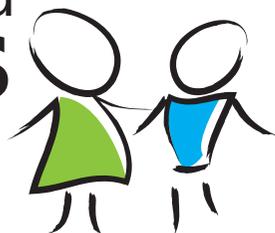


Gateshead
Carers



Gateshead Carers Association

STRATEGIC PLAN 2014-17

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1.0 Introduction

This strategy is a tool to guide the work of Gateshead Carers Association over the next three years. It does this by recognising where we are at the moment and stating where we want to be in three years' time. This strategy is the result of a consultation process involving, staff, carers and trustees. As an organisation we support adult carers aged 18+ and whenever the term 'carer' is used it refers to adult carers.

1.1 Our Mission

To make a significant positive difference in the lives of adult carers' by efficiently and effectively providing the highest quality personalised carer support in Gateshead.

1.2 Our Aims

To work to ensure that adult carers;

- Have improved health and wellbeing
- Have an improved quality of life being better able to realise their potential through employment, education and training
- Are treated with respect and dignity and their role is recognised and valued
- Have improved financial health
- Have a life of their own outside of caring
- Have a campaigning voice on issues affecting them.

1.3 Our Objectives

- To shape and influence local, regional and national strategies and policies which impact on the lives of adult carers
- To provide an information, advice, guidance and support service for adult carers
- To provide short breaks for adult carers
- To develop services for adult carers from the BME and LGBT communities
- To identify, engage with and support adult carers earlier in their caring journey

- To identify and develop services for working age carers
- To work with employers to develop carer friendly policies and practice
- To provide services which are of value to all adult carers across age range and condition of the cared for
- To develop the GP carer referral pathway across all practices in Gateshead
- To ensure that adult carers are listened to, respected and are able to influence and shape health and social care practice and policies
- To be the authoritative voice of adult carers in Gateshead.

1.4 Status

Gateshead Carers Association is a registered charity and a company limited by guarantee.

Registered Charity Number: 1118942 Company Number: 6133161

1.5 Overview

We define a carer as anybody who provides unpaid help and support to someone because of that person's frailty, physical disability, learning disability, mental health or substance misuse.

The Association was established in 1996 in response to needs identified by carers with the aim of providing carers with information, support and training. GCA became a registered charity in 2007 and a company limited by guarantee. GCA currently has a membership of 2532 carers which is an increase of 42% since 2011. There are 22,200 carers living in Gateshead (based on 2011 census).

GCA is managed by a Board of Trustees with a Chairperson, Vice Chair, Treasurer and Company Secretary. Over 50% of board members are or have been carers. There are currently 12 FTE staff including the Chief Executive Officer.

We are driven by a professional, committed and outcomes focused approach to supporting carers living and working in Gateshead. We take an active interest in local, sub regional, regional and national developments affecting carers and campaign for carers' interests. We aim to influence and shape policy relating to carers at all levels to reflect the voice of carers.

Within Gateshead we are represented on a range of Partnership Boards including Gateshead Carers Partnership, Gateshead Personalisation Partnership Board, Patient, User and the Carer Public Involvement Board. A full list of our partnership working is included as appendix three.

We are network members of "Carers Trust" which shapes and influences national policy and legislation affecting carers', provides grants to carers and carer organisations, and works to ensure all national partners are providing high quality standardised support to carers.

We are grateful for the financial support we receive from both statutory bodies, grant giving charitable foundations and individual / group donors. Our main funders are Gateshead Clinical Commissioning Group and Gateshead Council. Income from statutory organisations represents 77% of total income. Full details of our financial supporters are included as appendix four. Our finances are controlled through the Company Treasurer, Finance Officer, Chief Executive Officer and the Finance Sub Group of the Board of Trustees.

GCA is an outcomes focused organisation. In order to strengthen our ability to monitor and evidence the difference our activities and services (our outputs) make to the lives of carers we use an Outcomes Focused Monitoring and Evaluation Framework across the organisation.

Everything GCA provides and does is designed to achieve the following outcomes for adult carers;

- Carers will have improved health and well being
- Carers will have increased choice and control in their lives
- Carers will feel that their role is increasingly recognised and valued
- Carers will have increased opportunities to have a life of their own outside of their caring role
- Carers will be less financially disadvantaged as a result of having a caring role.

2.0 Gateshead Carers Association and its' operating environment

Gateshead Carers Association operates within one of the most socially and economically disadvantaged local authority areas in the country. Gateshead is ranked 43 out of 326 local authorities where 1 is the most deprived (rank of average score).

2.1 Index of Multiple Deprivation (IMD) 2010

The most well-known index is known as IMD 2010. This index measures multiple deprivation for each local authority area as a whole and also for smaller Lower Layer Super Output Areas within each local authority. The index is made up of one overall and seven themed Domains or groupings of deprivation indicators:

- Overall Domain
- Income Domain
- Employment Domain
- Health and Disability Domain
- Education, Skills and Training Domain
- Barriers to Housing and Services Domain
- Crime Domain
- Living Environment Domain

The overall domain combines each of the themed domains into a single overall measure of deprivation. Each themed domain combines multiple quality of life indicators, totaling 38 overall.

The indicators have been based on data from 2008 which means that the index does not reflect the full effects of the current recession.

2.2 IMD 2010 Gateshead Lower Layer Super Output Areas

Within Gateshead there are 126 smaller areas known as Lower Layer Super Output Areas (LSOAs). Twenty of these areas fall within the 10% most deprived areas in England which means that 30,716 people or 16% of the population of Gateshead live in these areas.

Extending the range of deprivation to include the 20% most deprived areas in England takes in a further 28 LSOA's within Gateshead. In total 72,627 people or 38% of the population of Gateshead live in the 20% most deprived areas in England.
(National Office of Statistics 2011)

3.0 Carers and national / local policy context

3.1 The National Carers Strategy (2010)

The government is clear in its view that carers must be recognised, valued and supported. Key outcomes for carers in the strategy are;

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring
- Carers will be able to have a life of their own outside of caring
- Carers will be supported so that they are not forced into financial hardship as a result of their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity.

3.2 NHS Outcomes Framework 2014 / 2015

Within this document (Annex C1; *Enhancing quality of life for people with long term conditions*) key outcomes identified are;

- Enhancing quality of life for carers
- Ensure carers can balance their caring roles and maintain desired quality of life.

Annex C3 of the NHS Outcomes Framework (*Ensuring that people have a positive experience of care and support*) states that;

- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process.

3.3 The Care Act (April 2015)

The Care Act aims to simplify, consolidate and improve existing legislation putting carers on an equal legal footing to those they care for.

In particular the Bill proposes;

- Duty to promote wellbeing extended to include Carers (clause 1)
- New duties for local authorities to integrate services and provide information and advice (clauses 3 & 4)
- Local authorities must establish and maintain a care and support market and promote diversity and quality in provision of services, including sufficient provision to enable carers to participate in work, education and training (clause 5)
- New single duty for Carers Assessments based on appearance of need, will now include consideration of day to day outcomes and financial assessments will only be carried out after a needs assessment (clause 10)
- Whole families can be involved in needs assessments (clause 12)
- New duty to meet carers' needs for support (clause 20)
- National eligibility framework and standards for meeting needs of adults with needs and carers with care and support needs (clause 13)
- Duties for assessing needs for adults with care needs, Carers, children with care needs and Young Carers at transition have been amended to include consideration of what support and resources are already available to an individual which could meet their needs (clauses 9, 18, 10, 56 57 and 61)
- Carers should be consulted on care and support plans; Carers can prepare plans jointly with local authorities (or other organisations) (clause 25)
- Right to a support plan to help carers decide how their needs should be met; Carers can request a copy of the care and support plan (clause 25)
- New entitlement to a Personal Budget and new right to request Direct Payments which can be paid to the carer or the adult needing care (clause 26 and 31).

3.4 Gateshead Carers Partnership Strategy 2014 / 2017

This is a multi-agency strategy developed by the Gateshead Carers Partnership including the local authority, Gateshead CCG and voluntary sector organisations. The vision is for carers in Gateshead to be recognised and valued for the positive contribution they make to our community and the lives of the people they support. We will work to ensure that carers are empowered and enabled to take control of their own lives by recognising and identifying their own needs, by having more choice and control and through access to high quality, flexible support services.

Support for carers is therefore a priority at a national and local level. This is likely to be driven not only by a recognition of the enormous contribution carers make to lives of those they support but also by a recognition of the financial contribution carers make to the economy of the UK and locally.

3.5 The Better Care Fund

What is the Better Care Fund?

This is a budget set up by the Government to improve the ways adult social care and health services work together.

This is not new money as it is funding already received from Government. The Better Care Fund enables Gateshead CCG and Gateshead Council to pool their budgets to join up and reduce duplication of services and focus their efforts on improving social care and health services for local people.

Main aims of the Better Care Fund

- Improve services even though there are more people needing it and less money
- Care for people in their own homes and reduce time spent in hospitals
- Help people to better manage their own health and wellbeing

Gateshead Council and Gateshead Clinical Commissioning Group (GCCG) have written a joint plan which has been submitted for national review. Plans are progressing so the proposed changes will be in place by April 2015.

Public Services (Social Value) Act 2012

The Public Services (Social Value) Act 2012 became law on the 8th March 2012. From 31st January 2013 the Act is 'live' and commissioners and procurers must adhere to it.

What is the Act?

- The Act, for the first time, places a duty on public bodies to consider social value ahead of procurement.
- The Act applies to the provision of services, or the provision of services together with the purchase or hire of goods or the carrying out of works.
- The Act states that... *The authority must consider -*
 - a) *how what is proposed to be procured might improve the economic, social and environmental wellbeing of the relevant area, and*
 - b) *how, in conducting the process of procurement, it might act with a view to securing that improvement.*

If this organisation wishes to successfully compete for future tenders we need to be able to demonstrate that by holding a public service contract we would contribute to improving the economic, social and environmental wellbeing of Gateshead and its' residents.

What is the impact of these drivers?

There is growing national and local understanding of the need to support carers which is reflected in legislation and the placing of carers at the heart of heart of government strategy and that of local statutory bodies. The Care Act epitomises this by effectively given carers the same rights as disabled people. The cumulative effect of these drivers strengthens the position of carers and by association strengthens the role and value of this organisation.

4.0 Profile of adult Carers in Gateshead

GCA conducted a major survey of Carers in Gateshead in 2014. The headline findings are presented below.

4.1 Characteristics of Carers

The 2011 census indicated that there are 22,220 carers in Gateshead which means that 11.1% of the population of Gateshead have a caring role, above the national average. The number of carers has increased by 5.1% over the last 10 years (around 1000 more than that recorded in the 2001 census)

Carers responding to the survey mainly care for one person who lives with the carer and the vast majority; (almost three quarters) are providing care for over 35 hours per week. Just under half of respondents were aged between 51 and 64.

Carers are most likely to be caring for their son, daughter or spouse / partner. One quarter of carers responding were aged over 65. An increasing number of carers (44%) also consider themselves to have a disability which is significantly higher compared to the UK population as a whole which is 17.4% (2011 Census). The data suggests that most carers are likely to describe themselves as retired. The number describing themselves as unemployed has doubled since 2011.

Carers provide a wide range of help and support with the most common caring tasks being practical care, supervision, help in dealing with financial matters. Since the last survey in 2011 there has been a significant growth in the number of carers who helped with the management and administration of medicines and in dealing with care services and benefits.

4.2 The Financial Impact of Caring

Half of carers responding said that their caring role has caused them financial hardship in the last 12 months. One in five carers has had to give up work because of their caring role and over half of carers are using their own money and savings to pay for equipment and services for the cared for. It is possible that further cuts to LA budgets will increase the financial pressures on carers.

4.3 Health of Carers

Caring clearly continues to impact on the health and wellbeing of carers. Almost three in every four carers – 75%, believe their health has deteriorated as a result of their caring role. The proportion of carers who describe their health as 'average' to very poor has grown significantly since 2011. There has been a significant reduction in the number of carers who describe their health as very good or excellent.

Since 2011 there has been almost a threefold increase in the number of carers reporting a negative impact on their own mental health. Over four carers in every ten are reporting that caring is having a negative impact on their mental health. Over half of carers are describing themselves as depressed; three out of every four carers are reporting 'stress'.

These health impacts are affecting half of all carers' ability to adequately care.

4.4 Carers Quality of Life

Carers reported quality of life was poor in 2011 but in 2014 it is even worse with almost four out of every five carers describing their quality of life as 'average, poor or very poor'. In the survey, carers were asked to give more detail across 14 quality of life indicators. Across all indicators the situation is worse now than it was in 2011. There has been a significant fall in the extent to which carers feel valued and appreciated, having space and time to be themselves, the amount of control they have over their daily lives, having time to look after themselves and a reduction in the time they have for social contact with people they like.

4.5 Support Services

The support carers receive from families and friends remains strong. Increasingly, comparing survey results from 2011 with results from this survey, more carers are turning to carer support agencies for support and fewer, although still a significant number, are turning to the LA / Social Services and GP/ Practice staff.

Worryingly, there has been a significant increase in the number of carers who do not have an emergency support plan with almost one in two carers having no plan in place.

More carers are aware that they can register as a carer with their GP but fewer are doing so. More carers are reporting that they have time to visit their GP than previously. Why this should be the case is unclear but it could be related to the overall worsening of carer health outlined earlier.

In terms of support there remains a considerable need from carers for information, advice and guidance.

4.6 Carer Involvement

There has been little improvement in the extent to which carers feel involved in discussions about support or services the cared for receives with around half reporting feeling uninvolved.

4.7 Wider Economic Climate

Carers remain concerned about future cuts to the budgets of statutory organisations including social care. The economic downturn is impacting on their personal circumstances. Having said that, the reported impact of cuts on their role as a carer, whilst remaining high, has halved since 2011.

4.8 Summary

It is possible to identify three broad themes from the survey which will shape our work over the next 3 years.

Caring has a major negative impact on the:

1. Financial position of carers
2. Health and wellbeing of carers
3. Quality of life of carers

Many carers are not aware of the support services available to help them.

5.0 Key Achievements over lifetime of previous Strategy (2011 to 2014)

During the last three years we have;

- Significantly increased the range of carer support groups offered from 5 to 18
- Successfully delivered a Big Lottery funded project to;
 1. Deliver support to working carers
 2. Raise carer awareness with employers
 3. Develop and deliver a short breaks offer to carers.
- Successfully delivered a contract with Gateshead PCT (2011) and had that contract renewed in 2012 and subsequently by Gateshead Council (Public Health) in 2013 and 2014 for the delivery of services to support carers affected by someone else's substance misuse.
- Successfully delivered a contract with Gateshead PCT (2011, 2012) and subsequently with Gateshead CCG (from 2013 and renewed in 2014) to provide generic carer support services, carer training, health and social care professionals training and the development of the

Carer Pathway (Single Point of Contact for GP referral of carers for support)

- Significantly increased support to carers from BME and LGBT communities. We now work with and support carers from 18 different language communities in Gateshead and have developed a LGBT Carer support Group
- Rebranded the organisation
- Developed a new website
- Introduced and developed our use of social media including Twitter and Facebook
- Redesigned all publicity materials
- Introduced a full colour quarterly newsletter for carers and other stakeholders
- Carried out a review of our governance procedures to ensure we met all of the Charity Commissions good practice guidelines on governance
- Carried out a skills gap analysis of Board members and recruited new trustees to strengthen the board by appointing trustees with specialist HR, Employment Law and Accountancy backgrounds
- Took part in a successful pilot as a "Trusted Assessor" with Gateshead Council to look at ways of increasing the number of Carers Assessment's carried out in Gateshead.
- Re-structured the organisation
- Increased income by 241%
- Increased staff by 100%
- Increased the number of carers' supported annually from 750 (2011) to 2400 (2013)
- Achieved the PQASSO Quality Mark
- Achieved the Carers Trust Quality Mark
- Achieved the Better Health at Work Bronze Award in 2013 and the Silver Award in 2014
- Introduced a new Management Information System (Charity Log) to improve efficiency and effectiveness
- Introduced an outcomes focused monitoring and evaluation framework
- Developed our capacity to ensure carers are receiving the state benefits they are entitled to. Between March 2012 and June 2014 we achieved for carers in Gateshead £1.8 million pound in state benefits which they had previously been told they were not entitled to or did not know they were
- Carried out and reported on the position of carers in our Gateshead Carers Survey Report 2014
- Shaped and influenced local carer policy and strategy through our membership of the Gateshead Carers Partnership including the development and adoption of Adult Social Care Standards within the Local Authority.

6.0 Where Gateshead Carers Association is now

6.1 Premises

GCA is based in the centre of Gateshead with excellent transport links nearby. We currently have 1 year remaining on the lease of our premises, a large Victorian building with 3 floors. The building is popular with carers although there are problems associated with it. In particular these relate to limited car parking space, no disabled access to the first and second floors, and restricted accessible, private space for carers to meet with staff on the ground floor. The building is approaching capacity in terms of office space for staff.

6.2 Staffing

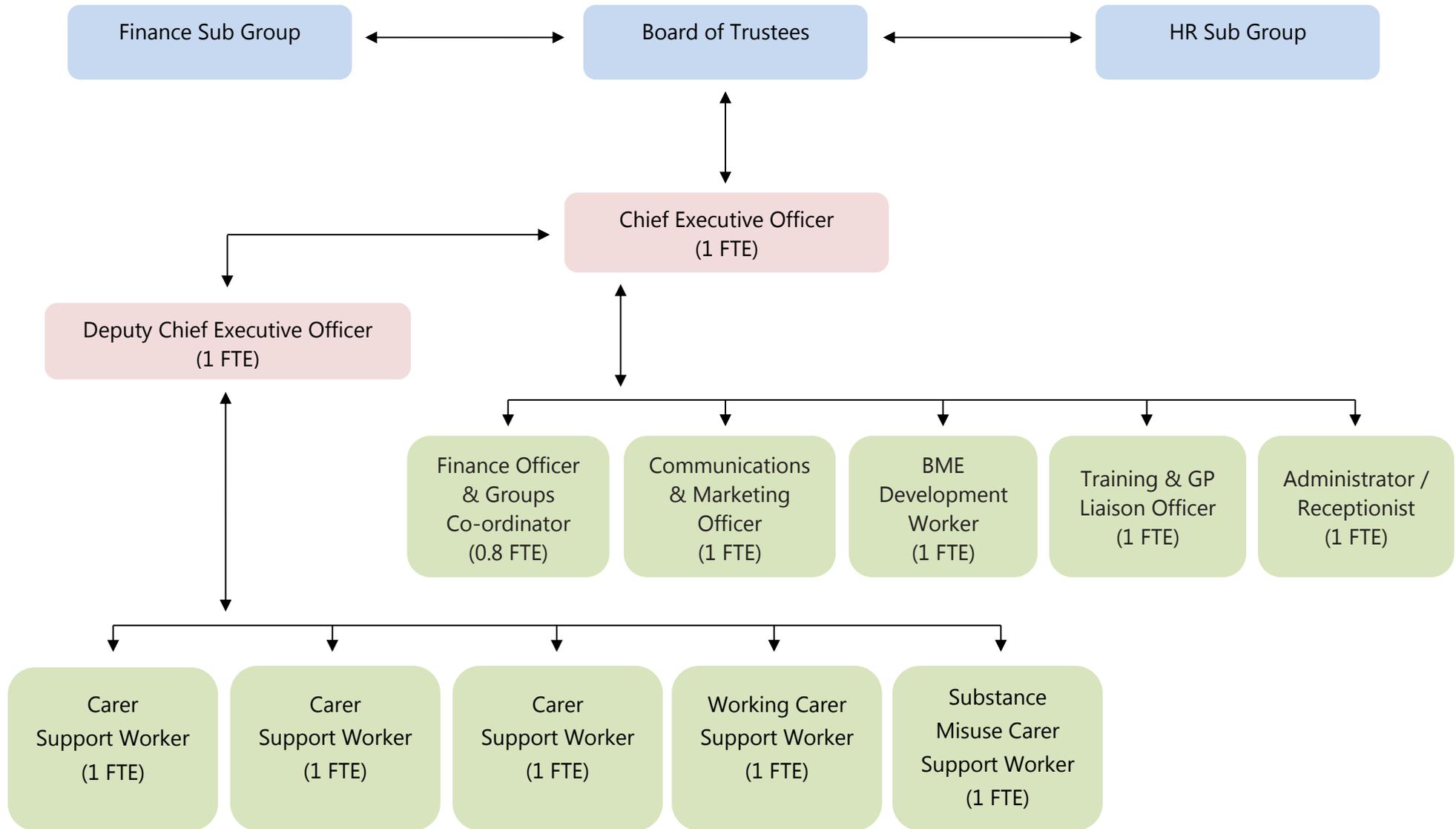
GCA employs (May 2014) the following staff:

1.0 FTE	Chief Executive Officer
1.0 FTE	Deputy Chief Executive Officer
1.0 FTE	Reception / Administrator
0.8 FTE	Finance Officer and Short Breaks Coordinator
1.0 FTE	Carer Support Workers (Generic x 3)
1.0 FTE	Carer Support Worker (Substance Misuse)
1.0 FTE	Carer Support Worker (Working Carers)
1.0 FTE	Training and GP Liaison Officer
1.0 FTE	Communications and Marketing Officer
1.0 FTE	BME Carer Development Worker

Total FTE staff **May 2014 = 11.8**

Number of employees **May 2014 = 12**

6.3 Organisational Structure Chart 2014



6.4 Services Provided

GCA offers the following services;

- Gateshead Carer Pathway (Single Point of Contact for Gateshead GP referrals of patients who need support as carers)

One to one carer information, advice and guidance including:

- Generic carer support regardless of the health condition or disability of the cared for
- Working carer support
- Carers of substance misusers

Social Groups for carers including:

- Men's Carer Support Group
- Lesbian, Gay, Bisexual and Transgender (LGBT) Carer Support Group
- Carers' Social Group

Peer Support Groups for carers including:

- Substance and Alcohol Misuse

BME Carer Support Groups including:

- Roma Carer Support Group
- Polish Carer Support Group
- Chinese Carer support Group
- Muslim Carer Support Group

Training courses including:

- Caring with Confidence / Cookery & Nutrition / Dealing with Stress / Life of Your Own / Know Your Rights
- Carer Awareness courses for employers and health and social care professionals

Short breaks from caring including:

Photography, Art, Creative Writing, Weight Management groups and a range of social activities including fishing trips, ten pin bowling, river cruises, quiz nights and day trips including York, Holy Island and North Shields Fish Quay.

Communication services including:

- Quarterly newsletter
- Full range of leaflets and publicity materials
- Press releases
- Website
- Social Media including Facebook, Twitter, YouTube and online carer forum.

In addition GCA campaigns for and represents the voice of carers at key local partnerships, through media coverage and by responding to consultations at a local, regional and national level.

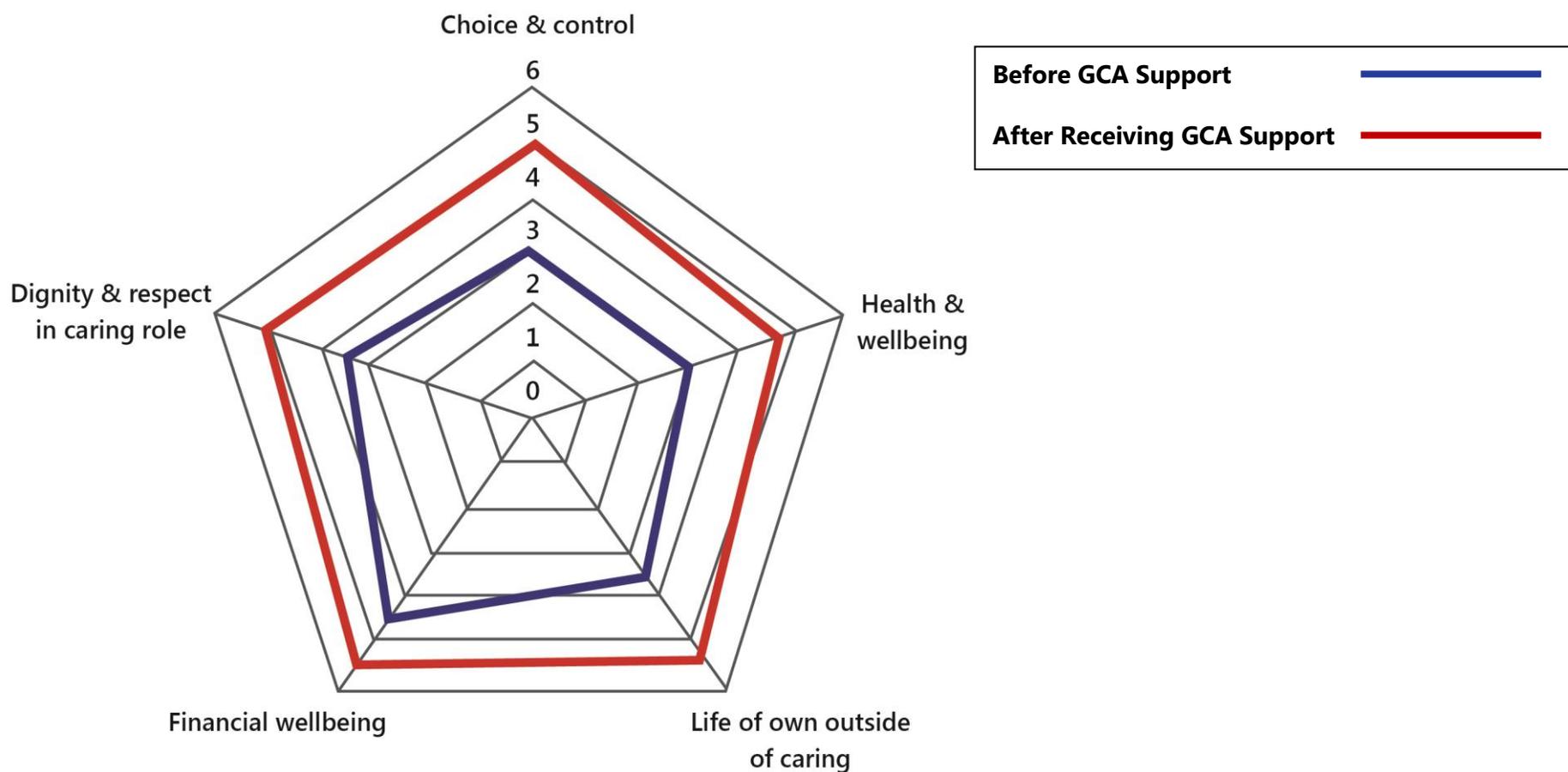
The difference our support makes to the lives of carers.

The star diagram (see over) indicates the impact our support service has made on carers lives. We aim to improve the lives of carers in the key areas shown on the diagram, the data here is an average of all the carers who have completed the Carer Outcomes Star. The blue line indicates how carers felt before GCA support and the red line indicates how carers felt after receiving GCA support.

The Carer Outcomes Star

As an outcomes focussed organisation we use the 'Carer Star' to measure the difference our support makes to the lives of carers. The outcome indicators relate directly to the National Carers Strategy and the Gateshead Carers Partnership Strategy.

Aggregated impact of our support to carers



6.5 Demand for our services

We know that demand for our services around information, advice and guidance has increased by 82% in the period April 2013 to March 2014. In that period 1972 carers received one to one support which produced 5496 individual pieces of case work. We anticipate a continued and substantial growth in demand for our services over the next 3 years. The implementation of the Care Act in April 2015 which gives carers new statutory rights and entitlements (including carers assessments) will further increase demand for our support services as will the roll out of the GP Carer Pathway across all GP surgeries in Gateshead. The projected increase in demand for our services for 2014 / 2015 is 60%.

6.6 Volunteers

In the past 12 months GCA has benefitted from the contribution and support of over 20 volunteers. They have performed a number of key roles including reception cover, assisting with interviews and data inputting around the 2014 Gateshead Carers Survey, general building repairs, support for event management and helping with mail outs particularly our quarterly newsletter.

7.0 Where Gateshead Carers Association wants to be in 2017

7.1 Our focus over the next three years

This section provides a summary of our planned direction for the next three years which is based on our SWOT analysis which is included as appendix Two. Our monitoring and evaluation processes confirm that for those carers we are reaching, we are performing exceptionally well in terms of outcomes for carers.

Priority One

To double the number of carers we are able to support by 2017 from the current 2500 to 5000 per year whilst maintaining and developing high quality, innovative and diverse services with excellent outcomes for carers.

In the current situation with ongoing government imposed cuts to Local Authority budgets, Gateshead CCGs review of its community contracts and increased demand on funding that is available from Charitable Foundations and Trusts this is a bold, brave and ambitious aim. However it is one which can be achieved with clear leadership from the Board of Trustees and the CEO, the commitment, professionalism and drive of the staff team and the development of funders understanding of the role and value of carers.

Priority Two

To develop our capacity to involve, campaign for and represent the views of carers at local, regional and national level.

Over the last 3 years Gateshead Carers Association has developed a first-rate reputation for supporting, engaging and providing a voice for carers in Gateshead. This strategic plan outlines the method by which GCA will build on its expertise in this area allowing the organisation to further develop its standing in this work. All our work in this area will continue to be evidence based and outcomes focused ensuring Carers are at the centre of everything we do as an organisation.

7.2 What we need to do to achieve this

Source funding for and recruit staff

- We need to ensure that statutory funders understand that the projected growth and demand for our services for carers as a result of new legislation given carers' additional entitlements to support can only be met with additional resources.
- We will work to diversify our funding sources to mitigate risk associated with an over dependence on particular funding streams. In particular we will seek to develop our unrestricted funds to enable responsive and innovative practice in carer support.
- We will prepare and submit a tender for Gateshead Public Health contract for the Carers Drug and Alcohol Service (July 2014).
- We will prepare and submit a continuation funding application to the Big Lottery Reaching Communities Project to enable the maintenance and development of our project supporting working carers.

We will seek funding for;

2.0 FTE	Carer Support Workers (cared for substance misuse) by November 2014 (through the Public Health Drug and Alcohol Services tendering process)
0.6 FTE	Carer Moving on Coordinator by August 2014 ((through the Public Health Drug and Alcohol Services tendering process)
1.0 FTE	Carer Support Worker by Feb 2015 (through Big Lottery continuation funding bid)
1.0 FTE	Senior Manager by Feb 2015 (through Big Lottery continuation funding bid)
0.6 FTE	Carer Support Worker by Feb 2016 (through Big Lottery continuation funding bid)
1.0 FTE	Senior Carer Support Worker by March 2015
1.0 FTE	Fundraising Officer (by June 2015)
2.0 FTE	Carer Support Workers
1.0 FTE	Carer Voice / Campaigns Officer by January 2017
0.6FTE	Volunteer / Carer Groups Coordinator by September 2016
1.0 FTE	Apprentice Administrator by November 2015

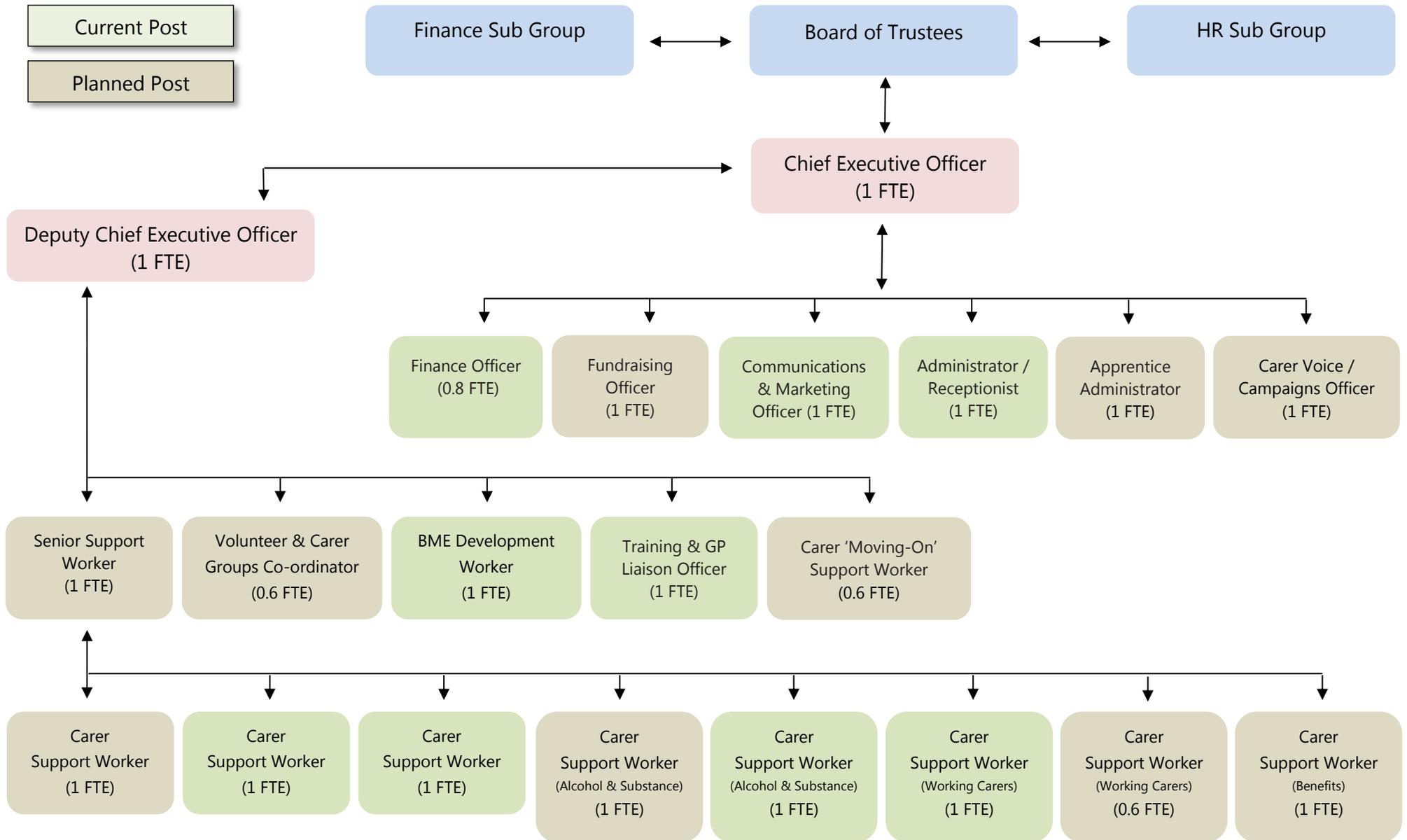
Total planned FTE staff May 2017 = 19.6

Number of employees May 2017 = 21

Planned Organisational Structure 2017

Changes are needed to the current organisational structure to enable efficient and effective line management of staff. A key and necessary change is the recruitment of a Senior Support Worker who will line-manage all carer support staff and report to the Deputy Chief Executive. There will be a re-configuration of line management responsibility between the CEO and the DCEO to reflect additional staff recruitment.

Planned Organisational Structure 2017



Working with external organisations / building relationships

- We will monitor the merger of Gateshead CCG with the two Newcastle CCGs (April 2015) and work to ensure that the needs of carers living in Gateshead are at the centre of Gateshead and Newcastle's CCG's commissioning plans.
- We will seek to engage with and develop a working relationship with 3 corporate partners over the duration of this strategy and seek financial support or support in kind (e.g. expertise, mentoring) to further the aims of the organisation.
- We will work to influence and shape the development and practice of Gateshead statutory bodies in relation to Social Value within procurement and commissioning processes.

Within the organisation

- We will increase our community fundraising capability.
- We will begin working towards achieving PQASSO level 2 and aim to have done so by June 2015.
- We will begin working towards and achieve the Carers Trust Centre of Excellence status by June 2015.
- We will achieve the NHS South of Tyne and Wear Better Health at Work Gold Award by December 2015.
- We will ensure we have accessible office space which allows us to expand our staffing levels and support more carers. We will consider all options including the renewal of the current lease and sourcing further accommodation or moving to one new site which meets all our needs.
- We will continue our existing specialisms and generic carer support and develop our services for carers of those with dementia, kinship carers, veterans, and improving the mental health and wellbeing of carers.
- We will develop a Social Value Policy by December 2014. This will include our targets (SMART) to show how our practice and ethos adds social value and that these are aligned with, wherever possible, those of statutory bodies in Gateshead.
- We will seek to increase our use of volunteers across the organisation wherever that is appropriate and ensure all our volunteers receive the training and support they need to perform their roles and feel valued members of the organisation.
- We will increase our administrative support by developing an apprenticeship offer.
- We will carry out a full cost / benefit analysis on the development of a charity shop or social enterprise, including the potential of working with a partner, to be considered by the Board in September 2015 with potential launch in April 2016.
- We will establish a work place pension scheme and have that in place by December 2015 ready for our staging date of February 2017.
- We will work to be the best employer we can be by ensuring staff feel valued, are consulted with and that we do all we can to support the

health and well-being of staff.

- We will use our reserves wisely and appropriately and will at all times maintain a minimum reserves level of 14 weeks.
- We will be open to and consider all means of increasing our efficiency and effectiveness including partnership working, collaborative working, merger with and acquisition of organisations, community groups, social enterprises where that;
 - Is in the best interests of this organisation and carers living or working in Gateshead and the surrounding areas
 - Does not breach our articles / memorandum of association.
- We will ensure that we continue to meet the Charity Commissions Hallmarks of an Effective Charity.
 - **Hallmark 1:** An effective charity is clear about its purposes, mission and values and uses them to direct all aspects of its work.
 - **Hallmark 2:** An effective charity is run by a clearly identifiable board or trustee body that has the right balance of skills and experience, acts in the best interests of the charity and its beneficiaries, understands its responsibilities and has systems in place to exercise them properly.
 - **Hallmark 3:** An effective charity is fit for purpose - the structure, policies and procedures of an effective charity enable it to achieve its purposes and mission and deliver its services efficiently.
 - **Hallmark 4:** An effective charity is always seeking to improve its performance and efficiency, and to learn new and better ways of delivering its purposes. A charity's assessment of its performance, and of the impact and outcomes of its work, will feed into its planning processes and will influence its future direction.
 - **Hallmark 5:** An effective charity has the financial and other resources needed to deliver its purposes and mission, and controls and uses them so as to achieve its potential.
 - **Hallmark 6:** An effective charity is accountable to the public and others with an interest in the charity in a way that is transparent and understandable.

Appendix One

Gateshead Carers Association Strategy - Implementation Plan

TASK	LEAD	APR – JUN 14	JUL – SEPT 14	OCT – DEC 14	JAN – MAR 15	APR – JUN 15	JUL – SEPT 15	OCT – DEC 15	JAN – MAR 16	APR – JUN 16	JUL – SEPT 16	OCT – DEC 16	JAN – MAR 17
PQASSO Level 2	CEO	X	X	X	X	X							
Carers Trust Centre of Excellence	CEO	X	X	X	X	X							
Better Health at Work Gold Award	CEO		X	X	X	X	X	X					
Adequate office space	CEO	X	X	X	X	X							
Meet Charity Commissions Hallmarks	CEO	X		X			X			X			X
Analysis on development of a charity shop	CEO			X	X	X	X	X	X				
Develop a working relationship with 3 corporate partners.	CEO				X	X	X	X	X	X	X	X	X
Increase community fundraising capability	CEO				X	X	X	X	X	X	X	X	X
Tender for contract of the Carers Drug and Alcohol Service.	CEO	X											
Submit continuation funding application to the Big Lottery Reaching Communities Project.	CEO	X											
Introduce Clinical Supervision	CEO	X											
Shape and to influence the understanding and practice of Gateshead statutory bodies in relation to Social Value within procurement and commissioning processes.	CEO	X	X	X	X	X	X	X	X	X	X	X	X
Develop a Social Value Policy	CEO			X									
Establish work place pension	CEO				X	X	X	X	X	X	X	X	X
Engage with Gateshead/Newcastle CCG	CEO				X	X	X	X	X	X	X	X	X

Appendix One (continued)

Gateshead Carers Association Strategy - Implementation Plan (Continued)

TASK	LEAD	APR – JUN 14	JUL – SEPT 14	OCT – DEC 14	JAN – MAR 15	APR – JUN 15	JUL – SEPT 15	OCT – DEC 15	JAN – MAR 16	APR – JUN 16	JUL – SEPT 16	OCT – DEC 16	JAN – MAR 17
Seek funding for the following posts;	CEO												
2.0 FTE Carer Support Workers (substance misuse)		X	X	X									
2.0 FTE Carer Support Workers					X	X	X	X	X	X	X		
0.6 FTE Carer Moving on Coordinator		X	X	X									
1.0 FTE Carer Support Worker (Big Lottery cont. fund)		X	X	X	X	X							
1.0 FTE Senior Manager (Big Lottery cont. fund)		X	X	X	X	X							
0.6 FTE Carer Support Worker (Big Lottery cont. fund)		X	X	X	X	X							
1.0 FTE Senior Carer Support Worker							X	X	X				
1.0 FTE Fundraising Officer				X	X	X	X	X	X				
1.0 FTE Carer Voice / Campaigns Officer				X	X	X	X	X	X				
0.6 FTE Volunteer & Carer Groups Coordinator					X	X	X	X	X				
1:0 FTE Apprentice Administrator					X	X	X	X	X				

Key

X Length of project

CEO Chief Executive Officer

Appendix Two

SWOT Analysis

<p>Strengths</p> <ul style="list-style-type: none"> Experienced and committed staff and trustees Good governance Location of building Partnership working Excellent reputation Expert knowledge Financial position (adequate reserves) Relationship with statutory bodies Outcomes focused Marketing and Communications Management Information System (Charity Log) Quality Standards achieved 	<p>Weaknesses</p> <ul style="list-style-type: none"> Parking Premises – space (close to limit) and cost (particularly full repair and maintenance lease) Organisational structure – no progression opportunities for staff A narrow range of funders with dependency on large contracts Staff workload (individual caseloads too high) Limited capacity to meet demand Carer Voice No disabled access to first floor and above Lack of one to one space on ground floor for carer support
<p>Opportunities</p> <ul style="list-style-type: none"> Social media Merger / Closer working with Gateshead Crossroads New premises Care Act 2014 Better Care Fund Increase in demand for services Collaborative Working Work Place Pensions (2017) Diversify funding streams Organisational restructure 	<p>Threats</p> <ul style="list-style-type: none"> Economic downturn Short term funding Loss of ring fenced support Better Care Fund Merger/ closer working with Crossroads Care Gateshead Review of CCG community contracts Tendering for Drug and Alcohol services Projected significant increase in demand for services Big Lottery funding ends 2014 Loss of experienced staff – uncertainty over funding Large national providers / local competition Work Place Pensions Merger of Newcastle and Gateshead CCGs Blurring of USPs of GCA and Crossroads

Appendix Three

Partnership Working

Gateshead Carers Association is represented on the following partnerships and forums;

- Carers Trust
- North East Carers Trust Regional Managers Group
- Gateshead Carers Partnership
- Gateshead Advice Partnership
- Gateshead Learning Disabilities Partnership Board
- Gateshead Patient, User, Carer and Public Involvement Forum
- Gateshead Local Engagement Board
- Gateshead Health and Social Care Forum
- Gateshead Physical Disabilities and Sensory Impairment Partnership Board
- Gateshead CEO Group

Appendix Four

Current Funders

- Gateshead CCG
- Gateshead Council
- Gateshead Council (Public Health)
- Big Lottery Fund
- Triangle Trust
- Lloyds TSB Foundation
- Trust House Charitable Foundation
- Community Foundation

Gateshead
Carers



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