

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

**INTEGRATED COMMISSIONING CARERS' STRATEGY AND ACTION PLAN
2013- 2014**

1. Introduction

The Integrated Commissioning Carers' Strategy is the over-arching strategy agreed by Nottinghamshire County Council and Nottinghamshire's Clinical Commissioning Groups 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, developed and up-dated by the Nottinghamshire Carers' Implementation Group, which reports to the Older People's Integrated Commissioning Group and ultimately the Health and Well Being Board.

There has been extensive consultation on the Strategy with both carers and partners, in order to gain valuable feedback and ideas for improving existing services and develop new services for the future. In February 2013, the draft Strategy was shared with:

- a. Existing members of the Carers' Advisory Group
- b. Learning Disability Carers' Groups
- c. Nottinghamshire Carers' Alliance (comprising 16 carers groups with approximately 300 members)
- d. Members of diverse carers groups (e.g. carers on the Carers' Federation's mailing list)
- e. Carers' Implementation Group (carer representatives from the Clinical Commissioning Groups sit on the Carers' Implementation Group)
- f. NHS Nottinghamshire County and Bassetlaw Primary Care Trusts (PCTs)
- g. Clinical Commissioning Groups (CCG) across Nottinghamshire

Relevant national and local drivers and documents policies and strategies have been taken into account in terms of developing actions/activity, for example, 'Carers at the heart of 21st Century Families and Communities', (Department of Health, 2008), the 2011 Census, the Carers' Survey 2012 and the plans developed by Clinical Commissioning Groups.

Both Newark and Sherwood and Bassetlaw CCGs have run Dementia summits, attended by patients / service users, carers and stakeholders, where carers of people with dementia expressed an appeal to receive support and information for themselves as carers. This is reflected in the Strategy by the proposal to create 'Compass' workers who will offer practical and emotional support to carers (see page 7).

2. Purpose and Prevalence

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

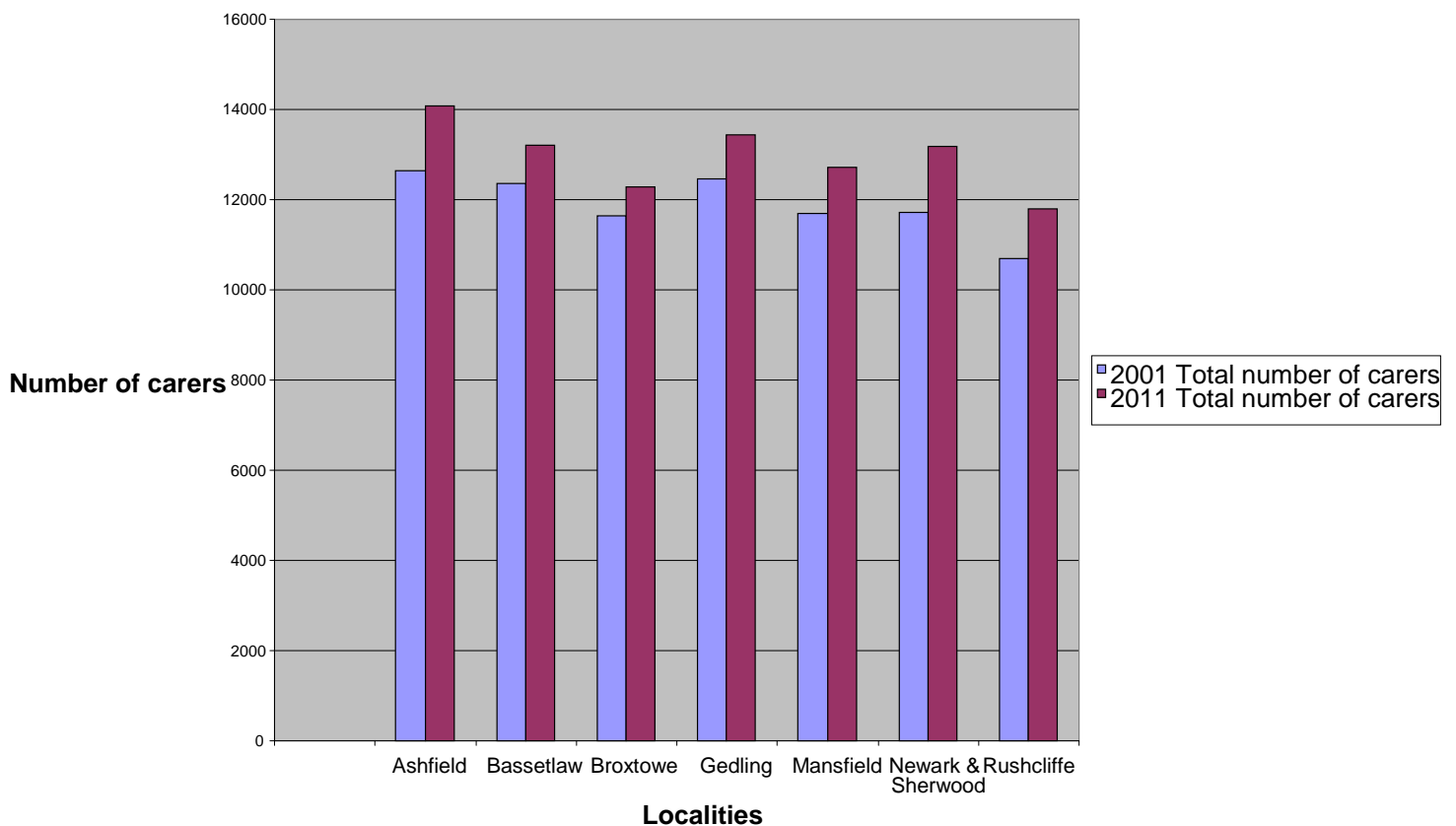
independent living and care at home, away from institutional care, will continue to require a greater contribution from carers.

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. 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

The 2011 Census report has identified that there has been an increase in the number of Carers in the last decade by 7,517 across Nottinghamshire (excluding Nottingham city). There are now 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.

Carers in Nottinghamshire



Source: Office for National Statistics

3. Context and drivers

3.1 ‘Carers at the heart of 21st Century Families and Communities’, Department of Health, 2008

The revised National Carers Strategy (2010) sets out the following priorities for carers and identifies the actions required to ensure the best possible outcomes for carers and those they support, including:-

- 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
- enabling those with caring responsibilities to fulfill their educational and employment potential
- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well.

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 Care Bill, 2013

The new Care Bill provides an ideal opportunity to capitalise on the new focus on the importance of working more closely with carers and the responsibility placed on Local Authorities to undertake a Carer’s Assessment. In addition, the Bill emphasises:

- ‘Parity of esteem’ for carers & cared-for
- Principles of well-being & personalisation
- Universal rights to information & advice
- Right to carer’s assessment & support plan

This act creates a single duty to undertake a “carer’s assessment”. The aim of the assessment is to determine whether the carer has support needs and what those needs may be. A “carer” is defined as any adult who is caring, or intends to care, for another adult. This duty replaces existing duties previously described in the Carers (Recognition and Services) Act 1995 and section 1 of the Carers and Disabled

Children Act 2000. However, the new duty does not require (as the previous provision did) that the carer must be providing “substantial care on a regular basis”.

This opens up a new opportunity to provide much needed support to people providing lower levels of support.

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 (Carers’ Survey)
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	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 (Carers’ Survey)
	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 (Carers’ Survey)
	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 (Carers’ Survey)

3.6 “In Sickness and in Health”. A survey of 3,400 carers, www.carersweek.org, 2012

This national survey was carried out as part of Carers’ Week in 2012 and examined the impact of caring:

- 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

3.7 Survey of Adult Carers in Nottinghamshire – 2012-13

In 2012, the Adult Carers' Survey was sent out to 803 carers. The survey aimed to find out more about whether or not services received by carers are helping them in their caring role, their life outside of caring, and also their perception of services provided to the cared for person. 419 completed questionnaires were received.

Key findings:

- 77% of respondents who had received support or services from Adult Social Care and Health in the last 12 months were satisfied, with 12% expressing dissatisfaction
- 55% of respondents said they were able to look after themselves, but the remaining 45% answered that they felt that they sometimes could not look after themselves well enough or that they were neglecting themselves
- 67% of respondents said they were able to do some of the things they value or enjoy but not enough and/or have some control over their daily life but not enough. 18% said they had no time to do the things they value or enjoy / no control over their daily life. 15 % said they had as much as they wanted
- 66% of people who had said that they had tried to find information said that it was very easy or fairly easy to find. 34% said that it was fairly or very difficult to find
- 88% of people who had received information and advice had found this very or quite helpful.

3.8 Living at Home

The local approach to social care in Nottinghamshire is focused on enabling people to live at home as independently as possible (the "Living at Home" programme) This recognises the important role of carers in supporting people to continue to live at home.

4. Budget

4.1 Current spend by Nottinghamshire County Council

Services for Carers	Expenditure per annum
Carers' Universal Service	£100,000
Crisis Prevention scheme for carers	£268,000
Carers' Personal Budgets	£246,245
Carers' Breaks *	£2,391,348
Learning Disability short breaks	£456,000
Telecare for carers	£15,000
Young Carers	£1,800,000
TOTAL	£5,276,593

* This is an estimated proxy measure. The data used to estimate this figure do not specifically include carers; they relate to service users with commissioned packages,

who have a carer. The assumption is that these services for the service user simultaneously give the carer a break.

4.2 NHS Funding 2013 - 2014

Before its dissolution, NHS Nottinghamshire County received £1.5 million for carers, as part of its financial settlement in 2012/13. £1 million of this has now been transferred to Nottinghamshire County Council on a recurrent basis, £0.3 million has been added to the budget for the provision of Carers' Breaks administered by the NHS (now totalling £0.6 million), and £0.2 million has been allocated to the 5 Clinical Commissioning Groups for carers' initiatives (see below).

Mansfield & Ashfield	Newark & Sherwood	Nottingham North & East	Nottingham West	Rushcliffe
30.27%	18.67%	21.66%	13.63%	15.77%
(£60,540)	(£37,340)	(£43,320)	(£27,260)	(£31,540)

NHS Bassetlaw (Primary Care Trust) agreed a one-off allocation of £200,000 for carers in Bassetlaw for 2012 - 2013. Bassetlaw Clinical Commissioning Group has now agreed to transfer £100,000 to Nottinghamshire County Council on a recurrent basis to spend on carers.

This provides a total of £1.2 million across Nottinghamshire. There are a number of proposals within (and outside) this Strategy which will complement existing priority areas, based on the following:

- There is a clear connection between investment in carer services to prevent breakdown of care for the 'cared for' person, who might be at risk of admission to hospital or residential care.
- Due to the ageing population, as well as the increase in the incidence of dementia, there is a need to consider services that are specific to the needs of those who are carers of people with dementia.
- There are agreed and clear governance arrangements for integrated commissioning with Nottinghamshire County Council and the Clinical Commissioning Groups.
- The proposals have been shared with partners and agreed by members of the Carers' Implementation Group, which has a number of carer representatives from each Clinical Commissioning Group, and which reports to the Integrated Commissioning Group for Older People.

4.3 Cost of new proposals

Proposal	Cost
Dementia 'Compass' Support Workers	£262,500
End of Life Carers Support Service	£144,000

Care and Support Centres	£150,700
Carers' Personal Budgets	£177,000
Carer resilience	£33,500
Consultation with Black and Minority Ethnic (BME) communities	£10,000
'Looking After Me' carers' courses	£16,924
Evaluation	£20,000
TOTAL	£814,624

4.4 Amount uncommitted funding

Total amount transferred from NHS to Nottinghamshire County Council for carers = £1,200,000

Total amount committed = £814,624

Uncommitted amount = **£385,376**

ACTION PLAN

Actions required / milestones	Target/measure	Adult Social Care Outcomes	Timescale	Lead (post / organisation)	RAG (Red / Amber / Green)	Progress
1. Improve support to carers	1.1 To commission 6.5 FTE Band 5 qualified 'Compass' workers to provide practical and emotional support to carers of people with dementia	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services. Carers can balance their caring roles and maintain their desired quality of life	Summer 2013	<ul style="list-style-type: none"> • NCC • Notts Healthcare Trust 		
	1.2 To ensure carers of people living with dementia can benefit from psychological therapies (this relates to the IAPT or Improving Access to Psychological Therapies)	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> • Public Health 		
	1.3 To enhance carer support as part of the ' Living at Home ' programme through increased provision for carer breaks at the Care and Support Centres and provision of assistive technology e.g. Lifelines and sensors	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> • NCC 		
	1.4 To commission ' End of Life Carers	Carers can balance their	Autumn 2013	<ul style="list-style-type: none"> • NCC 		

	Support Service' to provide practical and emotional support for 'end of life' carers	caring roles and maintain their desired quality of life				
	1.5 (a) To increase value of carers' Personal Budget from £200 to £300 per carer (b) Increase percentage of assessed carers receiving PBs	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> • NCC 		
	1.6 Carer training: a) To run training courses ('Caring with Confidence' by Carers' Federation) across the county b) To increase awareness of and recruitment to 'Looking After Me' course	Carers can balance their caring roles and maintain their desired quality of life	March 2014	<ul style="list-style-type: none"> • Carers' Federation • Notts CHP • NCC 		
2. Identify carers e.g. health, public protection, community	2.1 To increase number of carers identified and assessed	Carers feel that they are respected as equal partners throughout the care process. People who use social care and their carers are satisfied with their experience of care and support services	March 2014	<ul style="list-style-type: none"> • NCC • CCGs • NHS Trusts 		
3. Improve information for carers	3.1 To ensure that all carers contacting the department have access to good quality and timely information/signposting , by Adult Access Service carer worker	People know what choices are available to them locally, what they are entitled to, and who to contact when they	Summer 2013	<ul style="list-style-type: none"> • NCC Adult Access Service and commissioning team 		

		need help		• CCGs		
	3.2 To improve information for parent carers	People know what choices are available to them locally, what they are entitled to, and who to contact when they need help	March 2014	• Children's Services, NCC		

Abbreviations: CCG = Clinical Commissioning Group
NCC = Nottinghamshire County Council
CHP = County Health Partnerships

APPENDIX

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