3/5/22

Carers Space Notts Session 3 Notes

1. Identification & Early Support

- Staff can forget to involve carers despite receiving a lot of training. There are some blockages around issues like confidentiality.

- **Helen & Sarah:** There are ongoing conversations with the NHS Clinical Commissioning Group (CCG) about how 'I' statements fit in with triangle of care.
- There are lots of services for carers (NHS trust, Carers Hub, County Council) where recognition and appropriate involvement of carers is needed.
- **Joe**: Family Intervention Team has always involved carers in their training which has been useful for staff.
- **Joe:** Carer's pack has lots of info for carers. It's given out when service users make contact with the Trust. Everyone should get one. The obstacle can be if the professional who the carer is interacting with forgets or doesn't consider it important, they won't provide it.
- Maybe a joint carer's pack can be created for health and social care with a web-based mirror which can be regularly updated.

- **Peter:** Of the 10 key components in the strategy, the first 5 have been around for a long time.
- Carers will always say that the first 5/6 key components are very hard to get real experience with.
- We need to see how the 'we' statements will be delivered.
- We know that issues around confidentiality are prominent in the linkage between carers and services.
- When carers ask about what is happening with their cared-for, professionals are not always clued up enough to be able to answer that in a satisfactory way.
- 'We' statements should talk about making sure every interaction with the carer that takes place is stored on a record of that services user's experience.
- Once a carer is identified there needs to be a record across primary and secondary care. Anyone who helps the cared-for in the future can access this record, see there is a carer in the background and offer support.

- **Tracy (City Carers Support Service):** Backup services (adult social care, housing) are stretched beyond belief. After making referrals it's taking months for carers to get support which they desperately need.

- **Laura (Secondary Mental Health Services):** By the time people are coming to secondary care their carers often haven't heard of the Carers Hub. Where are those

points before secondary care gets involved where there is missed opportunity for carers to be identified and informed?
- Supporting carers can reduce demand for stretched primary care services.
- GPs, district nurses are key for supporting carers at the beginning of the carer journey.
- Secondary care has really good avenues for working with carers, not sure primary care has that. They may need support to offer that.

- **Peter**: Over time I've learned to know who to speak to, how to speak to them, how to challenge them. Most carers don't have that knowledge or confidence due to lack of training.

- **Laura:** There needs to be a carer journey as well as a patient journey. There will be crisis points along the way so there needs to be a crisis service for carers. Support for carers needs to be responsive to needs over time.

- **Marion:** Confused about the difference between health and social care. Think the two need to be merged more successfully.
- Social care is now working in a more receptive, responsive way. If carers ring the customer service centre in Nottinghamshire, they can get the help they need, especially at a point of crisis. New carer assessment is much more responsive to need.
- Not sure whether carers coming from the health side get informed about all of the avenues for getting support as a carer.

2. **<u>Information, Advice, Guidance & Training</u>**
    - **Pam:** Need to retain online meetings as well as offer in-person meetings to improve accessibility. Where possible having both at the same time by utilising venues with facilities which allow people to dial in through Zoom.
    - This could be both for carer-specific groups as well as other opportunities which carers may be interested in outside their caring roles (e.g. learning another language).

    - **Peter**: We should be looking at how we can get carers clued up in the digital age so that they can take part.

    - **Laura:** Carers used to be able to access The Recovery College which offers courses to people with mental health difficulties. Could this potentially be restarted?

    - **Tracy:** Carers in the city can access The Recovery College. Funding is not available for the County. It's a postcode lottery unfortunately. Some carers have benefitted since the pandemic doing things like confidence building, anxiety management. There's a massive gap in training for carers who support people with OCD, ADHD and autism.

- **Joe:** Son has severe OCD. Not had any input in how to manage some of that at home. It's much easier for carers, patients and services if we work together to support.

- Trust offers a directory of carer groups which are really beneficial
- Trust also has the involvement centre which allows carers to volunteer
- Carers need education and support. It's not fair carers are expected to care alone.

- **Pam:** There are lots of online courses focussed on different conditions. If there is a cost barrier, mentioning it during your carer assessment may enable you to get funding.

3. <u>Assessment</u>

- **Peter:** Apparent that more resources will be needed to deliver objectives. 'We' statements show a lot of ambition but not much on how to find the resources to do it and what priorities are.
- **Helen:** The strategy document will feed into action plans across health and social care which will focus more on how goals will be achieved at a later point.

- **Laura:** Not sure it's currently feasible for a carer to only have to tell their story once. There would be multiple points where carer would be asked to tell their story with different organisations.
- There's not enough information sharing between organisations. Their story doesn't currently follow them like patient notes do. Would need creation & sharing of carer records to know what's already been offered, whether they need an assessment. That is quite a big obstacle at the moment.

- **Marion:** Joined up working is definitely possible. It's very off-putting to be handed over from person to person and having to repeat yourself. Needs to be a quality conversation at the beginning, carer giving permission for info to be shared with other professionals.
- Professionals need to reach a point where they can agree with the carer on what they've heard and what they think the carer needs.
- Review of situation several months down the line. Has anything changed? Could be done online or over the phone.
- Resource availability will impact satisfaction of any solution, but the new assessment form is much better than old.

- **Pam:** Carer should have access to notes so they can correct any errors in recorded information.

- **Peter:** No indication of priorities from the strategy document. City council, county council CCG and third sector need to be clear about where they can provide resources and what they deliver.

- **Pam:** ‘I’ statements will allow carers to hold services to account.

Top things we’d like to see

- **Marion & Joe:** A single point of contact. There need to be staff available specifically for carers. A ‘one stop shop’ in terms of the initial conversation, carer assessment etc. It must provide a wealth of information and signposting from both the social care and health side.
- Staff should also consider neuro-divergence of both carers and cared-fors.
- Training of front-line staff. Without that carers will always get left out.

- **Peter:** The first 7 of the 14 point ‘plans for the future’ have been seen before. Whittle the list down to 4 or 5 priorities.
- Right at the very beginning of the process carers need to be properly identified using the revamped carer assessment process.

- **Pam:** Carers Hub website needs to be all singing all dancing. Facility to chat to other local carers outside of office hours for support and advice.

- **Laura:** Better joint-working to keep each other up to date on what is going on within services.

- **Peter:** Focussing on how you can talk to families about thinking about the future regarding the caring situation.

- **Tracy:** That carers are identified and visible from their GP practices. They are registered carers and have a carer's passport which carries all info related to the carer so that they don’t have to repeat themselves.

- A universal offer whether based in city or county.
- **Pam:** Extra funding may allow extra services to be offered in city/county, but both authority areas will have the same core services available to carers.
- **Sarah:** Geography provides a unique challenge for young carer services in the county vs the city. Service therefore may look slightly different.