Portsmouth
Clinical Commissioning Group

16/17 Review of investment in Adult Carers Services
September 2016

National Summary

The operating framework for the NHS in England 2012/13[1] prioritises carers support and contains within its requirements for both NHS and Local Authorities as follows:

"Carers play a vital role in our system and must receive help and support from local organisations. Following a joint assessment of local needs, the CCG needs to agree policies, plans and budgets with local authorities and voluntary groups to support carers, where possible using direct payments or personal budgets." For 2012/13 this meant plans were to be in line with the Carers Strategy:

- Be explicably agreed and signed off by local authorities and PCT clusters.
- Identify the financial contribution made to support carers by both local authorities and CCG's and that any transfer of funds from the NHS to local authority is through a section 256 agreement.
- Identify how much of the total is being spent on carer's breaks.
- Identify an indicative number of breaks that should be available within that funding.

Definitions

The national guidance did not technically define "carers support" or "carer's breaks" but locally this was defined as:

Carers Support - includes service or service activity that provides;

- information, advice and advocacy
- emotional support
- counselling
- a break or other dedicated support to carers.

The service must specifically target carers and where it is multi-functional at least 50% of the service activity should be around carer's needs and outcome focussed around improving the life of a carer.

Carers Break - includes activities specifically designed to provide a carer with a break away from caring, these may be a one off or a regular activity;

- Groups such as cooking groups, physical activity or listening / social groups
- A replacement service such as a sitting service

Individuals can access personalised breaks through assessment and may opt for direct payments, which provide control for the carer re: how the money is spent.

Budget

A budget was identified in 12/13 between the CCG and local authority for carers support services. This was broken down to identify spend for carers breaks alongside identification of how many breaks this would purchase.
In 12/13 the CCG element of the budget included a separate allocated spend of £11,000 for a contribution to the local authority sitting service. In 13/14, this money was reallocated within the breaks fund, to provide increased flexibility for the fund spends, depending on demand.
The budget incorporated all commissioner and provider spend, including services and activities that may not be clearly defined within contracts e.g. carers support groups developed and run by local authority or NHS commissioned providers.

[1] https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2012-13 section 2.11

Short Breaks Cards

The aims of the pilot were:

- To explore and establish how we can better identify carers within health settings.
- To give new carers rapid access to short breaks, and encourage them to access the full range of support available including full assessment of carers needs[2]. It is worth noting that an assessment does not always mean the carer requires financial support, but can show the carer requires other types of support, i.e. carers groups.
- To be innovative in developing and testing new models and pathways in order to establish a successful template for future service provision.
- To issue pre-paid cards (initially £50 reduced to £25 in April 2014) to carers identified in selected health environments/teams.

The carers service has reported in their annual review for 15/16 that using statistical data and anecdotal feedback from carers and ASC staff, the £25, short breaks pre-paid card, whilst still of value as part of the toolkit, there has been a decline in allocation and use. Looking at 2015/16 in more detail: Of the 938 cards offered, 449 accepted, however only 89 cards were activated for use and of those 89 only 59 were actually spent-this against a background of 496 carers who then went on to have a full assessment of need after identification.

The original idea behind these cards was to incentivise carer identification however as the maturity of the offer from the carers' service continues and the service has become more recognised and understood by health and social care professionals and partners, it may be time to review the purpose of this offer and the related KPI. Carers appear to be much more likely to utilise assessed breaks as these are much more personalised and therefore more likely to properly meet their needs.

2. Funding

In 15/16 the CCG invested a total of £304,532 in adult carers support via s256 agreement with Portsmouth City Council. Table 1 below details the budget allocations for both the CCG and PCC.

As the service is now operated under a pooled budget, it is recommended that CCG funding is no longer allocated to individual areas of work or projects but is allowed to be flexibly used across the service to ensure the best outcomes for carers.

Table 1 shows the allocated funding for 15/16

	CCG Investment	**PCC Investment**
All Staffing	£158,572	£133,400
Breaks Fund	£102,000 (includes 11k sitting service allocation from 12/13)	£102,000
Short Breaks Fund (£25 pin cards)	£43,960	N/A
Service Running Costs	N/A	£4,300
Assessed Personalised Support (non-breaks)	N/A	£83,525
Carers Centre (Adults)	N/A	£241,300
Sitting Service	N/A	£61,800
Total Costs	**£304,532**	**£626,325**

3. Targets and Activity

The targets set for 15/16 were based on 14/15 activity. Data collection improved in 15/16 due to new IT systems in place, giving more accurate and meaningful evidence on which to base new activity and targets.

Activity has not taken place in the areas of service anticipated; hence there is a corresponding variance in activity levels, with increasing numbers of carers being identified in all settings. The service now has a much clearer picture of where the activity is and what is looks like, and the most effective areas to use the allocated funding in order to reach an increased number of carers across the city.

[2] "An Assessment of carers needs" - Any carer over the age of 16 years providing regular and substantial care to an adult is entitled to an assessment of their needs as a carer from their local council. This is completed in one of two ways. Either through a joint assessment with the cared for person or through supported self-assessment (either on paper or online).

An example of this redirection of funds is shown in the number of sitting service hours provided for carers to attend medical appointments. In 16/17 there has been an increase of more than 200% compared to 15/16; this is expected to continue to rise. It is very difficult to explain why there has been an increase, other than a confidence in the carer's service allowing carers time to look at their own wellbeing; this is a massive step forward and is the desired outcome to Priority 4: Supporting Carers to Stay Healthy, in the carer's strategy.

4. KPI Targets/ Actuals

Table 2 details the KPI's agreed in 15/16 by providers and commissioners and recommended changes.

KPI		Target 15/16	Actual 15/16	Variance %	Comments
1. Number of Carers Assessed		1500	1911	+21.5%	Collection of this data is statutory to ensure compliance with the Care Act 2014. Collection is currently monthly and a time consuming task for the administrator/ manager. There is currently no benefit to collecting the data monthly therefore it is proposed that the collection of data is moved to quarterly.
2. Number of carers who have completed an assessment review		375	879	+57%	Through the peer review of the carers service and service development, it has been agreed that the reviews will move to more informal follow-ups, unless a more formal review is required by the carer. These can be completed over the phone or in person, as required. Therefore it is proposed that this KPI be deleted.
3. Number of new carers identified in a health setting		800	978	+18%	This KPI does not truly reflect the activity around engagement with health and the identification of carers in a health setting. Therefore it is proposed that the KPI is deleted and an outcome focused KPI added which forms part on an annual report. This would give details of the types of engagement in health settings and any issues or barriers to engagement.
4. Number of cards received by carers	Total offered	n/a	978	n/a	It is proposed that this KPI is deleted as carers often refuse cards, or accept but do not use them which is costing the service to claim back the funds from unused cards. Other work in health settings is identifying more new carers who then go on to be assessed, without the need for incentives. Engagement within health settings is included in the Carers Strategy action plan as part of a rolling programme. It is reported on a quarterly basis to the carer's executive board.
	Total Issued	600	449	-25%	
	Issued by no assessment	n/a	1	n/a	
	Assessment within 4 months of card issued	n/a	496	n/a	
5. Number of post-assessment breaks received by carers		700	1847	+62%	Both KPI 5 and 6 are time consuming to report on monthly and there is no value in monthly reporting in this detail. It is proposed that these are reported in detail as part of the annual report and to include case studies on their effectiveness, with exception reporting as required.

6. Number of carers who have received a sitting service via assessment services.		Ave. 325 per month	326	+0.3%	As above
7. Type of activity and partnership working	A narrative of the types of activity and partnership working in health settings.				Recommended to include in annual report instead of 6 monthly. This will be included in the annual report as part of KPI 3.
8. Complaints/ plaudits	Details of complaints and plaudits received.				Recommended to include in annual report instead of 6 monthly.
9. No. of assessments broken down by diagnoses, referrals, ethnicity and gender					This KPI does not give an accurate picture of the carers, as there is a lot of double counting and disjointed information. It is recommended that the service continues to monitor this so gaps can be identified. A narrative will be included in the annual report to show what the service knows about its carers and what actions are required to bridge gaps in service.
10. Service Development	Trend analysis of KPI's 1-9 with details of any planned responses to findings e.g. initiatives to increase access from low uptake groups, Activity and descriptions of developments within health settings e.g. work with GP's, Wards etc. and qualative data e.g. case studies.				Reported on annually. No change to KPI.
11. Breaks (£25 pin card)	Analysis of breaks purchased with payment cards				It is recommended to remove this KPI, as it adds no value to the reporting.
12. Carer feedback	Carer feedback questionnaire includes questions relating to: medical appointments, leisure/ lifestyle, cookery classes and how these have helped with improved physical/ mental health for the carer.				Recommend to continue to be included in the annual report.

5. Service Development

The evidence provided in relation to assessment reviews seen a 132% increase, this demonstrated that once carers are identified there is a confidence in the service, that carers engage in a review of their needs.

In October 2015, following the introduction of FACE resource allocation system into the assessment process, carers were asked to feedback on their experience and whether the process continued to meet their needs, 96% of respondents stated it did.

Whilst slower progress is being made in establishing relationships within health environments and it remains clear that a lot more 'buy in' from all sections of the health profession is required, evidence does indicate best results come from health locations where a representative of carers services is present within that work environment.

Carer identification support is provided at eight GP surgeries and there is engagement with 13 GP surgeries in total in Portsmouth at present with additional resource at St James Hospital, Healthy living centre and Spinnaker. This support provides opportunity for carer identification, whilst continuing to work with the GPs themselves to take on this role.

The project at QA has been successful with a 100% increase in referrals in year and improved partnership working with PALS and complaints. It is hoped that various initiatives such as a jointly developed (PHT,

Solent and carers service) e-learning tool, the guidance at QA for carers' of dementia patients and the Solent and NHS England pledges will provide more scope for opportunities to build on current engagement and partnership working and this will remain the focus this coming year.

The sitting service provided for carers to attend medical appointments is currently experiencing an issue with demand outstripping supply. This issue is exasperated by the domiciliary care providers failing to turn up for the appointments or not being able to accept the carer for the required appointment time. It is worth noting that should this trend continue there may not be enough funding to continue supporting the comprehensive service currently being provided which could have an effect on the carers health and wellbeing in the long term, therefore creating more demand on health services.

6. Conclusion

In conclusion the profiles of carers, services available and the self-assessment process have improved in 15/16. The service development projects in place for 16/17 and beyond will further increase and improve awareness of carers and what support and services are available for them.
The Integrated Commissioning Service is assured the CCG is receiving value for money which is being reported through Covalent, BCF Leads Meeting and Carers Executive Board.

Therefore the service has requested the BCF PMG, to consider the recommended changes as explained in Table 2 and agree the revised KPI's as shown in Table 3.
In addition, it is requested that the BCF PMG would consider a more flexible approach to using the pooled budget to enable the service to adapt to the changing needs of carers, and to take note of the potential continued rise in demand on the sitting service for carers attending medical appointments.

Table 3 shows the proposed changes to KPI's for 15/16

KPI	**Target 15/16**	**Reporting Dates**
1. Number of Carers Assessed	1500	Quarterly to ICS
2. An Annual Report to include the following: • Number of cards received by carers • Type of activity and partnership working including a breakdown of engagement within health settings/ barriers and issues. • Number of post- assessment breaks received by carers Inc. case studies of effectiveness. • Number of carers who have received a sitting service via assessment services Inc. case studies of effectiveness. • Complaints/ plaudits • Identify gaps in service and suggest solutions based on who carers assessment data (diagnoses, referrals, ethnicity, gender) • Service Development - Trend analysis of KPI's 1-9 with details of any planned responses to findings e.g. initiatives to increase access from low uptake groups, Activity and descriptions of developments within health settings e.g. work with GP's, Wards etc. and qualative data e.g. case studies. • Carer feedback - Carer feedback questionnaire includes questions relating to: medical appointments, leisure/ lifestyle, cookery classes and how these have helped with improved physical/ mental health for the carer.	No targets	Annual report

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