



Nottingham

City Council

NHS

Nottingham City

Clinical Commissioning Group

The Nottingham City Joint Carers Strategy 2012 to 2017

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- Definition of a carer
- National Context
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Introduction

The Nottingham City Joint Carers Strategy outlines the vision and priorities for the improvement of services to achieve better outcomes for carers in Nottingham City over the next five years. Integrating national guidance contained within *Recognised, valued and supported: Next steps for the Carers Strategy*^[1] with local priorities for how carer's services should be delivered to meet the health challenges of the future.

It is an important document, recognising the significant and valuable contribution made by carers to enable vulnerable people to remain at home in their own communities and with their families rather than residential care for as long as they are able; in addition to the huge financial savings the care they provide contributes to health and social care.

As a collaboration between health and social care this strategy builds upon a strong foundation of joint working and innovation over the past decade to improve the quality of life for carers in Nottingham City. Enhancing their capacity for independent living through the provision of a range of person centred, co-ordinated and outcome focused services which will deliver the following outcomes:

- Carers are identified as soon as they take on their caring responsibility and have their own needs assessed as part of a holistic carers assessment.
- Carers are supported to make individual choices about the services they wish to receive, through increased personalisation of services.
- Carers have relevant and timely information and advice that helps them to sustain their caring responsibilities and feel less isolated as a carer.
- Carers have opportunities to take a break from caring to take part in activities outside of caring.
- Carers are equipped with the right skills and tools to perform their caring duties in a way that is safe to their own health and that of the person they are caring for.
- Carers are able to balance their caring role with employment, education and training.
- Carers who are children and young people are protected from inappropriate caring and have the support they need to learn, develop and thrive.

^[1] Department of Health (2010). *Recognised, valued and supported: Next steps for the Carers Strategy*. London. Available at http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345

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Definition of a carer

Carers at the heart of 21st-century families and communities defines a carer as someone who,

'...spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.'

With this in mind the carers referred to throughout this document are defined as those who provide informal care for a family member, partner or friend. This may be practical and/ or emotional support to a loved one who is disabled, elderly or chronically ill in order to enable them to continue living in the community rather than residential or nursing care. For many this caring role will be carried out in addition to paid employment.

Some people choose to become a carer, but often people find themselves in this situation as a result of a sudden change of circumstances beyond their control and without feeling that they had a choice. This can occur at any age and taking on the responsibilities of caring can have a major effect on an individual's life, often leading to isolation and exhaustion. For adult carers it can also impact on their ability to work; older carers may often experience isolation and ill health as a result of their caring role and for young carers it can hold back their educational progress and limit their social development.

As such the following specific caring groups will be considered within this document:

- ❑ Young Carers - Children or young people under the age of 18 people who care for a parent or sibling.
- ❑ Hidden Carers - Carers who do not recognise themselves as carers and see themselves fulfilling family duties and do not associate this with caring. For example:
 - Parents of children with a physical or learning disability who often see themselves as parents rather than carers;
 - Older couples who see caring for each other as a natural part of their lives;
 - Carers from BME communities. In some cultures the term 'carer' is not recognised but part of expectations within families;
 - People caring for a family member or friend as a result of a mental health or substance misuse who fear identification will be seen as not being able to cope.

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National context

The national carers strategy, 'Carers at the heart of 21st-century families and communities'^[1] sets out the following strategic vision for carers:

'Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.'

The coalition government's commitment to improving support for carers is affirmed in the *National Carers Strategy "Recognised, Valued and supported: Next steps for the Carers Strategy"*^[2] which values carers and prioritises future actions to ensure the best possible outcomes for carers and those they support through the identification of the following four key priority areas across health, education, social care and employment matters:

□ Identification and recognition

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

□ Life outside of caring

Personalised support both for carers and those they support, enabling them to have a family and community life.

□ Supporting carers to stay healthy

Supporting carers to remain mentally and physically well.

□ Realising and releasing potential

Enabling those with caring responsibilities to fulfil their educational and employment potential and preventing financial hardship

In addition the Operating Framework for the NHS in England 2012/13 requires all PCTs to work with local authorities and carers' organisations to develop policies, plans and budgets to support carers and make them available to local people.^[3]

NHS Midlands and East has identified improving support available to carers of people dementia as one of its key ambitions for change.

The draft Care and Support Bill 2012 proposes the creation for local authorities of a new duty to meet carers' eligible needs for support.

Nottingham City's Vulnerable Adults Plan highlights the needs of carers recognising that they will require a range of support for their caring role.

The Nottingham City Children and Young People's Plan^[4] defines young carers as a vulnerable group and makes a commitment that 'it will pay particular attention to helping them to achieve their potential' a commitment supported in the Nottingham Plan.

The 2011 Nottingham Labour Manifesto pledges 'To offer respite services to allow carers a well-earned break'.

^[1] Department of Health(2008). National Carers Strategy. London. Available at http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345

^[2] Department of Health (2010). *Recognised, valued and supported: Next steps for the Carers Strategy*. London. Available at http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345

^[3] Department of Health (2011). The Operating Framework for the NHS in England 2012/13". London: Centre of Information.

^[4] Nottingham City Council (2010), The Nottingham City The Children And Young People's Plan (CYPP)"

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The case for carers

Priorities for health and social care in Nottingham City

□ **Prevention** has been identified as a priority for health and care services in Nottingham City and is reflected in many current programmes and initiatives aimed at healthy lifestyles, better self-care and more flexible support. The earlier and more comprehensive identification of carers will support these aims by helping carers to maintain their own physical health and wellbeing and prevent carer fatigue and ultimately carer breakdown.

□ **Reducing inappropriate admissions** - The impact of poor support for carers has been identified as a contributing cause to admission to hospital and residential care. Locally we are working to reduce the number of avoidable admissions and readmissions to secondary and residential care by developing proactive rather than responsive services which must include enabling carers to go on supporting the people they care for in the community for longer.

□ **Integration** – Local carer feedback supports the need for health and social care professionals to work together in a more integrated way. To achieve greater prevention the partners will work together to integrate support for carers make it easier for carers to access to the right support.

The case for carers

A report in 2011 by Carers UK and University of Leeds calculates the value of care provided by carers in the UK to be a staggering £119bn per annum.^[1] The report also provides a savings breakdown for each geographical location. Based on numbers of hours of unpaid care provided at an average rate of £18 per hour this equated to £1,656 million per year for Nottingham City. This however represents the total contribution of carers in the city. Health and social care 's role is to support local carers and specifically those that provide over 20 hours of care a week to be able to continue to contribute this valuable support to their local community.

Support for carers is also vital to maintaining the health and wellbeing of carers. Without access to support many carers would not be able to continue in their caring role, their physical health and wellbeing may deteriorate resulting in carer fatigue.

Carers UK's analysis of the 2001 Census findings, 'In Poor Health', found that those caring for 50 hours a week or more are twice as likely to be in poor health as those not caring (21% against 11%); with over half of carers proving more than 20 hours a week likely to sustain a physical injury such as back strain.

[1] Valuing carers 2011 Carers UK, Circle and University of Leeds

The case for carers (2)

In addition to the physical effects of caring, isolation, loss of occupation and any personal time can impact severely on the mental wellbeing of carers. Over 50% of family carers surveyed had received treatment for stress related illness.

The following studies quantify the impact of caring on the health and wellbeing of the carer:

A four year study of 392 carers and 427 non-carers aged 66 to 92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.^[1]

❑ Carers providing high levels of care are associated with a 23% higher risk of stroke.^[2]

❑ 36% of carers who do not take a break of more than a few hours since beginning their caring role, experience mental ill-health compared to 17% of carers who are supported to take a break from caring.^[3]

Carers also play a significant role in supporting some of our most vulnerable people in society. Not only does this positively impact on the quality of the life of these people, but also significantly reduces the cost of care to the council, both in the reduction of care packages for those living in the community as well as avoiding or delaying the use of residential care. The impact of poor support for carers is reflected in the causes of admission to hospital and residential care as demonstrated below:

❑ One study found that problems associated with the carer contributed to readmission of patients in 62% of cases and that carers of people readmitted were more likely than other carers to be experiencing ill-health, fatigue and interrupted sleep.^[4]

❑ Another study of people aged over 75 found that 20% of those needing care were admitted to hospital because of the breakdown of a single carer on whom the person was mainly dependent.^[5]

❑ Further studies have also identified that admissions to residential care resulting from carer-related reasons for admission to nursing or residential care are common, with carer stress identified as the principle reason for admission in 38% of admissions.^[6]

Young carers:

❑ Helping to care for a family member often helps young carers develop a sense of responsibility and skills they will use in later life and can strengthen family ties and build maturity and independence. Inappropriate or excessive levels of caring however can put their education, training or health at risk and may prevent them from enjoying their childhood.^[7]

[1] Schulz, R & Beach, S, „Caregiving as a risk factor for mortality“. Journal of American Medical Association, Dec 1999, vol. 282 (23), 2215–2219.

[2] Haley, W et al (2010), „Caregiving strain and estimated risk for stroke and coronary heart disease among spouse caregivers“. Stroke, 41:331-336.

[3] Singleton, N et al (2002), „Mental Health of Carers“. London: Office for National Statistics, The Stationery Office.

[4] Williams, E, Fitton, F (1991), „Survey of carers of elderly patients discharged from hospital“. British Journal of General Practice, 41, 105-108.

[5] Castleton, B (1998), Developing a whole system approach to the analysis and improvement of health and social care for older people and their carers: A pilot study in West Byfleet, Surrey. Unpublished. Referenced by Banks, P (1998) „Carers: making the connections“. Managing Community Care, vol 6, issue 6.

[6] Bebbington, A, Darton, A, Netten, A (2001), „Care Homes for Older People: Volume 2. Admissions, Needs and Outcomes“. University of Kent, Personal Social Services Research Unit.

[7] Ronicel, J & Kendall, S, Improving support for young carers – family focused approaches, Department of Education, May 2010

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The caring population in Nottingham City (1)

The 2001 Census shows us that there are approximately 24,000 people who look after another person in Nottingham City. This equates to one in every 11 people in Nottingham City being a carer or 9% of the population. Of these;

- ❑ 61% (14,640) provided 1-19 hours a week of unpaid care
- ❑ 13% (3,120) provided 20-49 hours a week of unpaid care
- ❑ 26% (6,240) provided 50 hours and over per week unpaid care

During 2011/12 only 710 carers in Nottingham City received a formal carer's assessment. This equates to 2.96% of the city's estimated caring population compared with an England average of 26%^[1] and suggests that there is a gap between levels of service for carers and the actual need within the city.

Of those 710 who received a formal assessment during 2011/12:

- ❑ 82% were for people aged over 60 years of age
- ❑ 82% identified themselves as caring for someone with a condition resulting from old age
- ❑ In line with national trends there are more identified women carers (67%) in Nottingham City than men (33%)

It is well documented that demand for health and social care support will rise rapidly over the next 20 years, due to a range of demographic drivers, which include;

- ❑ an ageing population
- ❑ an increase in the number of people living with a limiting life long illness or disability
- ❑ changes in family life, increased numbers of single-member households and geographical dispersion within families.

We must also be aware that changes in charging arrangements in social care will lead to more people opting out of social care and will place increased pressure on informal carers.

As a direct result it is expected that the number of people providing unpaid care to a family member or friend in Nottingham City will increase by 29% within the lifetime of this strategy.

As the proportion of people more need more extensive levels of care grows so will the number of carers needed to provide this support. The Carers UK report 'Tipping Point for Care'^[2] suggests that by 2017 we will reach the 'tipping point' for care when the numbers of older people needing care will outstrip the numbers of working age family members currently available to meet that demand. The outcome of which is that services in their current form will not be able to sustain so many people using current models and patterns of care and identifying a need to review how we support carers to continue their caring role.

^[1] Croydon Council, 2011

^[2] Tipping Point for Care, time for a new social contract; Carers UK; February 2010

The caring population in Nottingham City (2)

Hidden carers

Evidence suggests that as many as 65% of people with caring responsibilities do not identify themselves as a carer in their first year of caring. In approximately a third of cases individuals were providing care for at least five years before they recognised themselves as a carer (Carers UK 2007).

During 2011/12 only 710 carers received a formal carer's assessment by Nottingham City Council. This had fallen from 1,030 in the previous year. In light of this we must be aware of the significant numbers of carers unidentified carers who are not known to services. Many of these hidden carers may not have come forward because they do not recognise themselves as carers. Hidden carers often include:

- Parents of children with a physical or learning disability who often see themselves as parents rather than carers;
- Older couples who see caring for each other as a natural part of their lives.
- BME carers. In some cultures the term 'carer' is not recognised but part of expectations within families;
- Young carers may also be hidden for a number of reasons, such as not disclosing their caring role for fear of being taken into care and of bullying from other young people.
- Some carers may be reluctant to make their needs known if the person they care for has a mental health or substance abuse problem, because they fear that professionals will make judgments on their ability to care.

The caring population in Nottingham City (3)

Young carers

The 2001 census tells us that there were 640 children between five and fifteen years old who provided care living in Nottingham City in 2001. The most extreme being ten children aged between five and seven years who provided over 50 hours a week. There were another 710 young people aged 16 to 19 who provided care.

The graph (fig, 1) shows the increase in the number of young carers in Nottingham City over the last four years who have been in contact with Action for Young Carers our only service currently commissioned specific to support the needs of young carers.

Research undertaken in 2010 suggests that the number of young carers in the UK is significantly beyond previous official estimates and could be as many as 700,000, or 8% of all children. Based on this estimate there are likely to be in excess of 4,000 young carers in Nottingham City (8% of all 0-19 children as per ChiMat data, 2010).

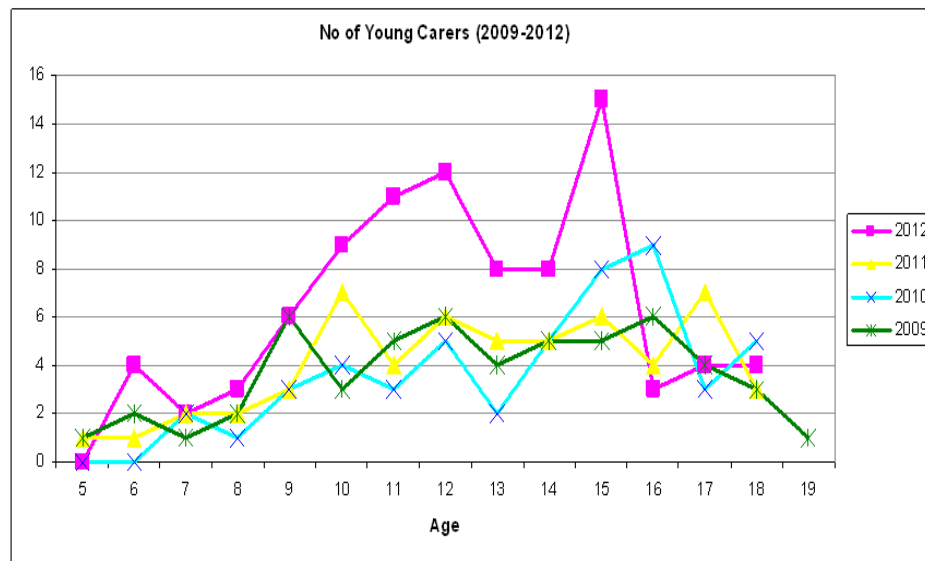


Figure 1, Young carer contacts 2009/12; Source: Action for Young Carers data 2012

The Social Care Institute for Excellence (SCIE) has identified a number of risks to young carers based upon research findings:

- Possible difficulty in attending school or finding time or energy to do homework.
- Possible mental-health disorders including stress, anxiety, low self-esteem, depression, eating disorders, difficulty in sleeping and self-harm.
- Lack of time and opportunities to socialise as a result of caring responsibilities.
- Lack of material wellbeing as a result of reduced earning capacity of the family related to caring responsibilities.
- Physical injury from moving and lifting of the person receiving care.
- One in four young family carers do not tell anyone they are looking after someone at home; they may be secretive in order to maintain privacy and avoid embarrassment.

Further evidence identified that young carers are more likely than other young people to live in workless households and/or be in lone parent families and are much less likely to have any qualifications or be in employment or education than other people of their age.

The caring population in Nottingham City (4)

Older People

Information provided by Nottingham City Council indicates that 84% of people identified as providing care in Nottingham City are aged between 60 and 90 years of age.

Further information identifies that approximately 83% of those in receipt of care require support due to a condition relating to old age.

Evidence shows that older carers looking after a very elderly parent or spouse and are at higher risk of social isolation, poor health and therefore at an increased risk of hospital admissions.

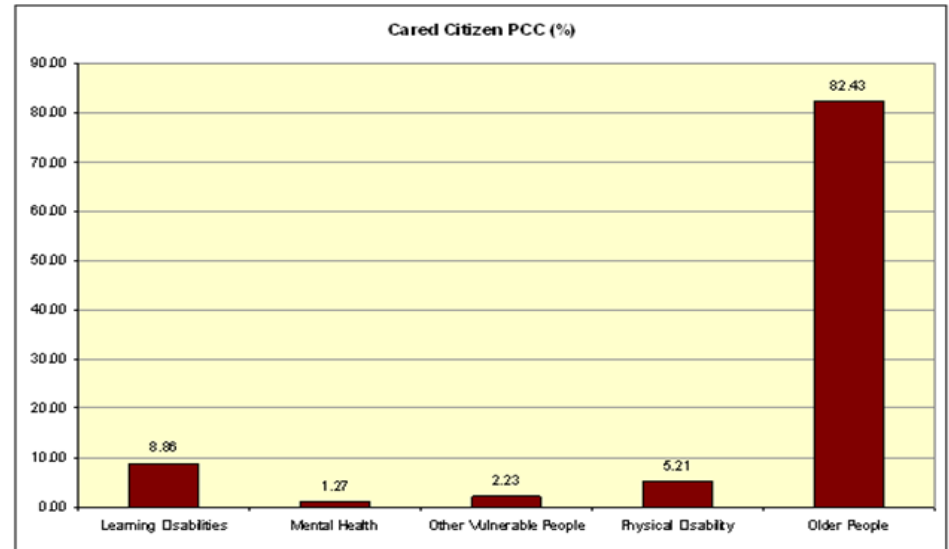


Figure 2, Demographic breakdown of person cared for ; Source: Nottingham City Council 2011/12

Dementia

Caring for someone with dementia is often a responsibility which falls to older carers. There are estimated to be over 670,000 people in the UK acting as the primary carers for people with dementia in 2012 (Alzheimer's Society, 2012). With population predictions suggesting that by 2012 there will be 2,671 people in Nottingham City living with dementia.

Research conducted by the Alzheimer's Society during 2011 suggests that carers of people with dementia experience greater strain and distress than carers of other older people; and suggests that 52% of carers of people with dementia do not get sufficient support to enable them to carry out their caring role.

International research confirms that carers who receive the appropriate support provide better care to the person they care for (Ablitt, Jones and Muers, 2009) and report better well-being outcomes themselves (Schoenmakers, 2010).

Currently there is no dedicated dementia carer respite provision in the city and therefore developing services supporting this vulnerable group is a key priority within this strategy.

The caring population in Nottingham City (5)

Black and Minority Ethnic carers

The 2011 carer's survey revealed that 69% of BME carers reported that they had experienced ill health as a result of caring. 78% of those surveyed said that their mental health had suffered and 39% said they had suffered a physical injury. (*Carers UK– Policy Briefing, March 2012*).

The 2010 Carers UK report, *Half a million voices: Improving support for BME carers* suggests that ethnic minority carers provide more care than average and BME carers often face many barriers in accessing services even when they are identified as carers. These include;

- Difficulty in communicating
- A lack of cultural competency in service providers
- A lack of awareness about services available
- A sense of isolation experienced by carers who are refugees and asylum seekers.[\[1\]](#)

Nottingham City is home to a diverse population with black and ethnic minority residents making up 15.09% of the city's population and more than 100 different languages are spoken. If we apply the average rate of 9% of the population provides regular informal care to the city's BME population we can assume that there are approximately 4,488 BME carers providing care within the city.

Of the 710 carers assessments conducted during 2011/12 9.84% were for people from BME communities, suggesting some under representation although this may be in line given the age group of carers.

Statistics from the 2001 Census indicate that carers from Indian, Pakistani and Bangladeshi communities provide higher levels of care than other groups. This is especially significant in Nottingham because the largest ethnic minority group in the city is the 'South Asian' ethnic group, which includes people from India, Pakistan and Bangladesh heritage and represents 14.1% of the city's population.

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Current carers services

It is very difficult to know exactly how much money is spent on support for carers. Spending on vulnerable people through mainstream health and social care budgets for services such as 'hospice at home' nursing services or personal assistants for the cared for which clearly help carers by providing respite and/ or peace of mind time may not necessarily be identified as a 'carers' service. In addition substantial resources are invested by the local authority to ensure that it is able to fulfil its statutory duty to undertake the assessment of individual carer's needs. With this in mind the following information refers solely to services dedicated to supporting carers:

Total expenditure by NHS Nottingham City Clinical Commissioning Group against its dedicated carers budget for 2012/13 amounts to £653,647 of which £160,173 supports the provision of carer respite services.

Total expenditure by Nottingham City Council against its dedicated carers budget for 2012/13 amounts to £678,477 of which £473,894 supports the provision of carer respite services.

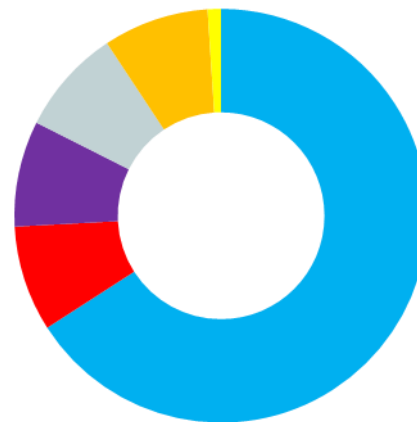
This equates to an overall dedicated carers budget of £1,372,796 for 2012/13 of which £634,067 supports the provision of approximately 42,371 hours of carer respite care.

How the budget for carers services is Split 2012/2013

Nottingham City Clinical Commissioning Group



Nottingham City Council



- Carers breaks/ respite
- Emotional support
- Day care
- Information and Advice
- Training and Education
- Supportive care
- Engagement

Figure 3, Dedicated carers funding split by activity type;
Source: NHS Nottingham City CCG and Nottingham City Council

Services include respite for children with a disability, a dedicated carers counselling service, respite for carers of people with end of life needs, dedicated respite for BME carers and a Saturday drop in service for carers of people with learning disabilities.

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Listening to local carers

During 2012 NHS Nottingham City Clinical Commissioning Group and Nottingham City Council has undertaken a comprehensive review of existing carers services; working with the following third sector organisation's to facilitates a series of carer and public engagement events. The outcomes of which have been used to inform the development of the key priorities areas within this action plan.

- ❑ 'Independent Voices' a local independent third sector provider with strong links to carers organisations was jointly commissioned to facilitate a series of engagement activities with carers from a range of caring backgrounds. This includes on going work with the Carers' Reference Group who have been involved throughout this process.
- ❑ The Radford Care Group which provides specifically provides support to older people with dementia and their carers collected the views and thoughts of people caring for a loved one with dementia throughout carers week(18 to 24 June).
- ❑ The Nottingham CityCare Partnership hosted a one off carers event to coincide with carers week which was attended by 54 local people and provided nurses with an opportunity to provide carers with health checks throughout the event. During the event the team consulted with carers to identify their priorities under the headings of 'Health and Wellbeing', 'Practical Support' and 'Information, Advice and Guidance'.
- ❑ Further engagement work is planned for later in the year with a specific focus on young carers.

The outcomes of this engagement are summarised over the following pages.

Listening to local carers (2)

Health and Wellbeing

A key message from the national carers strategy consultation was that carers often neglect their own health and well-being. This was supported by our local engagement which identified the following:

- ❑ 100% of respondents said they have been affected by stress anxiety or depression due to their caring role in the last 12 months.
- ❑ Just under half of respondents reported suffering from high blood pressure or another medical condition as a result of caring.
- ❑ One quarter of carers surveyed reporting having suffered a physical injury in the last year due to their caring role.

When asked what might support them to improve their overall health and wellbeing nearly three quarters identified emotional support and having time to yourself away from their caring responsibility as priority areas.

In terms of your overall wellbeing which of the following would you like help with:

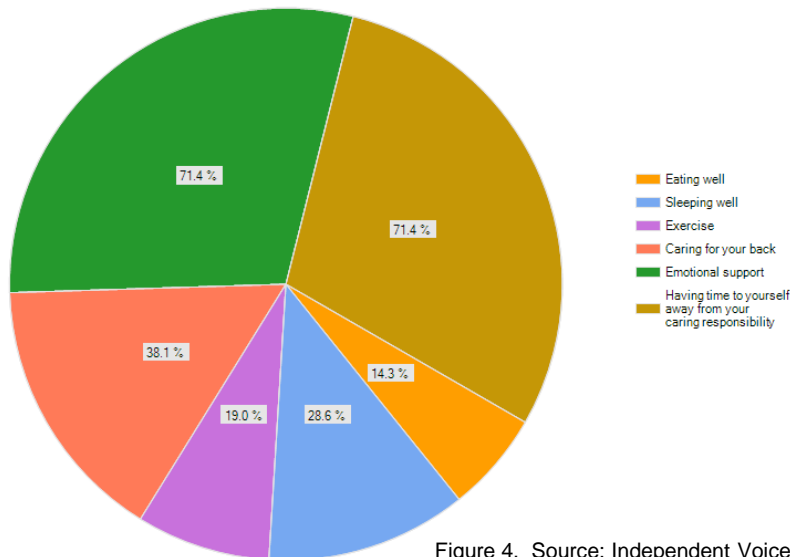


Figure 4, Source: Independent Voices 2012

In the last 12 months, do you feel your health has been affected by your caring role in any of the ways listed below?

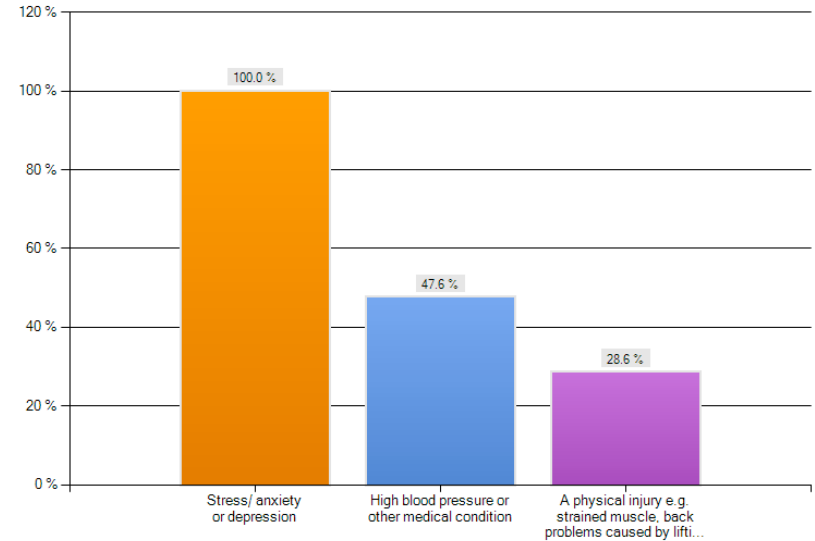
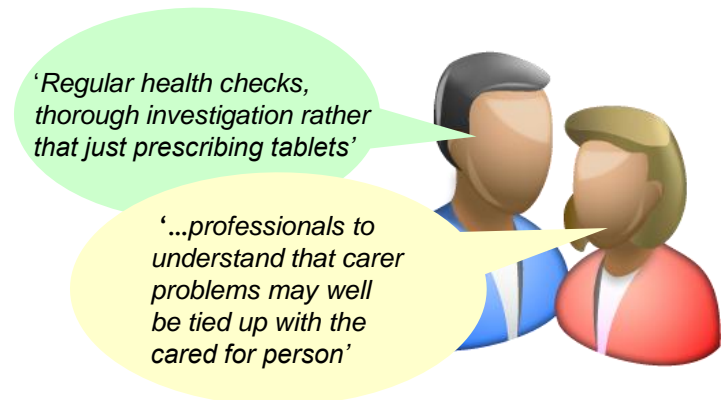


Figure 5, Source: Independent Voices 2012

Comments from carers

Local stakeholders told us that services should help to prevent ill-health, through initiatives such as health checks; support groups; befriending schemes; emotional support and counselling.



Listening to local carers (3)

Carers breaks and respite

Consultation following the publication of the national carers strategy confirmed that carers need breaks from caring and that breaks should be personalised, timely and culturally appropriate. Feedback from our local consultation process supported this and identified the following key themes and trends:

In response to our local engagement activity:

- 56.5% of carers surveyed stated that they get less than 5 hours to themselves ever day
- Many carers of the carers questioned classified working full time as time to themselves
- Three quarters of respondents identified a strong need for greater emotional support and time to themselves.

Planned regular breaks were identified as the preferred option by carers.

In addition carers also felt that they would benefit from access to:

- Emergency/ short notice respite support
- Short breaks or between two and three days

Thinking about respite/ carers breaks please tell us which best describes your needs preferences:

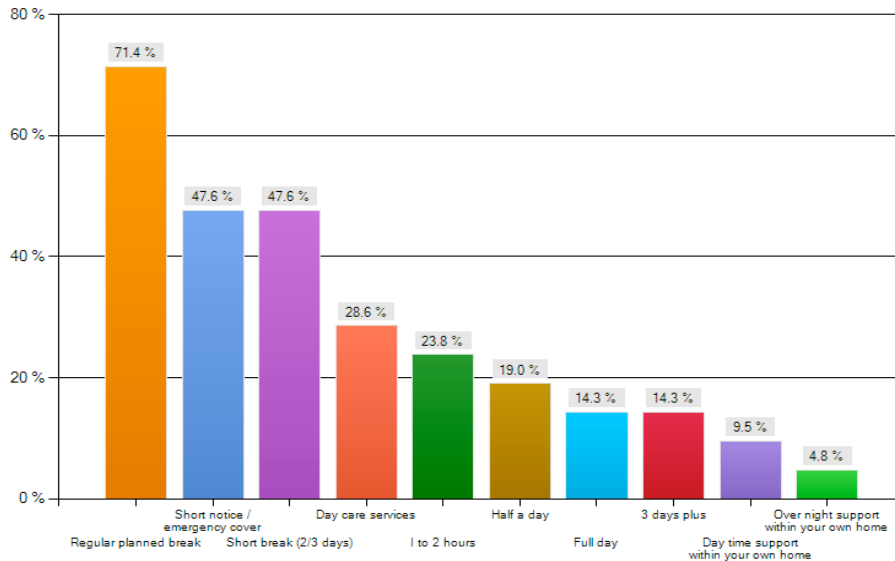


Figure 6, Source: Independent Voices 2012

Emotional support

In response to our local engagement:

- Three quarters of respondents identified a strong need for greater emotional support.
- Over one third of respondents do not feel they can talk openly and honestly about their needs and three quarters of these people feel that they would benefit from the opportunity.

Listening to local carers (4)

Access to advice and support

One of the key messages within the 2010 refresh of the national carers strategy was that carers need better and timely access to information and support on a variety of issues affecting them such as housing, benefits, income maximisation, debt and employment issues.

Local engagement has also identified that carers find the assessment process overly bureaucratic and the level of services offered disappointing and so often choose to forgo the offer of an assessment. Locally:

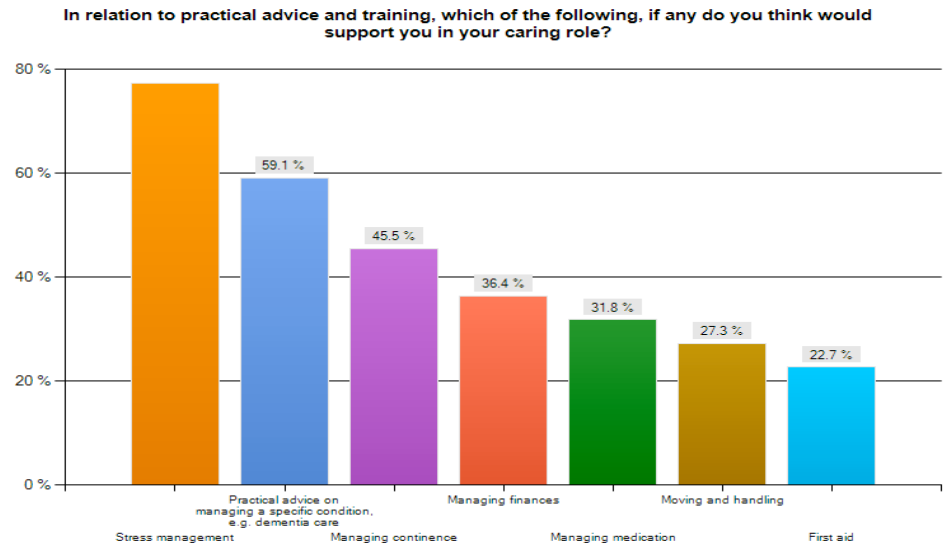
- Over a quarter of respondents felt they had received no help or advice at all
- 73.1% of respondents reporting that they had not been offered a formal carers assessment

Other key themes described by local carers included:

- The need for more accurate and relevant information available about services available.
- Better signposting to different types of support, information and advice.
- Language barriers when accessing support, especially via the telephone.
- Single point of contact available 24/7.
- The need for better communication between professionals and carers.
- Support for the creation of a patient story that could go with the carer and cared for person across any services they access.
- Too much bureaucracy making it difficult to engage and understand processes.

Practical support and training

Access to practical support and training was identified as a priority by local carers. Stress management and access to practical training on caring for conditions such as dementia (managing difficult behaviours) and continence management were identified priorities by carers.



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Priorities for Nottingham City (2)

Summary of key priorities in Nottingham City

1. Demand for services is forecast to increase over the next five years with the number of people providing regular informal care in Nottingham City projected to increase by 29% by 2017 to nearly 31,000.
2. During 2011/12 only 710 people received a formal carers assessment identifying a need to review the current assessment process to ensure that more carers received an holistic assessment of their needs.
3. There is a need to identify the city's hidden carers to ensure the needs of all Nottingham City's carers are supported.
4. In recognising the growth of carers in the city and current under identification services must be developed which are sustainable support for the future.
5. Ensuring carers are supported to maintain their physical health and preventing avoidable injury or illness as reported by 50% of current carers.
6. Ensuring that carers have access to emotional support to support their wellbeing. 100% of carers questions reported experiencing stress and anxiety as a result of their caring responsibilities during the last 12 months.
7. Ensure carers are supported to continue in their caring role through the provision of a menu of flexible carers breaks.
8. Provision of accurate and timely information and advice.
9. Meeting the needs of Nottingham City's BME caring population who are at risk of additional due to language barriers, accessing culturally appropriate services and with stereotyping around caring, putting them at greater risk of ill health, poverty, loss of employment and social exclusion.
10. Developing individually tailored services which response to the needs of the individual carer whether they be a young carer; an older carer or a parent carer.

Priority actions for carers in Nottingham City

In response the following key actions have been identified in line with the four priority areas specified within National Carers Strategy “Recognised, Valued and supported: Next steps for the Carers Strategy”:

Identification and recognition

1. To develop a comprehensive programme of carer awareness raising aimed at increasing the number of identified carers.

This will include:

- A public awareness campaign highlighting the importance of identifying carers and how to access support.
- Training for all health and social care staff to identify carers appropriately and inform them of their right to an assessment and advice.
- Targeted awareness specifically aimed at Nottingham City’s hidden carers.

2. Explore opportunities to develop a joint health and special care carers assessment protocol to reduce duplication and improve access to support for carers.

3. Explore opportunities to develop a dedicated carers information, advice and support function or ‘hub’ across the city; integrating identification, assessment and support planning within the community.

Potential opportunities include:

- Awareness raising amongst health and social care professionals
- Conducting joint health and social carers assessments
- Provide one to one home based support (where appropriate)
- Co-ordination/ sign posting to other appropriate advice and support services

4. Use CQUIN (performance related payment incentives) mechanisms as a driver to increase identification of carers by clinical teams.

Priority actions for carers in Nottingham City (2)

Life outside caring

1. Work in partnership to review existing provision of carers breaks to develop a menu of flexible, individually tailored home-based respite care services which will include specialist support for carers of people with dementia and end of life care needs supplied by local, trusted providers which includes access to emergency short term support.

Through the use of:

- Opportunities to use pooled budgets
- Increased use of personal budgets to offer more personalised support
- Maximising voluntary sector and time banking opportunities

2. Undertake a comprehensive review of the existing information and advice services to inform the future commissioning of services which are able to respond to carers general and specialist information, advice and advocacy needs relating to care issues, finances, health, housing, work and equality issues.

This will include:

- A review current information sharing arrangements amongst agencies to maximise support to carers
- Development of a 'single point of access' or 'hub' for all carer related enquiries
- The use of modern media resources e.g. webpages; smart phone applications; Facebook and twitter to share information and promote carers services
- Developing a carers information resource pack
- Promoting the use of advocacy for carers
- Improving accessibility of information for carers from BME communities or for whom written English is not appropriate

3. Scope opportunities for the use of telehealth and telecare solutions to support carers.

4. Develop mentoring, peer support and befriending networks offering sustainable advice and support.

Priorities for Nottingham City (5)

Priority actions for carers in Nottingham City (3)

Staying healthy

Promote the importance of carers health and wellbeing through educating both health and social care professionals and the public through the following health promotion and prevention activities:

1. Encourage carers to take attend a free preventative health check for 40-74 year olds via the NHS health check programme.
2. Develop a programme of targeted training for carers on the caring role to include:
 - dealing with challenging behaviours
 - lifting and handling (back care)
 - stress management
 - condition specific education such as caring for someone with dementia or end of life care needs.
3. Ensure access to emotional support is accessible to all carers.

Realising and releasing potential

1. Continue to provide a dedicated 'Young Person's Service' for young carers. Exploring the following potential opportunities for future development:
 - Awareness raising amongst health and social care professionals
 - Conducting joint health and social carers assessments
 - Development of a individual support plan for carers which will include an emergency action plan
 - Co-ordination/ sign posting to the appropriate advice and support services
2. Work with employers to recognise the difficulties that carers have and promote the benefits of flexible working.
3. Promote the use of advocacy and information to help carers work with employers to achieve solutions.
4. Ensure support is available to allow carers to remain continue in employment e.g. befriending services and support with practical tasks.

Contents

- Introduction
- Definition of a carer
- National Context
- The case for carers
- The caring population in Nottingham City
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- Listening to carers
- Priorities for Nottingham City
- Action plan

Action Plan

To achieve the key actions set out in this document a detailed commissioning action plan will be developed by commissioners to inform commissioning over the next 5 years. Progress will be reviewed and updated regularly in collaboration with local carers and progress will be overseen by the Nottingham City Health and Well Being Board.

Through the implementation of the actions described we hope to ensure the most appropriate use of resources and best outcomes for carers in Nottingham City.