

# National Support offer for Carers

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# NHS England's Commitment to Carers (2014)

## Who is a Carer

A carer is anybody who looks after a family member, partner or friend who needs help because of their illness, frailty or disability. All the care they give is unpaid.



# NHS England's Commitment to Carers (2014)

- There are around 5.4 million people in England who provide unpaid care for a friend or family member
- 84% of carers surveyed for the 2013 State of Caring Survey said that caring has had a negative impact on their health, up from 74% in 2011-12
- Carers attribute their health risk to a lack of support, with 64% citing a lack of practical support
- 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
- 70% of carers come into contact with health professionals yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%
- 66% of carers feel that healthcare staff don't help to signpost them to relevant information or support, and when information is given, it comes from charities and support groups



# NHS England's Commitment to Carers (2014)

The engagement process highlighted a number of themes that NHS England have worked through to establish a set of commitments. The themes, which are in line with feedback received through similar listening exercises that have previously been held by other organisation such as the Carers Trust and Carers UK, are as follows:

- Recognise me as a carer (this may not always be as 'carers' but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;
- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion

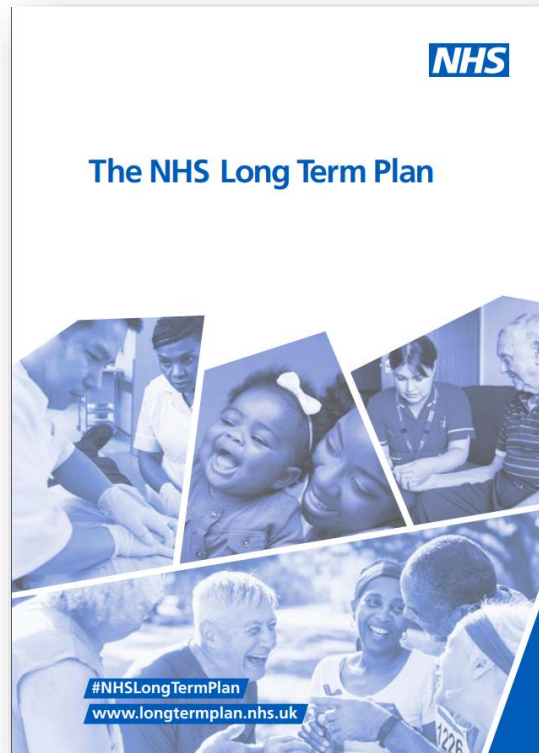


# NHS England's Commitment to Carers (2014)

Based on the emerging themes NHS England has developed 37 commitments around the following eight priorities, which are within NHS England's gift to deliver and move forward:

- Raising the profile of carers;
- Education, training and information;
- Service development;
- Person-centred, well-coordinated care;
- Primary care;
- Commissioning support;
- Partnership links; and
- NHS England as an employer.





# NHS Long Term Plan

The LTP highlighted specific areas where the NHS will better support and identify carers



# National Support Offer

The [LTP implementation framework](#) makes clear that the national carers team will support systems to build a more carer-friendly NHS by:

- Launching the Quality Markers framework for primary care to better identify and support carers locally
- Starting work to include carers' plans in Summary Care Records
- Better supporting carers in emergencies. Throughout 2019/20 national work will focus on the ways the NHS can support carers in emergencies. This includes agreeing a format that can be shared across integrated care records, to improve the identification and wellbeing of unpaid carers. By 2024, at least 100,000 carers will have benefitted.



# National Deliverables 20/21

LTP commitment	National Deliverable
Starting work to include carers' plans in Summary Care Records	Identify and engage national stakeholders with responsibility for development of Summary Care Records
The ways the NHS can better Support Carers in Emergencies* : - Agreeing a format that can be shared across integrated care records, to improve the identification and wellbeing of unpaid carers	Identify and engage stakeholders Scope Current Provision / Guidance Agree shareable format





# Regional/ ICS Deliverables 20/21



LTP commitment	Action	Deliverable
<p><b>Introducing best-practice Quality Markers for primary care</b></p>	<ul style="list-style-type: none"> <li>• Establish relationships with primary care commissioning and transformation colleagues.</li> <li>• Scope number of GP practices actively identifying and supporting carers.</li> <li>• Map out how you will segment audiences (e.g. by GP Practice size, GPPS data), who the key influencers are (e.g. LMCs, LPCs, PCN Clinical Directors) and how you will involve them (e.g. communications, sharing of best practice/case studies, buddying, use of GPPS data).</li> <li>• Produce a draft plan for Q3 and Q4 20/21 identifying “quick wins” and development work to support a more detailed and comprehensive plan to maximise uptake in 21/22</li> </ul>	<p>Report on and share findings using template provided.</p> <p>Further to scoping by December 2020 a detailed plan for delivery in 21/22 &amp; 22/23inc. targets will be developed.</p>
<p><b>Identifying and supporting carers, particularly those from vulnerable communities (protected and health inclusion groups)</b></p>	<ul style="list-style-type: none"> <li>• Interrogate GPPS and demographic data to understand gaps in identification</li> <li>• Work with carer organisations and others to identify communities within ICS localities who are not identified and therefore supported as carers</li> <li>• Scope, through nationally funded projects, how to best to improve identification and support offer based on what matters most to those carers</li> <li>• Support ICS submissions of bids for funding (via national programme), selection of sites</li> <li>• Monitor progress and issues (project oversight)</li> </ul>	
<p><b>Adoption of carer's passports</b></p>	<ul style="list-style-type: none"> <li>• Establish relationships and benchmark current use</li> <li>• Identify who you will work with and what materials will need to be developed</li> <li>• Produce a draft plan of how uptake will be maximised in 21/22.</li> </ul>	
<p><b>Ability to share caring status with healthcare professionals wherever they present via electronic health record</b></p>	<ul style="list-style-type: none"> <li>• Scope and Map what work is happening on shared care records and potential to include carer status and contingency planning information.</li> <li>• Establish who leads the on shared care record, how many benefit and on what footprint e.g. ICS level? Local Authority level?</li> </ul>	
<p><b>Carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.</b></p>	<ul style="list-style-type: none"> <li>• Scope and review local guidance for carers on out of hours/emergency provision and any what materials will need to be developed if there is a gap</li> <li>• Benchmark current uptake (total number) of carer ‘contingency/what if/emergency’ plans, including Equality and Diversity information</li> <li>• Establish who supports the completion and storage of contingency plans</li> <li>• Understand current/future intention for sharing mechanisms across health and care</li> <li>• Identify gaps in provision – geographic, population etc – and reasons for those gaps.</li> </ul>	
<p><b>Young Carer ‘top tips’ for general practice for young carers to include preventive health and social prescribing, and timely referral to local support services</b></p>	<ul style="list-style-type: none"> <li>• Scope number of young carers, and how many are registered in primary care</li> <li>• Scope preventive health and social prescribing offers available for young carers by general practice</li> <li>• Scope what local support services there are for young carers.</li> </ul>	

## Regional Targets



LTP Objective	Target 21/22	Target 2024
<b>Introducing best-practice Quality Markers for primary care</b>	Deliverables to be agreed and established by Q4 once baselines clarified and plans for 20/21 Q3/Q4 in process.	
<b>Identify and supporting carers, particularly those from vulnerable communities</b>	Up to £70,000 to support groups within ICS localities via funded projects, working with local VCSE sector.	
<b>Adoption of carer's passports</b>	Deliverables to be agreed and established by Q4 after baselines clarified	
<b>Ability to share caring status with healthcare professionals wherever they present via electronic health record</b>		
<b>Benefit from 'contingency planning' conversations and have plans included in Summary Care Records</b>	??% (subject to scoping) of carers registered at with a GP have a information about what should happen in an emergency	
<b>Young Carer 'top tips' for general practice for young carers to include preventive health and social prescribing, and timely referral to local support services</b>	??% (subject to scoping) of your general practices need to have young carers registered.	



## Finley's Story

Finley is 10 years old, he is a young carer for his mum, Emily. Emily suffers from various health conditions including rheumatoid arthritis and fibromyalgia and relies on Finley's support with day-to-day activities. Finley doesn't recognise himself as being a young carer. To him, he just thinks what he does is what all children do for their parents. Here, Finley describes a typical day in his life:

I get myself and my 5-year old brother, Noah up in the morning and go and make our breakfasts. If mum's having a difficult day then I often have to help her dress. She can struggle to put her socks on when she can't bend properly and can find things like buttons and clasps difficult to do up when her hands are particularly bad.

Throughout the day when I'm not at school I will fetch and carry things to Mum to save her having to get up. I'll also make her a cup of tea if she's feeling particularly worn out.

I do chores around the home too, things like shifting the washing baskets around the houses so that Mum doesn't have to pick them up and putting the washing on. I have also started to cook more and make dinners from time-to-time. Mum and Dad have also been teaching me some first aid so I can help with that if there's a problem at home.



## Naomi's Story

Since contracting meningitis as a baby, George has needed round the clock care for a range of health issues – he has cerebral palsy, dislocated hips, is wheelchair bound, epileptic, peg fed, deaf, and non-verbal. Naomi also has a 15-year old daughter Kaya, who has dyslexia, and a very sociable and active nine-year old son Bobby. George is on the COVID-19 vulnerable list, so the whole family has had to self-isolate for 12 weeks, including Naomi's husband.

During the virus outbreak, there have been a number of changes to the health and social care support George normally receives, including no professional physio or respite care, and a cancelled operation, although some social care support has continued. Naomi has had to manage her anxieties about Georges health, while also adapting her usual care routine so that she can home school and care for her other children.

My advice to health and social care services is to keep raising awareness about what people should do – let people know how to get the care they need when they need it.

My main anxiety, other than coronavirus, has been around what to do if George becomes unwell. He sometimes has prolonged seizures that require a ventilator, and if his hips dislocate further, he will be in a lot of pain. I spent a couple of weeks really stressing over this but didn't want to contact his medical team as the news had been telling us not to put more pressure on the NHS.

