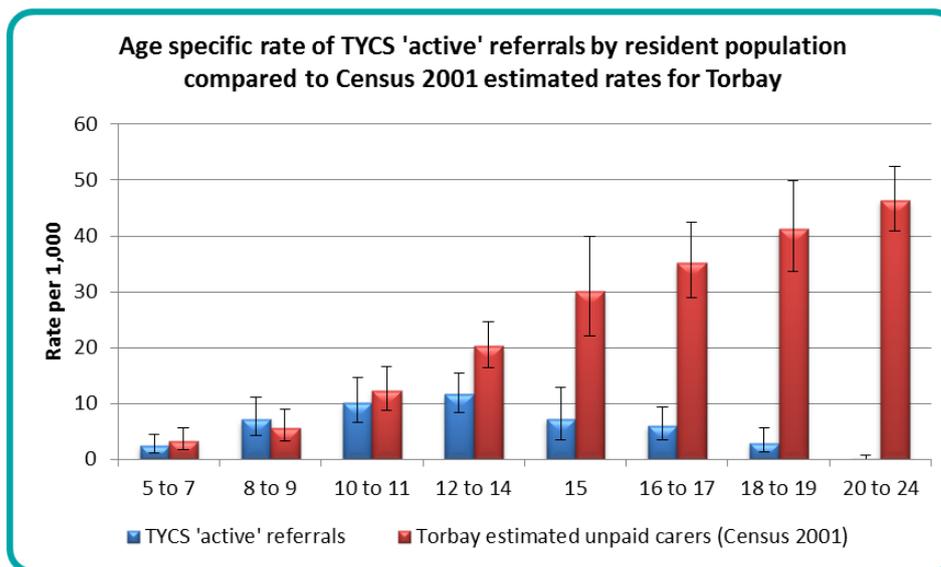
As a proportion of expected unpaid carers estimated by the Census 2001 (Section 5.2), the service receives referrals from 10 to 17 year old carers is less than would be expected (see Figure 18 over the page). The TYCS tends to capture more of the expected referrals from carers less than 10 years of age. As anticipated, there are few carers supported beyond 18 years of age and there may be crossover of carers aged 16 to 18 years with the Torbay Young Adult Carers Service who support carers aged 16 to 24 years.

Figure 17: Age distribution of 'active' young carer referred to TYCS 2010-2015



Source: Torbay Council, Young Adult Carers Service

Figure 18: Rate of 'active' TYCS referrals per 1,000 resident population compared to Census 2001 unpaid carer estimates



Source: Torbay Council, Young Carers Service; Nomis, Census 2001

8.3 Ethnicity

The ethnicity of 29% was not recorded or stated (or yet stated) by carers referred to the TYCS. Similar to findings from the Census (see Section 5.3), the majority of carers who had their ethnicity recorded were classified as White British (95%). The remaining young carers were from mixed (2.6%), other white background (1.7%) or Asian origin (0.4%).

8.4 Location of young carers

The majority of young carers who are referred to the TYCS live in Torbay. The highest numbers of carers come from the wards of Watcombe (Torquay) and Blatchcombe (Paignton) as shown in Figure 19 over the page. These are areas that have a higher proportion of young people and are consistent with the areas identified as having significantly more

young carers than the England average shown in Figure 20. The TYCS also has a number of referrals from carers who live outside of the Torbay boundary. Non-resident carers are supported if they attend a school in Torbay or move between two homes (one in Torbay and one out with). Around 4% of postcodes where partially or not recorded.

Figure 19: Count of young carer referrals to TYCS by ward

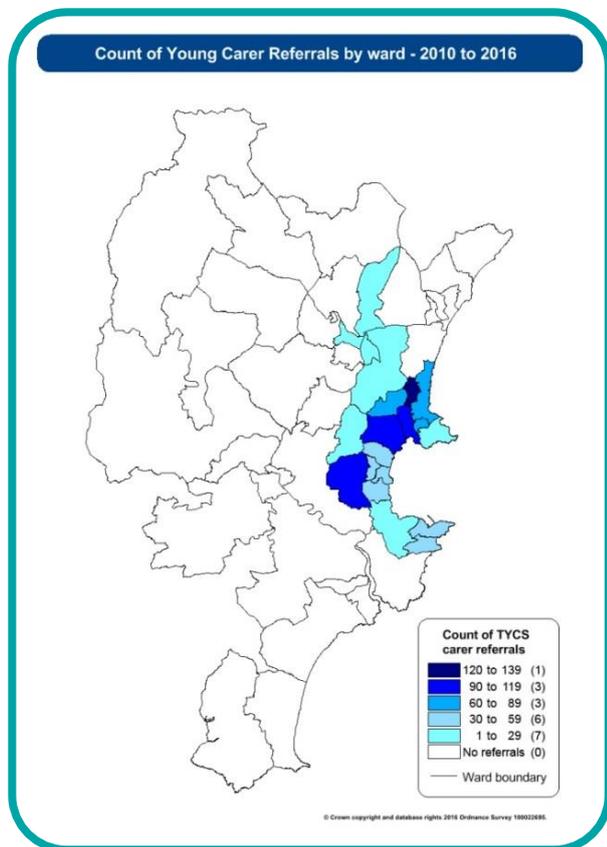
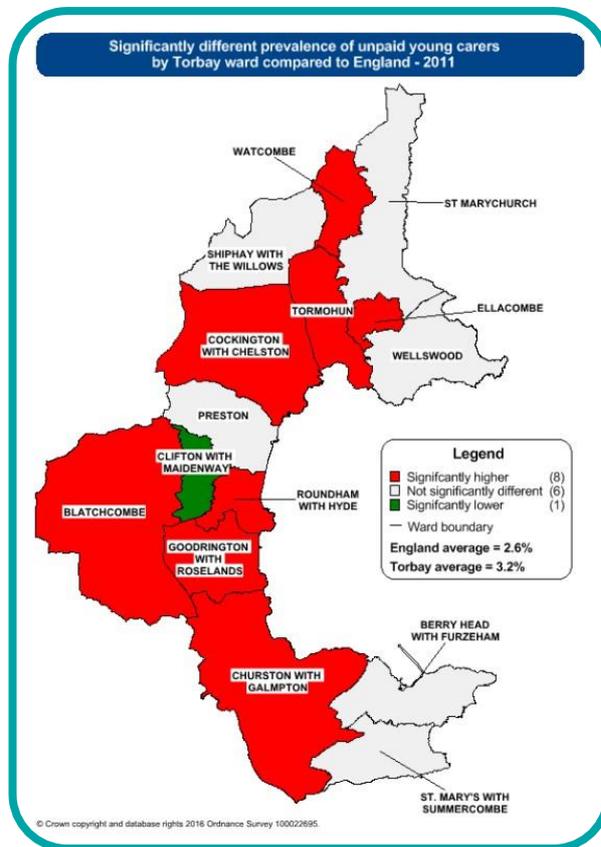


Figure 20: Significantly different prevalence of unpaid young carers by ward (repeated figure)



Source: Torbay Council, Young Adult Carers Service

8.5 Relationship to the person cared for

Previous research has found that the person receiving care is often a parent, but can be a sibling, grandparent or other relative¹⁵. A survey of young carers¹⁶ found that 66% cared for their parents, 31% cared for siblings, 3% cared for their grandparents and 1% cared for wider family or community members. In addition, 10% of young carers cared for more than one person.

Compared to the aforementioned national survey data, carer referrals to the TYCS were similar for carers who were supporting a parent(s) (65%), sibling, grandparent or wider family or community member (other) as shown in Table 5 over the page. There was no additional category for carers who support more than one person in the TYCS dataset. This could be a recommendation for future data collection.

¹⁵ Becker, S. 2000. Young Carers, in The Blackwell Encyclopaedia of Social Work, Ed, M. Davies. London, Blackwell. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

¹⁶ Dearden, C and Becker, S. 2004. Young Carers in the UK: The 2004 Report, London: Carers UK and The Children’s Society. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

Table 5: Count and % of TYCS referrals by person cared for

Person cared for	Count	% of total recorded (718)
Mother	380	53%
Sibling	220	31%
Father	90	13%
Grandparent	17	2%
Other	11	2%
Total with recorded relationship status	718	73%
Unknown		27% (out of 986)

Source: Torbay and South Devon NHS Foundation Trust

8.6 Reason for care

Research has shown that when young carers were asked about the needs of the people they cared for, 50% said they were caring for someone with a physical health problem, 29% for a person with a mental health condition, 17% for someone with a learning difficulty and 3% for someone with a sensory impairment¹¹. This survey did not take into account a young person caring for a family member with a substance misuse problem. Parental mental health conditions are reported to be particularly challenging for young carers to cope with due to their unpredictability and the extent of care support required¹⁷. Research also suggests that dual diagnosis of physical or mental illnesses or disabilities is common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed.

If we compare this national data to our local TYCS data, there were less young persons caring for a person with a physical disability (Table 6 below). It is possible that persons recorded as having a long-term condition could fall into the physical disability or mental health category depending on the nature of their condition. Carers who were supporting people with a mental health problem, learning disability or sensory impairment are within what we would expect compared to national data. 5% of young carers are supporting someone with drug or alcohol dependency. There was no additional category for secondary caring reason in the TYCS dataset. This could be a recommendation for future data collection.

Table 6: Count and % of young carer referrals to TYCS by reason for care

Condition	Main caring reason	
	Count	% of total recorded (216)
Physical disability	207	30%
Mental health	182	27%
Learning disability	130	19%
Long-term illness	114	17%
Drug / alcohol	37	5%
Sensory impairment	11	2%
Elderly / Frail	<5	0%
Total with recorded condition status	684	69%
Unknown	302	31% (out of 986)

Source: Torbay and South Devon NHS Foundation Trust

¹⁷ Aldridge, J. The lives of young carers England, 2016

8.7 Wider health and social outcomes

In line with the Children and Families Act 2014, the TYCS does offer an assessment of carers needs to help determine how the service can attempt to meet these needs. Health assessment are recorded on paper and scanned into the PARIS system (childrens social care system); however they cannot be analysed as a collective to give an indication of the main health needs of yougn carers using the TYCS. A possible suggestion for the future would be to record broad categories of carers health conditions such as mental or physical health problems and unhealthy risk-taking or addictive within referrals data. This could be supplemented with information on the support provided by the TYCS, including any referrals that are made to other health and support services such as the Children and Adolscent Mental Health Service (CAMHS). This would make the referral data more useful for determining local health needs and gaps.

In the absence of health assessment data, the alternative is to link datasets where possible. Using a Torbay Council, information governance approved, Privacy Impact Assessment; we were able to join young carers data with school census data. This gave the following outcomes information in relation to young carers: school attendance, school attainment and an indication of the number of young carers with a learning disability.

8.7.1 School attendance

According to the LSYPE survey, around 1 in 20 young carers miss school because of their caring responsibilities¹⁸. Missing school because of caring responsibilities is likely to affect longer term education and employment outcomes.

In Torbay, around 8.6% of half days were missed due to authorised or unauthorised absence by young carers (referred to TYCS) who were aged between 5 and 15 years (with a unique pupil number recorded). This compares to 5.1% of half days missed by all school pupils (aged 5-15 years)¹⁹. Using local school census data; young carers (5-15yrs) who were referred to the TYCS were almost twice (odds ratio 1.8 [95% CI: 1.8-1.9], P= <0.00001) as likely as their peers to have an authorised or unauthorised half days absence. This is a highly statistically significant result. This could indicate that additional support may be required of schools and young carers services to ensure that school attainment does not suffer during times of absence.

8.7.2 School attainment

Research has found that carers are less likely to: come out of school with GCSEs²⁰, or engage in further education²¹, training or employment²². The LSYPE survey found significant inequality between the GCSE results of young people and young people who had caring responsibilities – equivalent to the difference between 9 B's and 9 C's¹³.

¹⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

¹⁹ Public Health Outcomes Framework, 2014/15

²⁰ Dearden, C and Becker, S. 2000. Growing up caring: vulnerability and transition to adulthood – young carers' experiences. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

²¹ Yeandle and Buckner (2007) Carers, employment and services: time for a new social contract?. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

²² Frank, Tatum and Tucker (1999) On small shoulders: learning from experience of young carers. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

In Torbay, around 56.7% of young carers (referred to TYCS) aged between 16 and 17 years (with a unique pupil number recorded) were achieving 5 or more GCSEs (A*-C) including English and Maths between 2014 and 2015. This compares to 52.3% of all school pupils aged between 16 and 17 years in Torbay²³. The likelihood of young carers achieving better educational attainment in young carers as compared with their peers has not been calculated due to very small numbers in the young carers cohort aged between 16 and 17 years. It is however encouraging that where results are recorded; young carers are still achieving good levels of educational attainment; particularly with an increased likelihood of school absence (see section 8.7.1).

8.7.3 Learning disability

Around 11.0% of young carers aged less than 18 years (who had a unique pupil number recorded) had a statement or educational health and care (EHC) plan between 2014 and 2015. This compares to just 4.1% of all school pupils²².

According to the LSYPE survey, young carers are 1.5 times more likely than their peers to have a special educational need or disability²⁴. Using local school census data; young carers (5-18yrs) who were referred to the TYCS were almost 3 times (odds ratio 2.9 [95% CI: 2.2-3.9], P= <0.01) more likely than their peers to have a statement or (EHC). This is a statistically significant result. This indicates that additional home support may be required by some young carers engaged with TYCS, in combination with the support already provided by schools for children with special educational needs.

²³ Public Health Outcomes Framework, 2014/15

²⁴ Dearden, C and Becker, S. 2004. Young Carers in the UK: The 2004 Report, London: Carers UK and The Children's Society. Cited in: The Children's Society (2013) Hidden from view: the experiences of young carers in England

9. Referrals to the Torbay Young Adult Carers service (16 to 24 years)

The Torbay Young Adult Carers (TYAC) service is commissioned by Torbay Local Authority and provided by the Torbay and South Devon NHS Foundation Trust. It provides support for young people aged 16 to 25 years of age in Torbay. Service provision for carers includes support with:

- Education
- Employment
- Health and fitness
- Housing
- Money/benefits
- Transport

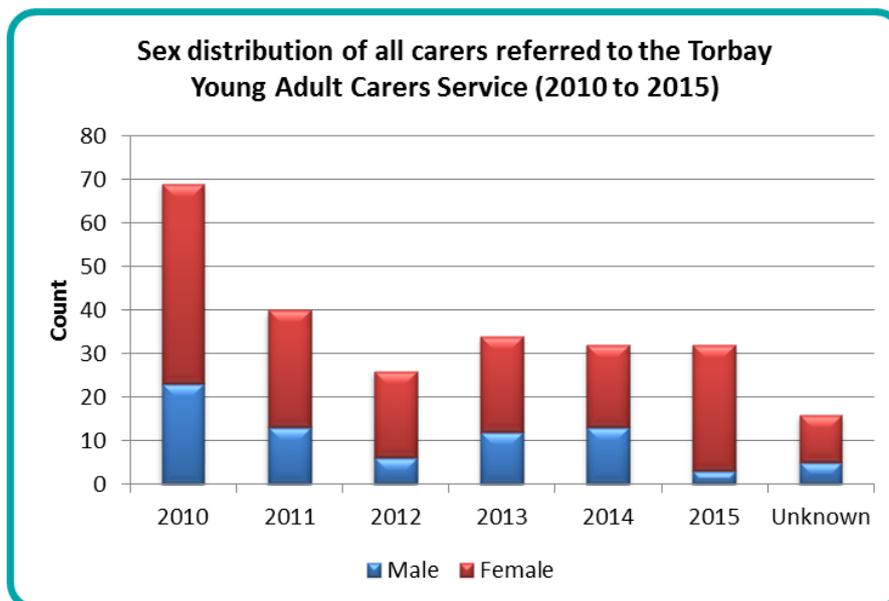
Carers are offered one-to-one support, invitations to carer specific social events and the opportunity for ‘me’ time.

The following data has been collected from the TYAC service. This includes all young carers who have been referred to the service (in some cases contact may have not been made with the carer). Within this dataset there is a mix of carers who are intensively supported by the service as well as others who may only be on a mailing list. For the future, it would be useful to know the level of support required by the carer and also the type of support provided by the TYAC service.

9.1 Sex/gender

Since 2010 there has been around 250 young carers (16 to 25 years) referred to the TYAC. The majority of referrals were female, with an average (median used to account for 2010 as an outlier) of 33 referrals per year. 2010 saw the highest number of referrals to the service with numbers falling and stabilising since (see Figure 21).

Figure 21: Count of young carer (16-24yrs) referrals to TYAC service 2010-2015



Source: Torbay and South Devon NHS Foundation Trust

The ratio of female to male carers is roughly 2:1 (70% female) as shown in Table 7. This is roughly the same if we remove carers who have left the service (service no longer required and/or older than 25 years).

Table 7: Count and % of male and female young carer referrals to TYAC service

	All contacts with the service			Current contacts with the service		
	Count	% of total	Rate per 1,000 16 to 24 years	Count	% of total	Rate per 1,000 16 to 24 years
Male	75	30%	2.3	49	32%	1.5
Female	174	70%	5.6	104	68%	3.4
Total	249		3.9	153		2.4

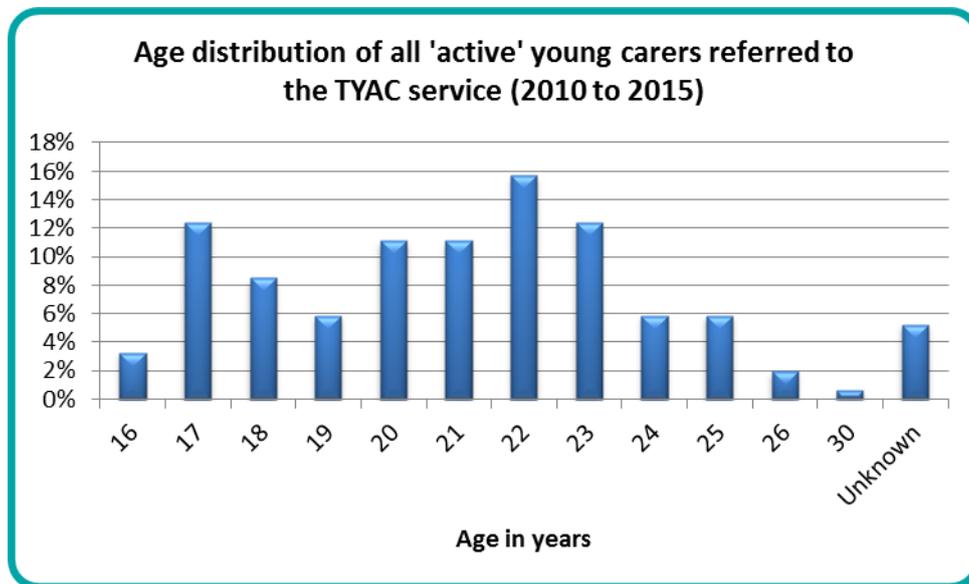
Source: Torbay and South Devon NHS Foundation Trust

There are estimated to be more female young unpaid carers than male unpaid carers by the Census (see Section 5.1); however the ratio of female to male is closer to 1:1 (54% female). This suggests that more work could be done to engage with male young adult carers as it is likely that they are under-represented by the current service.

9.2 Age

The TYAC service supports carers aged 16 to 24 years of age. The majority (50.3%) of male and female referrals (excluding carers who have left the service) are aged between 20-23 years of age as shown in Figure 22.

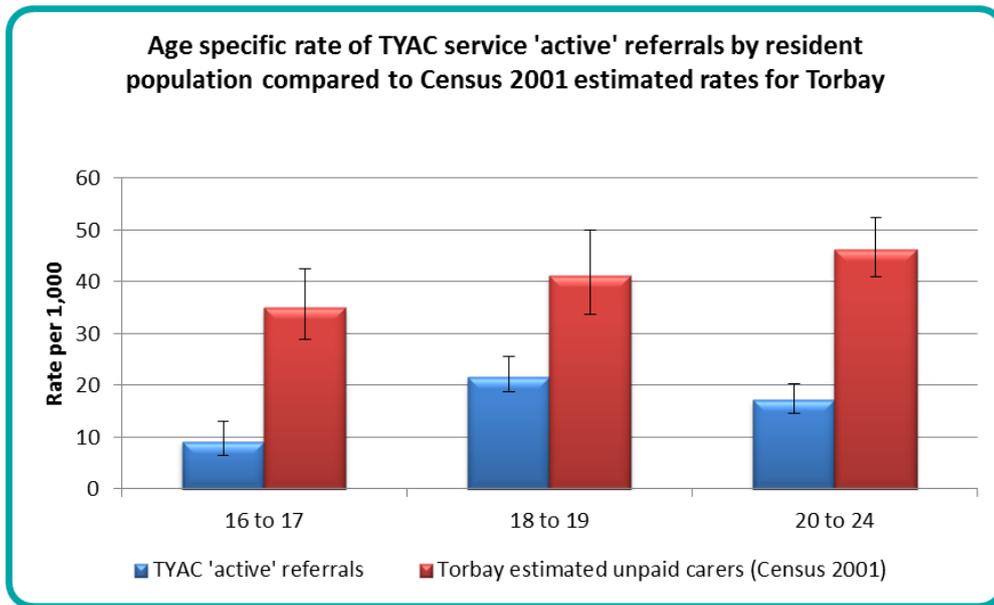
Figure 22: Age distribution of 'active' young carer referred to TYAC service 2010-2015



Source: Torbay and South Devon NHS Foundation Trust

As a proportion of expected unpaid carers estimated by the Census 2001 (Section 5.2), the service receives less referrals than would be expected (see Figure 23 over the page). There may be crossover of carers aged 16 to 18 years with the Torbay Young Carers Service (TYCS) who support carers aged 5 to 18 years.

Figure 23: Rate of 'active' TYAC service referrals per 1,000 resident population compared to Census 2001 unpaid carer estimates



Source: Torbay and South Devon NHS Foundation Trust; Nomis, Census 2001

9.3 Ethnicity

The ethnicity of 31% of young carers referred to the TYACS service was not recorded. Similar to findings from the Census (see Section 5.3), the majority of carers who had their ethnicity recorded were classified as White British (94%). The remaining young carers were from mixed (4%), other white background (0.5%) or any other origin (0.5%).

9.4 Location of young adult carers

The majority of young carers, who were referred to the TYAC service, live in Torbay. The highest numbers of carers come from the wards of Tormohun (Torquay town centre) and Blatchcombe (Paignton) as shown in Figure 24 over the page. These are consistent with areas where there are estimated to be significantly more young carers compared to the England average shown in Figure 25 over the page. The TYAC service also has a number of referrals from carers who live outside of the Torbay boundary. Around 9% of postcodes were partially or not recorded.

Figure 24: Count of referrals to TYAC service by ward

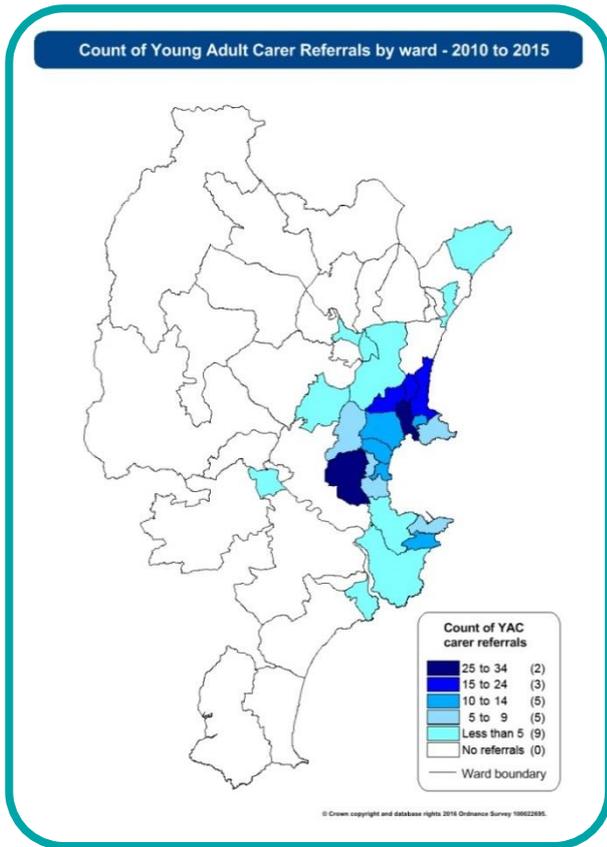
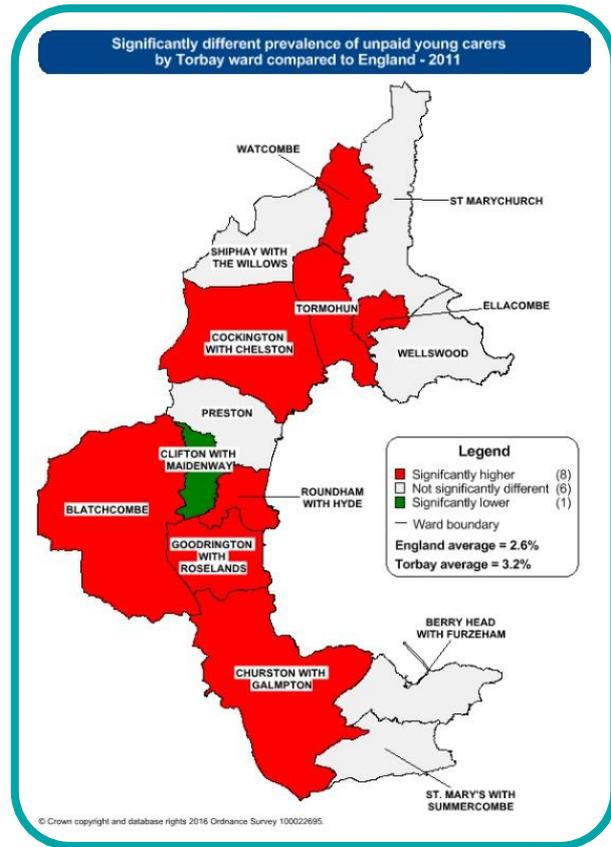


Figure 25: Significantly different prevalence of unpaid young carers by ward (repeated figure)



Source: Torbay and South Devon NHS Foundation Trust

9.5 Education, employment or training

The majority of young carers who are referred to the TYAC service did not have their education, employment or training status recorded (28%). Of those who had their status recorded, almost 2 in 5 were in full or part time employment and 36% were in education or training as shown in Table 8 over the page. Research suggests that young carers are more likely to be in lower paying professions such as personal service or sales and customer service than their peers, and less likely to be in managerial, associate or skilled trade roles²⁵. For the future, it would be useful to know which Census profession category young adult carers fell into in terms of their employment type.

Almost 1 in 5 young carers referred to the TYAC service were not in education, employment or training (NEET). Research by the Audit Commission in 2010 found that young adult carers between the ages of 16 and 18 had a much greater chance of being NEET compared to their peers²⁶. Less than 1 in 20 (4.1%) young persons aged 16-18 years in Torbay were recorded as NEET in 2014²⁷ which suggests, albeit based on small numbers, that there is a local inequality between young carers and their peers with regard to educational, employment and training status.

²⁵ Dearden, C and Becker, S. 2000. Growing up caring: vulnerability and transition to adulthood – young carers’ experiences. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

²⁶ Audit Commission (2010) Against the odds: targeted briefing – young carers. Cited in: The Children’s Society (2013) Hidden from view: the experiences of young carers in England

²⁷ Public Health Outcomes Framework, 2014

Table 8: Count and % of young carer referrals to TYAC service by education, employment and training status

Education, employment or training status	Count	% of total recorded (180)
Full time employment	43	24%
South Devon College student	42	23%
NEETS	35	19%
Part time employment	28	16%
Other education or training	22	12%
Other	7	4%
Permanently sick or disabled	3	2%
Total with recorded Education, Employment or Training status	180	72%
Unknown	69	28% (out of 249)

Source: Torbay and South Devon NHS Foundation Trust

9.6 Main carer

Consistent recording of main or secondary carer status at the TYAC service began in 2012; however this field is still not well recorded within the dataset. Of the carers where their carer status was recorded (56% from 2012 to 2015); around 70% were classified as being the main carer.

9.7 Relationship to the person cared for

Compared to national survey data (see section 8.5); carer referrals to the TYAC service were higher for carers who were supporting a parent(s) (69%), grandparent or wider family or community member (other) as shown in Table 9 below. Referrals were lower for carers who were supporting a sibling [18%]. Data from the LSYPE suggests that many young people who are providing care for siblings may go under the radar of services²⁸. In addition, carers who were/are supporting more than one person were higher in Torbay (13%) than compared to the national data outlined above. Please refer to Table 9 for a further breakdown of relationship categories by count and percentage (where recorded) of young adult carers.

Table 9: Count and % of young carers referrals to TYAC service by person cared for

Person cared for	Count	% of total recorded (184)
Mother	90	49%
Sibling	24	13%
Other	16	9%
Both parents	14	8%
Father	13	7%
Grandparent	12	7%
Parent and sibling	10	5%
Partner	5	3%
Total with recorded relationship status	184	74%
Unknown	65	26% (out of 249)

Source: Torbay and South Devon NHS Foundation Trust

²⁸ The Children's Society (2013) Hidden from view: the experiences of young carers in England

9.8 Reason for care

If we compare national data (see section 8.6) to our local TYAC service data, there were less young persons caring for a person with a physical disability or learning disability and slightly more caring for a person with a mental health condition (see Table 10). Parental mental health conditions are reported to be particularly challenging for young carers to cope with due to their unpredictability and extent of care support required²⁹. As the TYAC service sub-categorises conditions more than the aforementioned national survey, it is possible that persons recorded as ‘long-term condition’ or ‘co-morbidity’ could fall into the physical disability category depending on the nature of their condition. Almost 1 in 10 carers were supporting someone with a substance misuse problem.

The majority of young carers referred to the TYAC service had no additional caring reason recorded. Research suggests that dual diagnosis of physical or mental illnesses or disabilities is more common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed. Good reporting of secondary health conditions – even undiagnosed conditions – could give a better indication of carers who may require more support from services.

Table 10: Count and % of young carers referred to TYAC service by reason for care

Condition	Main caring reason		Secondary caring reason	
	Count	% of total recorded (216)	Count	% of total (249)
Physical disability	80	37%	8	3%
Mental health (including dementia)	75	35%	<5	1%
Substance misuse	20	9%	<5	1%
Learning disability	14	6%	5	2%
Long-term condition (including cancer)	13	6%	<5	1%
Co-morbidity	6	3%	0	0%
Sensory impairment	5	2%	<5	0.4%
FTI?	<5	1%	<5	0.4%
Total with recorded condition status	216	87%	24	10%
Unknown	33	13% (out of 249)	225	90%

Source: Torbay and South Devon NHS Foundation Trust

²⁹ Aldridge, J. The lives of young carers England, 2016

10. Potential unmet need

Based on the combined Census (2011) and Carers Allowance (2011) estimate of the number of young carers under 25 years of age in Torbay; on average the TYCS (0-18 years) and the TYAC service (16-25 years) capture around 1 in 5 (22%) of the local young carer population. What is unknown from TYCS and TYAC referral data is:

- referral sources and pathways to young carer services;
- the health and social care needs of the carer;
- the self-reported health of the carer;
- the weekly hours of support (level of care) provided by the carer;
- the type of support offered by services;
- the engagement with services by the carer; and
- the carer's health and social outcomes as a result of engagement with services.

10.1 Sex

Both the TYCS and the TYAC service, capture more female than male young carers with a collective ratio of 3 females for every two males referred to the services. The 2011 Census estimated a female to male ratio that was closer to 1:1. This suggests that services may be underrepresenting the male young carer population in Torbay. As a percentage of the 2011 Census estimated young carers population; around 1 in 4 female carers are referred to the TYCS and the TYAC services and around 1 in 5 male carers are referred.

10.2 Age

Collectively, around 65% of referrals to the TYCS and the TYAC service are from children under the age of 16 years of age. Torbay has significantly more young unpaid carers aged 0-15 years compared to regional and national figures; however we would not expect such a weighted representation. The majority (65%) of young carers are anticipated to be over the age of 16 years. This does not mean that the TYCS should be working with less younger carers (given current reach into the population) but may suggest that more work is required from the TYAC service to support unmet need in the young carers aged 16 years and above.

10.3 Ethnicity

The ethnic background of around 29% of young carers who are referred to the TYCS and the TYAC service is unknown. Of those who have their ethnic background recorded, around 97% of carers were recorded as white (including other white). This is in line with what is expected by the 2011 Census (98%).

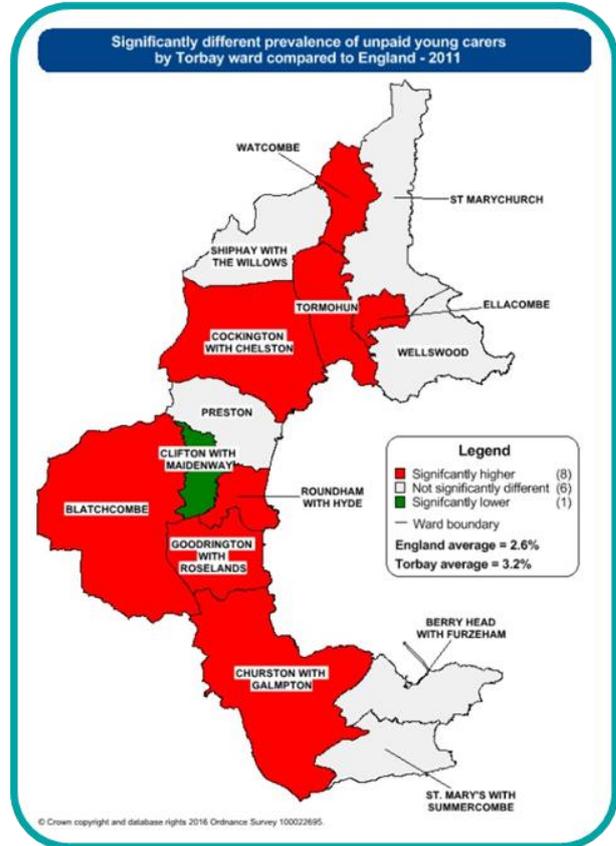
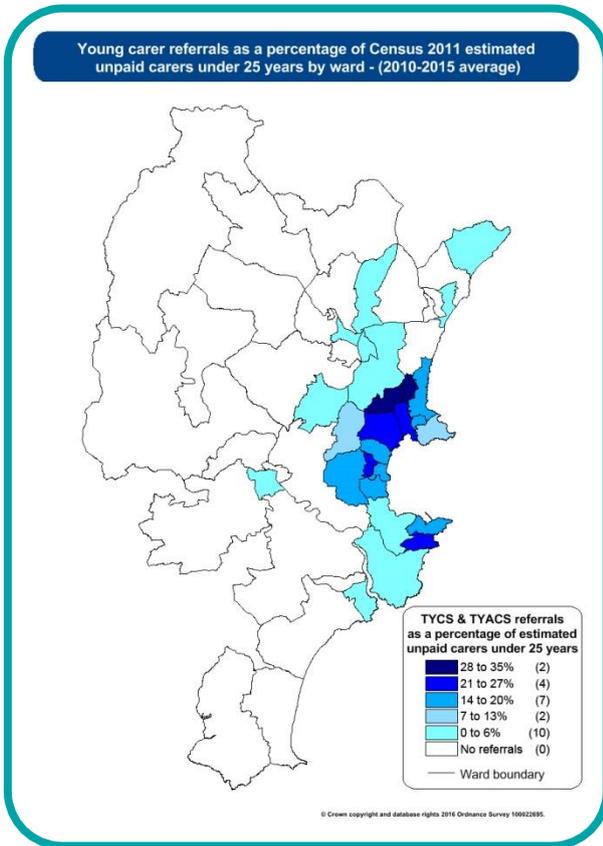
10.4 Location

Combining TYCS and TYAC service referral data, the highest numbers of carer referrals under 25 years who have been referred come from the wards of Watcombe and Tormohun. Taken as a percentage of the estimated unpaid young carers in the population, the highest percentage of carers (around 30% of expected) who are referred to services come from the wards of Watcombe and Shiphay with the Withys as shown in Figure 26 on the following page. Watcombe is

consistent with the areas identified as having significantly more young carers than the England average (see Figure 27 below); however we have more coverage in the wards of Clifton and Maidenway (Paignton) and St Mary’s and Summercombe (Brixham) than we would expect in comparison.

Figure 26: % of young carers referred to services (0-24yrs) as a percentage of estimated young unpaid carers by ward

Figure 27: Significantly different prevalence of young unpaid carers by ward (repeated figure)



Source: Torbay Council, Torbay and South Devon NHS Foundation Trust, Nomis Census, 2011

10.5 Relationship to the person cared for

Compared to national survey data (see section 8.5), carer referrals to the TYCS and the TYAC service were similar for care of parents (65%) and grandparents (3%) and lower for the care of siblings (27%). Torbay young carers who are referred to services are more likely to care for wider family or community members (4%) than compared to national data; however we are looking at much smaller, therefore more variable, local numbers.

10.6 Reason for care

Compared to national survey data (see Section 8.6), carer referrals to the TYCS and the TYAC service showed less young people caring for someone with a physical disability (32%); however it is possible that persons recorded as a long-term condition, frail/elderly or drug or alcohol misuse could fall into the physical disability or mental health category depending on the nature of their condition(s). There is also a lower representation of carers who support a person with sensory impairment (2%) based on local service data.

A lower representation of a health condition category compared to national could indicate a potential cohort of young carers who are currently not met by local services; however due to potential discrepancies in health condition categorisation between services and compared to national categorisation, it would be inappropriate to put too much weight behind this hypothesis. For the future, it would be easier to estimate unmet need if both young carers services recorded health conditions using the same categorisation, with an additional grouping that replicates the categorisations used by national surveys.

Research suggests that dual diagnosis of physical or mental illnesses or disabilities is more common and is often accompanied by another physical and/or mental health issues that are not formally diagnosed³⁰, therefore it is advisable that both the TYCS and the TYAC service record or consistently record any secondary conditions, including addictions.

11. Limitations and recommendations for the future

11.1 Limitations of this HNA

Firstly it is recognised that individual young carers engaged with the TYCS and the TYAC service receive support based on their health needs assessment as opposed to the referral data which the majority of this health needs assessment was based upon. It is likely that service support is tailored to the individual needs of young carers; however without the collation of this information, it is difficult to determine collectively what the needs of local young carers are and if services are helping to meet these needs. Additional data recording taken from individual health needs assessment and evaluation data could help to answer some of these questions.

11.2 Recommendations from this HNA

For the future, based on the evidence within this health needs assessment, the following strategies could be employed to help capture more young carers in Torbay:

- Universally, the stigma of being labelled as a ‘young carer’ and the fear by some families to disclose young caring in a household, needs to be minimised. Building on the work of national public health campaigns could facilitate this;
- Current referral pathways should be recorded and then analysed for which referral sources are successful and to identify gaps that could be maximised;
- Research and interventions could be put in place to capture more male young carers as they are underrepresented in Torbay – particularly between the ages of 16 and 24;
- Research and interventions could be put in place to capture more young adult carers aged between 16 and 24 years as current service reach does not reflect the proportion of older young carers expected in the population;

³⁰ Aldridge, J. The lives of young carers England, 2016

- Based on young carers providing intensive levels of support and reporting fair, bad or very bad health status; more carer support may be required in the wards of Roundham with Hyde and St Marychurch. More research would be required to support this recommendation as it is based on small numbers.

The following recommendations could be employed to improve data quality and usability:

- Collectively the data recording of: ethnicity; reason and secondary reason for care; main carer; education, employment and training status and relationship to person cared for could be improved to give more weight to decisions based upon this information;
- Collectively Census and key national survey categories would be helpful for analysis of: ethnicity; reason and secondary reason for care; education, employment and training status and relationship to person cared for;
- Collectively more effort could be invested in carer outreach as, at best; the coverage is 30% of the expected young carers in an area. More specifically, services are failing to reach young carers in the lesser deprived ward of Churston with Galmpton which has significantly more young carers compared to England;
- Collectively the recording of the level of care provided by the carer would be useful. Categories that are similar to those recorded by the Census (Section 4.5, Page 7-9) would be useful for determining the potential level of carer support required;
- Collectively the systematic recording of the self-reported health status of carers akin to the Census (Section 4.6, Page 9-10) would be useful. Young carers services are required to conduct a health needs assessment when carers engage with a service. Locally this is recorded on paper but does not link to referrals data which can be aggregated to give population level statistics. A suggestion for the future would be for services to select broad categories which capture the majority of health and social care needs identified by individual health needs assessment (e.g. risk taking behaviour, mental health, physical disability) and include this information as a field(s) within referral data;
- Collectively the type of support provided to carers by the services they engage with, be it sending a mail circular, intensive-one-one to support or respite, would be useful. Also if an onward referral to another service, such as CAMHS, is required; this information could be used as an indicator of the health status/needs of the cohort;
- Collectively the recording of special educational needs (SEN) could indicate where additional school and home support is required;
- Collectively the recording of 16 to 24 year olds who are or are not claiming carers allowance would be useful. This information could be a proxy for the level of support required by the carer (over 35 hours per week) and could indicate where signposting for additional financial aid would be valid;
- Collectively the education, employment or training status of young carers age 16 to 18 years could be recorded. This information would be useful for highlighting additional support needs that carers may require. Additionally Census employment type categories could indicate if employment was well paid or not;

- Collectively the recording of main or secondary carer status would be useful. This information could indicate the level of support required by the carer, e.g. less intensive support may be required by a service if a young carer also has the support from someone else in a household;
- Collectively the recording of carers who support more than one person in or out with their household would be useful. National and local data does indicate that additional support is likely for some young carers, predominantly older young carers. This field would be useful for giving an indication of where more intensive service support is likely;
- Collectively the consistent recording of additional caring reasons would be helpful. Good reporting of secondary health conditions – even undiagnosed conditions – could give a better indication of carers who may require more support and the type of support required from services.