

**Carers Online Conference
September 2023**

Question and Answer Session

Q. What provisions do you have for Carers out of hours and do you offer a digital service?

A. Carers can arrange an out of hours call in advance, or for out of hours emergency support people can register an emergency plan with Norfolk County Council which can be activated when needed using a 24-hour number. NCC emergency duty team provides help for issues out of hours as part of 24/7 offer. Most teams also have a duty service. The digital advice and information offer is in place but always needs more work and keeping up to date. Online digital offer also being developed to help people to self-serve.

The Carers Matter website has lots of information and contact details, carers can self-refer via an online form and there is a live web chat option to talk to an advisor during working hours and contact via email is always available. Any safeguarding issues should be raised with Norfolk County Council.

Q. What is the funding provision total for providing care for the future in Norfolk & Waveney?

A. Norfolk County Council (NCC) doesn't cover Waveney, but Norfolk has an overall budget of £97m collected from social care charges. It also gets funding from the Government, but this sometimes doesn't cover inflationary costs. The total budget for NCC Adult Social Services Department is £249m which is the net figure (excludes charging).

NHS Norfolk and Waveney ICB receives over £2bn funding each year.

Q. What options are available for carers' respite breaks in Norfolk?

A. This will depend on who is accessing the respite care – for adults with Learning Disabilities there are places like Mill Lodge and Independence Matters and spend about £2m+ which is mostly planned. Our Older People's unplanned respite uses about £900k and we want to do more work on planned element. None of this is a lot when you think that we have 23,000+ adult carers in Norfolk offering 50 hours or more unpaid care.

Q. Why are decisions still being taken without consultation despite promises and statements to the contrary? Have carers really got a voice given the lack of resources of decision makers and providers?

A. Carers Voice represents the voice of Carers in the design and delivery of services for Carers in Norfolk and Waveney. Carers can visit <https://www.carersvoice.org/carers-voice-membership/> or contact us directly on info@carersvoice.org to become a member and to be invited to their Local Carer Involvement Meetings where they can be involved in service design, delivery, feedback and evaluation. Members are sent the Carers Voice bi-monthly newsletter where opportunities to be involved are advertised together with a wealth of information regarding support for Carers.

It is early days for ICBs as this is a fundamental change for the health and care landscape. We understand that change only happens when we work as a system. The voice of carers is

being heard by the ICB and we are working closely with Carers Voice on the Carers Identity Passport. We also want to work with carers on digital transformation including the new digital shared care records where health and care records link up, and we want to work with carers to make sure this works for them. We will be working with Carers to co-design these projects.

Q. Does Norfolk and Waveney ICB have a co-production strategy?

A. We don't currently have a co-production strategy but what we have developed is a co-production hub on the ICS website that aims to share examples of good practice and promote information about co-production. We would like to build on the great work we have done with Carers Voice around co-producing the Carers Identity Passport. What we would like to do is try and develop some shared principles across Norfolk and Waveney so that everyone is approaching co-production in the same way. We have been talking to the Integrated Care Academy in Suffolk who are leading national work on this, and we are also developing a Rewards and Recognition Policy so that we can pay people or offer them other forms of rewards. It will take time to do this but we will share our progress via the hub. <https://improvinglivesnw.org.uk/get-involved/working-with-people-communities/co-production-hub/>

Q. Is the digital work a data grab by the government?

A. No this is about using existing data and joining it together, so people only have to tell their story once. There is more information on the ICS website: <https://improvinglivesnw.org.uk/our-work/healthier-communities/digital/shared-care-record/>

Q. Is the shared care record different to the national 'spine'?

A. The spine is only available to a certain number of NHS organisations. The Shared Care Record is about widening that out to GPs, local social care authorities to wrap care and information around that individual. The aim is to stop the blockages in care that happen because staff cannot access the right information at the right time.

Q. I'm a carer of spouse with complex PTSD, ME, depression, anxiety and attachment issues. I also have depression, PTSD and depression. When my spouse has a crisis who can I realistically call for the help he needs at the time? Not Police, I've done that twice which have had the opposite effect. They are biased and ignorant to Mental Health conditions. He was not assessed by anybody medically, was just punished by being locked up for over 12 hours. I can't force him to get in a car to use A & E, that is totally unrealistic during a crisis. So what am I to do for the best outcome for both of us?

A. We had a question asked with regards to how to access support in a crisis, the question did detail some of the real difficulties they had faced with accessing support. So firstly I am sorry that you have experienced such difficulties. Moving forward you can make contact with the GP to discuss your concerns about getting your partner to attend somewhere and explore options of home visit and they can make a referral to the crisis team who also can provide a home visit for assessment or alternatively contact NHS 111 option mental health. We have also provided on our slide deck contact details for support services around Norfolk and Waveney and these will be shared.

Q. How can I get my wife to eat proper meals. Lives on crisps & ice cream and only drinks Diet Coke and orange juice. She has mental health issues!

A. If they are under secondary mental health care, you can speak to their named worker and raise your concerns about diet and nutrition. If they are not, you can arrange an appointment with the GP to talk through concerns. There is support with healthy eating from Norfolk county council: <https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/ready-to-change/how-to-achieve-a-healthy-diet/take-action-to-eat-healthier/healthy-eating-links-and-resources>

Q. Who is ultimately responsible for someone with a serious mental health illness? What happens to our loved ones when we die? Who will seamlessly co-ordinate their care and advocate for them so they are safe?

A. If they meet the eligibility criteria of the local authority under the Care Act as a vulnerable person then the County Council has a responsibility. We are a means tested service so if they have assets over £23,000, we will charge for those services. If their assets are valued less than that then the County Council would support them fully. We would tend to support people with mental health issues in their own home rather than in a care home setting, but each case would be assessed individually.

Regarding co-ordination, if the person is subject to the Care Programme Approach (CPA) they will have a care co-ordinator/link worker so they should co-ordinate the care element. NCC has 68 FTEs social workers to support 6000 people with SMI so staff are under huge pressure. They will prioritise people with highest need or those in crisis.

Individuals can get Care Act advocacy which is a legal right for some people who need support and representation in health and social care processes. To be eligible for Care Act advocacy, a person must meet three criteria:

1. The person must be going through one of the processes described in the Care Act, such as a needs assessment, a care and support plan, or a safeguarding enquiry.
2. The person must have substantial difficulty in being fully involved in these processes without an advocate.
3. The person must have nobody else appropriate to represent the person's wishes.

People under the care of certain clinics may already have named care co-ordinators that carers can talk to in advance of their concerns and future wishes. It may be possible for a carer to attend a clinic with them to address these concerns.