

Nottinghamshire County Council Carers Strategy 2018-20

Our principles are:

- Use an integrated approach to develop and deliver services, considering all support available including wider community resources as well as those services directly delivered or commissioned by the County Council and the NHS.
- 2. Make use of existing resources, including carers' own capacity for supporting each other, and provide opportunities to share experiences.
- 3. Help carers to navigate a complex health and social care system to better understand and meet the needs of the person that they care for and to plan for the future, including planning for a crisis.
- 4. Consider carers' own wellbeing and life aspirations and enable carers to access activities or resources to promote these.
- 5. Use a personalised approach to assessment and support planning, drawing on a wide range of support and community resources and assist carers to access these
- 6. Consider the varying situations and requirements of carers at differing stages of life, including young carers, working age carers who may also have childcare or work commitments, and elderly carers who are more likely to be managing their own health conditions or care and support needs.

These principles will underpin the work that we do to support carers and will be supported by annual action plans which identify the specific things that we will do to develop our services further.

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1. Introduction

This strategy sets out how Nottinghamshire County Council and NHS Clinical Commissioning Groups will work together with carers and partner services to deliver high quality support to carers in Nottinghamshire. This strategy has been developed in consultation with carers and makes use of information about the County and its population.

The principles set out within this Strategy will be applied to all future development work in relation to carers services and will form part of any specifications for jointly commissioned carers support services.

This Strategy has discussed by the Nottinghamshire Carers Implementation Group, which includes carer representatives, as well as representatives from Clinical Commissioning Groups, provider organisations and other stakeholders. It provides a forum for the discussion of strategic direction and initiatives to support carers.

It has been approved as a joint commissioning strategy by the Nottinghamshire Carers Commissioning Forum, which includes representatives of Clinical Commissioning Groups and has oversight of the shared Better Care Fund budget and of joint commissioning activities. Representatives at this meeting ensure that decisions are approved through their own governance structures. Regular reports and updates are also taken to the Better Care Fund Board and the Health and Wellbeing Board.

This strategy also aligns with the County Council Plan 2017-2021 and with the Adult Social Care and Public Health Departmental Strategy. It will contribute to achieving the commitment in the Council Plan that 'People live independently for as long as possible'.

This Strategy summarises local views about what is important for Nottinghamshire, and it takes account of national developments, including the national 'Carers Action Plan 2018 - 2020 - Supporting carers today'. The anticipated national Green Paper on social care is expected to include further policy related to carers which will influence local developments.

This Strategy will be supported by annual Action Plans and as we develop these we will respond to any future updates to national policy.

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2. How was this Strategy developed?

In 2016/17, two co-production workshops took place. They were attended by carers as well as support workers and commissioners from the Council, health services and other support services. These workshops identified what people considered important for carer services, including priorities for carers

In autumn 2017, the Council undertook a public consultation about how its carer support offer might change, to include a more personalised approach to support planning (to replace the fixed direct payment that carers are usually offered) alongside quicker access to information and advice. The consultation also asked about which support services were most valuable to carers. 1,164 people responded to the consultation and their responses have contributed to the development of this strategy and the work plan for 2018/19.

In March 2018, carers and support staff took part in a further two workshops and provided feedback on the identified priorities as well as suggesting actions that could be taken to achieve these priorities. A total of 47 people attended the events at County Hall and Pleasley Landmark Centre. 22 carers attended (46.7% of the participants). See Appendix 1 for a summary of comments made.

These activities collectively resulted in the principles for working with carers, which were presented to the Nottinghamshire Carers Implementation Group for comment. This group meets quarterly to provide strategic oversight of carers' services in Nottinghamshire, and includes carers' representatives, commissioners and provider organisations, including statutory and voluntary organisations. This group agreed these principles as well as the key work streams to be included in an Action Plan for 2018/19.

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3. What do we know about carers in Nottinghamshire?

Recent population estimates¹ indicate that there are 810,700 people living in Nottinghamshire. The 2011 Census report ² identified that there has been an increase in the number of carers by 7,517 since the previous census in 2001. Currently there are at least 91,968 carers, with 21,680 carers now providing over 50 hours of care per week. This is in line with national figures that suggest one in ten of the population are carers.

From our contact with carers, we know that they range in age from those at primary school through to those in their nineties. In Nottinghamshire:

- approximately 60% of carers are female and 40% male.
- the 51-60 age group has the highest number of carers.
- Between April 2017 and March 2018, 67.8% of those accessing carer assessments or annual reviews were female.
- Working age carers are most likely to be female (73.6% of those aged 51-60) and many of these will be managing the caring role with other family or work commitments. Broader national figures also recognise the impact of caring on this age group as one in five people aged 50-64 are carers in the UK.
- In contrast, young carers and older carers include a higher proportion of male carers (for example, 57.3% of young carers aged 5-18 are female and 52.3% of carers aged over 80 are female). Young and older carers can be particularly vulnerable in terms of how the caring role impacts on other areas of their lives.

In the UK the economic value of carers is estimated to be £132 billion a year and by 2030 the number of carers is projected to increase by a further 3.4 million (60%)³.

http://www.nottinghamshireinsight.org.uk/people/key-population-facts/

²https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011 censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15

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4. How will we work to support carers?

The Council and Clinical Commissioning Groups will continue to commission a range of information, advice and support services for carers. Social care workers will identify how to support carers, undertaking carers' assessments and support planning for those carers who may be eligible for Council support. GP practices and other healthcare providers have a key role in identifying and supporting carers.

The total 2018/19 annual budget to support carers across health and social care in Nottinghamshire is approximately £6.3 million. This covers a wide range of support options and breaks down as follows:

- £4.3 million Nottinghamshire County Council, including respite services
- £0.8 million across all six Clinical Commissioning Groups (CCGs)
- £1.2 million Better Care Fund.

Carer services provided directly by the Council and CCGs include:

- a dedicated joint funded Carers Support Service within the Customer Service Centre as well as support and advice that is provided by community social carer teams
- Carers Personal Budgets and Personal Health Budgets/NHS Short Breaks
- Support provided within GP practices, including the maintenance of a carers register, and a range of advice and support activities funded by individual CCGs.

The Council and Nottinghamshire County Clinical Commissioning Groups jointly commission information, advice and support services for carers, with the Council acting as lead commissioner. These include the Carers Hub information, advice and support service available to all carers as well as services to support carers for those at the end of life and carers for those with dementia. Following consultations with carers, the Carers Action Plan for 2018-19 will include some changes to how these are commissioned and delivered, but the overall scope of services will be similar.

As well as services provided primarily to carers, the Council provides a range of services to its service users which may also benefit their carers, for example:

- a. Carers crisis support as part of the recently commissioned Home First Response Service
- b. Short breaks, telecare services, supported living or Extra Care

- c. Home-based care and support
- d. Day care services from a number of locations across the County.

Between March 2017 and April 2018:

- The Council identified 1899 carers and assessed their needs, as well as reviewing the needs of 4461 carers who were already known
- The Council's Customer Service Centre resolved a further 879 queries from carers
- The Carers Hub information, advice and support service identified 1724 carers who registered to receive support
- The Compass dementia support service provided support to 379 carers
- The Pathways end of life support service provided support to 201 carers.

The Council and Clinical Commissioning Groups will continue to invest in support services for carers, as we recognise the importance of their role. In Nottinghamshire, the County Council and commissioned service providers are estimated to be in contact with approximately one in ten carers (based on population estimates and numbers using services). This means that there is more to do in order to reach carers to provide information, advice or support as appropriate. We recognise that we are all working within financial restraints and we will communicate with carers and partner organisations to identify how we can best make use of available resources to provide services that carers want.

We are committed to continual development and improvement of our services and each year, we will develop and publish an Action Plan, which will set out changes that we aim to achieve.

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5. How will we know that we are making a difference?

We will use the local and national performance indicators for carers' services, including those in the Adult Social Care and Public Health National Framework and in the Council's Local Plan.

Adult Social Care and Public Health National Key Performance Indicator	Proportion of carers receiving a direct payment (ASCOF 1C part 2b)					
Local Key Performance Indicator	Carers' survey (bi-annual) providing information on:					
	Carer-reported quality of life					
	Proportion of carers who reported that they had as much social contact as they would like					
	Overall satisfaction of carers with social services					
	Proportion of carers who report that they have been included or consulted in discussion about the person they care for					
	Proportion of carers who find it easy to find information about services					

Commitment	Success measures	Activities	Council Plan Key Measures of Success	2017-18 data	
People live independently	Carers receive the support	support for carers	support for and information		
for as long as possible	they need		Number of carers who are supported	6360 3	

In addition, we will work with carers to identify further ways to evaluate and monitor our services and the services that we commission. This will focus on carers' experience of services and whether they have improved their lives.

We are about to carry out the next Carers' survey and will have the results in 2019. These will help us to set targets for what we would like to improve. The last survey took place in 2016 and from this we know that some carers found it difficult to find information and that carers were less satisfied with social services – this was similar across all of England. We have used this information together with other consultations with carers in Nottinghamshire to help us understand how we can improve our information and advice to carers. The Nottinghamshire Carers Action Plan for 2018-2019 identifies how we will revise our carers support offer to achieve this.

Appendix 1:

Summary of consultation with carers and stakeholders that contributed to the development of this Strategy

1. Feedback from co-production workshops (2016 and 2017)

How well do we work together so that carers feel supported in our communities?

What works well?

- Nottinghamshire Carers Hub provides information, advice and signposting – service is valued by those who use it
- There are a number of services for carers – support groups, information and advice, peer mentoring
- Notts Help Yourself website has up-todate information about a wide range of services
- Some good services for dementia support – e.g. Compass peer support, Alzheimer's Society
- Some GP practices have improved how well they listen to carers
- Nottinghamshire Healthcare Trust has information sharing guidance for staff working with carers
- Clinical Commissioning Groups and the County Council have funded pilot group activities for young carers (aged under 18) and these have been valued by those who attended

What could be better?

- Carers need to be able to access information about carer support services and carer support groups through a variety of methods
- Sometimes, carers have needed to wait before they could have a County Council assessment of their needs
- The crisis prevention service (emergency respite care in a carer emergency) can be difficult to access
- GP practices have variable knowledge of services for carers and some are not so good at signposting carers to other services
- Carers would like more support with their own wellbeing
- More basic skills training for carers for example, first aid, moving and handling
- Some groups of carers may find it difficult to access services (e.g. BME, Deaf community, and or those with other disabilities)

Our priorities for carers

- Improve awareness and knowledge of available services
- Capacity and availability of services
- Communication
- Carer Wellbeing
- Training and Development for Carers

Feedback from public consultation, autumn 2018.

- 1. At the October 2017 meeting, the Adult Social Care and Public Health Committee gave approval to consult with the public on four proposals including a proposal to review the way that support is provided to carers.
- 2. The consultation commenced on 6 November and closed on 5 December 2017. The consultations were widely publicised. On-line surveys were made available on the Council's website and paper copies of the consultations were placed in public libraries.
- 3. In addition, letters were sent to the 5,543 carers who had received a County Council assessment or review of their eligibility for support in the previous 12 months. These were considered to be the groups who might be directly affected by any changes to policy or services. The letters outlined the purpose of the consultations and invited people to contribute either online or by returning a paper questionnaire with a freepost address. Information about the carers' consultation was also e-mailed to the Nottinghamshire Carers Network comprising carer representatives and partners and communicated to carer support groups managed by the Nottinghamshire Carers Hub Information and Advice Service.
- 4. 1,164 people responded to the carers' consultation: 280 completed the questionnaire on line and 884 completed the questionnaire by post.

Outcomes of the carers' consultation

5. The first consultation question explored how the carer's personal budget direct payment might be used to support carers by asking 'The carer's personal budget might be used to enable carers to purchase support to improve their wellbeing or to enable them to continue caring. Which of these do you consider to be the most useful to carers?' Respondents ranked equipment to help with caring, home services and activities to support health and wellbeing most highly, the highest ranking in importance was 1, the lowest was 8. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

6.

- Equipment to help with caring e.g. a washing machine/tumble dryer
- Home services such as cleaning or gardening
- Activities to support health and wellbeing
- Information technology such as a laptop or mobile phone
- Help to fund leisure activities, such as holidays or hobby costs
- College/training courses
- Helping carers back to work
- Contribution towards driving lessons.

7. Actual numbers ranking each response are shown in the table below:

Q1: Response rankings	1	2	3	4	5	6	7	8	Not answered
Equipment to help with caring e.g. a washing machine/tumble dryer	331	167	128	133	83	34	29	11	248
Home services such as cleaning or gardening	232	197	148	64	88	71	43	11	310
Activities to support health and wellbeing	144	176	157	119	118	76	45	12	317
Information technology such as a laptop or mobile phone	67	174	120	173	167	82	52	29	300
Help to fund leisure activities, such as holidays or hobby costs	147	128	149	119	99	73	75	48	326
College/training courses	14	44	101	13	87	161	203	57	365
Helping carers back to work	39	60	98	96	78	140	151	125	377
Contribution towards driving lessons	13	14	17	27	43	86	101	364	499

- 8. These examples were used in the consultation as they are ways in which carers are known to have used the personal budget direct payment. There are alternative ways that these needs could be met instead of providing a Direct Payment, for example, accessing grants such as those made available nationally through the Carers Trust, ensuring carers are aware of the benefits available to them and making use of community and preventative solutions. Direct Payments should focus on offering choice to carers where there are no existing available options and there is a clear link to how this will support the carer to continue their role whilst having a life of their own.
- 9. People were also asked to indicate any other ways in which the carers' personal budget might be spent, and a number of comments were provided:
 - 63 people considered that the personal budget should be used for respite to enable
 the carer to take a break (under current arrangements, the personal budget is not
 used for this in Nottinghamshire. Respite can be provided as part of a care and
 support package for the cared for and locally Clinical Commissioning Groups fund
 short breaks where the carer and cared for are registered patients)
 - 49 people stated that money would be better spent on support services for carers, including 1:1 support, counselling, information and advice, carer support groups or training
 - 26 people stated that transport is an issue for carers, either taking the cared for to appointments or needing to make frequent journeys to provide care if not living with the cared for – some commented that they struggled to find suitable transport and others that fuel or parking costs were high.
- 10. The second consultation question focused on how carers' needs might be met by direct support services. The Council commissions a range of support services, together with its health partners, and there is scope to develop and refine them further. The question asked: 'We are considering further investment in support services for carers. Which services do you think would be most useful to carers?' respondents ranked respite or short breaks from caring significantly higher than other options.

Information and advice, training and support to cope with the pressures of caring and 1:1 support or counselling were also ranked highly. The ranked order, which is indicative of the emphasis that respondents placed on the different support themes, is as follows:

- Respite or short breaks from caring
- Information and advice
- Training and support to cope with the pressures of caring
- 1:1 support or counselling
- Training in practical skills such as first aid or moving and handling
- Health and Wellbeing activities (e.g. access to a gym)
- Opportunities to meet other carers, such as through carer groups.
- 11. Actual numbers ranking each response are shown in the table below:

Q2: Response Rankings	1	2	3	4	5	6	7	Not answered
Respite or short breaks from caring	403	130	97	71	84	82	82	215
Information and advice	212	156	131	158	126	105	63	213
Training and support to cope with the pressures of caring	104	203	212	175	109	79	30	252
1:1 support or counselling	139	175	152	139	142	112	64	241
Training in practical skills such as first aid or moving and handling	77	145	143	118	129	103	158	291
Health and Wellbeing activities (e.g. access to a gym)	57	112	101	127	130	164	198	275
Opportunities to meet other carers, such as through carer groups	27	65	105	119	146	191	213	298

- 12. People were asked to indicate any other services that they might value. Many respondents commented on the importance of the options they had already ranked as important. 63 people commented on the importance of respite or short breaks, with comments about ways this might be provided. Several people commented on the importance of frequent short respite sessions to enable carers to have regular breaks or to attend health appointments for themselves and stated that they felt this needed to be available at short notice. 10 people stated that it was important for counselling or 1:1 support to be available in a crisis, perhaps through a helpline.
- 13. Respondents were also given the opportunity to make any further comments on the consultation as a whole. Responses were varied and therefore difficult to categorise. All comments will be reviewed and considered in detail as part of any further development of services for carers.

2. Feedback from consultation workshops with carers and support workers, March 2018.

In March 2018, carers and support staff took part in a further two workshops and provided feedback on work so far and suggested actions that could be taken to further develop support services for carers. 47 people attended events at County Hall and Pleasley Landmark Centre. 22 carers attended (46.7% of the participants).

Capacity, availability and flexibility of services

- Integration between health and social care is important
- Crisis prevention and support planning is needed (includes respite but also emotional support or practical advice for carers who are finding things difficult)
- GP practices could have an increased role in identifying carers, providing information or hosting support services (e.g. carer drop-ins or clinics)
- Community resources activities and contacts there is a lot out there that carers can access
- More peer support from carers befriending and mentoring
- Flexible approach to service provision recognise carers as individuals
- There is potential to make better use of resources by investing more in support services instead of providing personal budgets to all eligible carers - this may meet carers needs better (although some carers value the £150/200 and feel it is important recognition for their role)

Awareness of available services

- Workers need to understand ALL available support including voluntary sector services, grants/financial support/navigating benefits system as well as services directly funded by County Council or health services
- Carer's assessment and support planning is an important route into carers getting the personalised support that they need
- Provide information in a variety of formats not just online
- Provide information where people go shops, libraries, post offices

Carer wellbeing and support for carers

- Listen to carers treat us as individuals
- Many carers will want to access 1:1 support at times emotional and practical support to help cope with the pressures of caring or help to find out about what services or financial support there is for carers
- Effective support for the person who is cared for will also support the carer –
 particularly a flexible approach to a range of respite provision to enable the carer to
 take a break from caring
- Different approaches work for different people training groups suit some but notall
- Make training available in varying formats e.g. record training for those who can't attend groups or prefer not to
- Carer support groups can provide training as well as social and peer support
- Make use of existing training provision link carers in to what is happening in their localities
- 1:1 support is important for some carers to help them work through their own situation and understand what services can help them

Appendix 2: Revised Action Plan for 2018-19 (extended in line with October 2019 implementation date)

This action plan focuses on a revised carers support offer. Our targets for this year are to achieve the actions identified within the timescales. As part of setting up the new arrangements, we will set numeric and quality targets for 2019-20 for identifying and supporting carers

		April - June 2018 All shaded areas actions completed	July - September 2018 All shaded areas actions completed	October – December 2018 All shaded areas actions completed	January – September 2019
1.	Review Carers Assessment and Support Planning Process	Review Carers Assessment/Revi feedback and consider how to ali Consider a more creative approa	gn with 'three conversations' work ch to support planning – workers g community resources and peer support	Develop delivery arrangements and implementation plan internal systems and processes role of NCC and district teams plus possibility of external trusted assessors undertaking assessment/review/support planning Seek approval for proposals from County Council ASCH Committee (October)	Prepare for October 2019 start of new arrangements Update computer records processes (Mosaic) Staff training and guidance
2.	Review arrangements for carer respite (to include NCC and NHS funded short breaks, sitting services, day services and short-term care)	Work with health partners to identify whether NHS short breaks funding might be integrated with NCC Carers Personal Budget or NCC Short Breaks provision	provision and identify any potential flexibility of respite provision Work with carers to develop propose services Consider financial implications of p	roposals County Council ASCH Committee and	Prepare for October 2019 start of new arrangements (may need to phase implementation through 2019) Update commissioning arrangements for short breaks including computer processes (Mosaic) Staff training and guidance
3.	Review commissioned support services*	Needs analysis and demographic analysis Map existing services – both NCC and partners – directly commissioned and other services	Define how services will be commissioned Range of provision Relative importance of universal or specialist services Identify likely resources available to procure services Develop specifications for new services	Give notice to existing service providers that contracts will terminate September 2019 Seek approval for proposals from County Council ASCH Committee and CCG Commissioning Groups governing bodies (October)	Tenderfor new services through Carers Dynamic Purchasing System (May) Mobilisation/implementation period for new contracts
4.	Develop a County communication and information plan		approaches and media are used (e Work with partner organisations to for carers	ities to promote the new service arrangem .g. paper-based, websites, social media) ensure that all workers who <u>come into con</u> upport carers in the community—take infor	t <u>act with</u> carers can signpost to services

^{*} Scope of commissioned services review: will replace existing contracts for information and advice, dementia support and possibly young carers groups—will need to establish relationship of new services with Carers End of Life Support and Home First Response (carer crisis element) and consider wider context of social care and health contracts for service users.

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