

**Improving Lives – Nottinghamshire Joint Commissioning Strategy  
Strategic care area: Carer Support**

**CARERS' STRATEGY AND ACTION PLAN 2012- 2013**

## **1. Introduction**

This Joint Commissioning Strategy is the over-arching strategy agreed by Nottinghamshire County Council, NHS Nottinghamshire County and NHS Bassetlaw in relation to carer support. It has been developed in partnership with carers, NHS and voluntary / community sector colleagues.

The strategy and action plan is overseen by the Nottinghamshire Carers' Implementation Group, which in turn is overseen by the Older Peoples' Integrated Commissioning Group and ultimately the Health and Well Being Board.

The action plan will be developed and up-dated on a quarterly basis following scrutiny by the Carers' Implementation Group. Other relevant strategies will be taken into account in terms of developing actions/activity, for example the Nottinghamshire Healthcare NHS Trust Carer Strategy.

## **2. Purpose and Context**

Many people, mainly women, are now balancing work, childcare and caring for an ageing parent. Increasing numbers of older people often care for their partner while providing childcare for grandchildren and parents of children with complex health needs, knowing that they will be 'lifetime' carers. Furthermore, the positive shift to independent living and care at home, away from institutional care, will continue to require a greater contribution from carers.

The challenges posed by an ageing society and the concurrent increase in the number of carers are relevant to both the NHS and to Local Authorities, and also the voluntary and community sector. It is therefore essential that the needs and services required by carers are considered jointly. The key principles underpinning the work include:

- Involving and engaging carers in decisions that affect them as individuals and decisions made by policy makers about the way public money is spent
- Putting carers at the heart of service delivery and decisions, rather than expecting carers to fit around the needs of a service
- Enabling carers to take more control and exercise more choice in the services they access
- Outcomes which improve the quality of life of carers

83,000 carers identified themselves in the 2001 census, with approximately 26,000 of those classed as providing 20 hours or more of regular and substantial care. Nottinghamshire has a higher proportion of carers in the population than the England average. Ashfield has the largest number of people providing unpaid care, and Mansfield has the highest proportion of carers in the population. Most carers in Nottinghamshire were aged between 35 and 59.

### 3. Context and drivers

#### 3.1 ‘Carers at the heart of 21<sup>st</sup> Century Families and Communities’, Department of Health, 2008

The key aims of the national carers’ strategy by 2018 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 role
  - Carers will be able to have a life of their own alongside their caring role
  - Carers will be supported so that they are not forced into financial hardship by their caring role
  - Carers will be supported to stay mentally and physically well and treated with dignity
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the ‘Every Child Matters’ outcomes

#### 3.2 “Our NHS care objectives: a draft mandate to the NHS Commissioning Board”, Department of Health, 2012

This highlights carers, focusing on early identification of carers, positive experience of care, working collaboratively, enhancing quality of life for carers of people with long term conditions, improved co-ordination, opportunities, information and support to take an active role in decisions about care and treatment, etc.

#### 3.3 “Caring for Our Future: reforming care and support”, White Paper, 2012 Outcomes

The vision outlined in this paper is one that promotes people’s independence and wellbeing by enabling them to prevent or postpone the need for care and support; clearly the role of carers is crucial in achieving this.

#### 3.4 “In Sickness and in Health”. A survey of 3,400 carers, [www.carersweek.org](http://www.carersweek.org), 2012

This survey emphasises the plight of carers:

- 83% said caring had a negative impact on their physical health and 87% on their mental health
- 39% had put off medical treatment because of their caring
- 37% of carers aged 18 to 64 had to cease working because of their caring responsibilities

#### 3.5 “Transparency in outcomes: a framework for quality in adult social care”, Department of Health, 2012

The outcomes listed below are all related to carers, demonstrating the importance of the carer voice and experience in the delivery of health and social care.

Domain	Outcome	Measure
1. Enhancing quality of life for people with social care and support needs	Carers can balance their caring roles and maintain their desired quality of life	Carer reported quality of life (from Carers’ Survey due October 2012)

2. Delaying and reducing the need for care and support	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services	The proportion of older people (65 plus) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
3. Ensuring that people have a positive experience of care and support	Outcome: People who use social care and their carers are satisfied with their experience of care and support services	Overall satisfaction of carers with social services (from Carers' Survey due October 2012)
	Carers feel that they are respected as equal partners throughout the care process	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (from Carers' Survey due October 2012)
	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	The proportion of ...carers who find it easy to find information about services (from Carers' Survey due October 2012)

#### 4. NHS Operating Framework

The NHS Operating Framework for 2012 identifies action required by Local Authorities and Primary Care Trusts in relation to carers.

	NHS Nottinghamshire County	NHS Bassetlaw	Nottinghamshire County Council
Plans are explicitly agreed and signed off by PCTs and Local Authority	√ This Carers' Strategy is agreed and signed off	√ This Carers' Strategy is agreed and signed off	√ This Carers' Strategy is agreed and signed off
Identify the financial contribution made to support carers by both Local Authorities and PCT clusters	£300,000 for 2012- 2013	£310,000 for 2012 - 2013	£4,403,548 for 2012 - 2013
Specify how much of the total is being spent on carers' breaks	100%	Difficult to determine as spend on breaks is based on services provided to a service user which give a carer a break. However, to date no request for a break has been turned down.	65% or £2874,304 (this is based on services provided to a service user which give a carer a break)
Identify an indicative number of breaks	Approximately 400	Difficult to determine as breaks are not separately identified	Difficult to determine as breaks are not separately identified
Published on PCT clusters' website	√ Will be published on NHS website by 30.9.12	√ Will be published on Bassetlaw PCT website by 30.9.12	√ Will be published on NCC website by 30.9.12



<b>Carers</b>					
<b>Strategic Outcomes sought:</b>			<b>Key Risks:</b>		
<ul style="list-style-type: none"> <li>• More carers identified</li> <li>• More carers assessed and offered support</li> <li>• More young carers identified</li> <li>• Improved quality of life for carers</li> <li>• More carers accessing assistive technology</li> <li>• More carers offered Personal Budgets</li> <li>• More carers offered a break from caring</li> </ul>			<ul style="list-style-type: none"> <li>a) Low numbers of young carers identified</li> <li>b) Agreeing priorities within the strategy or commissioning plan across the partnership</li> <li>c) Inadequate engagement of carers</li> </ul>		
<b>Actions required/milestones</b>	<b>Target/measure</b>	<b>Timescale</b>	<b>Lead (post/ organisation)</b>	<b>Resources</b>	
				<b>Delivery capacity</b>	<b>Activity/ Service</b>
<b>Ensure joint carers plans are in place, including carers breaks</b>	Identify the financial contribution made to support carers by both Local Authorities and PCT clusters, specifying how much of the total is being spent on carers' breaks (from NHS Operating Framework, 2012)	30 September 2012	<ul style="list-style-type: none"> <li>• NHS Nottinghamshire County &amp; Bassetlaw Primary Care Trusts (PCT) &amp; Nottinghamshire County Council (NCC)</li> <li>• Nottinghamshire County Council (NCC) commissioning team</li> </ul>		
	Identify an indicative number of breaks that should be available within the funding and publish all this information on websites by 30 September 2012 (from NHS Operating Framework, 2012)	30 September 2012	<ul style="list-style-type: none"> <li>• NHS Nottinghamshire County &amp; Bassetlaw PCT &amp; NCC</li> <li>• NCC commissioning team</li> </ul>		

<b>Improve support to carers</b>	Ensure carers of people living with dementia can benefit from psychological therapies	March 2013	<ul style="list-style-type: none"> <li>• NHS Nottinghamshire County &amp; Bassetlaw PCT &amp; NCC</li> <li>• NCC commissioning team</li> </ul>		
	Assess the level of support available to carers of people with early onset dementia and provide recommendations for service development	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> <li>• NHS Nottinghamshire County &amp; Bassetlaw PCT</li> </ul>		
	Increase the number of Direct Payments offered to eligible carers	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> </ul>		
	Organise a focus group to ensure suitable advice, information and support available for carers from Black and Minority Ethnic (BME) communities. Involve voluntary sector providers (Carers' Federation, Rushcliffe CVS, Self Help Notts etc) in this work  Make use of learning from demonstrator site	December 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> </ul>		
	Evaluate schemes identifying and supporting carers in hospital settings: a) Lings Bar Hospital  b) Carers' Federation and NUH scoping a project	Up-date December 2012	<ul style="list-style-type: none"> <li>• NHS Rushcliffe Clinical Commissioning Group</li> <li>• Nottingham University Hospitals Trust</li> <li>• Carers' Federation</li> </ul>		

	Increase number of carers using assistive technology to 79 (10% increase from 2011-12)	March 2013	<ul style="list-style-type: none"> <li>• NCC Mark Douglas</li> </ul>		
	<p>Carer training:</p> <p>a) Carers' Federation to run training courses ('Caring with Confidence') across the county</p> <p>b) Increase awareness of and recruitment to 'Looking After Me' course</p> <p>c) Work with Job Centre Plus to raise awareness of 'Work Preparation Support Programme' for carers, in relevant settings</p>	March 2013	<ul style="list-style-type: none"> <li>• Carers' Federation</li> <li>• Nottinghamshire County Health Partnerships</li> <li>• NCC commissioning team</li> <li>• Job Centre Plus</li> </ul>		
	Carry out awareness raising sessions with organisations supporting carers of people misusing substances/alcohol to increase up-take of support available (e.g. carer assessments/personal budgets)	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> </ul>		
	Explore expansion of crisis prevention scheme remit to include enhanced support for carers when the caring role is at risk of breakdown (link with 'Living at Home' initiative and 'Care and Support' centres)	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> </ul>		

<b>Identify and support young carers</b>	<p>Project established to support young carers and provide appropriate care for disabled parents (and disabled siblings) Aims:</p> <ul style="list-style-type: none"> <li>• To diminish the amount of caring undertaken by young children/adolescents</li> <li>• To meet the needs of young carers</li> <li>• To increase awareness of issues for young carers</li> </ul> <p>(Nottinghamshire Young Carers' Strategy: )</p>	<p>March 2013</p>	<ul style="list-style-type: none"> <li>• NCC Sue Foster / commissioning team</li> </ul>		
<b>Identify carers within all settings e.g. health, community settings</b>	<p>Increase number of carers identified and assessed</p>	<p>March 2013</p>	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> <li>• NHS Nottinghamshire County Clinical Commissioning Groups</li> <li>• Nottinghamshire Healthcare Trust</li> </ul>		
	<p>Develop or support multi agency forums in each district , aiming to identify carers and to involve them in planning</p> <p>Ensure that groups representing BME carers are included</p>	<p>March 2013</p>	<ul style="list-style-type: none"> <li>• NHS Nottinghamshire County Clinical Commissioning Groups</li> <li>• Nottinghamshire County Council</li> </ul>		



<b>Improve information for carers</b>	Carer information to be available in all GP surgeries and hospitals	December 2012	<ul style="list-style-type: none"> <li>• NHS Nottinghamshire County Clinical Commissioning Groups</li> <li>• NCC commissioning team</li> </ul>		
	Roll out of First Contact Scheme incorporating a carer question and provision of information (factsheet) to all identified carers	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> </ul>		
	Adult Access Team carer worker to ensure that all carers contacting the department have access to good quality and timely information/signposting	Model fully operational by March 2013	<ul style="list-style-type: none"> <li>• NCC Adult Access Team and commissioning team</li> </ul>		
	Improve information for parent carers	March 2013	<ul style="list-style-type: none"> <li>• NCC commissioning team</li> <li>• Children's' services</li> </ul>		



## **Integrated Commissioning principles and processes**

During development of the Health and Wellbeing Strategy, partners agreed on underpinning principles and processes. In developing the Health and Wellbeing Strategy a set of criteria was agreed to enable comparison and prioritisation:

- Whether the service addresses unmet local need
- The benefit that can be produced from a change in service. Whether it will extend life, improve quality of life or close the gap in health inequalities
- The level of certainty that the change will deliver real improvements, using evidence from where it has been used before.
- Whether improvements can be measured
- If the cost is reasonable compared to the level of benefit produced
- Whether benefits will be seen in a practical timeframe
- Whether there is potential to improve efficiency or quality through joint working
- Whether the community supports the proposed change.

Several events were also held to develop the principles, process and 2012-13 Integrated Commissioning priorities:

### **Principles**

Partners within integrated commissioning will:

- ensure services are shaped by those who will use them, by actively engaging local communities and partners, (including children, adults and carers), in the co-design, development, commissioning, delivery and evaluation of local care and support options
- ensure proactive safeguarding of children and adults, especially the most vulnerable in our county
- support a shift to early intervention and prevention, seeking where possible to maintain and improve health and thereby reduce demand for more intensive services
- consider decommissioning services that are no longer appropriate for future purpose, as well as refocusing and commissioning new services
- encourage innovation in delivering services and developing providers
- be transparent, sharing information as appropriate
- seek to promote independence and develop more personalised options, supporting and enabling people to have choice and control over their care and support
- make a shift to provide more care closer to home where this offers value for money

**Process of implementing integrated commissioning priorities** – planning how we will do it and making it happen:

- Service models and interventions chosen should be based on evidence of evaluation or research into their effectiveness. When new innovations are trialled, they should be subject to robust evaluation.
- Consideration will be given to the use of flexibilities under section 75 of the NHS Act 2006, (pooled budgets, lead commissioning and integrated provision) where it can be shown that using these adds value, over and above what other methods could.
- Partners will agree a joint investment plan that will identify respective contributions, how any anticipated savings will be split and how financial risks, e.g. new cost pressures, will be managed and shared. This may require include work that avoids future escalating costs e.g. by reducing levels of demand, as well as active disinvestment.
- Commissioners will establish systems of measuring jointly agreed outcomes to inform their investment decisions e.g. do fewer people fall as a result of engaging with a falls service?
- Risks will be understood, monitored and managed both as individual organisations, as well as for the partnership
- Initiatives will be supported by strong senior leadership, appropriate governance arrangements and capacity to deliver.
- Methods will be agreed to jointly stimulate providers, as appropriate. This will include pro-active engagement with providers on service models to address/avoid perverse incentives
- Consideration will be given to undertaking lead or joint procurement arrangements where benefits can be established