

**17 April 2024****Agenda Item: 5**

## **APPROVAL OF REFRESHED JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: CARERS**

### **Purpose of the Report**

1. To request that the Health and Wellbeing Board approve the refreshed Joint Strategic Needs Assessment (JSNA) chapter on Carers.

### **Information**

2. Health and Wellbeing Boards have a statutory responsibility to produce a Joint Strategic Needs Assessment (JSNA). The JSNA for Nottinghamshire comprises of a range of topic chapters and supporting information. Approval for the Carers JSNA chapter is sought from the Board in line with the [agreed JSNA work programme](#), which is developed through the JSNA prioritisation process.
3. In line with national guidance, to reflect population changes, the impact of COVID-19, current local issues and to inform Adult Social Care (ASC) commissioning activity, the Carers JSNA chapter has been updated and refreshed. The refreshed chapter has been endorsed by the owning group (the Carers Integrated Commissioning Forum).
4. This report provides an executive summary of the refreshed chapter (**Appendix 1**), which provides an overview of national carers research and proven ways of working that have positive impacts for carers and outlines recommendations for action locally.

### **Introduction**

5. A person is a carer if they provide unpaid support to a family member, neighbour or friend. The person could need support because they are ill, frail, disabled, experiencing mental health issues or using drugs or alcohol.
6. The Care Act 2014 defines a carer as “an adult who provides or intends to provide care for another adult” and “a carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation”.
7. The Children and Families Act 2014 defines a young carer as “a person under 18 who provides or intends to provide care for another person”. It also defines a parent-carer as “a person aged

18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”.

8. As well as supporting the person they care for, carers have their own needs linked to their caring role and their quality of life can be impacted. The JSNA chapter considers the needs of both adult and young carers, including those caring for parents, siblings and children, as well as caring arrangements that may sit outside of the family unit, such as support from friends or neighbours.

## **National context**

9. Nationally the 2021 Census data relating to unpaid carers shows a decrease in the overall total number of unpaid carers, down from 6.3 million to 5 million, a reduction of 1.3 million. This means that around 9% of the population are providing unpaid care.
10. The reduction may be due to many people not recognising themselves as carers, with Carers UK reporting that half of all carers (51%) took a year or more to recognise their caring role and a third taking over three years. Carers UK instead estimate that 10.6 million, or one in five people, are an unpaid carer in the UK.
11. Despite the overall reported fall in the total number of carers, those carers providing 50 hours or more unpaid care has increased by 7%.
12. Nationally 120,000 young carers aged between five and seventeen are reported in the England census data. The number of young adults aged 18 to 24 providing between 20 to 49 hours of unpaid care per week has risen from 43,950 in the 2011 Census, to 71,120 in 2021. Over the period 2010-2020, every year, 4.3 million people became unpaid carers.

## **Local context**

13. The national picture is reflected locally in Nottinghamshire, where 2021 Census data shows that there has been an overall decrease in the number of carers in the previous decade by 8,526 across Nottinghamshire County.
14. This latest Census estimated that 41,649 carers were providing between 1-19 hours of care per week, down by 15,777 since the 2011 Census. However, those carers providing over 50 hours of care per week has increased by 2,819 from 21,680 to 24,499.
15. The 2021 Census data shows that there are 1126 young carers in Nottinghamshire.

## **Unmet needs and knowledge gaps**

16. There are currently a range of services and support options available for carers in Nottinghamshire as detailed in the JSNA chapter. However, feedback received from carers shows that there are additional requirements to support both working carers and parent-carers. Parent-carers in particular report being unsure regarding where their parenting role ends and their caring role begins and therefore find it difficult to access support in their own right.

17. The State of Caring Report (2019) states that “providing support for carers, especially those looking to stay in, or return to, paid work, is essential if women are able to be able to participate fully in the economy and live a life free from poverty in older age”. The report also states that “increasing numbers of employers are recognising the importance of supporting carers in their workforce to continue working, so they can retain talented staff rather than incurring the costs of recruiting and retraining new employees”. It is important therefore that work is undertaken with provider services, including statutory services, to ensure that provision of support is available and accessible to carers who work.
18. Additionally, whilst the data shows that the vast majority of carers in Nottinghamshire are white there is a danger that this may lead to carers from minority ethnic communities not receiving the support they need or being engaged in co-production activities to ensure that services meet their needs.
19. Carers are also facing increasing pressures due to cost of living, including those who are able to continue in their employment. This is exacerbated by increasing care costs for those they are caring for. Available research is limited around the impact of the current cost of living crisis on carers and further support may be required as evidence emerges. Locally information will be gathered via the commissioned services, Carers Space and other co-production routes.
20. Parent-carer needs are also under-represented in the research however this is an emerging need locally and further knowledge is required to ensure that parent-carers are to be supported in the most appropriate way.
21. Research shows a significant impact on the mental health and wellbeing of carers once their caring role has ended and additional information is required to understand how to support people as their caring role changes or ends.
22. Severe multiple disadvantage is a way of describing the lived experience of people whose current circumstances have been strongly shaped by deprivation, trauma, and abuse, often leading to experiences of homelessness, mental ill-health, domestic abuse/sexual violence, harmful use of drugs and alcohol, and perhaps contact with the criminal justice system. The number of carers impacted by severe multiple disadvantage is unknown.

## Recommendations for consideration

23. The JSNA chapter recommendations identify key changes required to address needs of local Carers. These are set out in the table below:

|   | Recommendation   | Lead(s)   |
|---|--|---|
| 1 | Review and streamline the provision of short breaks for carers to ensure a range of options are available for those who require them. Educate staff to enable effective commissioning of available short breaks. | Nottinghamshire County Council Integrated Strategic Commissioning |
| 2 | Ensure carers needs and the caring situation is considered throughout all aspects of social care provision through whole family assessments to move away from silo working and ensure that the needs of the      | Principal Social Worker   |

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|    | whole family (including the carer) are met in the most appropriate way. As part of this keeping carers informed about outcomes and next steps through feedback.   |  |
| 3  | Work proactively with the assistive technology work programme to ensure carer needs are encapsulated in equipment specifications (e.g. the need for alternative monitoring for people with dementia to provide a break for the carer or the use of electronic reminder services for medications and appointments to free up carer time/reduce visits).        | Nottinghamshire County Council Integrated Strategic Commissioning  |
| 4  | Develop a single point of access for carers so that they are aware of where to go for information and advice without being overwhelmed with information.  | Carers Hub Service   |
| 5  | Support carers to plan for the future including a change in their needs as well as those for the person they are caring for. This will involve early conversations with carers to plan for future changes and contingency planning for emergency situations.  | Carers Hub Service   |
| 6  | Ensure easily accessible information and advice (including support and finance) is available when it is required including out of standard office hours. This will need to be supported by face-to-face support and connecting to services rather than signposting.   | Carers Hub Service through coproduction activity   |
| 7  | Support young carers as they transition from children to adult services to ensure that they continue to receive support whilst maximising their potential to take up educational, employment and social opportunities.  | Carers Hub Service and Young Carers Support Service  |
| 8  | Develop support for parent-carers specific to their caring role.  | Carers Hub Service in coproduction with parent-carers  |
| 9  | Review the current young carers assessment tool to bring in line with strength-based approaches and ensure that support provided achieves the appropriate outcomes for the young carers.  | Integrated Strategic Commissioning, Children and Families Service and operational teams in coproduction with young people and families |
| 10 | Ensure carers are identified and offered support at the earliest opportunity including through schools and primary care to prevent a crisis from occurring.   | All system partners and commissioned services  |
| 11 | Ensure that carers needs in relation to Severe Multiple Disadvantage are recognised as part of the assessment and whole family process utilising a multidisciplinary approach to support people within this group and prevent self-neglect. Improve data recording to determine impact of this area on carers and inform future service and support planning. | All partners   |
| 12 | Ensure that carers have equal access to support in a way that is suitable and appropriate for them and their family needs. This will include carers who may not have English as their first language (including BSL), carers  | All system partners and commissioned services  |

|  |   |  |
|--|---|--|
|  | from ethnic minority backgrounds, support that is appropriate to religious needs or those who find it difficult to access statutory services during office hours due to work commitments. |  |
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## **Other Options Considered**

24. The recommendations are based on a review of the current evidence available and will be used to inform decision making processes.

## **Reasons for Recommendation**

25. Health and Wellbeing Boards have a statutory responsibility to produce a JSNA and approval for the Carers JSNA chapter is sought from the Board in line with the approved JSNA work programme. The chapter has been refreshed to reflect current local issues and to inform future actions for Nottinghamshire County Council and partner organisations.

## **Statutory and Policy Implications**

26. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial implications**

27. There are no direct financial implications arising from this report.

## **Consultation**

28. A working group of carers was formed to provide carer voices for the [Joint Carers Strategy 2023-28](#) and to inform the authors of the needs of carers and their experience of caring and to highlight areas for future development. The feedback from this group, the feedback from the Big Conversation and coproduction activity for the Joint Carers Strategy have all been utilised to develop the priority areas within the JSNA.

## **Public Sector Equality Duty implications**

29. By implementing the recommendations within the JSNA chapter further equal opportunities and access to services should be available to people with autism.

## **Implications for Residents**

30. Implementation of the recommendations within the JSNA chapter will ensure equality of access for all carers to a range of services and support to meet their needs.

## **RECOMMENDATION**

The Health and Wellbeing Board is asked:

- 1) To approve the Joint Strategic Needs Assessment (JSNA) chapter on Carers, provided in **Appendix 1**.

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**Corporate Director, Adult Social Care & Health**  
**Nottinghamshire County Council**

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### **Constitutional Comments (GMG 02/04/24)**

31. This report falls to the Health and Wellbeing Board to determine under Section 7, Part 2, paragraph 8 on p.119 of the Council's Constitution.

### **Financial Comments (MM 02/04/24)**

32. There are no direct financial implications arising from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

### **Electoral Division(s) and Member(s) Affected**

- All