

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

I. 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)
 - 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
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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

- 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 by 6% in year 1, 7 % in years 2 and 3. Increased number of identified carers by an additional 3,000 over the next 3 years
 - 100% of HWB member organisations have a signed MoU in place to include impact
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- 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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3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

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| <ul style="list-style-type: none"> • How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented? | <ul style="list-style-type: none"> • 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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3.2 Programme of work

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| <ul style="list-style-type: none"> • Who needs to be involved to develop, commission and deliver the intervention? | <ul style="list-style-type: none"> • Carers Services • LCC • PCT • CCG's • Carers • District Councils |
| <ul style="list-style-type: none"> • What are the 'milestones' for the Task Group in the year ahead? | <ul style="list-style-type: none"> • 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 |
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- 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 I
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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