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| Description: Greengagelogowithstrapline_green | Lancashire Shadow Health and Wellbeing Board**Intervention planning****SUPPORT FOR CARERS** |

**Purpose**

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board’s ten interventions. The template is designed to;

* Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
* Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

**The planning template**

1. **Reality**

*What’s the current reality?*

**Key statistics**

The economic value of the contribution made by carers in the UK is estimated at around £119 billion per year, equivalent to £2.3 billion per week with an estimated 6,440,713 carers in the UK, a rise of 10% over the last 10 years (Valuing Carers, 2011). This equates to a saving of approximately £18.5k per carer. Within the next 25 years, the number of carers in the UK is expected to rise to 9 million, an increase of 30%.

Over 3 million people juggle caring with work in the UK, the demands of caring means that 1 in 5 carers are forced to give up work altogether. Carers miss out on an estimated £750 million to £1.5 billion in earnings through giving up work to care (Valuing Carers, 2011).

In Lancashire there are approximately 133,000 carers who are saving Lancashire circa **£2.5 billion in health and social care spend** across Lancashire. Similarly Lancashire carers are **missing out on circa £7 million to £13 million in earnings** through giving up work to care.

We currently have 12,000 carers being supported through carer’s services out of the estimated 133,000 people performing a caring role.

It is also known that:

* 65% of older carers (aged 60-94) have long term health problems or a disability themselves
* 68.8% of older carers say that being a carer has an adverse effect on their mental health
* One third of older carers say they have cancelled treatment or an operation for themselves because of caring responsibilities. In 2010, 18% of the general population in Lancashire were aged 65 or over, if this figure also equates to carers then (using the 133,000 figure) **circa 8,000 treatments or operations** could potentially be cancelled. There are 2,824 carers on the Carer’s Centre database in North Lancashire, of which 49% are 65+. It is felt that this is likely to be similar across the County this would then equate to significantly higher numbers of cancelled treatments or operations estimated to be in the **region of circa 21,700**.

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| * What is currently working well?
 | * Carers Services across the county providing information and support
* Peace of Mind 4 Carers (emergency planning service for carers offering 72 hours of free replacement care)
* Time for Me – carers can apply for up to £350 annually to spend on anything to give them a break
* Volunteer Sitting in Service providing carers with a break
* Range of courses specifically designed for carers
* Free carers awareness training available to any organisation
* Carers Forums giving carers a voice
* Direct Payments
* Variety of carers breaks available
* GP Carers Pilot in Fylde & Wyre CCG
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| * What is getting in the way of partners achieving desired impacts?
 | * Culture – need to change and develop the culture to think about the carer as well as the cared for particularly when agreeing packages of care (both health and social care)
* Carers are not seen a high priority
* Lack of knowledge of identifying and supporting carers
* Need to develop carer awareness in the context of different professionals language
* Existing systems are often complicated, are sometimes traditional and rigid and it can be difficult to achieve change
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| * Where are the gaps in service delivery that really matter?
 | * Identification of carers
* Assessment of carers
* Critical incidents e.g. hospital discharge
* Impact on carers is not considered when commissioning/de-commissioning services
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| * What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?
 | * **Identification of Carers** - All organisations sign up to being carer aware,  this means appropriate people undertaking carer awareness training and displaying carer information  etc ; to enable them to identify and recognise carers to signpost to services and support them
* Each organisation could identify certain staff groups in which Carer Awareness training could be deemed mandatory
* **Consideration of the impact of commissioning decisions on carers** - All organisations sign up to ensuring consideration of the impact on carers is included when commissioning services, de commissioning services, service re-design, or when reducing levels of service.
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**2. Results**

*What does success look like?*

**2.1 Longer-term impact**

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| * What will be the 3 to 5 year impact of the intervention?
 | * Increased numbers of carers supported by carers services
* Increased physical and mental health and well-being for carers and the cared for
* Increased sustainability of informal caring role which as result will reduce costs and demand for statutory services
* Support to working carers to help them to remain in work and increase their income (see key statistics)
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| * What are the longer-term measures of success?
 | * Reduced demand for social, health and mental health services
* Increased uptake of services available and long term cultural shift within professional services
* Greater carer recognition of carers within society
* Increase the number of carers identified from the current baseline of 12,000, by 1,000 per year to a total of 15,000 over the next 3 years
* Increase the numbers of carers assessments from the baseline by 20% over 3 years

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**2.2 Impact in the year ahead**

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| * What specific goals will the intervention achieve in the next year?
 | **Identification of Carers** * Memo of Understanding signed by all HWB members to promote themselves as “Carer aware” organisations
* Increase the take up of carers awareness training
* All organisations to display carer information
* Evaluate the carers assessment pilot
* Decisions secured around resource allocation and initiate procurement procedures if pilot is successful
* Make links with the North West Older Peoples Champion Network and award schemes to promote carer awareness and raise their profile

**Consideration of the impact of commissioning decisions on carers*** Memo of Understanding signed by all HWB members to include the identification and the assessment of any impact on carers when commissioning, reducing or de-commissioning services
* Organisations introduce mechanisms to address this commitment as a routine commissioning approach
* Develop the commissioning approach which reflects carer issues and assesses the impact on carers when making commissioning decisions
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| * What are the specific measures of success for the year ahead?
* How will the Health and Wellbeing Board know that the intervention has achieved its goals?
 | * Increased take up of carers awareness training by6% in year 1, 7 % in years 2 and 3.Increased number of identified carers byan additional 3,000 over the next 3 years
* 100% of HWB member organisations have a signed MoU in place to include impact on carers when commissioning services
* For known large scale commissioning redesign projects, Carers Centre to survey carers on possible impacts with a follow on survey after the final changes introduced
* Equity Impact Assessments include assessing impact on carers
* Regular reporting to the HWB Board
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1. **Response**

*What needs to happen to ensure partners achieve better results?*

* 1. **Shifts in the way that partners deliver services**

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| * How must partners work to ensure that the ‘priority shifts’ are applied and the intervention is effectively implemented?
 | * Building professional skills and knowledge to better identify, support and signpost carers
* Partners need to work together to recognise and support carers to ensure that the impact of their caring role does not have negative effect on their health and wellbeing
* Collaborative working to increased sustainability of informal caring role which as a result will reduce costs and demand for statutory services
* Gain agreement to a common approach to commissioning on a carer focus basis
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* 1. **Programme of work**

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| * Who needs to be involved to develop, commission and deliver the intervention?
 | * Carers Services
* LCC
* PCT
* CCG's
* Carers
* District Councils
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| * What are the ‘milestones’ for the Task Group in the year ahead?
 | * Develop and agree format of MoU’s
* Organisations to commit and sign the MoUs
* Review and redesign the current carers awareness training package
* Marketing strategy agreed to promote the carers awareness training
* End of the carers assessment pilot
* Review of the carers assessment pilot
* Decision made and resources identified around commissioning out carers assessments to enable carers to have a choice about who undertakes their assessment
* Methods of ensuring carers needs and the impact of caring are part of commissioning across all organisations especially LCC and CCG's will be identified
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| * What are the specific activities to be carried out by each partner?
 | * Carers Services/carers – review and develop carers awareness training
* All – agree how carers can be included in the commissioning process and Equity Impact Assessments
* LCC – agree next steps in terms of carers assessments
* All – agree strategy to promote the carers awareness training
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*Appendix 1*

**Priority shifts in the ways that partners deliver services**

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| * Shift resources towards interventions that prevent ill health and reduce demand for acute and residential service
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| * Build the assets, skills and resources of our citizens and communities
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| * Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
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| * Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.
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| * Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.
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| * Work to narrow the gap in health and wellbeing and its determinants
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