

Carer Health and Wellbeing Check Programme

Benefits Map and Realisation Plan

Version Control

1.1 Reviewers and Approvals

This document requires the following reviews and approvals.

| Name | Position | Signature on approval | Date | Version |
|------------------|-------------------|-----------------------|---------|---------|
| Clare Cotter | SRO | | | 1 |
| Sue Younger-Ross | Programme Manager | Sue Younger-Ross | 25/5/10 | 1 |

1.2 Distribution

This document has been distributed to:

| Name | Date of issue | Version |
|------|---------------|---------|
| PIST | 25/5/10 | 1 |
| | | |

2.1 The Map

The benefits map shows:

- when expected benefits are considered likely to be first observed;
- in outline how they will be measured – unless otherwise stated this will be through the management information being collected from individual providers;
- text in blue is from the bid document (amended for practicality) and text in green relates to later additions, mainly the vascular check programme.

2.2 Comments on the Benefits

In the main, the type of benefits identified are strategic in nature rather than economic.

As this is a pilot programme, they are also anticipated rather than expected. These benefits may not be realised, and if they are not the learning from this is important. Although further consideration will be given to whether health improvements can be allocated cash values this is not considered very likely at this stage.

2.3 Implementation of Plan

Following discussion at PIST in 2nd June, all those with responsibilities under this plan will have them communicated to them clearly.

NHS Devon is working on a series of reports to track progress; these will be used where appropriate to assist providers to identify where progress is good or needs improvement. Issue 2 of this Plan will be brought to the next meeting of PIST (7th July) and thereafter shared with the Board and Carer Strategy Implementation Team.

3. Benefits Map

| 1. June 2010 | 2. Sept 2010 | 3. Dec 2010 | 4. May 2011 |
|--|--|---|---|
| 1.1 Increased numbers of Carer Assessments | 2.1 Needs identified where no service available to meet them (interim research report) | 3.1 Young carers benefiting from improved service: gross number up to and including 17 years of age participating. | 4.1 <i>Evidence to support development of policy on health checks for carers (delivery of reports, compliance of providers with research)</i> |
| 1.2. Increased number of carers in Devon accessing specific carer support services (through checks): numbers who have had a check where any one of the following results: <ul style="list-style-type: none"> • Membership of Devon Carers • Link • Voucher for care and repair • Looking after me • St John Ambulance Training • Community Mentoring | 2.2 Increased service access for carers in areas of Social and Economic deprivation (as rural, cohort of practices in areas of social and economic deprivation) | 3.2 Greater proportion of male carers benefiting from services than previously (proportion of male/female carers accessing checks/proportion of male/female carers accessing Devon Carers Link 2009/10) | 4.2 <i>Reduced: Stroke Heart disease Diabetes Among carers (vascular checks undertaken –proxy measure – vascular check evidence base)</i> |
| 1.3 Increased number of carers in Devon supported to stay mentally and physically well - numbers who have had a check where any one of the following results: <ul style="list-style-type: none"> • GP appointment • Phlebotomy • Practice Nurse appointment • Medicines Review • Health trainers • Addaction • Smoking Cessation | 2.3 Improved relationships between carers and GP's (increased number of carers READ coded – proxy measure) | 3.3 Equal access for BME carers (proportion of BME carers receiving check is equal to proportion of BME people in Devon community) | 4.3 <i>N1135 performance Improved service access (contribution of programme to ACS performance improvement)</i> |
| 1.4 Increased access for disadvantaged groups of carers: <ul style="list-style-type: none"> • Carers of people with alcohol/drug problems; • Carers of people with mental health problems • Carers of people with learning disability • {Carers of people with dementia • Carers of people with HIV/AIDS (not collected); } | 2.4 % Carers receiving the health and wellbeing checks believe it is a benefit to them (interim research) | 3.4 Parent carers (% of parent carers joining Devon Carers Link; number of parent carers having a HWBC) | 4.4 Carers READ coded with LTC's (data survey of GP practices) |
| 1.5 <i>Vascular checks delivered (number – electronic record)</i> | 2.5 <i>Integration of Carers assessment - benefit for carers (reduced effort) - improved efficiency for ACS/NHS Devon Demonstrated by: number of referrals to ACS which allow care plan to be developed without further carer assessment</i> | 3.5 Improved personalisation and control (take up of flexible breaks and take a break grants) | |
| 1.6. More carers access services who have issues concerned with rural isolation: (as 2 and 3 above for practices in rural areas) | | | |

4. Benefits Realisation Plan

(numbering follows map above)

NOTE: some detail of how benefits will be quantified and presented is still being finalised with NHS Devon Performance.

1.1. (a) Integration of carer assessment and (b) recording of these as assessments:

- (a) complete; (b) communication between NHS Devon and ACS Performance. Responsibility: NHS Devon Performance.

1.2 Outcome of checks.

- Responsibility lies with providers for outcomes and recording.
- NHS Devon Performance responsible for reporting and benchmarking performance.
- Programme Team responsible for addressing outliers in performance and promoting good practice.

1.3 Outcomes of checks

- As 1.2

1.4 Access.

- Responsibility shared: (a) providers; (b) specialist teams – DAAT; Devon Partnership NHS Trust; LD.
- *PIST to discuss with DAAT, Devon Partnership NHS Trust and LD representatives progress and plans on identifying and referring carers for checks.*

1.5 Vascular Check delivery

- Providers responsible for optimal delivery and recording.

1.6 Rural Isolation

- Programme Team responsible for attracting rural providers.

2.1 Identification of unmet needs

- research – Helen Donnellan lead.

2.2 Social and Economic Isolation

- Programme Team responsible for attracting providers in these areas.

2.3 Identification of carers

- GP Practice providers

2.4 Carers receiving check believe it is a benefit to them.

- Responsibilities:
 - Programme Team to design check to be fit for purpose
 - Providers to deliver check to carer satisfaction
 - Research (Helen Donnellan) to establish whether carers are satisfied.

2.5 Reduced effort for carers and improve efficiency for ACS from integration of carer assessment

Devon HC31 Carer Demonstration Site Benefits Map and Realisation Plan

- Responsibilities:
 - Project Leads to design system to achieve benefits (where care plans are needed these can be compiled without further carer assessment)
 - Providers to operate system so benefits are achievable
 - ACS to realise benefits by acting without further carer assessment where information is sufficient
 - Programme Team to put in place data collection arrangement with ACS on realisation.

3.1 Young carers benefiting:

- carers aged 17 years and under on e-record;
- young carers attending health event(s)
 - (need to ensure no double counting)

Children's Trust lead to ensure accountabilities are clear and added to issue 2 of this plan.

3.2 Improved access for male carers (gender balance)

- Responsibilities:
 - Programme Team - Comms Lead – to consider how to attract male carers to have checks

3.3 Equal access for BME carers

- Responsibilities:
 - Programme Team to allocate sufficient checks
 - Programme Team to commission support service (Sahara)
 - Programme Team to allocate day “clinics” for BME carers
 - All providers to consider their responsibilities for non-discriminatory practice
 - Sahara and Research Lead to consider how to capture BME carers experience and use this to expand their access.

3.4 Parent Carers

Carers where cared for is a child.

- Responsibilities:
 - Children's Trust to consider means to encourage Parent Carers to come forward and ensure accountabilities inserted into Issue 2 of this Plan.
 - Carers Link to measure increase in membership by parent carers.

3.5 Personalisation and control

- Outcome of checks – Devon Carers Link membership promotion - providers
- Devon Carers Link to monitor take up for flexible breaks and take a break by people coming to carers link from having a check

4.1 Evidence to support Policy development

Responsibilities:

Devon HC31 Carer Demonstration Site Benefits Map and Realisation Plan

Programme Team to commission and manage research contract.

Research Lead to advise Team and implement research plan.

Interim report due September 2010

Final report due May 2011.

