



# Investing in Carers, Investing to Save

## Key Principles for Health and Social Care Commissioners





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# Introduction

Local health boards and local authorities across Wales are currently under enormous financial pressure. The recent report *A Decade of Austerity in Wales?* (Roberts, A, Charlesworth, A, 2014) suggests these pressures on the Welsh NHS are set to grow due to the ageing population, rising hospital admissions for people with chronic disease and the increasing costs of health care provision. The National Review of Commissioning for Social Services in Wales 2014 reflected a similar scenario with increasing service demands for adult social care services and reduced budgets (Care and Social Services Inspectorate Wales, 2014).

Carers are a fundamental part of the health and social care landscape in Wales. There are at least 370,000 people in Wales caring, **unpaid**, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. These carers contribute the equivalent of £8.1bn of care every year (Buckner, L, Yeandle, S, 2015). But carers need support, and failure to adequately recognise, support and involve carers can be catastrophic for the wellbeing of both the carer and the person who they care for.

Commissioning support and services for carers – investing in carers – is a key way that local health boards and local authority commissioners can deliver against the outcomes that they are measured by, and in doing so make substantial savings across health and social care. This guide outlines how services for carers achieve these goals, and also provides examples of successful services commissioned for carers by both local health boards and local authorities.

Services for carers are facing a bleak future, with finances increasingly squeezed and the market hostile. The support carers need is varied and diverse, from breaks and replacement care to personal and emotional support. Evidence shows that commissioning well for carers can:

- Reduce admissions to hospital and residential care.
- Reduce the costs of delays in transfers of care.
- Improve wellbeing of both carers and the people they care for.
- Reduce carers' need to access primary care as a result of their caring role.
- Reduce overall spending on care and health services.

Carers are the largest providers of care and support in the UK. Wales has the highest proportion of carers in the UK, caring for longer hours every week than anywhere else in the UK. Both 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. This guide not only sets out the financial case for supporting carers, but provides tangible, practical examples that local authorities and local health boards can implement to promote, protect and recognise all carers.

**If you would like to find out more about any of the case studies included in this guide, please email [wales@carers.org](mailto:wales@carers.org) or call 02920 090087.**

## About Carers Trust Wales

Carers Trust Wales is part of Carers Trust, a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

With locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is of a world where the role and contribution of **unpaid** carers is recognised and they have access to the trusted quality support and services they need to live their own lives.



# The case for commissioning for carers

Carers can help commissioners meet financial targets: commissioning for carers helps deliver good financial management and improvements in value for money by reducing hospital admissions and admissions to residential care and supports reablement. A 2011 report found commissioning for carers could equate to a saving of almost £4 for every £1 invested (Conochie, G, 2011).

## Delayed transfer of care

Welsh Government figures show that between July to September 2015, 611 acute patients and 905 other patients experienced delays in transfer of care, the median delay being approximately 25 days (Welsh Government, 2015a). At a cost of £290.88 per acute bed day and £279.47 per non acute bed day, the direct costs of delayed transfers for this period is £10.8m. Annualised this would amount to £43.1m.<sup>1</sup>

Supporting carers can help speed up transfers of care:

- 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 (Dennis, M et al, 1997).
- 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 (Mittelman, MS et al, 1996).
- 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.

## Cost of unpaid care

104,000 carers in Wales spend over 50 hours a week caring for others. This equates to a full-time workforce larger than the entire NHS. Carers are estimated to save the Welsh economy £8.1bn a year in care costs, more than the entire NHS budget and equivalent to £21,892 per year for every carer in Wales (Buckner, L, Yeandle, S, 2015).

## Avoidable admissions

Admission or re-admission 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 (Conochie, G, 2011), or that discharge planning is poor and the carer is not involved as an expert partner in care.

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1 These figures are based on costs in Wales reported by the Wales Audit Office for 2006/07. Costs for 2010/11 are calculated on an annual increase of 2.44% from 2006/07 figures as this was the increase from 2005/06.

- One study found that problems associated with the carer contributed to readmission in 62% of cases (Williams, E, Fitton, F, 1991).
- Carers who do not feel prepared or sufficiently supported are one cause of delayed transfers of care (Conochie, G, 2011).
- Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases (Bebbington, A, Darton, A, Netten, A, 2001).

Supporting carers can help avoid readmission to hospital and delay admission to nursing or residential care.

## Supporting carers of people with dementia

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 44,000 people living with dementia in Wales (Welsh Government, 2015b).
- Two thirds of people with dementia live at home and most are supported by **unpaid** carers (Knapp, M, Prince, M, 2007).
- Carers for people with dementia save Wales £622m a year (Alzheimer's Society, 2015).

But we know that carers of people with dementia in Wales face many challenges. Research by Carers Trust found that (Carers Trust, 2013):

- 56% of carers said they had not received information about managing the medication of those they care for.
- 55% of carers had not been given information on legal issues and managing money.

The outcomes of supporting carers caring for someone with dementia are clear:

- 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 (Banerjee, S et al, 2003).
- Further studies have confirmed that where there is no carer, the person receiving care is more likely to be admitted into residential care (Davies, B, Fernández, J, 2000).

## Supporting carers' own health and wellbeing

Carers are more likely to have poor health compared with 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 (The Princess Royal Trust for Carers, 2011).
- Carers providing more than 50 hours of care per week are twice as likely to experience ill health as those not providing care (Census, 2001). Wales has the highest proportion of carers providing more than 50 hours of care per week in the UK.
- 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 (The Princess Royal Trust for Carers, 2011).

## Outcomes of supporting carers

- Research has found fewer carers experienced mental health problems if they had taken a break since beginning their caring role (Singleton, N et al, 2002).
- 35% of carers without good social support experienced ill health compared to 15% of those with good support (Singleton, N et al, 2002).
- Commissioning breaks and emotional support for carers can reduce overall spending on care and their need to access mental health services. It improves the health and wellbeing of adults (Conochie, G, 2011).

# Health: Commissioning for carers

The NHS Outcomes and Delivery Framework for Wales includes seven domains (Welsh Government, 2014):

**Staying healthy** – People in Wales are well informed and supported to manage their own health.

**Safe care** – People in Wales are protected from harm and protect themselves from known harm.

**Effective care** – People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful.

**Dignified care** – People in Wales are treated with dignity and respect and treat others the same.

**Timely care** – People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care.

**Individual care** – People in Wales are treated as individuals with their own needs and responsibilities.

**Our staff and resources** – People in Wales can find information about how their NHS is resourced and make careful use of them.

## Supporting the domain measures

Throughout these domains are a number of measures that commissioning for carers can directly support including:

- Number of emergency hospital admissions within a year for a basket of eight chronic conditions.
- Rate of delayed transfer of care per 10,000 of local authority population. Mental health (all ages) and non-mental health (aged 75+).
- Number of people dying in their preferred place of care.
- Adults reporting general health as excellent, very good or good.
- The gap in life expectancy between the least and most deprived.
- Percentage of people who said that they are or their carers were given all the health information that they needed.
- Percentage of people with a long-term health condition reporting being well informed and supported through their care plan.

This chapter will explain how local health boards commissioning for carers can help directly and positively impact these measures as well as improve general performance and outcomes for patients and carers.

# Palliative care services

## Carers Trust Network Partner/Provider

Carers Trust Swansea Bay

## Where running

Swansea & Neath Port Talbot

## Funder

Abertawe Bro Morgannwg University Health Board

## Why the service was commissioned

- It was recognised that there was a need for a service to be in place for those who were at the end of their life which enabled those who wished to, to die at home.
- The end of life care given and the quality of a person's death has a significant and long-lasting effect on carers and other family members and relatives.
- Someone dying in hospital rather than their preferred place of care is a significant cost to the NHS which cannot be justified in the terms of medical intervention.

## Nature of service

- Carers Trust Swansea Bay is commissioned annually to provide an agreed number of hours of rapid palliative care to people in their own home.
- When a person in need of the service is identified, either someone in hospital or someone about to enter hospital, the Swansea Palliative Care Team (SPICE) contacts Carers Trust Swansea Bay directly with the information about the client. Carers Trust Swansea Bay arranges the support the person needs and undertakes a further assessment of the person's needs.
- Because of the often immediate necessity for the service, usual procedures which would slow the process down are replaced by direct contact and cooperation between the Carers Trust Swansea Bay Care Manager and the SPICE team.
- The target is for the service to be set up in the person's home within 48 hours; in practice support is usually in place within 24 hours.
- Due to the nature of the service and the relatively short length of time people are supported for, the service is able to reach and support a high number of carers and families.

## Outcomes

- Currently 10–12 packages of care are set up a month.
- Improvement in the experience by both the patient, who is able to die in their preferred place of care, and their carers and other family members and relatives.

- Significant returns on investment for the local health board which negates the need for alternative residential care or hospitalisation.
- Support for timely hospital discharge.

### **Resources for delivery**

- Provider capacity: Carers Trust Swansea Bay to ensure it has trained and experienced staff available to pick up assess and deliver care needed at very short notice.
- Health having in place a process for identifying clients and passing on to provider.
- A strong collaborative working relationship built up between local health board and provider.

### **Funding: Cost and savings**

- Current funding level is £49,000 a year.
- As well as improving the patient and carer experiences, the project delivers cost savings. Nearly half of all hospital costs are incurred by emergency inpatient admissions and more than £2,000 of the cost of a hospital death is built up in the last month of life (Georghiou T, Bardsley M, 2014), with over 130 packages of care delivered, the service yields a net saving of approximately £211,000 a year.

Carers Trust Wales Network Partners are quality assured and insured to carry out a wide range of specialised personal care and support tasks, including for example:

- Administration of medication, including by specialised technique such as via a percutaneous endoscopic gastrostomy (PEG).
- Artificial feeding such as via a PEG or nasogastric tube.
- Changing simple sterile dressings.
- Capillary blood glucose monitoring.
- Testing urine.
- Administration of insulin via auto-injector or jet.
- Administration of apomorphine via auto-injector for people with Parkinson's disease.
- Oro-pharyngeal and nasal suctioning.
- Assistance with oxygen therapy.
- Routine tracheostomy care.

# Powys Urgent Response Service at Home (PURSH)

## Carers Trust Network Partner/Provider

Crossroads Mid & West Wales

## Where running

Powys

## Funder

Powys Teaching Health Board

## Why the service was commissioned

- Powys has no district general hospital and some patients were being admitted and then subjected to delayed transfers of care. The resulting financial cost to the health board was very high, while the distances involved in relatives travelling to and from Powys to an out of county hospital were both time-consuming and costly. The vast majority of the calls were to older people living alone or with an elderly carer and they were not able to remain at home without some form of health and social care.
- It was recognised that the only option that GPs had was to refer the patients into hospital. This was both uneconomic and not in the best interests of the welfare of the patient. An alternative service was required. The service was set up so that Crossroads Mid & West Wales' staff could be called in an emergency and stay with the patient for up to 24 hours, or four days during a holiday weekend, after which Community Nursing/Social Services/Reablement were able to provide any ongoing care package requirements.

## Nature of service

- When GPs are called out, they now have the option of calling in PURSH care staff provided by Crossroads Mid & West Wales, instead of referring the patient for admission to hospital.
- GPs requiring a PURSH intervention contact the Shropdoc Care Coordination Centre in Shrewsbury. The Care Coordination Centre is responsible for triage and will decide whether the referral meets the requisite criteria.
- Crossroads Mid & West Wales has a staff member on call 24/7, 365 days a year in each of the three localities in Powys. Where the referral meets criteria, the on-call staff member is contacted and will attend the patient's home within four hours.

## Outcomes

- Cost savings through avoided hospital admissions and avoided delayed transfers of care.
- Patients are able to recover in their own home.
- Emergency response support is available to out of hours GPs.

- An effective model of partnership working with the statutory and voluntary sectors.

### **Resources for delivery**

- Health board responsible for ensuring the service is available to medical practices in the county.
- Staffing requirements need to be consistent with three staff members being on call for 24 hours at any point in time.
- GPs require training in the criteria, access and exit pathways.

### **Funding: Cost and savings**

- Current budget is £100,000.
- Care Staff are paid to be on call and are then paid at their appropriate rate of pay, according to the time of day, from the time they leave home, until the time they return, plus their mileage.
- With an average of 10–11 calls per month, that is about 120–130 interventions each year and each hospital admission costing the health board up to £4,500, the savings amount to as much as £400,000–£500,000 a year, net of the cost of the contract.

## **Short-term respite for carers**

### **Carers Trust Network Partner/Provider**

Carers Trust North Wales Crossroads Care Services

### **Where running**

Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham

### **Funder**

Betsi Cadwaladr University Health Board

### **Why the service was commissioned**

- It was recognised that many carers with health needs were unable to continue providing care to their friend or family member. This led to otherwise unnecessary interventions by both health and social care services.
- The minimum disruption to carers' lives also means the minimum added expense to the public purse.
- There was a desire to improve the patient and carer experience and to ensure resources were best used to meet patient and carer expressed need.
- This was initially a pilot service set up for 12 months. Due to the evidence of need the pilot provided it has been extended and has currently been running for two years.

## Nature of service

- If a carer is experiencing a short-term health need, they are now able to access respite support in their home to help them carry on with their caring role.
- Health needs can be wide ranging and include:
  - Common cold/flu.
  - Viruses.
  - Long-term conditions.
  - Stress/anxiety.
  - Support to help carers after they've undergone an operation.
  - Support to enable carers to attend hospital appointments.
  - Support to enable carers to attend clinical treatments.

The service is available to carers of all ages including parent carers and young carers.

## Outcomes

- Continuity of care is supported.
- The wellbeing of both the carer and the person they care for is improved.
- Better co-operative pathways are developed between health and social care professionals.
- Appropriate levels of care are delivered and unnecessary and expensive health care services are not required to cover any service gap.
- Carers are engaged to become involved in planning and delivering the services they need.

## Resources for delivery

- Fully trained staff.
- Good lines of communication with referrers.
- Clear and effective lines of reporting and influence to ensure information is best used.

## Funding: Cost and savings

- Costs are estimated at approximately £50,000 a year but monitored monthly. If the demand is higher than anticipated, then Betsi Cadwaladr makes more funds available as it recognises the savings made through this project and does not want Carers Trust North Wales to turn anyone away due to lack of funding.
- The average cost of a respite bed is £500 a week. To date, 200 carers have received a service from Carers Trust North Wales; the service has provided a net saving of over 400% plus supporting carers to access other services that further support their wellbeing.

# NEWCIS Continuing Health Care Facilitator

## Carers Trust Network Partner/Provider

NEWCIS

## Where running

Flintshire

## Funder

Flintshire County Council

Although funding is allocated through the local authority, this project is a health-based model.

## Why the service was commissioned

- Funding was made available to develop and modernise current services and to implement new service models for long-term condition service users and their carers.
- Initially the funding was managed by the health board but the projects were jointly facilitated with the local authorities and the voluntary sector.
- In Flintshire, a number of areas were identified as having gaps in services for carers who were caring for a person with a long-term condition including the need for a seamless service and a more person-centred approach to carer circumstances.

## Nature of service

To provide a single point of contact to assist in co-ordinating services for carers of people with long-term conditions including dementia.

## Outcomes

In the initial six month period of the project:

- 163 carers enabled to maintain their caring role.
- 40 admissions avoided.
- Carers signposted or referred to 577 agencies and services.
- Service is now highly valued and collaborative networks are in place.

## Funding: Cost and savings

Over a six month period this project worked with 177 carers of which a minimum of 40 were supported through crisis situations which prevented carer breakdown and an admission to either care or hospital.

- Prevention of 40 admissions in six months. Approximate weekly cost of admission to either care or community hospital is £1,511.
- In six months, 40 admissions prevented of a 25 day average stay, the cost of the average stay is approximately £215,770.
- Cost of facilitator including grants for six months – £24,000.
- Maximum grant any individual received was £500 over a six month period.
- Potential savings over six months for the cost of one carer wellbeing post is £191,770 in six months, £383,540 in 12 months.

# Local authorities: Commissioning for carers

The following examples illustrate how local authorities can commission for carers to meet both their performance measures under the Social Services and Well-being (Wales) Act 2014 and deliver under the National Outcomes Framework for Care and Support.

From the Welsh Government's Code of Practice in Relation to Measuring Social Services Performance (Welsh Government, 2015c), commissioning for carers can help meet the following outcomes:

- The rate of transfers of care for social care reasons per 1,000 population aged 75 or over.
- Carers reporting they feel supported to continue in their caring role.
- People reporting they had received the right information or advice when they needed it.\*
- People reporting they were treated with dignity and respect.
- People reporting that they feel safe.
- People reporting that they can do what matters to them.\*
- Young adults reporting they received advice, help and support to prepare them for adulthood.

(\*Also in National Outcomes Framework for People Who Need Care and Support (Welsh Government, 2015d)).

The National Outcomes Framework is intended to enable progress towards transforming care and support services to be monitored. A number of the outcomes in the framework cross over with the performance measures above, but commissioning for carers can help deliver the outcomes below which are unique to the National Outcomes Framework.

## **National Outcomes Framework performance measures**

- Percentage of people reporting that they are in control of their daily life as much as they can be.
- Number of people dying in their preferred place of care.
- Percentage of adults with high life satisfaction scores.
- Percentage of adults aged 16–64 with at least one qualification.
- Percentage of 19–24 year olds who are not in education, employment or training.

# Hafan Glyd Day Centre

## Carers Trust Network Partner/Provider

Carers Trust Sir Gâr

## Where running

Carmarthenshire

## Funder

Carmarthenshire County Council & Hywel Dda University Health Board

## Why the service was commissioned

An existing dementia day hospital, was undergoing a change of use – this left a gap in service for the people in Carmarthen. At the time, Carers Trust Sir Gâr was already providing a dementia day care service but only on a Saturday – they were therefore known to the commissioners and for that reason were approached to take this work on.

## Nature of service

Hafan Glyd is a specialist day service providing a service within the Carmarthen town area for people with moderate to severe dementia and older people with a functional mental illness.

Hafan Glyd gives carers a valuable break. There is an informal relaxed atmosphere where the person being cared for can feel at home enjoying activities designed to stimulate. The service is a joint partnership initiative between Carmarthenshire County Council, Hywel Dda Health Board, and Carers Trust Sir Gâr and has been in operation for over seven years.

The contribution from Hywel Dda is the provision of a healthcare assistant twice a week from the local community mental health team.

## Outcomes

- In 2014/15, a total of 1,335 places were available of which 1,006 were utilised. The total hours of care provided in this period amounted to 5,223 over the year.

**“Without Hafan Glyd I would not be able to cope and the alternative does not bear thinking about. Crossroads are my lifeline and help me to retain my sanity.”**

- When this service first opened it ran for four days a week. Due to demand – it is now a six day a week service.
- Charitable funds from Carers Trust Sir Gâr funds the sixth day.

## Funding: Cost and savings

When the service first started it was grant core funded through a carers special grant from the local authority – up until November 2015 it received £43,000 a year to provide this. This has now transitioned to spot purchasing.

# Welfare Benefit Service Swansea

## Network Partner/Provider

Swansea Carers Centre

## Where running

City and County of Swansea

## Funder

City and County of Swansea

## Why the service was commissioned

This service was commissioned by the City and County of Swansea. It was originally funded under the carers grant to local authorities. When this funding ended the City and County of Swansea recognised that supporting carers was an important preventative action – those with care needs were less likely to access higher tier and therefore more expensive services.

## Nature of service

The service provides the following welfare benefit service to carers:

- Benefit check to identify appropriate benefits and maximize income.
- Form filling and support to apply for benefits such as personal independence payment.
- Support at appeals if it feels a decision by the DWP is wrong.
- Access to grants to assist carers in their caring role.

## Outcomes

In the 2014/15 financial year £3.8m was accessed in backdated benefits for carers in Swansea. That money goes directly to carers or the people who they care for, drastically improving their quality of life and making a notable contribution to the local economy.

94% of carers accessing the welfare benefit service agreed with the statement 'I feel more able to manage my caring role'.

All carers who access this service are also able to access a range of other services offered by Swansea Carers Centre. These include:

- A counselling service also funded by the local authority.
- Advocacy funded by Big Lottery; Education and Training.
- Holistic Therapies.
- Volunteering.
- Support groups.
- A Carers Forum.
- Respite.

## Resources for delivery

- Two welfare benefit workers.
- One information and advice co-ordinator.
- A proportion of a management and finance post.
- Office space.

## Funding: Costs and savings

The service is funded £126,700 a year by the local authority. In 2014/15, through the service, carers accessed £3.8m in backdated benefits.

# Bridging the Gap Respite Scheme

## Network Partner/Provider

NEWCIS Flintshire

## Where running

Flintshire

## Funder

Flintshire County Council

## Why the service was commissioned

Bridging the Gap Respite Scheme was launched in April 2013 as a six-month pilot scheme on behalf of Flintshire County Council and is now in its third year.

It was created to give carers choice and options about who could provide them with care and at a time and day that they needed it. The scheme also made provision for times of emergency/crisis and allowed for a quick and flexible approach to delivering a service when carers needed it most.

Traditional respite meant day services on fixed days and hours. The aim of the service was to give carers the opportunity to access flexible support for respite from one hour to a day, or overnight care, offering responsive care arrangements that suit individual needs and minimise the risk of carer breakdown. The scheme also enabled an increased number of carers to access respite than previous commissioning did and at a much reduced cost.

## Nature of service

- Provision of a flexible but time limited short break/respite care service that supports carers of both adults and children with disabilities in Flintshire.
- Eligible carers, upon completion of a carer's needs assessment, are provided with a voucher code valid for six months for flexible short-term breaks.
- In the case of an emergency a code is allocated on the day.
- Carers are then given a booklet on the range of services available to them.
- Carers then contact the provider of their choice quoting their voucher code and arrange the respite they need.

## Outcomes

2014/15:

- 378 carers have accessed the scheme (55% increase on the previous year).
- Of those, 62 carers are now receiving a second allocation code, and 53 are now receiving a third code, two carers have accessed an emergency allocation code.
- 183 carer's needs assessments were required for carers to access the scheme, 127 were completed by NEWCIS.
- 75% of carers surveyed felt the scheme gave them more choice and flexibility when they required a break/respite care.

## Funding: Cost and savings

The previous commissioned service over a 12 month period delivered a service to 64 carers per year and organisations held waiting lists that had little or no movement yearly and prevented newly identified carers having an opportunity to access a service. The costs of this commissioning was £75,000–£1,172 per carer a year.

Between March 2015 and January 2016, this scheme has delivered a service to 367 carers at a potential cost of £166,800. However, actual expenditure to date is £99,181. This is due to carers being able to be re-allocated a further code in the following six month period and prevents hoarding of vouchers and maximises available funds. This equates to a cost of £272 per carer, a saving of £902 a year per carer and an additional 303 carers having received the service in less than a twelve month period.

The initial fears of being overwhelmed with emergency situations has not occurred, the flexibility and success of being able to sustain carers in their own homes for a longer period of time has enabled commissioners to sustain the scheme and embed this service into mainstream funding through the Flintshire Carers Strategy which is currently being written.

## Bridgend Mental Health Project

### Network Partner/Provider

Bridgend Carers Centre

### Where running

Bridgend

### Funder

Bridgend County Council

### Why the service was commissioned

It was recognised that carers can often be at risk of isolation, loneliness and poor mental health. The service was commissioned to provide a range of support to carers including one-to-one sessions, group sessions, and advice and telephone support to improve carers' mental health and wellbeing.

## Nature of service

The service provides support directly to carers to improve carers' mental health and wellbeing, delivering this through:

- One-to-one support and group work.
- Developing opportunities for carers to recognise their role and maintain their emotional wellbeing.
- Supporting carers to access employment, education or volunteering opportunities.
- Raising awareness with professionals of the issues and difficulties carers face and working in partnership with a range of groups to benefit carers' emotional health.
- Developing, in partnership with carers, the availability of short breaks and opportunities to relieve isolation.

## Outcomes

In the financial year 2014/15 the project:

- Identified 84 new carers.
- Supported 135 carers over the telephone.
- Carried out 40 home visits and 44 one-to-ones.
- Delivered 117 sessions of emotional support.
- Supported 25 carers to access grants.
- Supported 14 carers to access the benefits they're entitled to.

## Funding: Cost and savings

The project receives approximately £16,000 funding via a service level agreement. This funding covers a part-time support worker post, activities, events and materials.



# Further information for commissioners

## Carers Trust online resources

### Carers Trust Network Partners

To find your nearest Carers Trust Network Partner call 0844 800 4361 or visit [www.carers.org](http://www.carers.org).

### Carers Trust's Professionals site at <http://professionals.carers.org>

This site is for all those working in health, social care or education who come into contact with carers. Using the knowledge and expertise of Carers Trust Network Partners, it aims to provide the information and resources professionals need to put practice into action and provide quality support to carers.

### Online services for carers

[Carers.org](http://carers.org), [babble.carers.org](http://babble.carers.org) and [matter.carers.org](http://matter.carers.org) are UK wide help and support services, provided directly to carers every day of the year using the latest technology platforms. Staffed by a team of qualified social, youth and community workers, they support carers of all ages with fast, age-appropriate and confidential support. This is provided through email helplines that are monitored daily (including Sundays and public holidays) and answered within 24 hours; supervised and moderated message boards available 24 hours a day which give carers the chance to discuss, comment, chat with and support one another; and live chatrooms where carers can interact with staff, with other carers and with a variety of guest experts on subjects that matter to them.

## Commissioning toolkits

Carers Trust (2015), *Caring About Older Carers: Providing Support for People Caring Later in Life* (Carers Trust). <https://professionals.carers.org/older-carers-toolkit>

This toolkit is targeted at commissioners of health and social care and aims to highlight the needs of carers aged over 60 and to show tried and tested ways they can be supported. It shines a spotlight on particular issues most likely to impact on older carers. This can help inform commissioning to properly and most cost-effectively support them. Although the terminology and legislation referred to in this guide applies to England the standards and rationale are applicable across the UK.

Phelps, D (2012), *Commissioning Services for Young Carers and their Families* (Carers Trust). <https://professionals.carers.org/commissioning-services-young-carers-and-their-families>

Aims to support commissioners by informing them about the needs of young carers and young adult carers, and their families, and to draw together what has been learned about effectively supporting this vulnerable group. Although some of the terminology applies to England much of the guidance is applicable across the UK.

Carers Trust (2015), *A Road Less Rocky – Making the Road Less Rocky for Carers: A Guide on how to Support Carers of People with Dementia* (Carers Trust).

<https://professionals.carers.org/supporting-carers-people-dementia>

This toolkit builds on the research *A Road Less Rocky – Supporting Carers of People with Dementia* (Newbrunner, L et al, 2013). It is designed around ten key issues carers face on the caring journey and is useful for anyone who works with or treats patients with dementia and comes into contact with carers. Although the terminology and legislation referred to in this guide applies to England the standards and rationale are applicable across the UK.

Carers Trust (2013), *The Triangle of Care: Carers Included: A Guide to Best Practice in Acute Mental Health Care Second Edition* (Carers Trust).

<https://professionals.carers.org/sites/default/files/media/the-triangle-of-care-carers-included-final-6748.pdf>

The Triangle of Care approach was initially developed by carers seeking to improve carer engagement in acute inpatient services. It has been successful in effecting positive change for carers by encouraging joined up working between the carer, service user and professionals.

Carers Trust (2015) *The Triangle of Care Toolkit – A Resource for Mental Health Service Providers* (Carers Trust). [https://professionals.carers.org/sites/default/files/toc\\_toolkit\\_for\\_providers\\_final.pdf](https://professionals.carers.org/sites/default/files/toc_toolkit_for_providers_final.pdf)

This toolkit aims to support trusts who are at the beginning of their Triangle of Care journey, those who are yet to begin and those who are already well progressed but want to learn from their peers and ensure a legacy of cultural change.

## Good practice guides

Practice Examples: Young Carers shaping policy and services.

<https://professionals.carers.org/practice-examples-young-carers-shaping-policy-and-services>

A collection of examples illustrating how getting young carers and families involved in planning and commissioning services can lead to better outcomes.

Carers Trust (2014), *An Evaluation of the Improving Health Outcomes Programme* (Carers Trust). <https://professionals.carers.org/improving-health-outcomes-older-and-young-adult-carers>

An over-arching report which evaluates the impact of People's Health Trust funding across 31 Network Partner projects targeting young adult and older carers.

Carers Trust and Royal College of Nursing (2013), *The Triangle of Care: Carers Included: A Guide to Best Practice for Dementia Care* (Carers Trust).

<http://static.carers.org/files/the-triangle-of-care-carers-included-best-practice-in-dementia-care-final-6870.pdf>

Describes how meaningful involvement and inclusion of carers can lead to better care for people with dementia.

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