Carers

Topic information	
Topic title	*Carers*
Topic owner	*Integrated Commissioning Group Older People*
Topic author(s)	*Penny Spice and Vicky Myers*
Topic quality reviewed	*11.6.2014*
Topic endorsed	*22.5.2014*
Topic approved	*HWIG 17th September 2014*
Current version	*17th September 2014*
Replaces version	*9th September 2014*
Linked JSNA topics	*Older People, Dementia, Children and Young People*

Summary

Introduction

The 2011 Census shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population. The figure has grown by 600,000 since 2001. The largest growth was in those people who provide fifty or more hours unpaid care per week (the highest category of unpaid care analysed).

'Carers at the heart of 21st Century Families and Communities', Department of Health, 2008

The revised National Carers Strategy (2010) sets out 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
- 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
- personalising support for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well.

"Our NHS care objectives: a draft mandate to the NHS Commissioning Board", Department of Health, 2012

This document highlights carers, focusing on early identification of carers, positive experience of caring, 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.

Care Act, 2014

The Care Act 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 Care Act 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 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.

Unmet need and gaps

1. Accessing information: as identified in the "Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13", 34% of people who said that they had tried to find information, also said that it was fairly or very difficult to find. This is a locally defined need.
2. Carers of people with dementia accessing information: a number of people referred to not knowing where to go for help in the future when they might need support, according to the report, "Personal Budgets and Dementia project - Feedback on consultation with people with dementia and carers", Helen Turner, Alzheimer's Society Project Manager, 9.1.2014
3. Understanding the specific needs of carers in different situations: e.g. 'parent carers', who are parents looking after children with a disability), 'sandwich' carers, who are caring for their parents and their children simultaneously.
4. A high proportion of existing carers have not received a carers assessment. They may not be aware of Carers Assessments or not know how to access them, they may not wish to be in contact with the Local Authority or they may be satisfied with their situation. It is likely, however, that there are existing carers with unmet needs.
5. The impact of both the Care Act and an increasing number of older people in the population is expected to have an impact on capacity of services for carers and associated costs.

Recommendations for consideration by commissioners

1. Accessing Information by carers. Commissioners need to
   - consider what information is needed

- provide good quality information and advice, accessible to and proportionate to the needs of the person, in partnership with others
- identify people who have unmet need and provide advice, information and support
- provide a written statement of need and offer of advice and information, where people are not eligible for support

2. Investigation into the specific needs of carers in different situations; e.g. parent carers and sandwich carers.
3. Evaluate carers' breaks and consider changes to the allocation of breaks.

4. Assess the impact of both the Care Act and ageing population on capacity of services for carers and associated costs.

What do we know?

1) Who is at risk and why?

The national carers' strategy, 'Carers at the heart of 21st Century Families and Communities', (Department of Health, 2008), [i] 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."

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. There are also increasing numbers of parents of children with complex health needs, who live in the knowledge 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 2011 Census [ii] shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population. The figure has grown by 600,000 since 2001. The largest growth was in the group of people who provide fifty or more hours unpaid care per week (the highest unpaid care analysed).

Carers are estimated to save the UK economy £119 billion per year in care costs. This is equivalent to £18,473 per year for every carer in the UK. ('Nottinghamshire County Council: Services for Carers', produced by Oxford Brookes University [iii]. Please see the Insight Library: http://www.nottinghaminsight.org.uk/d/105177)

There are many problems associated with caring responsibilities including mental and physical health problems, social isolation and lowered social functioning, and increased mortality as a result of mental or emotional distress, especially in more elderly carers. The Government White Paper 'Healthy lives, healthy people' highlights carers as a group who experience health inequalities.

Carers can also end up as patients or requiring care and support, therefore it is important to provide adequate support to enable carers to maintain their own health whilst providing care. A 2002 ONS survey on the mental health of carers maintains that 35% of carers without good social support experience significant mental ill-health, compared to 15% of carers who have good social support. (iii)

2011 census information shows that carers who provide high levels of unpaid care (more than 50 hours per week) for sick or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities. (iii)

Research from the USA emphasises that carers who provide high amounts of care have a 23% higher risk of stroke than non-care givers. (iii)

Two thirds of older carers have long term health problems or a disability themselves. Commonly reported conditions are arthritis and joint problems, back problems, heart disease, cancer and depression. One third of older carers have reported having to cancel their own treatment or an operation because of their caring responsibilities. (iii)

2) Size of the issue locally

The 2011 Census identified an increase in the number of carers in the last decade by 7,517 across Nottinghamshire County. There are now an estimated 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.

The 2011 Census also revealed that over 54% of the caring population in Nottinghamshire are in employment. Of those carers providing 50+ hours of caring per week, 27% are in employment.

In line with the national average, about 60% of carers are women and 40% are men.

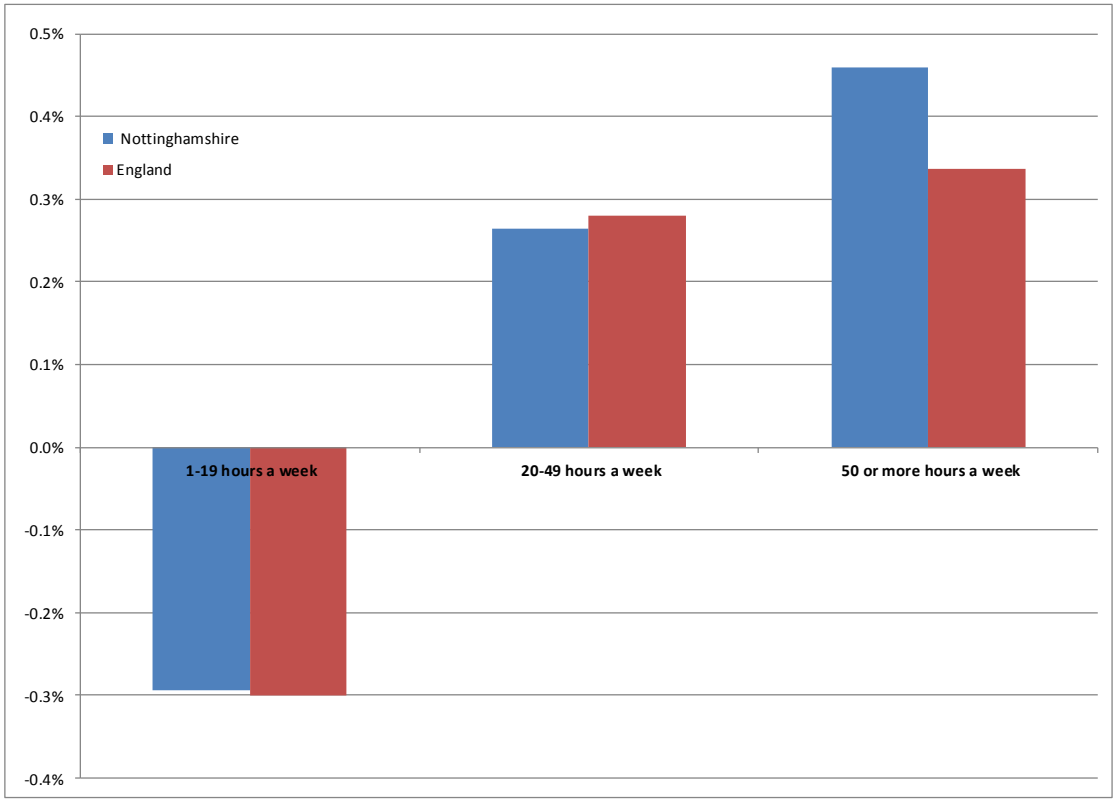
The 4 charts below demonstrate different aspects of the caring population at both a national and local level.

For further analysis of the 2011 census, including data on ethnicity and caring, please refer to the Insight Library. [ii]

http://www.nottinghaminsight.org.uk/d/103869

Figure 1 shows the change in proportion of carers between the 2001 and 2011 census. This chart clearly shows that there are more carers now at the 'heavy' end of the caring spectrum, i.e. caring for more than 20 hours per week and the biggest increase is in the 50+ hours per week category.

Figure 1: Change in the proportion of carers between the 2001 and 2011 Census

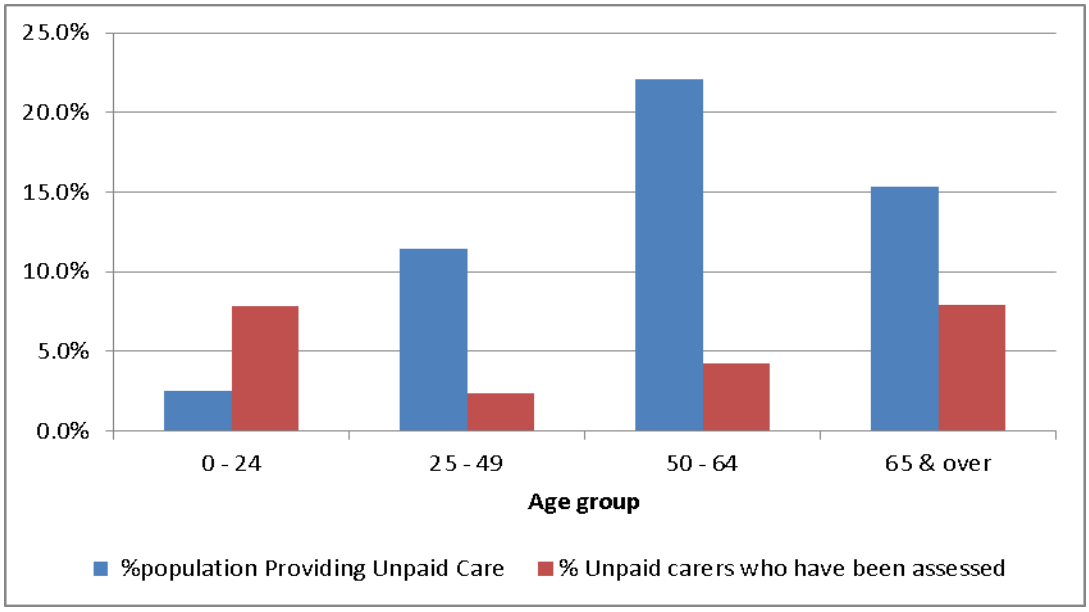


Source: Census 2001 and 2011

Figure 2 compares the level of people stating they are carers (in the 2011 census) with number of carers who have had a Carer Assessment (carried out by the Local Authority). The figure shows that most carers have not had a Carer Assessment which may be for a variety of reasons:

- The carer may not know about Carer Assessment, or if they do how to access it
- The carer may not wish to have contact with the Local Authority
- The carer may be satisfied with their situation and does not need any help

Figure 2: Comparison of all carers with carers accessing Carer Assessment

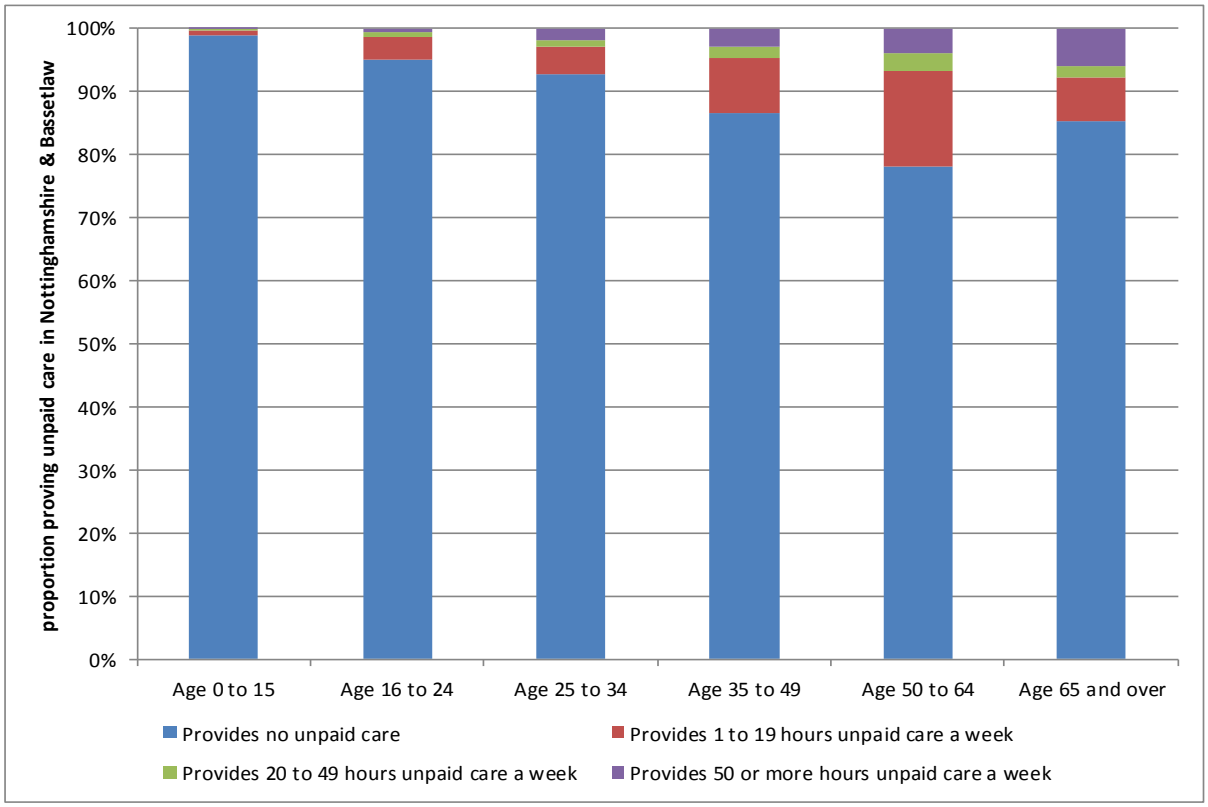


Source: Census 2001 and 2011

Figure 3 compares the unpaid carer population with the hours spent caring per week by age. This chart shows a pattern of older carers caring at the extreme end of caring i.e. more than 50+ hours per week. This is predictable in one respect as older carers may be looking after their older partners.

Other factors were explored but there were no notable variations in carers assessments with respect to gender, ethnicity or area of residence (see appendix or contact author for further details).

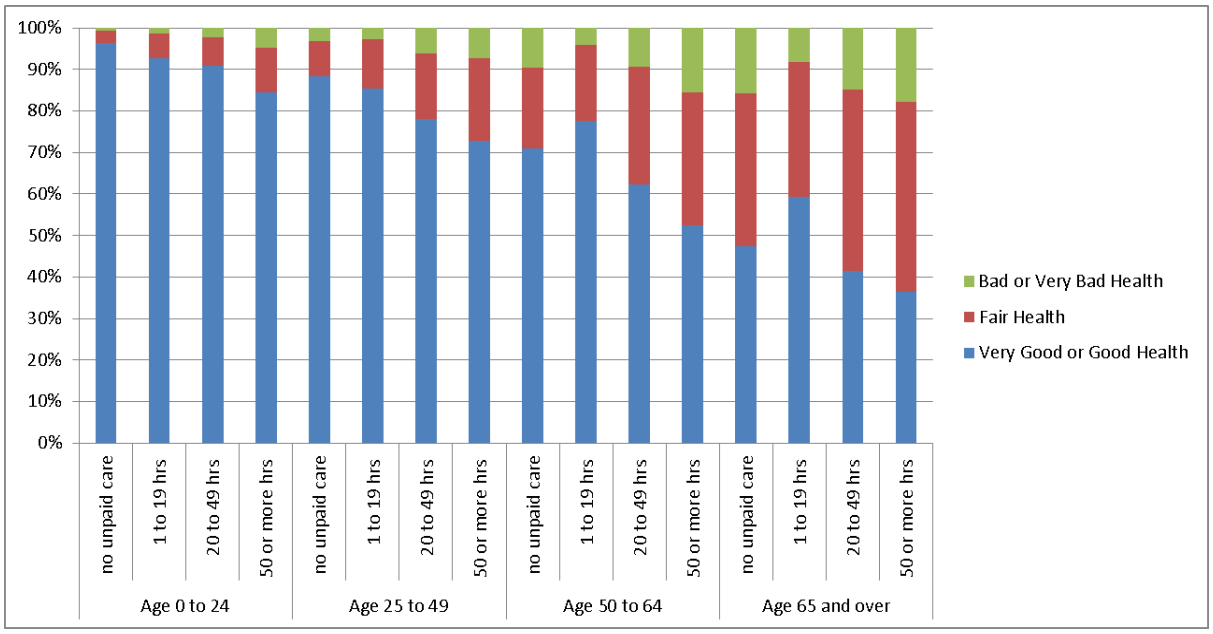
Figure 3: Comparison of carers and hours spent caring per week by age



Source: Census 2001 and 2011

Figure 4 compares carers by age, hours of caring and health status. This chart reveals that older carers who are caring for longer hours per week are also more likely to experience poorer health than other younger carers who are caring for fewer hours.

Figure 4: Comparison of carers by age, hours of caring and health status



Source: Census 2001 and 2011

3) Targets and performance

The Adult Social Care Outcomes which are relevant to carers are:

- Enhancing quality of life for people with carer and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

In general, these outcomes are tested through the bi-annual Adult Carers' Survey (see Section 7 in this chapter for more details).

NCC also uses two performance targets; the first is the number of carers assessed or reviewed and the second is the number of carers receiving a service. These targets have recently been increased as the number of carers has been steadily increasing.

The target for the number of carers assessed or reviewed is now 37% (was 28%) and the target for the number of carers receiving a service is 25% (was 21%).

4) Current activity and service provision

Services for Carers

There are a number of services available to carers:

1. Carers' Support Service; this is a small team based at the Customer Services Centre, who provide information and advice by phone and who may also undertake Carer Assessments and Reviews
2. Carers' Universal Service (monitoring reports available): NCC commissions this service which provides information, advice, support, group support and training to carers across Nottinghamshire
3. Emergency Respite for carers: NCC commissions a Crisis Prevention Service for carers
4. Emergency Card for Carers: this is a free small card that identifies someone as a carer in an emergency situation, alerting the paramedic, etc to the cared-for person's needs
5. Carers' Personal Budgets: this is a sum of money paid to eligible carers as a Direct Payment, to help them attain a 'life outside caring'
6. Carers' Breaks
7. Telecare for carers
8. NHS Carers' Breaks

Carers' Support Service

An evaluation for the Carers' Support Service relating to the impact on the District teams was undertaken in 2013 [(vi)]. Please see Insight Library.
http://www.nottinghaminsight.org.uk/d/103868

The evaluation involved interviews with the district team managers from the Broxtowe and Gedling teams. The data gained from these interviews was analysed to identify themes. The resulting themes suggest that the service was positively received. The main themes identified from the interviews were the benefits of the service (both to the district teams and carers), the service relieving pressure on the district teams and positive relationships between the district teams and Carers' Support Service.

In the development of the service it should be recognised that there is an overlap between the Carers' Support Service and the services offered by other teams within NCC. There is a need for the Carers' Support Service to proactively collaborate with different NCC services (district teams, START etc) to support carers holistically, and a need for better coordination between service user and assessors.

Emergency Respite for carers

In 2013-14, Nottinghamshire County Council commissioned East Midlands Crossroads and North Notts Crossroads to provide a Crisis Prevention Service for carers. In the North, North Notts Crossroads Care delivered 1403 hours of crisis care in 2013. In the South, East Midlands Crossroads delivered 1313 hours of crisis care in 2013.

Carer Assessments and Reviews

A Carer Assessment is a conversation between a carer and a Social Care worker, where the carer provides basic information about themselves and the person they care for, and the impact that caring has, for example on health, work, relationships, or leisure time, and the support needed. Usually carers are reviewed 1 year after the Assessment.

The number of carers assessed or reviewed by the Adult Social Care and Health Department between 1st January and 31st December 2013 was 4625. Of those carers, 2312 people received a service. A 'service' includes Carers' Personal Budgets, which is a sum of money paid to eligible carers as a Direct Payment, to help them attain a 'life outside caring'.

Although the number of carers identified by the Adult Social Care and Health Department is still small (out of a potential 90,000+ carers from the 2011 census), it is increasing.

Figure 5 shows a breakdown of Carer Assessments and Reviews by district, in 2012, revealing a fairly even spread across the county.

Figure 5 Carer Assessments and Reviews April to September 2012

District	Carers Assessment	Carers Review	Grand Total
Ashfield	161	41	202
Bassetlaw	102	66	170
Broxtowe	103	111	214
Gedling	124	138	262
Mansfield	128	94	222
Newark and Sherwood	157	69	226
Rushcliffe	107	55	162
Out of county	50	41	91
Grand Total	**934**	**615**	**1549**

Figure 6 shows the number of carers who received a service following their assessment or review, by district, and the number, by district, who received a Carers' Personal Budget, which is a sum of money paid to eligible carers as a Direct Payment, to help them attain a 'life outside caring'. This is for the period from April to September 2012.

Figure 6 Carers who received a service following their Assessment or Review April to September 2012		
District	**Received a service**	**Of these, how many received a Personal Budget?**
Ashfield	125	67
Bassetlaw	120	70
Broxtowe	139	82
Gedling	205	123
Mansfield	154	59
Newark and Sherwood	155	96
Rushcliffe	100	42
Out of county	60	29
Grand Total	**1058**	**568**

Figure 7 shows a breakdown of Carer Assessments and Reviews by district, in 2013. When compared to Figure 5, it is clear that the number of identified carers is significantly increasing. From April to September 2012, the number of assessed / reviewed carers was 1,549. For the same period in 2013, this number had risen to 2,461.

Figure 7 Carers Assessments and Reviews April to September 2013			
District	**Carers Assessment**	**Carers Review**	**Grand Total**
Ashfield	227	130	357
Bassetlaw	150	143	293
Broxtowe	165	170	335
Gedling	180	177	357
Mansfield	154	190	344
Newark and Sherwood	198	175	373
Rushcliffe	165	101	266
Out of county	75	61	136
Grand Total	**1314**	**1147**	**2461**

A similar picture is seen in Figure 8, which shows the number of carers who received a service following their assessment or review, by district, and the number, by district, who received a Carers' Personal Budget, from April to September 2013.

From April to September 2012, the number carers who received a service was 1,058. For the same period in 2013, this number had risen to 1,778.

Figure 8 Carers who received a service following their assessment or review April to September 2013		
District	**Received a service**	**Of these, how many received a Personal Budget?**
Ashfield	270	260
Bassetlaw	208	206
Broxtowe	253	244
Gedling	268	264
Mansfield	244	238
Newark and Sherwood	268	262
Rushcliffe	173	169
Out of county	94	92
Grand Total	**1778**	**1735**

Figure 9 below graphically demonstrates the increase in the number of carers assessed and reviewed in 2012 and 2013, as shown in Figures 5 and 7 above.

Figure 9: Carers assessments and reviews completed 2012 and 2013

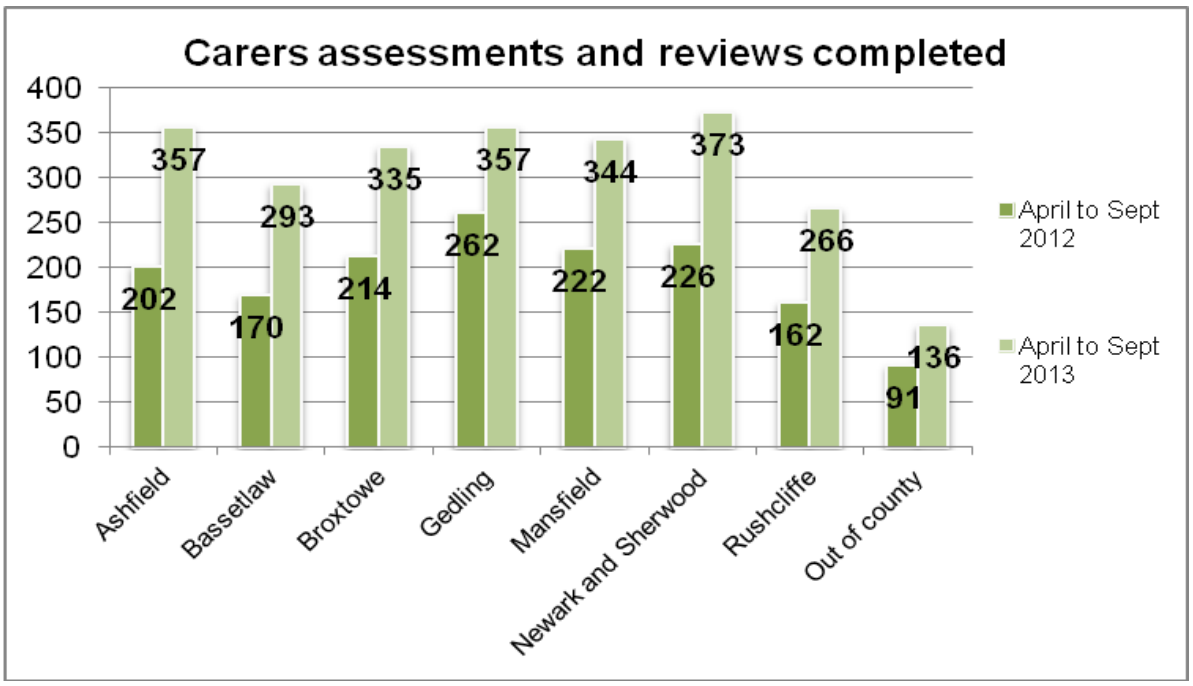
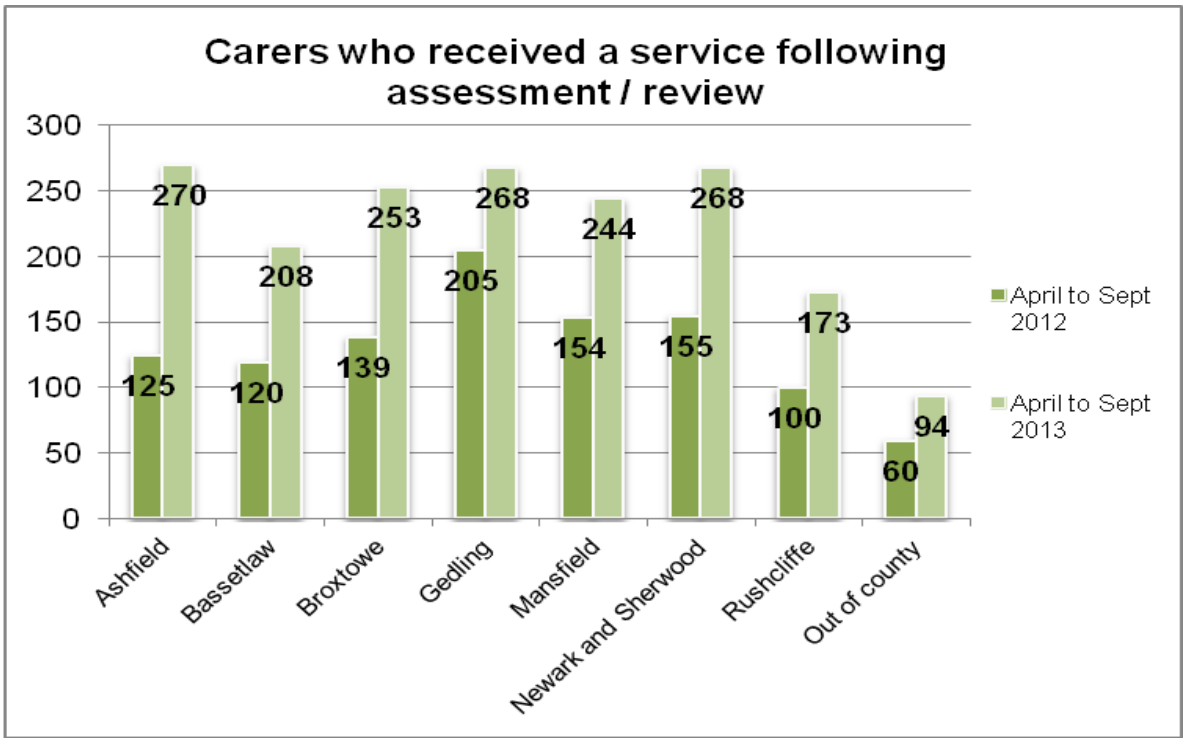


Figure 10 below graphically demonstrates the increase in the number of carers who received a service in 2012 and 2013, as shown in Figures 6 and 8 above.

Figure 10: Carers who received a service following assessment / review in 2012 and 2013



Please see the Appendix at the end of this chapter for more information about Carers Assessments and Reviews, with regard to:

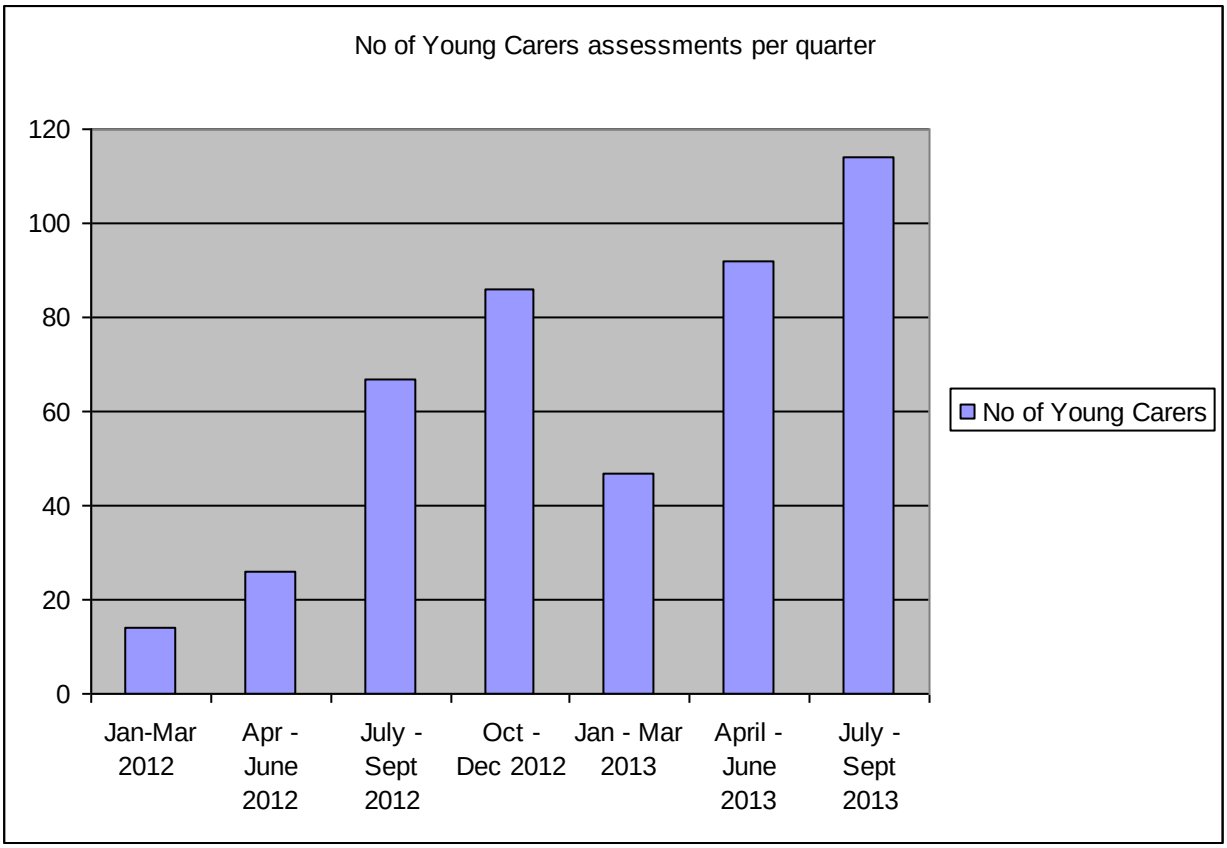
- Age
- Gender
- Ethnicity
- Locality

Young Carers

In 2011, a Young Carers Project was implemented, with funding to support young carers through the development and implementation of Carers' Personal Budgets and personal budgets for the disabled parent. From 2011 until September 2013, 508 young carers were identified and offered personal budgets to meet their needs and outcomes. In approximately 40% of these cases, their parents are also receiving support from Adult Social Care.

Although the project has now ended, the work to identify and support young carers has been mainstreamed and therefore continues as part of normal business. Figure 11 shows the breakdown of the number of young carers identified and assessed per quarter during the project.

Figure 11: Number of Young Carers assessments per quarter 2012-2013



The University of Nottingham young carers' questionnaires (MACA and PANOC) were used for evaluation purposes and are now part of the young carers' assessment process. The MACA (multi-dimensional assessment of caring activity) represents the amount of caring where scores over 15 represent a high amount. The PANOC (positive and negative aspects of caring) has two scores where a positive score below 12 or a negative score about 8 would represent cause for concern. All young carers are asked to complete these questionnaires as part of their assessment and Adult Social Care staff are encouraged to complete a review after 4 months and ask the young carers to complete the questionnaires again. As at the end of October 2013, 145 young carers have been reviewed and this has identified a significant reduction in the negative impact of caring.

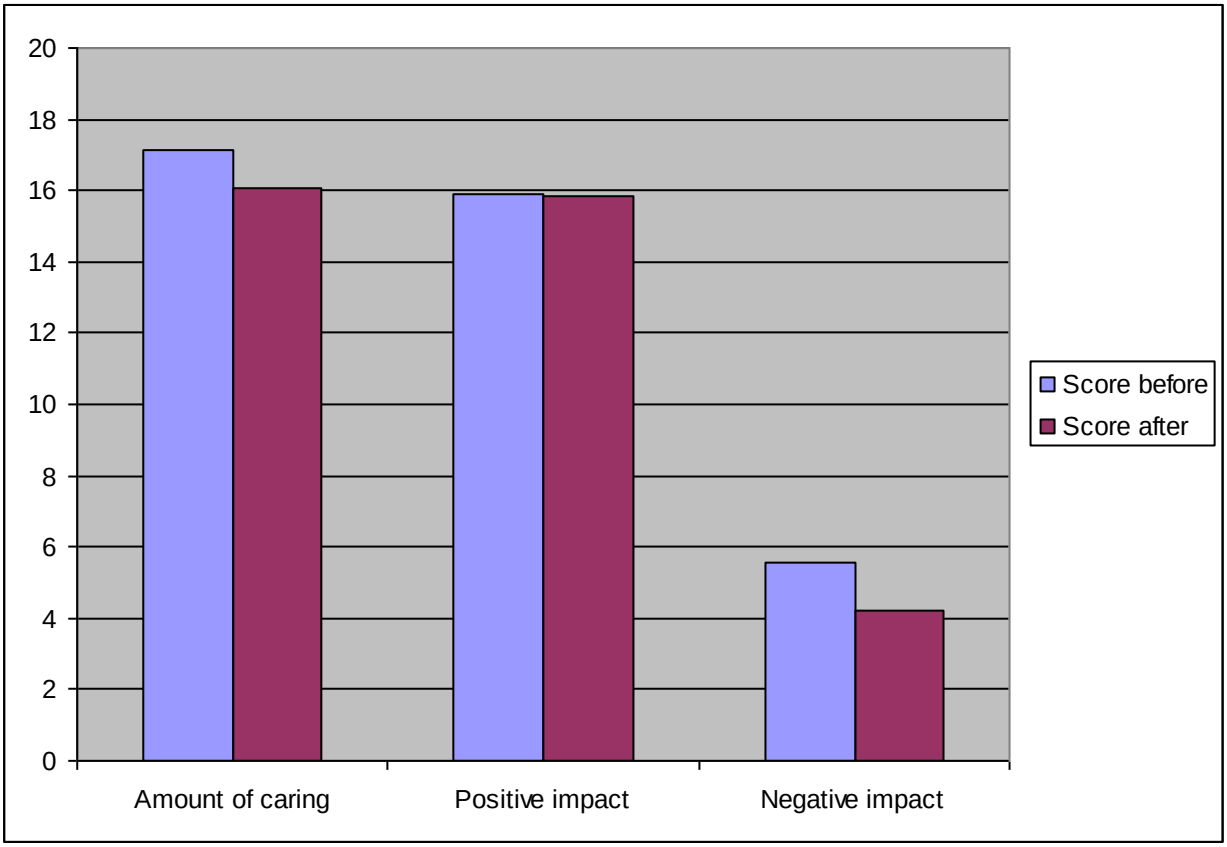
Figure 12 shows the results of the questionnaires completed by young carers and the level of caring and impact of caring before and after the intervention provided by Social Care staff. These results show that there is no significant difference to the amount of caring or the positive impact that the personal budget is having but it has demonstrated a significant reduction (24%) to the negative impact. These results are in line with national statistics produced by the University of Nottingham.

Providing personal budgets to young carers to meet their educational needs, social and leisure activities has made a significant reduction to the negative impact that caring is having.

The support to the young carers provided by the Young Carers' Service (which was run by Family Action and commissioned by the County Council) also reduced this negative impact further. At the initial assessment, the average negative PANOC score was 6.42 and after

four months this reduced to 4.32 demonstrating a 33% reduction. These results are based on 40 young carers receiving support from Family Action. There was no significant change to the positive impact or the amount of caring within this cohort.

Figure 12: Level of caring and impact



NHS Carers' Breaks

The local NHS Clinical Commissioning Groups (i.e. Rushcliffe, Newark and Sherwood, Mansfield/Ashfield, Nottingham North and East and Nottingham West) currently fund free breaks for eligible carers who have been assessed as at a 'substantial' or 'critical' level of need

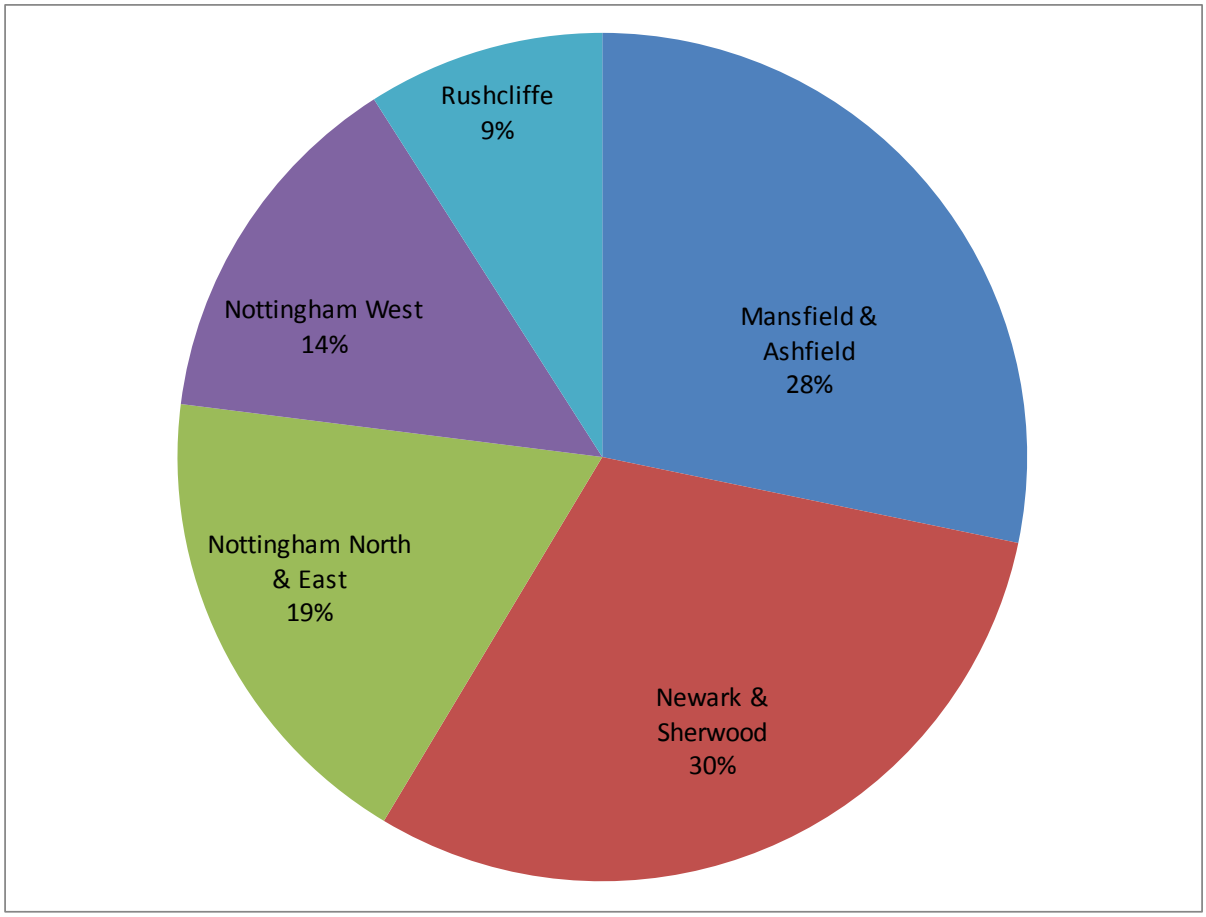
An NHS Carers' Break can be taken in one of two ways: by funding respite for the cared-for in a Residential or Nursing Home (Care Home) or by funding a 'sitting' service at Home (Home Care).

Between April 2013 to March 2014, 647 breaks were funded through the NHS Carers' Breaks scheme. Please see Figure 13 for the breakdown of expenditure by locality. The total budget for this scheme is £600,000, The spend for 2013-14 was £443,148. The spend for this scheme has been increasing year or year as more staff and carers become aware. The pie chart below reveals an uneven spread of the breaks across the districts, which may be due to a number of factors:

- Staff unaware of the scheme
- Carers unaware of the scheme

- Unavailability of care homes, etc
- Costs of carer homes, etc
- Unsuitability of providers especially for people with dementia, complex needs, etc

Figure 13: Breakdown of Total Spend by Clinical Commissioning Group: April 2013 to March 2014



5) Evidence of what works

In 2014, the Council commissioned the Institute of Public Care, to write a report on carers' services. Please see the Insight Library: **http://www.nottinghaminsight.org.uk/d/105177** In this report entitled, 'Nottinghamshire County Council: Services for Carers', produced by Oxford Brookes University [iii] it states:

"Our observations on the illustrations provided … conclude a paucity of robust financial based evidence that clearly supports the investment in specific services to support carers. However, what emerges from these examples are a range of characteristics and approaches that are proving to be popular and effective for those who are providing caring support to family and friends. The following is a summary of those examples which Nottinghamshire may wish to use to reflect on the availability of carers services in their area:

- Identifying carers as early as possible
- Focusing on the outcomes that are important to an individual carer
- Focusing on a carers' quality of life
- Minimising carers' isolation
- Supporting carers to continue to work
- Supporting carers to take a break from caring
- Supporting carers to maintain their health and well-being
- Specific support for people who are caring for people with dementia
- Supporting carers at the time of hospital discharge of the person they are caring for
- Information and training
- Carers' Support Groups"

6) What is on the horizon?

The substantial growth in the number of older people will almost certainly mean a similar increase in the number of older carers; predictions include that the demand for care provided by partners will more than double over the next thirty years, and that care provided by adult children will increase by approximately 90%. [iii]

The new Care Act places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Act represents opportunities for significant improvement and changes in adult social care and will transform the way the current adult social care system operates. The Act creates the requirement for a single, consistent route to determining people's entitlement to care and support and extends the same entitlement to carers. Carers will also be entitled to an assessment in line with current practice. However, the implications of the extension of non-chargeable support services for carers, and the potential increased requests for carers' assessments, need to be fully understood in terms of capacity and costs.

7) Local Views

a) Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13 [iv]. Please see Insight Library
http://www.nottinghaminsight.org.uk/d/103867

In 2012, Nottinghamshire County Council produced an Adult Carers Survey 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.

Key Results:

- 77% of respondents that had received support or services from Adult Social Care and Health in the last 12 months were satisfied with 12% of service users expressing dissatisfaction
- 55% of respondents said they were able to look after themselves but the remaining 45% answered that they felt that they sometimes couldn't 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 / 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

- 68% said they did not have enough social contact
- 22% said they sometimes felt involved or never felt involved or consulted
- 27% said they were not in employment because of caring responsibilities
- 29% said they had been caring for more than 20 years
- 50% said they are caring for more than 100 hours per week
- 20% had a long standing illness
- 14% said they had a physical impairment or disability
- 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

b) Personal Budgets and Dementia project- Feedback on consultation with people with dementia and carers, Helen Turner, Alzheimer's Society Project Manager, 9.1.2014 [v]

The Project manager for the Personal Budgets and Dementia Project undertook a consultation process during September to November 2013 via dementia support groups across Nottinghamshire. The purpose of the consultation was to establish what information about services or support was needed and wanted by people with dementia and their carers, plus where and how they might want to access that information.

A number of recent reports have highlighted the importance of ensuring people with dementia and their carers gain access to information at the right time in their journey. The Care Act also places a strong responsibility on Councils to provide information and advice to all people with support needs.

The total number of people who participated was 60 and below is a summary of the feedback. The groups are attended by people who have a wide range of needs, some of whom have been recently diagnosed with dementia and others who have been living with dementia for some time and are already accessing services from the Local Authority.

Most but not all of the groups were run by the Alzheimer's Society, and one was an independent group.

What sort of support or services would be helpful to you and/or the person you care for?

A number of people referred to not knowing where to go for help in the future when they might need support.

"Information doesn't come to you, you have to find it" Carer Rushcliffe

Some people would like 'self-help' information sheets or a booklet, rather than leaflets in different locations.

People placed a great value on practical information particularly in the early stages post diagnosis, such as: how to obtain a reduction in Council tax, eligibility for Attendance Allowance, Blue Badge scheme, life line on call system, radar disabled toilet key. Legal advice and information was also mentioned as important.

Carers were very keen to receive information about services or support that might give them some respite from their caring role: Sitting service whilst carer shops, or when carer has to attend appointments; more respite care; day care opportunities were all regularly mentioned. Carers did have some information, but this was often just what had been mentioned by their Community Psychiatric Nurse or GP. No one referred to the Council's Fact Sheet for Carers, which is on the Council's website.

Where people were already in contact with Adult Social Care there was a wider range of services being accessed. For younger adults with a diagnosis a lack of activities or opportunities to socialise were high on their wanted list of services. In Rushcliffe an informal "men's' group" had started with a trip to the garden centre. A football group takes place in Rushcliffe and is valued by those who attend but is not available elsewhere in the County.

"*Information about activities please. I am not able to fill the day with enough activities for my husband who is still very active" Rushcliffe Carer*

What was also very clear was that people highly value the peer support and shared experiences that come from attending the dementia support groups (whether they are run by the Alzheimer's Society or other dementia specific groups).People would like details of all the dementia cafes and other dementia specific support services available.

What does this tell us?

8) Unmet needs and service gaps

- Accessing information: as identified in the "Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13", 34% of people who said that they had tried to find information, also said that it was fairly or very difficult to find.
- Carers of people with dementia accessing information: a number of people referred to not knowing where to go for help in the future when they might need support, according to the report, "Personal Budgets and Dementia project - Feedback on consultation with people with dementia and carers", Helen Turner, Alzheimer's Society Project Manager, 9.1.2014
- Understanding the specific needs of carers in different situations: e.g. 'parent carers', who are parents looking after children with a disability), 'sandwich' carers, who are caring for their parents and their children simultaneously.
- A high proportion of existing carers have not received a carers assessment. They may not be aware of Carers Assessments or not know how to access them, they may not wish to be in contact with the Local Authority or they may be satisfied with their situation. It is likely, however, that there are existing carers with unmet needs.

9) Knowledge gaps

The impact of both the Care Act and an increasing number of older people in the population is expected to have an impact on capacity of services for carers and associated costs.

Carers regularly identify breaks as an essential support to them in their caring role. It has always been difficult to evaluate the full effect of measuring carers' breaks because breaks are often of benefit to both the carer and the service user. Current practice means that breaks are commissioned in the service user's name and therefore it is difficult to measure exactly how many carers are receiving a break. There is a project working at present on defining carers' breaks and improving access and equity of access for all eligible carers.

What should we do next?

10) Recommendations for consideration by commissioners

1. Accessing Information by carers. Commissioners need to:
    - consider what information is needed
    - provide good quality information and advice, accessible to and proportionate to the needs of the person, in partnership with others
    - identify people who have unmet need and provide advice, information and support
    - provide a written statement of need and offer of advice and information, where people are not eligible for support
2. Investigation into the specific needs of carers in different situations; e.g. parent carers and sandwich carers.
3. Evaluate carers' breaks and consider changes to the allocation of breaks.
4. Assess the impact of both the Care Act and ageing population on capacity of services for carers and associated costs.

Key contacts

Carers' Implementation Group

Older People Integrated Commissioning Group

Younger Adults Integrated Commissioning Group

Leads within local authority and CCGs or LAT, with email addresses.

1. Nottinghamshire County Council: Penny Spice, penny.spice@nottscc.gov.uk

2. Clinical Commissioning Groups:

    - Julie Andrews; julie.andrews@mansfieldandashfieldccg.nhs.uk
    - Helen Limb - Patient & Public Engagement Officer - Rushcliffe CCG (Helen.Limb@rushcliffeccg.nhs.uk);
    - Racheal Millband - Patient and Public Involvement Officer - Nottingham West CCG (Racheal.Millband@nottspct.nhs.uk);
    - Michael Ellis - Stakeholder Engagement Manager - Nottingham North & East CCG (Michael.Ellis@nottinghamnortheastccg.nhs.uk);
    - Morwenna Foden (NHS Bassetlaw CCG) (morwenna.foden@nhs.net);
    - Simon Parkes - simon.parkes@newarkandsherwoodccg.nhs.uk

References

[1] HM Government (2010), Recognised, valued and supported: Next Steps for the Carers' Strategy.

[ii] Census 2001, Standard Tables, Office of National Statistics. http://www.nottinghaminsight.org.uk/d/103869

[iii] Nottinghamshire County Council: Services for Carers, 2013, Institute of Public Care, Oxford Brookes University http://www.nottinghaminsight.org.uk/d/105177

[iv] Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13 http://www.nottinghaminsight.org.uk/d/103867

[v] Personal Budgets and Dementia project- Feedback on consultation with people with dementia and carers, Helen Turner, Alzheimer's Society Project Manager, 9.1.2014

[vi] Carers Triage Report, Joanna Cooper, Nottinghamshire County Council, 2014 http://www.nottinghaminsight.org.uk/d/103868

Appendix

Carers assessed or reviewed between 1st January and 31st December 2013

Services received includes respite for the service user

Outcome of carers assessment or review

No service received	1953
Service received	2312
Grand Total	**4265**

Age band and gender of carers assessed

Carer age band	Female	Male	Grand Total
0 - 15	141	101	242
16 - 24	115	81	196
25 – 34	70	39	109
35 – 49	413	175	588
50 - 64	1056	397	1453
65 & over	1047	625	1672
Not known	4	1	5
Grand Total	**2846**	**1419**	**4265**

Age band and gender of carers who received a service

Carer age band	Female	Male	Grand Total
0 - 15	49	40	89
16 - 24	46	27	73
25 - 34	38	15	53
35 - 49	239	106	345
50 - 64	592	223	815
65 & over	594	338	932
Not known	4	1	5
Grand Total	**1562**	**750**	**2312**

Carer ethnicity

Carer ethnicity	No service received	Service received	Grand Total
Information Not Yet Obtained	34	55	89
African	1	3	4
Any other Asian background	10	7	17
Any other Black background	2	3	5
Any other ethnic group	10	7	17
Any other mixed background	7	3	10
Any other White background	16	18	34
Bangladeshi		1	1
British	1805	2156	3961

Caribbean	12	16	28
Chinese	1		1
Gypsy / Roma	6	1	7
Indian	21	8	29
Irish	11	12	23
Pakistani	3	3	6
Polish or other Eastern European	6	9	15
White and Asian	1	3	4
White and Black African		3	3
White and Black Caribbean	7	4	11
Grand Total	**1953**	**2312**	**4265**

Carer district

Carer district	No service received	Service received	Grand Total
Ashfield	270	361	631
Bassetlaw	252	268	520
Broxtowe	227	326	553
Gedling	250	335	585
Mansfield	281	309	590
Newark and Sherwood	293	360	653
Rushcliffe	259	231	490
Out of area or not known	121	122	243
Grand Total	**1953**	**2312**	**4265**

Carer and service user age band

Carer age / Service user age	16 - 24	25 - 34	35 - 49	50 - 64	65 plus	Not known	Grand Total
0 - 15	9	29	127	18	1	58	242
16 - 24	9	9	82	38	4	54	196
25 - 34	2	17	21	34	13	22	109
35 - 49	111	33	111	59	167	107	588
50 - 64	115	188	130	238	559	223	1453
65 & over	9	37	193	112	1038	283	1672
Not known	2	1			1	1	5
Grand Total	**257**	**314**	**664**	**499**	**1783**	**748**	**4265**

References

[i] **HM Government (2010), Recognised, valued and supported: Next Steps for the Carers' Strategy.**

[ii] **Census 2001, Standard Tables, Office of National Statistics.** http://www.nottinghaminsight.org.uk/d/103869

[iii] **Nottinghamshire County Council: Services for Carers, 2013, Institute of Public Care, Oxford Brookes University** http://www.nottinghaminsight.org.uk/d/105177

[iv] **Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13** http://www.nottinghaminsight.org.uk/d/103867

[v] **Personal Budgets and Dementia project- Feedback on consultation with people with dementia and carers, Helen Turner, Alzheimer's Society Project Manager, 9.1.2014**

[vi] **Carers Triage Report, Joanna Cooper, Nottinghamshire County Council, 2014** http://www.nottinghaminsight.org.uk/d/103868