

# North Somerset Multi-agency Carers Strategy 2023-27

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## Contents

[insert table]

### 1. Introduction

This Strategy outlines how organisations in North Somerset will support adult carers from 2023-27. It is a multi-agency strategy led by North Somerset Council. This means that different organisations in health, social care, and the

community, across the area will work together to achieve the priorities set out here, with the council taking the lead for overseeing this work.

We would like to thank the many carers who have contributed their views towards setting the priorities for the Strategy, telling us what matters to them. We are committed to working with you to ensure that the Strategy is put into action to improve your lives.

We would also like to thank: Healthwatch North Somerset who have contributed two important reports which have assisted with identifying what matters to carers and to understanding the needs of carers from unheard parts of our local population; Alzheimer's Society and North Somerset Carers Support (Alliance Homes) for hosting their own forums with carers to gather their views for this piece of work.

## **2. What do we mean by 'carer'?**

A carer is someone who provides care or support to someone else who could not manage without this due to their health, disability, learning disability, mental health, dementia, or alcohol or substance misuse. The care or support they provide is unpaid which differentiates them from paid care workers who are also, confusingly, often referred to as 'carers'. This Strategy applies only to the former. You may also hear carers referred to as unpaid, informal, or family carers. Many people who are carers tell us that they do not relate to the term. Many simply see themselves as partners, spouses, sons, daughters, relatives, or friends who are helping someone out.

An adult aged 18 or over who looks after someone else aged 18 or over is known as an 'adult carer'. There are children and young people under 18 who provide care or support to a sibling, parent, or other, known as 'young carers'. Parents looking after a disabled child aged under 18 are referred to as 'parent carers'. This Strategy covers adult carers.

## **3. Carers – the national picture**

The Census 2021 indicated that across England and Wales there are around 5 million carers. Census data from the Office of National Statistics (ONS) shows that across England the largest age group of carers is those aged 55-59, and across all age groups more women are carers than men.

Comparisons between 2011 and 2021 data for the three categories of unpaid care show:

- decreases in the proportions who provided 19 hours or less of unpaid care a week in both England (from 7.2% in 2011 to 4.4% in 2021) and in Wales (from 7.4% in 2011 to 4.7% in 2021)
- increases in the proportions who provided between 20 and 49 hours of unpaid care a week in England (from 1.5% in 2011 to 1.8% in 2021), and in Wales (from 1.9% in 2011 to 2.2% in 2021)
- the proportions of people who provided 50 or more hours of unpaid care a week remained similar in England (2.7% in 2011, 2.7% in 2021) and in Wales (3.7% in 2011, 3.6% in 2021)

Research by Petrillo and Bennett in 2022 indicated that:

- 4.3 million people become unpaid carers every year – 12,000 people a day
- Between 2010-2020, people aged 46-65 were the largest age group to become unpaid carers. 41% of people who became unpaid carers were in this age group (Petrillo and Bennett, 2022).
- 58% of carers are women (Census 2011). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022).

Research by Carers UK showed that 1 in 7 carers are juggling work and unpaid care ([Carers UK, 2019](#)) and that 75% of carers in employment worry about continuing to juggle work and care (Carers UK, [State of Caring 2022](#)).

The value of unpaid care was estimated at £530 million per day and £193 billion per year during the pandemic (Carers UK, [Unseen and Undervalued](#), 2021).

Caring can have a significant impact on health and wellbeing:

- 60% of carers report a long-term health condition or disability compared to 50% non-carers (Carers UK analysis of GP Patient Survey 2021).
- Over a quarter of carers (29%) feel lonely often or always (Carers UK, [State of Caring 2022](#)).
- There is increasing evidence that caring should be considered a social determinant of health (Public Health England, [Caring as a Social Determinant of Health](#), 2021).

From <<https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>>

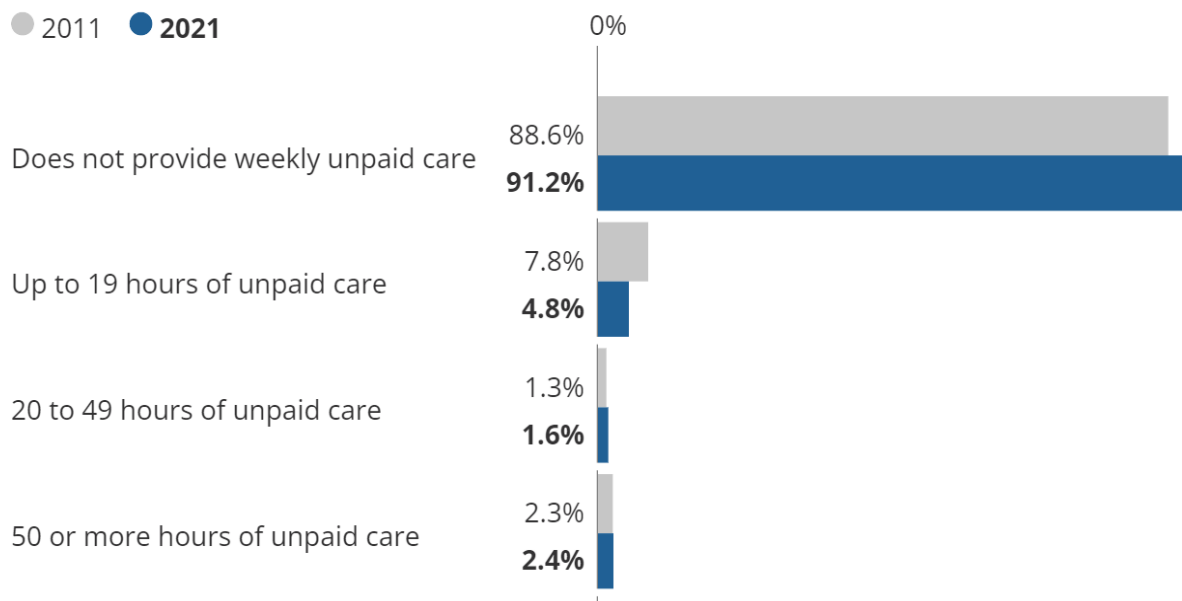
## 4. Carers in North Somerset

We estimate there are around 19,070 carers (8.8% of residents) in North Somerset. This is based on the ONS data for the Census 2021 and relates to carers aged 5 years and over. This is a decrease of around 4000 carers since the Census 2011 despite an increase in the population from around 202,600 in 2011 to around 216,700 in 2021. The decrease in the proportion of carers aligns with the picture across England.

Census 2021 was undertaken during the Covid-19 pandemic. This may have influenced how people perceived and managed their provision of care so it may have affected how people responded to the census questions around unpaid care. Also, there were changes in question wording and response options compared to the 2011 census. As a result, the ONS recommends caution when making comparisons between 2011 and 2021.

The table below compares 2011 and 2021 results for carers and number of hours of care provided per week.

Age-standardised proportion of usual residents (aged five years and over) by hours per week of unpaid care provision, **North Somerset**



Source: Office for National Statistics – 2011 Census and Census 2021

This is broken down into the following figures for the Census 2021:

Hours of care provided per week	Number of carers in North Somerset
Provides 9 hours or less	7693
Provides 10 to 19 hours	2473
Provides 20 to 34 hours	1602
Provides 35 to 49 hours	1643
Provides 50 or more hours	5351

This shows an increase in the number of carers providing more than 50 hours of care per week from 4654 in 2011 to 5351 in 2021. The Census 2011 had illustrated that carers caring for more than 50 hours per week are more than twice as likely to have significant health problems than non-carers. Without time to recover or seek treatment these health problems can escalate.

Based on Census 2011 figures, in North Somerset: [\[seeking updated Census 2021 data\]](#)

- 15,656 carers are of working age, higher than the England average.
- 827 of these are young adult carers, aged 16 – 24.
- 13.4% of the North Somerset population are carers aged 16+, higher than the overall England figure of 12.7%
- 6,189 carers are over 65.
- Those aged 50 – 64 are the biggest group of carers (8,483).
- Those aged 65 and over are most likely to be providing 50 or more hours of care per week (2,053).

Note that older carers are most likely to be providing the highest level of care per week.

## 5. How we put this Strategy together

In order for the new Carers Strategy to be based around what matters to local carers, our aim was to engage with as many as we could to hear what their priorities are, what they want the new Strategy to focus on delivering. We also collaborated with partners in the voluntary sector such as North Somerset Carers Support (Alliance Homes) and Alzheimer's Society. We held a Carers Inquiry Day at which we heard from carers and various stakeholders in the statutory, voluntary sectors including local hospital trusts, Adult Social Services, Avon & Wiltshire Partnership (mental health services).

## 6. How we engaged with carers

The engagement began in January 2021 when North Somerset Council's website hosted an online carers survey. The website offered a contact number for paper copies, but no requests were received for such. The survey ran for 6 weeks. During this time Alzheimer's Society and North Somerset Carers Support ran additional focus groups to gain carers' views.

During March and April Healthwatch North Somerset were commissioned by the council to conduct online focus groups and follow-up telephone interviews with individual carers who were willing to be contacted after having participated in the online survey. This resulted in a Healthwatch report [Listening and learning from unpaid carers](#) in April 2021.

However, we found a gap in hearing from carers from minority groups in responses to these earlier exercises. To address this a further Healthwatch report followed in September 2022 [Unheard Carers from minority groups in North Somerset](#).

We ran a Carers Inquiry Day in October 2021, organised through the council's Adult Services and Housing Policy Scrutiny Panel. At this event we heard from carers and from providers of local services used by carers.

## 7. What carers told us

### 7.1 Carers Survey

The online survey was intended to find out what matters most to carers and what they think the Strategy should prioritise. The main themes in the responses were:

- recognising and valuing carers
- involving carers in planning and decisions
- services working together so the same story doesn't have to be repeated
- knowing where to get support.

The way the health and social care system operates is vital for carers. They want this to be joined-up so that their experience of using health and social care and getting their needs met is simplified for them. They want systems:

- to work together to increase opportunities to identify carers as early as possible,
- to provide them with the information and advice they need,
- to consider them in the context of their family life,
- and to minimise the impact of caring responsibilities on their lives by giving them access to a range of support.

Working carers wanted:

1. carers leave
2. financial help to enable them to continue to care as many can't work more than part-time due to caring and are excluded from Carers Allowance, and to understand what financial support available when giving up work'

The main priorities for those who responded to the questionnaire were **support** and **recognition**:

- Identifying people who are Carers.
- Recognition for what carers do. Feeling valued and appreciated. People understanding what they do – the community, GPs, other professionals.
- Support to navigate the systems, get the right help and care for the person they are looking after, support to find information and get access to the things they need.
- Having someone/a team to go to for everything and help carers work through all the issues they need to overcome.
- Better joined-up working across systems so carers do not have to repeat themselves.
- Support networks to enable carers to link with people who can relate.
- Having a break.

## 7.2 Carers Inquiry Day

The Adult Services and Housing Scrutiny Panel held a Carers Inquiry Day to gain insight into the impact of the pandemic on carers and how to support them going forward through the Carers Strategy. We heard from carers and from organisations who provide support to carers including Alzheimer's Society, North Somerset Carer Support (Alliance Housing), Curo, North Somerset Council Adult Social Services' Carers Service (part of the Single Point of Access team), Avon & Wiltshire Mental Health Partnership NHS Trust, and University Hospitals Bristol and Weston NHS Foundation Trust.

### Key findings:

- Pandemic has left carers exhausted with little or no time to themselves, and impacted mental health of many
- Identifying carers – need to improve how we do this, especially with GP practices, and maximise our approach so there is 'no wrong door'
- Provision of information and advice – develop key messages and a communication strategy with partners, including social prescribers at GP practices
- Importance of keeping in touch with carers by phone during lockdowns to help them feel less isolated and more supported
- Importance of supporting carers to look after their own physical and mental health



- Recognising need for, and cost of, replacement care for carers to be able to take a break, plus easily accessible info is needed on respite availability
- Recognising impact on carers of quality/ availability of support for cared-for (including hospital discharges)
- Term 'carer' is confusing, and carers do not like it
- Listening to carers – establish quarterly Carers' Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc
- Proactive offer of universal services and Carers Assessment

### **Recommendations:**

1. 'Think Carer' thread - Need corporate and executive council agreement to embed carers into all relevant council strategies, policies, partnerships.
2. Carers Champion - Need to agree to proceed with role and identify member willing to fulfil this.
3. Review council website - work to begin by Carers Lead and SPA.
4. Respite and costs – Adult Social Services to investigate how to increase respite capacity.
5. Gaps in wellbeing - Adult Social Services to consider within community model of care below.
6. Community model of care - Adult Social Services to investigate with Parish & Town Councils (P&TCs), North Somerset Together, and partners how this model can be developed to identify and support carers.
7. Strategy for community engagement - Corporate and Adult Social Services to develop blueprint with community partners (P&TCs, North Somerset Together, and others).

## **7.3 Listening and learning from unpaid carers - Healthwatch report**

Themes that arose in this research were:

- Recognised, valued, involved in decision-making (communication)
- Support
- Assessments/ forms
- Signposting
- Respite
- What Carers say are working well

### **Recognised, valued, involved in decision-making**

*"I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration".*

*“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”*

Some carers felt the term ‘carer’ is confusing as it also relates to professional care workers and they want to be recognised separately as they are not paid.

### **Support**

There was an overall feeling of exhaustion with little or no down-time amongst many carers. The support in a crisis was noted to be overall great, however the ongoing support is what would make all the difference for many Carers. There does not appear however, to be support for help with issues as they arise.

*“Feeling exhausted as a Carer, its 24/7 with very little or no down time, it would be great to have someone check in on you occasionally.”*

### **Assessments/ forms**

All Carers said assessment forms/disability forms are ‘long winded’ and they recognise that although assessments are necessary they requested more awareness of and facilitation of support available when filling in forms. There are organisations that can help with this, but many carers were unaware of them.

*“It would be very helpful to have an advocacy for Carers when it comes to form filling and support for when things don’t appear to be right as this would alleviate some of the stresses.”*

### **Signposting**

All Carers pointed out that many services are not joined up and duplicated information. When people are first diagnosed there was either too much information or Carers did not know who to go to for further information and support.

*“Navigating through the information there is too much given at once would be good to have it slowly.”*

### **Respite**

All Carers expressed concern over their financial situation, and many were using savings to top up funding for extra care and respite services. Some were travelling to Bristol or South Gloucestershire for some groups and support and said they would like a return of more local services.

*“Access to respite has been very limited [during lockdowns] and many are missing this service, having to isolate is too distressing for people with dementia.”*

Carers missed the time to talk with others in their positions and have helpful conversations.

### **What carers say is working well**

*“Mobilise are very good.” (Mobilise offer online carer support.)*

*“‘Living with dementia’ courses very good.”*

*“Craft sessions during Lockdown have been great, equipment is delivered to your door then you follow an online session”.*

*“Dial at Weston disability services are brilliant..”*

*“Memory clinic assessment is good.”*

*“Department of work and pensions have a visiting team to help with filling out forms they are very good.”*

*“Alzheimer’s society are very helpful with giving information as its needed”.*

### **What carers want in the Strategy**

- Provide support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and Carer
- Carers be provided with a Carers Passport that helps to support them in an emergency
- Ensure that each assessment is ‘needs-led’ so that each person’s unique requirements are supported and provided for
- The council provides specialist staff training and increase their staff numbers to focus on inclusion and support at existing community clubs
- Carers are given advocates to speak up for them and help navigate the system
- Carers are given ongoing support in the form of a co-ordinator for their Health and Social care needs
- There are more practical support facilities such as disabled spaces and public toilets with changing facilities that cater for children and adults
- That the strategy emphasises ways to support self-care, as Carers can forget to look after themselves
- Focus groups for Carers quarterly are run by someone who has been a Carer or understand what it is like to be a Carer

## **7.4 Unheard carers from minority groups in North Somerset - Healthwatch report**

This report was intended to fill the gap where we had not successfully reached carers in minority groups in our earlier engagement.

### **Key findings:**

- Participants do not identify themselves as unpaid carers. They felt unacknowledged by GPs and other frontline health & social care services.
- The lack of information or communication directed at them from health and social care services is the main barrier to accessing the support these carers need.
- Carers would like training so that they can better support the cared-for person, and emotional support for themselves. This was especially true for the refugee carers.
- The carers wanted peer support groups with other carers who face similar barriers or provide a similar type of care.
- Uptake of services by diverse communities (and better health outcomes) would be improved by gaining a better understanding of the key issues relating to culture and how this may influence use of health & support services.

### **Recommendations**

**1.** Health and social care services build cultural understanding to achieve strong and positive networks with minority community, language-based and faith-based groups in North Somerset in order to engage and identify carers from vulnerable communities and groups. This should be based on outreach engagement together with data collection.

**2.** A specific chapter be included in the Health and Social Care Joint Strategic Needs Assessment of carers from minority groups, aiming to tackle the health inequality among these communities.

**3.** The local authority works together in co-production with community groups to develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages. The word "carer" should accompany an explanation such as 'If you look after someone in your family or a friend who couldn't manage without your help, you are a CARER and you have rights to get support for yourself.'

**4.** The local authority to work together with the Integrated Care System (ICS, which has replaced the CCG) to encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England.<sup>13</sup> This aims to improve the identification of carers of all ages at general practices. ICS should monitor how this framework is adopted by each GP surgery.

5. Carers' support should include access or signposting to appropriate emotional support especially the Syrian refugee carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.

## 8. Our Strategic priorities

Our Strategic priorities have emerged from the engagement we have done with carers described in previous sections. They are:

<b>1</b>	Identify, recognise, & value carers
<b>2</b>	Involve carers in decisions, in care-planning, in developing services
<b>3</b>	Systems that are a) joined up and b) that identify, recognise and value carers, and see carers in context of family
<b>4</b>	Services that are reliable and deliver best outcomes for all
<b>5</b>	Information and advice
<b>6</b>	Staying well and having a life of my own – regular breaks, able to maintain relationships with family and friends, able to pursue hobbies or leisure interests

The priorities are explained in more detail below. Some of them interconnect with others. This means that some points arise under more than one heading.

Under each priority are a list of actions. To make these actions happen, small task groups will be formed involving the council, partner organisations, and carers. Each group will work together to decide how best to achieve these actions and to ensure they are delivered.

## Priority 1 - Identify, recognise and value carers

### In consulting with carers we found:

- Carers often do not identify themselves as such. They felt unacknowledged by GPs and other frontline health & social care services.
- Carers want to be recognised for the knowledge they have and for people to listen to them when making changes
- Carers want support to register at a GP surgery to give benefits such as electronic flagging on notes for the cared-for and Carer

### Our aims:

- To raise awareness of carers across communities, organisations, and professionals
- To make our communities 'carer-friendly', where carers are recognised, valued, and supported
- To improve how we identify carers so that there is 'no wrong door' to getting support as a carer including through GP practices
- NSC to 'think carer' across all of its strategies, plans, and decisions
- Encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England

### Our actions to improve:

- NSC, NHS and other partners to ensure staff are 'carer aware' eg through training and publicity materials
- NSC and ICB to consider within every strategy, plan, and decision, e.g. transport, planning, not just Adult Care, whether it can be developed to benefit carers in some way and to do so where feasible
- NSC to appoint a councillor as Carers Champion to oversee the above within the council
- NSC to work with the Integrated Care Board to encourage GP surgeries to adopt the Framework of Quality Makers developed by NHS England. This aims to improve the identification of carers of all ages at general practices. ICB to monitor how this framework is adopted by each GP surgery.

## Priority 2 - Involve carers in decisions, including care-planning and developing services

### In consulting with carers we found:

*"I do not feel listened to and my knowledge of care and illness for my partner is not taken into consideration".*

*“We need to be listened to and taken seriously. We want to be recognised for the knowledge we have and for people to work with us and listen to us when making changes.”*

**Our aims:**

- Council and partner organisations to ensure opportunities for carers to be heard and involved in decisions
- To gain a better understanding of the key issues relating to culture and how this may influence use of health & support services by carers from minority groups

**Our actions to improve:**

- Listening to carers – establish quarterly Carers’ Forums for carers to have their say and feed into strategy, policy, service development, quality assurance, etc
- Develop Strategy for Community Engagement to enable council to take consistent approach to engage with local communities when seeking their views
- Council to undertake specific engagement with carers from minority groups to better understand key cultural issues and how to improve their uptake of services

**Priority 3 - Systems that are a) joined up and b) that identify, recognise and value carers and see carers in the context of whole family**

**In consulting with carers we found:**

- Carers find themselves having to repeat their stories over and over to different professionals including care workers  
*“We have different Carers every time, it’s exhausting having to explain about my husband’s illness and what his needs are.”*
- Carers would like more joint working between professionals to help with the difficulties of being a carer
- Carers pointed out that many services are not joined up and duplicated information.
- Carers expressed the need for a holistic approach that takes their mental health, physical health and whole family situation into consideration, including their financial support.
- Carers want help to navigate the system

**Our aims:**

- Improve integration of the local health and social care system to offer carers a better experience of engaging with it

- To see carers in the context of the whole family situation
- Improve continuity of care especially for people living with dementia and their carers

**Our actions to improve:**

- Council and ICB to work on data-sharing to improve support to carers
- Encourage care providers to offer continuity of with care workers, especially for people living with dementia and their carers
- Promote 'whole family' approach to see carers in context of their wider family situation

**Priority 4 - Services that are reliable and deliver best outcomes for all**

**In consulting with carers we found:**

- Carers want easy access to support services
- Carers are concerned about availability and cost of replacement care without which they cannot take a break for themselves
- Carers want more easily accessible information on respite availability
- Carers from refugee communities in particular would like training so that they can better support the cared-for person, and emotional support for themselves.
- Carers want a Carers Passport that helps to support them in an emergency

**Our aims:**

- Recognising need for, and cost of, replacement care for carers to be able to take a break
- easily accessible info is needed on respite availability
- Recognising impact on carers of quality/ availability of support for cared-for (including hospital discharges)
- Consider how to increase capacity in provision of respite services
- To explore a community model of care - services that are based at a very local level, i.e, in towns and villages, can be developed to identify and support carers.
- To better understand needs of carers from minority groups in order to improve their uptake of services

**Our actions to improve:**

- council to develop wider range of respite options for carers
- Council to improve accessible info on respite availability
- council to investigate with Parish & Town Councils, North Somerset Together, and other partners, how services that are based at a very local level, i.e, in towns



and villages, could be developed to identify and support carers and to implement this if it offers significant improvements to carers' lives

- Council's Carers Emergency Response Scheme (CERS) to provide improved range of responses to carers' emergencies so that carers have increased peace of mind
- Explore whether CERS could be extended to a Carers Passport
- Specific engagement with carers from minority groups to better understand their needs
- Health and Social Care Joint Strategic Needs Assessment to have specific chapter on carers from minority groups, aiming to tackle the health inequality among these communities.

## **Priority 5 - information and advice**

### **In consulting with carers we found:**

- The lack of information or communication from health and social care services directed at carers from minority groups is the main barrier to these carers accessing the support they need.
- All Carers pointed out that many services are not joined up and duplicated information.
- When people are first diagnosed there was either too much information or Carers did not know who to go to for further information and support.
- Carers would like help to navigate the system

### **Our aims:**

- Ensure professionals and partner organisations are aware of the support available to carers and know where to find the information and advice on this
- Work with partner organisations and communities to improve offer of information and advice to carers

### **Our actions to improve:**

- Development of key messages and a Communications strategy by council with partner organisations, including social prescribers at GP practices
- Review and update information on the council website pages for carers
- develop sufficient and appropriate information packs about support and carers' rights that are easy to understand, in different formats and languages.

## **Priority 6 - Staying well and having a life of my own**

This priority is about ensuring carers have what they need to stay physically, mentally, and emotionally healthy and well, and about ensuring they are able to have a life outside the caring role. It includes:

- access to regular breaks,
- support to maintain own physical and mental health,
- maintaining relationships with family and friends,
- support to balance work/ education/ training with caring,
- being able to pursue hobbies or leisure interests
- being able to access the wider community

### **In consulting with carers we found:**

- Pandemic has left carers exhausted, often with little or no time to themselves, and has impacted mental health of many
- Keeping in touch with carers by telephone would have helped carers feel less isolated and more supported during lockdowns
- There are gaps in support available for carers' wellbeing
- Carers feel they sometimes need advocates to speak up for them
- Carers are given ongoing support in the form of a co-ordinator for their Health and Social care needs
- Carers from minority groups wanted peer support groups with other carers who face similar barriers or provide a similar type of care
- Working carers are worried about juggling employment with looking after someone

### **Our aims:**

- Recognise importance of keeping in touch with carers by phone, not just during lockdowns, and to support them feel less isolated and more supported
- To enable carers to look after their own physical and mental wellbeing
- Improve work with employers to support working carers
- Carers' support should include access or signposting to appropriate emotional support especially the Syrian refugee carers, with the assistance of an interpreter. This could be through peer support groups and/or counselling sessions.
- Improve digital access and support options for carers
- Talk to carers to understand what support they feel will improve their wellbeing

### **Our actions to improve:**

- To proactively offer carers universal services and a Carers Assessment
- Improve support available for carers to look after their own physical and mental health
- Explore options for improving emotional support available for carers

- Explore options for improving access to emotional support for carers from minority groups
- Ensure carers are included in the NSC Digital Strategy to improve their digital access and support options
- Bid for available funds to develop further support for carers' wellbeing

## **What happens next?**

The council, partners and carers will meet at a regular Carers Partnership Group to discuss the Strategy and the actions needed to make it a reality. Smaller task-groups will be set up to refine the actions under priority headings and deliver specific aspects of the Strategy.

## **How will we monitor progress?**

These groups will each have a workplan to monitor progress in delivering the relevant aspect of the Strategy. The workplan will indicate what actions are to be taken, who is responsible for this, and what priorities these will meet. The groups will identify the resources required to deliver on their workplan.

The groups will report back to the Carers Partnership Group to reflect progress being made and to report obstacles to achieving their tasks. The members of the Partnership Group will use their influence within their organisations to remove obstacles and support the delivery of the priorities.