

LIVING LONGER LIVES

APRIL 2015

CASE STUDY

Devon Carers engaging carers with the NHS Health Check Programme

The ambition

Using the NHS Health Check and the Carers Health and Wellbeing Check (HWBC) to support carers to engage with their own health.

The background

In 2013, Devon's population was estimated at 757,900 is projected to grow to 800,400 by 2021. The greatest increase is expected in the population aged 65 years and over, accounting for over a quarter of the population by 2021. Life expectancy in Devon is approximately 2 years higher than the national average across England and Wales (ONS, 2008 figures) for both males and females.

However life expectancy varies considerably across the county, from 74.7 years in Ilfracombe, North Devon to 87.5 years in Chagford, West Devon. This equates to a 12.8 year life expectancy gap between the most and least economically deprived areas. In terms of the index of multiple deprivation, 21 of Devon's 457 Lower Layer Super Output Areas (LSOAs) are in most deprived quintile (one-fifth) in the country, mainly in Exeter and North Devon. By comparison, 43 LSOAs are in the least deprived quintile.

The 2011 census identified 84,900 carers in Devon (11.4% of the population). This is higher than the average (10.3% of the population) across England and Wales. Unsupported, carers are likely to suffer poorer mental and physical health than the general population. This can impact both on them and their caring activities, which in turn can affect the health and wellbeing of those they care for.

There is a substantial body of evidence indicating that carers are often not identified by their GP practice, that they feel unsupported by their GP practices and they do not pay sufficient attention to their own health and wellbeing^{1,2}. Devon Carer set out to address this situation.



How did Devon develop their solution to engaging Carers with their own health needs?

Identifying carers through primary care was seen as essential, as most carers preferred to access healthcare in this way. To identify and understand their carers' needs, the carers Health and Wellbeing Check (HWBC) was developed.

The HWBC initially aimed to identify carers not previously known to services, with a particular emphasis on those who had recently become carers. Carers were identified using a range of methods including reviews of GP practice patient lists.

The need to tackle the cardiovascular health of carers was recognised from the outset of the project so cardiovascular checks were included in the carers HWBC. In order to meet carers' changing needs and gather information on health and lifestyle risks, the cardiovascular element has now evolved so that the NHS Health Check is directly integrated within this check.

¹Donnellan, H., Endacott, R., & Grimes, K.,(2011) Carers' Health & Wellbeing Checks – Service Evaluation Study, pp84-85 www.devon.gov.uk/h_wbc_evaluation_study_final_report_august_2011.pdf

²The Princess Royal Trust for Carers & Royal College of General Practitioners 2nd edition (2013) www.rcgp.org.uk/~media/Files/CIRC/Carers/Carers-Action-Guide.ashx

Devon County Council and the NHS developed the HWBC in partnership with carers who were directly involved in every stage of the project. The governance arrangements included carers, the HWBC booklet and associated protocols were co-produced with carers and carers are involved in the HWBC's ongoing development. Formal and informal feedback has been gathered from carers throughout the project to further shape the work.

NHS Health Check

Included an assessment that covers:

- **Blood pressure**
- **Cholesterol**
- **Physical activity**
- **Body mass index**
- **Smoking status**
- **Family history of heart disease**
- **10 year risk of CVD**
- **Dementia awareness for people over the age of 65.**

Carer Health and Wellbeing Check

One hour appointment covering:

- **Safety and warmth at home**
- **Living and caring safely at home**
- **Your own health and healthcare**
- **Check-ups, vaccinations and screening**
- **Healthy lifestyle**
- **Work, education and leisure**
- **Caring role and tasks**
- **Action plan**

How did Devon implement the project?

The carers HWBC was piloted and mainstreamed in a process which commenced in 2008 and is now delivered across the county. The total HWBC budget has been around £500k each year but deployment has varied and delivery has taken time to establish

Devon Carers is the main contracted delivery partner for carers services in Devon. It was involved in developing the scheme and providing support for GP Practices from commencement of piloting on 2008.

The current year's funding to Devon Carers includes £62k for support and training (for all areas of delivery), £200k for HWBC delivery and £49k for ongoing quality assurance work. The HWBC checks carers' eligibility for the NHS Health Check.

The definition used for a carer is:

"... someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems."

Carers can then access the NHS Check Programme through the HWBC in one of the following ways:

Where the HWBC is delivered by primary care (under contract with Devon County Council (DCC)) GP practices check eligibility.

If eligible, the practice may simply extend the HWBC appointment to include the NHS Health Check. The GP practice can then claim funding for both assessments.

Target groups

The checks are mainly focussed on new carers and newly identified carers. Practices are encouraged to seek out carers who have not previously been identified and who have not previously had a HWBC. While practices are not paid to identify carers, they are paid to deliver the HWBC checks to them.

The current CH&WBC protocol applies to all adult carers over 18. The following carers are the priority groups to receive a check:

- **New carers, and people who have recently become carers;**
- **Carers who have been assessed as at risk of hospital admission through the Devon combined predictive tool or other case finding tool;**
- **Carers whose caring circumstances have recently changed substantially (e.g. change in their own health, change in the health of the cared for person or additional caring responsibilities);**
- **Carers who have regular and substantial caring responsibilities;**
- **Carers recently identified as carers by the Practice outside the above criteria;**
- **Any carer who specifically requests a CH&WBC, but is outside of the above criteria.**

Alternative provision is available for young carers (aged under 18). Young Carers should be identified and encouraged to identify themselves (or with their consent be identified to) Devon Carers for referral to a Young Carers worker who will be able to link them to appropriate services.

Where the HWBC is delivered by Devon Carers (funded by DCC and local CCGs) the same process to check for NHS Health Check eligibility is used, which triggers a referral to the carer's GP practice for the NHS Health Check.

Where the HWBC is conducted by community pharmacies (under contract with Devon Carers) again the same process to check for NHS Health Check eligibility is used. Pharmacies are encouraged to offer the NHS Health Check as part of the HWBC where eligibility has been established. However, currently there is no mechanism to enable pharmacies to claim additional funding for this and subsequently many pharmacies prefer to signpost eligible carers back to their GP practices instead.

Critical success factors included

- The project has always been a joint project with a pooled budget and joint health and social care leadership.
- A genuinely mature partnership between health, social care, third sector and carers has been created.
- The process works well for both carers and primary care, as it provides carers with the support they need and GPs with the information they require.
- Hard work and persistence – there are few quick wins and momentum builds slowly.
- The project has encountered and overcome a lot of barriers and we have learnt from these experiences so we, for example: regularly review and adapt paperwork and materials following feedback from providers and carers; hold annual refreshers for all staff providing checks; employ a Nurse Practitioner with responsibility for Quality Assurance; provide regular bulletins to all providers with any developments and changes.

Key lessons learned in implementing the project were as follows

- Pay more attention to training staff delivering checks – especially the ‘interpersonal’ skills (we had to strengthen these as the project continued)
- Have a strategy to engage primary care that ensures visible primary care leadership
- Build in reviews from the start, so that they are always part of the carer/provider expectations.

The projects outcome to date

Initially the project was externally evaluated and the following significant benefits to carers were identified:

- Identification of new carers in primary care
- Identification of how carers felt they benefitted from the HWBC
- Identification of carers’ underlying health issues
- Identification of further needs and transfer onwards to relevant services from the HWBC.

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