

COMMISSIONING FOR CARERS PRINCIPLES

SELF ASSESSMENT – JUNE 2016

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Principle 1 - Think Carer, Think Family; Make Every Contact Count

Evidence shows that carers have poorer health outcomes than the non-carer population but that early identification of carers can improve their health and wellbeing. However, carers are not easy to identify and may not consider themselves to be carers. 70% of carers come into contact with health professionals and yet, of those, only 10% are identified, with GPs more specifically only identifying 7%. Encouraging services to think carer, think family, can help to improve the identification of carers and support better health and wellbeing outcomes. Over 80% of carers surveyed for the 2014 State of Caring Survey said that caring has had a negative impact on their health.

(Select one colour only. Rate where red lowest-----and green highest)

1. How assured are you that that carer views have helped to shape the development of service specifications?

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What could you do to improve the rating?

North Tyneside CCG has a practice patient and public engagement approach ensuring local communities help shape future commissioning intentions and future care. One example of this would be the recent Urgent Care Consultation. The CCG could do more to identify particular cohorts of carers in relation to specific service areas or redesign opportunities. One example of this would be the carers and stakeholder engagement in the future of rehabilitation pathways for people with respiratory and cardio vascular conditions. Two events were held the outputs of which helped to shaped a proposed new service model.

2. How assured are you that your providers have appropriate mechanisms for identifying carers in primary and secondary care?

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What would improve your rating?

All standard NHS contracts specifically require providers to identify and support carers. Local acute providers provided examples of local implementation policies for identifying carers. An example of this would be the Psychiatry for Old Age Pathway where referral documentation included details of the carer. The team involve the carer in discussions around diagnosis, treatment and on-going care. This is then reflected in future care plans. Another example is hospital pathways for learning disabilities and patients/carers with sensory requirements where hospital passports are in place.

However, there is no standardised mechanism for identifying carers. Further opportunities could be made by sharing good practice across services and organisations on ways to establish robust mechanisms for identifying carers. In addition, current national

3. How assured are that carers are identified by primary and secondary care services you commission?



What would improve your rating?

North Tyneside CCG is in the process of undertaking a survey in Primary Care specifically in carers support. Early indications suggest approximately 50% of Practices have policies in place for identifying carers with carers' registers in place. The survey also asks if the practice has a named lead for carers (Carers champion), whether signposting information is available and support what support is available to carry out health checks.

Data shows only 50% of Practices who have completed the survey are aware of the emergency break service. More noticeably, none of the Practices who have responded have signed up to the carers' charter.

Acute providers exercise their responsibilities in a number of ways. For example, Northumbria Healthcare Trust deploy a number of mechanisms to identify carers and provide a range of information within the hospital environment for people who may recognise themselves as carers with signposting details on where they can get help. Also relevant carers' information can be documented on discharge a plan which helps to inform community services on any carer needs, issues etc.

North Tyneside CCG will analyse the full findings of the GP survey and produce an action plan on how it can further support practices to identify and support carers. This

may include awareness training, or information on how carers can access carers' assessments and also encourage practices to sign up the Carers charter.

Principle 2 - Support what works for carers, share and learn from others.

Carers make a major contribution to society. Estimates show that the care provided by friends and family members to ill, frail or disabled relatives is equivalent to £119 billion every year.¹ Sharing good practice and information greatly improves carers' experience of services provided at a local level and provides peer support. Using local knowledge of what works well, commissioners can improve quality and continuity of services.

(Select one colour only. Rate where red lowest-----and green highest)

4. How assured are you that you are using varied evidence regarding carers from different sources to support decisions on business cases for all your services?



How could you increase your rating?

The 5 NHS five year forward plan describes the role CCGs must play in developing long term commissioning plans for the local population that demonstrate how services will, in future, focus on health and wellbeing and not just treating health. In North Tyneside, the initial focus is on improving services for the most vulnerable, and for complex groups such as people with learning disabilities and frail older people. It is important that CCGs work with partners in health and social care to help shape what approaches are needed to achieve improved outcome for local people. The national carers' strategy and the Care Plan refer too many of the issues faced by carers nationally.

There are a number of examples where the CCG has actively engaged carers to support decisions on service developments, pathway changes etc. During 2015/16, the CCG undertook a series of events looking at New Models of Care for the most vulnerable population most at risk of regular non elective hospital admissions. Stakeholder were invited from a number of events which involved representatives from health and social care organisations, third sector organisations, patient and public groups and carer representatives. The role of carers during the transition in to the New Models of Care Service (Care Plus) has been crucial in helping the CCG to

determine; how shared decision making is incorporated in to the new model, determine and design patient and carers information about the new service and how it works. In addition, the CCG has recently consulted with carers for people with learning disabilities on how we introduce the concept of personal health budgets. This work will continue through the year and carers will be invited to advice and shape the offer through each stage of its development.

However there is very little evidence/references in health commissioning citing the needs of carers when writing service development plans. One area of improvement would be to work with Public Health on producing a carers' needs assessment for North Tyneside. This will help the CCG on future areas of focus and ensure future development proposals can evidence plans for supporting carers.

5. How assured are you as a CCG about benchmarking yourself with comparator localities or regions of good practice with regard to supporting carers?



What could increase your rating?

Completion of this self-assessment tool will help the CCG to compare with similar CCGs who have undertaken this exercise.

6. Having benchmarked your CCG against other comparators of good practice how assured are you that the services you commission support carers?



What could increase your rating?

We will take the learning from other CCGs where good practice is evident and look to apply similar approaches locally.

Principle 3 - Right care, right time, right place for carers

Access to healthcare is often an area of difficulty for carers given the time commitments and pressures that they face. Carers identified provision of reliable and flexible care that is available to suit them and the person they look after as being essential to enable them to continue caring with confidence. Poor access can contribute to the negative health outcomes that carers' experience. By offering flexibility with appointments for example outside normal clinic times and offering a

home visit for those carers who cannot leave the person for whom they care in order to attend a surgery appointment improves access.

(Select one colour only. Rate where **red** lowest-----and **green** highest)

7. How assured are you that carers of all ages have access to the right services at the right time and right place?



What could you do to improve your rating?

Should a carer require a referral in to secondary care then the issue about choice and access will be considered by the GP prior to making the referral. Also choose and book provides people with a choice of date and time.

For more vulnerable groups such as people with learning disabilities, patients will often require attendance of their carer for their annual health check. GPs will apply reasonable adjustments in terms of written information, longer appointment times etc. Hospital passports and flagging systems are in place in secondary care that enables staff to make reasonable adjustments for both the patient and the carer.

There are a number of opportunities to improve access for all carers. During 16/17, the CCG will explore:

- How to improve the handover to out of hours to consider the needs of carers.
- Work with its providers in care to fully understand the issues for young carers.

8. How assured are you those services are accessible to carers of all ages?



What could you do to improve your rating?

Better understand the numbers of people who are known to be carers who get ill will help the CCG to target those services where carers are more likely to need help and work with that service to improve access.

9. How assured are you about the level of engagement with carers with regard to access to services in you commission?



What could you do to improve your rating?

As part of this exercise, the CCG liaised with a number of its providers to understand how they engage with carers. Acute trusts' such as Northumbria Healthcare and mental health trust's such as NTW dedicate resources focussing on carer engagement. This includes carers' guides and signposting information, carers groups etc. Third Sector Providers such as LD North East have dedicated carers groups who provide peer support and advice on the range of support available. North Tyneside CCG also commissions the Carers Centre who are available to offer guidance, support and advice on services.

The CCG is working with the Carers Centre to produce a "North Tyneside Key" as a quick and easy way help GPs to help carers with key information on what is out there and what support is available such as the emergency care fund, respite etc.

10. How assured are you that all interactions with health care professionals results in the offer of support for the carer to an appropriate local service?



What could you do to improve your rating?

The GP results of the full GP survey will help to inform the CCG on what further support practices need to improve their engagement with carers.

In addition, the Carers Centre is undertaking an audit tool for secondary care to self-assess their work in relation to carers and identify further opportunities to improve engagement.

Principle 4 - Measure what matters to carers

Good quality data and evidence was identified as being crucial to help commissioners in the decision making process when developing and prioritising business cases for services to support carers. Accurate data assists with accountability and transparency within the commissioning process.

(Select one colour only. Rate where red lowest-----and green highest)

11. How assured are you that carers' data you have collected locally is quality assured for accuracy, is accessible and is easy to understand?



What could you do to improve your rating?

There is no standardised data process in place to measure the experience of carers. The majority of information collected by the CCG comes from engagement events and forums which contribute to the commissioning intentions process. However the CCG does not keep quantifiable data on carers. Data may be collected at provider level though there is not contractual requirement for providers to submit any data sets. Improvements are needed to within the service specification stages and contracting rounds that will help to provide assurance to the CCG that providers' are proactively working to identify, liaise and support carers from a qualitative aspect. However it is not recommended at this stage that the CCG should seek hard data about carers.

12. How assured are you that you are measuring what matters to improve the outcomes for carers?



How could you improve your rating?

- Introduce Carers outcomes in to data dashboards such as for LTCs.
- Undertake surveys with different groups of people to compare their experiences.

Principle 5 - Support for carers depends on partnership working

Carers' needs span health and social care so, perhaps unsurprisingly, partnership working was identified as key to providing joined up seamless services and continuity of care. This can be supported through the NHS working with local authorities, voluntary organisations and local communities to support carers. The use of Joint Strategic Needs Assessments for partnership agreements can support this.

(Select one colour only. Rate where red lowest-----and green highest)

13. How assured are you about your partnership arrangements i.e. when a person is discharged from hospital to community services, how is their carer linked into support services?



What could improve your rating?

All acute providers have in place comprehensive discharge policies in place to ensure that efficient and appropriate plans are in place to support the transfer of care

in to the community or other healthcare providers. Both Newcastle Hospitals NHS Trust and Northumbria Healthcare NHS Trust underpin their respective policies with broad principles relation to the transfer of care, with particular focus on patients with complex ongoing healthcare needs. In such cases, the medical team will, at the earliest opportunity identify with the patient/carer the outcome of admission and anticipated date of transfer out of hospital. The date of admission is used as a reference point to inform timescales associated with MDT assessment and planning in preparation for the patients transfer out of hospital. This is supported by nursing, social work and multi-disciplinary assessment reports.

At the start of admission, a full history is taken from both the patient and the carer to ensure patient/carer is at the centre of the transfer out of hospital planning process. The patient/carer should be fully involved and informed at each stage with particular attention given to those patients with sensory, mental health, learning or language disabilities. The contribution of carers to aftercare and support is both acknowledged and recorded.

14. How do you rate your partnership arrangements with regard to carers' services?



What could improve your rating?

The North Tyneside Commitment to Carers document sets out a joint approach between health and social care in relation to carers and also those agencies in the third sector and community based which are integral to ensuring carers voices are heard and recognised.

North Tyneside CCG has formal contractual arrangements in place with the North Tyneside Carers Centre and monitoring arrangement are in place to oversee contractual arrangements. In addition, North Tyneside CCG, the Local Authority and the North Tyneside Carers Centre work together informally to plan and review issues relation to carers. An example of this would be around the growing numbers of young carers being identified by the Carers Centre. Dialogue of this nature helps to inform both health and social care commissioners of the key issues faced by this population and highlights gaps in carers in the system where young carers are slipping through the net.

North Tyneside CCG will share findings of this self-assessment with our partner organisation and work in collaboration on key areas for improvement; e.g. GP education, delivery of the Commitment to Carers action plans.

15. How assured are you that you involve carers as partners in your commissioning decision process?

✓	□	□
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What could improve your rating?

North Tyneside CCG consults with all partners in care as part of the planning process which sets out the organisations commissioning intentions. The views of carers are considered within this process. In addition, North Tyneside CCG CHC Case Managers have a responsibility to ensure carers are involved in decision the type of care needed. In learning disabilities, the CCG undertake Care Treatment Reviews for people with complex needs whose behaviour challenged services. As part of this arrangement the patient and the carers are at the centre of these reviews, the outcomes of which forms future planning.

Although there is good examples of carers being involved in personalised care for the most vulnerable, there is an opportunity to ensure carers are more involved in the decision making process through the development of personal health budgets.

Principle 6 - Leadership for carers at all levels

Feedback from the evidence summits was that leadership for carers at all levels is essential as it enables a shift in thinking, organisational cultural change and accountability in the way carers services are commissioned and increases the identification and support for carers The carers’ agenda has to be linked to the organisations vision as core business. Successful system transformation involves engaging all local partners and stakeholders in “the case for change” including a shared sense of local challenges and intended solutions.²

(Select one colour only. Rate where red lowest-----and green highest)

16. How assured are you that there is leadership for carers at all levels in your organisation?

□	□	✓
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How could you improve your rating?

The CCG Clinical Executive Team receives and is fully sighted on the CCGs responsibilities in relation to the Care Act and the NT Commissioning for Carers

Document. The CCG have assigned a commissioning lead for carers to oversee and deliver the CCGs responsibilities.

All Chairs from the Joint Integration Boards were interviewed as part of this exercise. There were clear messages of assurance from some Chairs that the role of carers is fully recognised within their Boards intentions and these will be acknowledged in future planning. However there were in some cases the view that although the wellbeing of carers was important, there was not necessarily the recognition of the respective Boards responsibility to lead or drive the carers agenda.

The CCG proposes that all Integration Boards can demonstrate within their plans and proposals that carers have been consulted/informed/involved.

17. How assured are you that there is leadership for carers at all levels for all services you commission?



How could you improve your rating?

All acute providers have a Responsible Executive Director for Carers with assigned officers to oversee and deliver on the organisations duties and responsibilities.

Early finding suggest about 50% of Practices have a Carers Champion. Further work is needed to ensure all GP Practices have in place a Carers Champion in place.

18. How assured are you that the services you commission considers factors such as access or quality for carers?



How could you improve your rating?

The CCG has a responsibility to ensure as part of the planning cycle to ensure all proposals set out in the commissioning intentions have both Quality and Equality Impact Assessment undertaken.

The Carers Centre is currently developing a Carers Audit Tool for Providers. It is proposed that within this tool, evidence is sought demonstrating how access and quality for carers have been factored in to their plans and services.

Principle 7 - Train staff to identify and support carers

A key theme which emerged from the regional evidence summit events was the provision of education and training for staff, which was thought to provide the following when implemented;

- Recognition & identification of carers
- GPs & all healthcare professionals increased awareness of carers issues
- Carers awareness of their role as experts
- Improved referral/signposting to appropriate services
- Recognition for the establishment of a single point of contact/access

(Select one colour only. Rate where **red** lowest-----and **green** highest)

19. What assurance do you have that staff have training and are continually updated with regards to the role of carers?

□	✓	□
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What could you do to improve your rating?

There is no formal training module in place nationally or locally specifically around education staff in relation to Carers.

Local health organisations provide induction training for new staff and specific education sessions have been made available to particular staff groups and delivered by the Carers Centre on how to recognise Carers.

One example of good practice is in Northumbria Healthcare NHS Trust where trained carers provide education sessions to medical students.

NT CCG is currently working with North Tyneside Carers to develop awareness sessions in primary care and also within the CCG. The aim will be to involve Carers Champions from the Carers Centre to engage with primary care providers to educate and train them to recognise young and adult carers. This will be an initial pilot across a small number of practices and use the learning as part of a wider roll out.

20. How assured are you that training and awareness around carers' issues is embedded in all services you commission?

□	✓	□
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What could you do to improve your rating?

All secondary Care Providers include Carers issues. All third sector providers are required to provide carers awareness sessions to staff and volunteers. There are examples of good practice within local services. One area of good practice to note is with Northumbria Healthcare Trust Palliative Care and Old Age Psychiatry Service who have worked with Newcastle University carrying out focussed research activity on carer experiences, and the education team focusses their research on innovative practice.

Findings from this research suggested that for many carers their experience in healthcare settings was suboptimal. In some cases, carers felt marginalised in their interactions with staff.

These issues were then targeted by a multi-agency team which included carers, social workers and medical staff to develop a programme of work with the aim of challenging attitudes among healthcare professionals.

NT CCG can take the learning from this programme to understand the benefits of the relationships between health professionals and carers and identify opportunities to broaden this work in to other parts of the health system.

21. How do you rate your current education and training for health and care professionals in relation to carers?



What could you do to improve your rating?

Further work is needed to look at training delivered across organisations in terms of quality and frequency of delivery and where possible promote best practice.

Principle 8 - Prioritise carers' health and wellbeing

The GP Patient Survey in 2013 highlighted the impact of caring on carer health – whilst 51% of non-carers had a long-standing health condition, this rose to 60% of all carers and 70% of carers caring for 50 or more hours a week. The survey also highlighted higher levels of arthritis, high blood pressure, long-term back problems, diabetes, mobility problems, anxiety and depression amongst carers.³ Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care. This can result in significantly poorer health and quality of life outcomes. These in turn can affect a

carer's effectiveness and lead to the admission of the cared for person to hospital or residential care.

(Select one colour only. Rate where **red** lowest-----and **green** highest)

22. How assured are you that all identified carers of any age in your locality have their health and wellbeing monitored?



What could you do to improve the rating?

One of the key principles in North Tyneside CCG is “Supporting People with Long Term Conditions to manage their own care” To achieve this principle, GPs are required to have a care plan in place and enact a care planning process for people have co-morbidities and are at risk of an hospital admission. This work includes:

- A guided conversation with the patient and their carer on strategies to manage their own care.
- A full care plan to address the physical and mental health needs of the patient and carer.
- Offer of self-care programmes such as DESMOND (Diabetes).
- Access to other health and social care staff to provide additional technical support.

There is also commissioned links with adult social care, children and family services, Health Education and Health Plans where the views of the child's family carer in considered.

Further work is needed to identify young carers within the health and social care system. North Tyneside CCG along with its partners in care need to work with GPs and other professional to identify strategies for identifying and supporting young carers.

23. How assured are you that all identified carers in your locality are receiving Carers' Assessments?



What could you do to improve the rating?

Recent feedback from a GP survey suggests that few GPs are aware of carers' assessments.

Further work is needed to embed the Carers Charter in GP Practices and provide the necessary information and to GPs on how carers can receive a carers' assessment.

24. How assured are you that your plans for the Better Care Fund have the right level of funding to support carers in your locality?



What could you do to improve the rating?

The Better Care Fund investment of £120k target carers' break and respite provision.

Principle 9 - Invest in carers to sustain and save

Carers make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS. However, too often carers do not receive the recognition and support that they need and deserve. Investing in carers to help them provide better care and to stay well themselves contributes to better lives for those needing care and more effective use of NHS resources. For example, effective support for carers may reduce unplanned admissions for carers and the people for whom they care for and may in certain circumstances help save money⁴.

(Select one colour only. Rate where red lowest-----and green highest)

25. How assured are you that your business case template and criteria for carers' services focus on commissioning for investment and value?



What could you do to improve the rating?

North Tyneside has rigorous governance and scrutiny procedures in place for all commissioning plans. Each case must have clear evidence based rational. This may include; national legislation e.g. the Care Act, population based data e.g. health needs assessments, clinical evidence e.g. NICE, good practice guideline and national strategies e.g. the National Carers Strategy and the use of cost modelling tools.

All approved cases are then proactively tracked using a range of different data sources and processes are in place for service evaluation.

26. How assured are you that that resources for carers have been appropriately allocated as part of the Better Care Fund?

□	✓	□
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What could you do to improve the rating?

Monitoring arrangement are in place with the Local Authority for the allocation of carers breaks. Quantifying carer’s experience data needs to be considered in the future as a way of understanding the impact of the investment in this area.

Principle 10 - Support carers to access local resources

Feedback from carers highlighted the following as some of the key changes they would value most:

- Ensure information is shared with me and other professionals
- Signpost information for me and help link professionals together

These were identified as being important to enable carers to maintain their own health and wellbeing and continue to support the person they look after with confidence⁵.

(Select one colour only. Rate where red lowest-----and green highest)

27. How assured are you that providers routinely signpost to carer services, websites and professionals providing support as appropriate?

□	✓	□
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What could you do to improve your rating?

Acute Providers and the local mental health trust provide a range of support materials for carers on what support is available. Further work is being undertaken to provide primary care with a “Key” list which can be used during consultation and given to carers showing what services, resources are available locally.

28. How assured are you that young carers supporting someone with a stigmatised condition (mental ill health or substance misuse) have access to information and specialised support?

✓	□	□
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What could you do to improve your rating?

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This is a main area of concern for both the CCG and social Care. The North Tyneside Carers Centre has reported a rise in the number young carers asking for advice.

The Commitment to Carers document has identified a number of actions in relation to identifying young carers. This includes establishing and Yung Carers Task and Finish Group to:

- Ensure targeted workforce groups are trained to recognise young carers and assess their needs across education, health and care.
- Ensure young carers views are incorporated in to Early Help Assessments.

The CCG will take the findings from this group and work with health providers to integrate training for workforce groups to identify and support young carers.
