



Commissioning for Carers

Key Principles for Clinical Commissioning Groups



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Executive Summary

Clinical Commissioning Groups (CCGs) across England are under enormous pressure to meet financial targets and priority areas for improvements within the NHS. This document demonstrates how commissioning for carers can help CCGs deliver desired outcomes and make savings across health and social care.¹

Commissioning well for carers can:

- **Reduce admissions to hospital and residential care.**
- **Reduce the costs of delays in transfers of care.**
- **Reduce carers' need to access primary care as a result of their caring role.**
- **Reduce overall spending on care.**

Carers are the largest providers of care and support in each area of the UK. The economic value of the contribution they make is £119bn per year.² The moral and financial arguments for supporting carers are clear – without support, taking on a caring role can mean facing a life of poverty, isolation, ill health and depression. For the person they care for it can mean costly hospital or care admissions if the caring relationship breaks down.

Why support carers?

- Three in five people are carers at some point in their lives in the UK.³
- There are seven million carers in the UK – that is one in ten of the population.⁴
- A survey in 2012 found that 83% of carers said caring had a negative impact on their physical health and 87% said it had a negative impact on their mental health.⁵

The new commissioning structure introduced under the Health and Social Care Act 2012 is an opportunity to address the needs of carers and develop services to support them. CCGs have a duty to engage the local population (including carers) and professionals in shaping local health services and to commission services for people in local areas.

Supporting carers' wellbeing is in everyone's interests and can benefit the people being cared for, reduce overall spending in the NHS and help commissioners meet required outcomes.

- **Carers can help commissioners meet financial targets:**

Commissioning for carers can help CCGs deliver good financial management and improvements in value for money by reducing hospital admissions, admissions to residential care and support re-ablement. A 2011 report found that spending more on breaks, training, information and emotional support for carers could reduce the overall spending on care by local authorities by more than £1bn a year.⁶

- **Carers are key to integration:**

The Health and Social Care Act 2012 aims to provide the basis for better collaboration and partnership working across local government and the NHS at all levels. At a local level, CCGs have a duty to promote the integration of health care, and health-related and social care services. Commissioning services for carers can improve the interface between health and social care by improving information sharing between services and through joined up aftercare. Integration between health and social care can also be improved if statutory services also promote the involvement of carers.

- **Supporting carers can help CCGs meet priority areas for improvement in the NHS and ensure that they are meeting the post-Francis agenda⁷:**

The NHS Mandate⁸ sets out the Government's priorities for the NHS and key areas where it expects NHS England to make improvements. In preparing local Joint Health and Wellbeing Strategies, Health and Wellbeing boards must have regard to the Mandate.⁹

The five key areas the Government wants to see improvements in by April 2015 are:

1. Preventing people from dying prematurely.
2. Enhancing quality of life for people with long-term conditions.

3. **Helping people to recover from episodes of ill health or following injury.**
4. **Ensuring that people have a positive experience of care.**
5. **Treating and caring for people in a safe environment and protecting them from avoidable harm.**

Alongside the Mandate, the Government published the NHS Outcomes Framework for 2013–2014 which contains a number of indicators for the five priority domains to provide a national overview of how the NHS is performing. These are reflected in the CCG Outcome Indicator Set 2013/2014 (CCGOIS)¹⁰ which aims to help CCGs and Health and Wellbeing boards identify priorities for improvement.

Meeting commissioning outcomes

Commissioning for carers can help meet these outcomes. This can be achieved through:

1. Reducing the amount of time spent in hospital by people with long-term conditions

Two improvement areas of Domain 2 of the CCGOIS 2013/14 'Enhancing quality of life for people with long-term conditions' are *Reducing time spent in hospital by people with long-term conditions* and *Improving people's experience of integrated care*.

Admission or readmission to hospital by a person with a long-term condition can be an indication that the carer is no longer able to care, often due to the strain of caring causing physical or mental ill health,¹¹ or that discharge planning is poor and the carers is not involved as an expert partner in care.

- One study found that problems associated with the carer contributed to readmission in 62% of cases.¹²
- Carers who do not feel prepared or sufficiently supported are one cause of delayed transfers of care which can cost the NHS £150m per year.¹³
- Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases.¹⁴

Outcome of supporting carers:

- A study looking at the impact of support for the family of stroke patients found that supporting carers resulted in shorter length hospital stays for the patient.¹⁵
- Providing carers with breaks, emotional support and access to training can significantly delay the need for the person receiving care to go into residential care.¹⁶
- Delayed transfers of care are a good indicator of how well health and social care services are interfacing. Supporting carers can reduce delays and lead to greater integration between health and social care.

Positive practice example:

Care-Plus, Carers Lewisham

Care-Plus serves adult carers of people with end-stage heart failure and carers caring for someone with severe or very severe chronic obstructive pulmonary disease (COPD).

See: www.carershub.org/content/fast-track-care-and-support-end-life-heart-failure-patients-and-carers

2. Tackling health inequalities

Domain 1 of the CCGOIS 2013/2014 is 'Preventing people from dying prematurely.'

Under Domain 2, 'Enhancing the quality of life for people with long-term conditions', one of the areas for improvement is *Enhancing the quality of life of carers*.

One of the principles that guides the NHS is to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.¹⁷

Carers are more likely to have poor health compared to those without caring responsibilities. Health problems such as stress, anxiety and depression and poor physical health can occur due to their caring role. Their health can also suffer as they consider their own health needs unimportant compared to the needs of the person they look after and their caring role means they can find it difficult to attend clinical appointments.

- One third of older carers have reported cancelling treatment or an operation they needed due to their caring responsibilities.¹⁸
- Carers providing more than 50 hours of care per week are twice as likely to report ill health as those not providing care.¹⁹
- More than one third of older carers do not get breaks away from caring, and a further third get a break only once every 2–3 months or less.²⁰
- A four year study of 392 carers and 427 non-carers aged 66–92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.²¹
- One in five carers gives up employment to care.²²

Outcomes of supporting carers:

- Research has found fewer carers experienced mental health problems if they had taken a break since beginning their caring role.²³
- 35% of carers without good social support experienced ill health compared to 15% of those with good support.²⁴
- Commissioning breaks and emotional support for carers can reduce overall spending on care²⁵ and their need to access mental health services.

Support for young carers can also tackle health inequalities

Young carers' health and wellbeing can be impacted by feelings of stress, anxiety, depression, panic and problems such as poor sleep, risk of self-harm and neglect of their own health.²⁶

Carers Trust has produced guidance, **Commissioning Services for Young Carers and their Families**, aimed at supporting commissioners to develop local services for young carers and their families.²⁷

Positive practice example:

The Carers Development Worker (Primary and Community Care) Project, Carers Support Service Worthing and District

The project is aimed at health professionals who need to know how to recognise, support and appropriately refer carers, and who require regular and up-to-date information about carers services.

It also benefits carers who are unaware that they are carers or that there is information and support available to help them in their caring role, and those who require support to recognise and respond to their own health needs.

See: www.carershub.org/content/training-gp-staff-ensure-they-are-carer-friendly

3. Improving the care of people with dementia

Improving the diagnosis, treatment and care of people with dementia in England and support for their carers is a key part of the NHS Mandate and one of the Secretary of State's key priorities.

One of the key improvement areas under Domain 2 of the CCGOIS 2013/2014 is *Enhancing quality of life for people with dementia*.

Carers support people with dementia to stay independent for as long as possible which delays and prevents the cost of residential care. However, many carers feel unsupported and uninformed about the condition of the person they care for, and the demands of caring for someone with dementia are great. Carers of people with dementia experience particular difficulties as often they are older people themselves and many have their own long-term health conditions or disabilities. Often carers who support someone with mental health issues know best about how the condition affects the person but least about the diagnosis and prognosis due to issues around confidentiality.

- There are currently 700,000 people living in the UK with dementia.
- Two thirds of people with dementia live at home and most are supported by unpaid carers.²⁸
- Carers for people with dementia save the UK over £8bn.²⁹

Outcome of supporting carers:

- A longitudinal study of 100 people with dementia found a 20-fold protective effect of having a co-resident carer when it comes to preventing or delaying residential care admissions.³⁰
- Further studies have confirmed that where there is no carer, the person receiving care is more likely to be admitted into residential care.³¹

Positive practice example:

The City Bridge Trust Dementia Project, Crossroads Care Bexley

The City Bridge Trust Dementia Project supports individuals and carers who are affected by dementia, particularly those from Black, Asian and Minority Ethnic communities and those who are not receiving any other support, enabling carers to have a break from their caring responsibilities.

See: www.carershub.org/content/personalised-support-packages-bme-dementia-carers

4. Improving the quality of life of people with long-term conditions and help people recover from illness

Domain 2 of the CCGOIS for 2013/2014 is 'Enhancing the quality of life for people with long-term conditions'.

Domain 3 is 'Helping people to recover from episodes of ill health or following injury.' Two key improvement areas under this domain are *Improving recovery from stroke* and *Helping older people to recover their independence after illness or injury*.

Carers often provide the majority of care that would otherwise be the responsibility of health or social care professionals. They therefore need support and the appropriate knowledge and skills to care safely and in a way that promotes wellbeing for the care recipient.

When carers are well supported they provide better care to the person they care for.³²

Outcome of commissioning:

- Support for families of stroke patients is linked with reduced depression among stroke patients and a reduced need for physiotherapy.³³
- Carers play a crucial role in re-ablement and involving and supporting them can improve the chances of long-term patient re-ablement.³⁴

Positive practice example:

The Moving, Handling and Falling Prevention Service, West Birmingham Crossroads Care

The Moving, Handling and Falling Prevention Service provides moving and handling training in the home to carers.

See: www.carershub.org/content/moving-and-handling-training-home

5. Ensuring people have a positive experience of care and are protected from harm

Domain 4 of the CCGOIS 2013/2014 is 'Ensuring that people have a positive experience of care.'

The Francis Report called for CCGs to work with NHS England to develop enhanced quality standards to drive improvements in the Health Service.³⁵

The NHS Mandate states that NHS England's objective is to ensure the NHS is better at involving patients and carers and that by 2015 carers have access to information and advice about support available.

For carers, as well as patients, information relating to conditions and services and how these are to be paid for can be complicated and confusing.

Many carers struggle alone not knowing what help is available to them through local carers services.

It is important that carers are able to access information and advice on balancing their employment and education with their caring role, welfare, breaks and training in areas such as first aid, moving and handling and stress management. If carers build up a relationship with a trusted local provider of advice, such as a local carers organisation, they are more likely to seek support in advance of a future crisis.

One of the key recommendations from the Francis Report is to create a system that is more responsive to feedback from friends and family. Involving carers in a patient's care can then ensure that any potential problems or concerns are picked up earlier.

- One study found that only one-third of those surveyed were told how to care for their relative or how to cope with dementia.³⁶

Outcome of commissioning:

- Carers cite training and access to advice and support as important to the success of managing a personal budget.³⁷
- Commissioning information and advice services for carers can reduce overall spending on care.³⁸
- Studies show the need and benefit of carer involvement and information sharing for the patient (particularly related to mental health recovery).^{39 40 41}
- Where carers are included and supported, such as in the Triangle of Care Project⁴², there is a reduction in complaints to the organisation.⁴³

Positive practice example:

The Leicester Mental Health Carers Project, Crossroads Care East Midlands

The project provides emotional and practical support, information and advice to carers of adults with mental health issues. The project has successfully supported approximately 220 carers over the past five years, providing one-to-one personalised, emotional and practical support in accordance with carers' needs.

See: www.carershub.org/content/home-visits-support-carers-people-mental-health-problems

Tools to support commissioners identify needs and develop services for carers

www.carershub.org

The **Carers' Hub** is a resource for all those looking to identify needs, and commission and develop services for carers. It showcases a variety of original and innovative practice examples to inspire ideas about creative and inventive ways to deliver services.

The Carers' Hub can be used in consultation with carers and local carers services as a tool to map local carer need and service provision. A toolkit outlining this process is available on www.carershub.org.

The results of the Carers' Hub consultation process can help to inform Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and other audit and planning processes, and maximise resources through the development of more efficient services and partnerships. It can also help monitor local progress on strategy implementation.

About Carers Trust

Carers Trust is the UK's largest charity for carers, formed by the merger of The Princess Royal Trust for Carers and Crossroads Care in 2012. With local Network Partners we work to improve support, services and recognition for carers in communities across the UK. We offer practical help, both in and outside the home, desperately needed breaks, information and advice. Together with Network Partners we work as one organisation united by a shared vision for carers.

Carers Trust's comprehensive support services reach more than 450,000 carers, including more than 30,300 young carers, through a unique network of 125 independent carers centres, 69 schemes, 107 young carers services and interactive websites, www.carers.org and www.youngcarers.net.

This briefing draws on the extensive experience and knowledge of local Network Partners.

Further information

Contact Kirsty Slack, Policy and Campaigns Officer at Carers Trust at kslack@carers.org.

To find your nearest Carers Trust Network Partner visit www.carers.org.

Endnotes

- 1 Please note the information in this document applies to England only.
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