Working together with Families and Carers - A Framework for Action 2017

27 March 2017

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Our vision is for families and carers in Lambeth to feel recognised, valued and included as equal partners in the support and care for the person they care for.

Equally we want families and carers to have full, enjoyable and confident lives in their own right alongside their caring role.”
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Executive Summary

The framework for action sets out core outcomes aimed at improving the quality of life and health and well-being of carers, who are one of our largest (yet often unrecognised) “people” assets in the borough. Carers are far from a homogenous group; they are extremely varied and complex, and a resource and asset upon which our care and support system depends. The economic case for supporting and investing in carers and their networks is overwhelming. Failure to support carers can result in not only poor outcomes for the carer and cared for person, but also have major negative implications on communities in areas such as education, housing, health and social care services.

This framework for action is aimed at bringing together carers and the various statutory and non-statutory agencies that impact on their lives (and the cared for person) in order to coproduce better support and services. An action plan has intentionally not been produced at this stage as it is proposed that this is “coproduced” from inception and developed by all partners working together as part of core service and support delivery and development programmes. This will help to address some of the criticisms of previous carer’s strategies (especially by carers) that there has been limited involvement of carers. In addition, carers felt that their issues and needs were often marginalised and awarded limited priority and profile at a strategic and senior level within statutory organisations, such as the Council and NHS.

As a result, it is proposed that our service delivery and transformation/improvement programmes, as part of their core design and delivery planning, build in not only the needs of carers in their own right but also their vital contribution to the support of “cared for” people by adopting a holistic, whole family, network approach.

Adopting a whole family / household, carer and support network approach to supporting people will require a significant change to current practice. Many families and carers are keen to support front-line staff in this change but need to be involved at all stages. In collaboration with carers, existing workforce training programmes will be need to reviewed and geared toward supporting a whole family approach.

Key to supporting carers is ensuring that they receive access to universal services, including the NHS but also learning, leisure and housing services. Many services simply do not recognise “carers” therefore it is important they are enabled to identify and recognise the role of carers in the first place in order to provide better access and take up of services and support.

It is proposed that the Health and Wellbeing Board leads on progressing the framework for action to support service delivery and transformation programmes to achieve better outcomes for carers. A task and finish group, including carers, will be formed to help develop an action plan and drive forward its implementation.
Introduction

This is a joint framework for action developed by the London Borough of Lambeth (Adult Social Care) and NHS Lambeth Clinical Commissioning Group. It does not provide a detailed action plan (as this should be co-produced between staff, people who use services and carers) and is not intended as the last word on what must be done in relation to “carers” but provide a framework for action and collaboration between commissioners, providers, clinicians, staff and carers. The proposed outcomes and priorities for action have been informed by the views of families, carers, Carers Hub Lambeth and stakeholders gathered from a range of surveys, service development work and engagement events.

Most of us at some stage in our lives will undertake an unpaid caring role. However, there is often little acknowledgement or recognition of the role and the considerable value of this contribution to the individual being cared for, the wider community and the Lambeth economy. We want to reverse this situation and truly value the role of families and carers in all that we do.

It is important to note that not all carers are the same and can be any age. Their perspective of their caring role ranges from a “blessing” to a “burden” and everything in between. There are people who are happy to be defined as a carer, those who would not consider themselves a carer and people who do not want to be recognised as a carer. Carer experiences are dynamic and variable throughout the day, week, and month and beyond.

The Carers Trust definition of a carer which is being used in this framework:

“Anyone who cares, unpaid, for a friend or family member who, due to illness, disability, mental health problems or addiction, cannot cope without their support.”

We want to enable and support families / households and carers in their caring role and enable them to have full and confident lives in their own right, as well as ensuring the people they care for get the best possible care and support they require.

We want families and carers to be equal and valued partners in the delivery of care and support, along with the person requiring care and support, the professionals and the providers providing care. We believe that by designing and delivering (i.e. co-producing) support together, taking into account families and carers’ skills and abilities we will achieve much better results and outcomes. Co-producing services can also result in better value which is important given the challenging financial situation facing the public sector in Lambeth and those challenges experienced by Lambeth residents as a result of the impact of welfare reforms.
1. **Co-producing better outcomes with carers**

“Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them.

When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made”.

(Definition from National Co-production Advisory Group)

The central thrust of this framework for action is that we should work toward ensuring that families and carers and support networks are at the centre of all we do in health and social care.

The reality is that we are some way off in Lambeth (like most other boroughs) of realising the ambition of the National Carers Strategy (see appendix 3). This is in part due to the lack of focus on families and carers compared to the focus on the cared for person. Also in part due to the lack of recognition or appreciation of people’s networks and families and the tremendous resources, skills and assets contained within them. We are determined to ensure that we use these untapped assets to achieve the five outcomes underpinning this framework, as set out below. These are articulated as “I” statements in accord with wider practice in Lambeth health and social care commissioning and service development.

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>I (and my whole family / network) will be respected as care and support partners at the heart of decision making and will have access to the integrated and personalised services I need to support me in my caring role.</th>
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<tr>
<td>Outcome 2</td>
<td>I (and my family and network) will be able to have a life of my own alongside my caring role.</td>
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<td>Outcome 3</td>
<td>I (and my family and network) will be supported so that I am not forced into financial hardship due to my caring role.</td>
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<td>Outcome 4</td>
<td>I (and my family and network) will be supported to stay mentally and physically well and will be treated with dignity.</td>
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<tr>
<td>Outcome 5 (young people)</td>
<td>I will enjoy a thriving childhood and be supported to learn, develop and be protected from inappropriate caring roles.</td>
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Commissioning principles for working with carers

NHS England (NHSE) have developed a set of core principles which should underpin the effective commissioning of services and support for carers. They provide a useful checklist for commissioning strategies and plans which is recommended should be supported across all of our commissioning work and programmes in Lambeth:

1. Think Carer, Think Family; Make Every Contact Count
2. Support what works for carers, share and learn from others
3. Right care, right time, right place for carers
4. Measure what matters to carers
5. Support for carers depends on partnership working
6. Leadership for carers at all levels
7. Train staff to identify and support carers
8. Prioritise carers health and wellbeing
9. Invest in carers to sustain and save
10. Support carers to access local resources

see link https://www.england.nhs.uk/commissioning/comm-carers/principles/

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South London and Maudsley NHS Foundation Trust
Families and Carers Strategy – Carers charter 2015

1. Your essential role and expertise is recognised, respected and encouraged.
2. You are given the information and advice that you need to help you provide care.
3. You are involved in the planning and agreement of the care plan for the person whom you are supporting.
4. Your individual needs as a carer are recognised, responded to and reflected in the Care Plan.
5. You receive appropriate help and support when you need it.
6. You are actively involved in the planning, development and evaluation of services.
7. You are aware of the roles and responsibilities that exist within the care partnership.
2. Priorities – what we will do together.

The “we” in this framework means families and carers, people who use services, providers and commissioners working together to co-produce better outcomes. The points below are derived from various conversations and consultations with carers over the past 12 months.

<table>
<thead>
<tr>
<th>Outcome 1: A whole family approach: I (and my whole family / network) will be respected as care and support partners at the heart of decision making and will have access to the integrated and personalised services I / we need to support us in our caring role.</th>
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<tr>
<td><strong>Identification of carers</strong></td>
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<td>- We will build on work with partners, especially front line staff, to improve how we identify and signpost carers across health, social care, education and the voluntary and community sectors.</td>
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<td>- We will support people and families with caring roles as early as possible, recognising the value of their contribution and co-produce with them from the outset the planning, design and monitoring of services and care packages.</td>
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<td>- We will work to develop a protocol to support best practice for all services.</td>
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<td><strong>Assessment of carers</strong></td>
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<td>- We will work with families and carers to improve the assessment process, deliver a whole family approach, and ensure that the carer, including young carers and siblings, are part of the standard assessment process.</td>
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<td>- We will work to improve the turnaround time between assessment, review and support planning.</td>
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<td>- We will work with providers to ensure that support offered to families and carers is personalised, especially taking account of their individual circumstances such as cultural and ethnic needs.</td>
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<td>- We will ensure that assessment and the development of the care plan of an adult service user will take into account the educational and social needs of the young carer.</td>
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<td>- We will work with acute health care providers to improve discharge planning and ensure it takes into account the families and carers contribution and needs.</td>
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<td>- We will work with families and carers to deal and manage for emergencies i.e. sudden hospital appointment / carer needs to go to hospital.</td>
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<td>- We will share the outcomes from the assessments with carers.</td>
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<td><strong>Information and advice</strong></td>
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<td>- We will ensure that information, advice and guidance are available and designed and developed with families and carers in a wide range of formats, platforms and media to ensure we reach as many carers as we can in a form (for example, age specific and user friendly) best suited to their requirements.</td>
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<td>- We will aim to improve front line staff knowledge of what is available for families and carers.</td>
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<td>- We will work with partners and providers to ensure that information on universal services is made available to families and carers.</td>
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• We will improve access to independent financial advice and advocacy for carers, former carers and their families including, for example, information on selecting care homes for older relatives.

**Outcome 2: A life alongside caring:** I (and my family and network) will be able to have a life of our own alongside our caring role.

• We will develop the workforce to better support carers.
• We will develop continuous training and guidance for paid care staff where possible with families and carers to ensure that timely and appropriate support is provided.
• We will develop an integrated support response to families and carers who care for more than one person.
• We will develop home based assessment for carers who find it difficult to leave home because of their caring role.
• We will develop a core training package for carers to support them in their caring role such as management of long-term conditions, lifting and handling, personal care, health and safety in the home.
• We will develop a specific training package for people caring for people with dementia.
• We will provide opportunities for respite care and breaks.
• We will support families and carers to access pathways into education, training and employment, to enable them to have a life of their own.

**Young carers**

• We will continue to work with schools in order to identify young carers and provide appropriate support.
• We will continue to work with schools to ensure that young carers can remain in education for as long as they want to.
• By improving assessment and support planning, we will seek to ensure that inappropriate levels of care are not placed on young carers. This will include improved communication and information exchange between Adult Social Care and Children’s and Young People’s Services.
• We will seek to improve access to after school learning opportunities within Lambeth.

**Support planning**

• We will ensure that the need for a break is taken into consideration during the assessment and support planning process.
• We will ensure that each support plan is outcomes based and flexible to ensure it is of value to carers.

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**Good practice**

Lambeth GP Federations, Carers Hub, London Southbank Uni
Up skilling Carers in Lambeth

Lambeth GP Federations have been successful in receiving a bid from Health Education England to work collaboratively with Carers Hub Lambeth and London Southbank University to provide support to carers across a range of health conditions so they are empowered and better informed to promote self-management and improve health and wellbeing.
Outcome 3: No financial hardship: I (and my family and network) will be supported so that we are not forced into financial hardship due to our caring role.

- We will work with the retail and leisure sectors to develop concessions for both adult and young carers.
- We will seek to maximise the opportunities for carers to access grants for equipment, household goods and holidays.
- We will work with employers to highlight the needs of working carers, promoting the need to support carers to stay in employment.
- We will work with Department for Work and Pensions (DWP), Job Centre Plus (JCP) and local employment and vocational support organisations to improve access to work opportunities for carers.
- We will work with training providers to improve the opportunities for carers to become paid care assistants.
- We will work with partners to provide life skills training for young adult carers aged 18-25 years.
- We will work with employers to support transitional employment opportunities including volunteering and shadowing.
- We will provide home based advice support for people who cannot leave home as a result of their caring role.
- We will support carers to discretionary housing benefit where they require an extra room for a person they care for who has a disability or is seriously ill.
- We will seek to provide additional targeted support for families and carers where English is not their first language.

London Borough of Lambeth
Support for employees with caring responsibilities

Lambeth Council support for employees with caring responsibilities include:

- Employees can request flexible working (including home working, compressed hours/weeks, flexitime, part time, term time only, job sharing, etc) both under the statutory flexible working regulations and also within Lambeth’s own Council scheme for flexible working.
- Unpaid emergency dependants leave to deal with unforeseen emergency situations and to make longer-term care arrangements and up to 18 weeks of planned unpaid leave per child, to be used by the 18th birthday.
- Under Council policy, Strategic Directors have additional discretion to grant up to 5 days paid special leave for undefined circumstances, with additional discretion to grant further unpaid leave as required.
- Employees who are informal carers are protected under the Equality Act 2010 from direct discrimination or harassment because of their caring duties.
**Outcome 4: Better health and wellbeing:** I (and my family and network) will be supported to stay mentally and physically well and will be treated with dignity.

- We will ensure that the Local Care Networks, especially Primary Care Services target and meet the needs of families and carers.
- We will promote health checks for all carers, especially young carers and provision of flexible health appointments for carers.
- We will extend the use of holistic care assessments (see outcome 1)
- We will promote access to primary care services, especially talking therapies.
- We will further support the development of peer support networks.
- We will promote access to community mental health services including the 24/7 mental health support line.
- We will promote access to universal services in the borough including preventative services.
- We will improve access to home adaptation equipment, providing training and conducting reviews as required.
- We will develop and increase access to training on the management of long-term conditions including medicines management and dementia care for carers so that they can better support the person cared for.
- We will develop a strategy for "planning ahead" with families and carers especially targeting older carers.
- We will develop support for carers when they stop caring.

**Outcome 5: Young carers:** I will enjoy a thriving childhood and supported to learn, develop and be protected from inappropriate caring roles.

- We will work with local schools and NHS to improve identification of young carers, especially during the assessment of an adult or young service user.
- We will work with educational establishments, youth organisations and training and employment providers on how best to identify and support young carers.
- We will improve the use of social media and online support platforms for young carers.
- We will support young carers and their brothers and sisters to access universal services in the borough for young people, including community and youth centres, schools and libraries.
Summary of priority areas for action

The following key areas for action have already been identified, which are relevant to our programmes and will be progressed through the process described below:

1) Ensure services can identify and record carers.
2) Ensure a whole family / network approach is taken
3) Ensure carers are promoted and targeted to universal services
4) Ensure carers have appropriate training and development to support them in their caring role.
5) Ensure carers can access information, advice and guidance easily at any time.
6) Ensure all services embrace the outcomes and that these are integrated into all programmes.
7) Ensure we utilise the opportunity afforded by Local Care Networks to support carers.
8) Ensure that we address the needs of carers experiencing the most significant inequalities including young carers; parents with children and or adults with disabilities and people who support more than one person.
3. Resources

3.1 Current funding level

Lambeth Council currently commit about £2 million per year toward supporting carers assessments and services. This includes the provision of in-house services to carers such as assessment and carers breaks. The table below reflects current investment in carer support by Lambeth Council.

A key challenge has been determining the exact level of funding for carers supported by NHS Lambeth CCG. It is unclear how much of NHS resources are spent on carers as services are organised on a universal basis and do not explicitly identify carers as a specific group.

3.2 Future funding sources

The delivery of this framework is based on the assumption that the financial resources required will be made available from both Lambeth Council and NHS Lambeth CCG. It is unlikely the financial resource will increase beyond current levels. Therefore, it will be important to prioritise the actions contained within the framework to ensure that they are affordable in light of reducing budgets.

The framework is based on the following assumptions:

- Carers’ Assessments, Day Services and Carers’ Breaks will continue to be funded by social care.
- Commissioning of preventive services whenever possible will be funded jointly by Lambeth Council and the NHS Lambeth CCG
- Both Lambeth Council and NHS Lambeth CCG will continue to commission the support of carers within respective services, including community health services and mental health services.
- Use of the Better Care Fund to support carers either via commissioned services or by delivering services and support directly.

Given the anticipated rise in the number of carers, the changing demographic profiles and issues, including an increase in patients with long term conditions and intergenerational and mutual caring, future cost pressures are anticipated. The expectation is that the resources required to meet these needs will be sourced within mainstream service delivery programmes and by realising the benefits of co-producing with families and carers. This will be helped by:

- Improving our delivery of personalisation and personal budgets.
- Delivering efficient and streamlined identification processes including identification in primary care and hospital settings.
• Investing in the development of robust infrastructures and processes, including:
  o Improving the number and quality of assessments.
  o More informed targeting of services.
  o More family and community based solutions to carers’ needs.
  o Deliver a more joined-up approach to commissioning services, offering more clarity to providers about the services required and reducing duplication of services.

3.3 Economic case for investment in carers support

The Joint DoH, ADSS, Carers Trust and Carers UK report “Economic Case for Local Investment in Carer Support” (ADSS 2015) sets out the strong economic case for investment in carers services. The key message of this report is that it is financially beneficial for both local authorities and the NHS to invest in carer’s services and support and that carers lever in value in excess of the total NHS budget. The strong business case for investing in services for carers should be factored into relevant partnership and programme boards especially in relation to support for carers.
NHS Lambeth Clinical Commissioning Group (CCG) commissioned the Innovation Unit to undertake research with young carers (16-25 years) in the borough to ask them 'what would it take for young adult carers in Lambeth to have a full life of their own while continuing with their caring role?'. The focus of this work was not to uncover opportunities for new services, however focus on the transformation of frontline practice. Below is what they have told us:

**THEME 1: Daily life**
- Juggling school or work with home life
- Less time for being a young person
- Struggle to ask for help and be open about their challenges
- Caring is an emotional commitment, not just a list of practical tasks

**THEME 2: Health & wellbeing**
- No time to look after yourself
- Your mind is always somewhere else
- Distress, anxiety, depression and anger
- Stigma and bullying

**THEME 3: Being supported**
- Taking breaks
- Connecting with other carers
- Not feeling heard
- Lack of family support
- Feeling people might not know the person’s needs as well as they do

**THEME 4: Identifying as a carer**
- Starting young, caring feels normal
- Choice, but not choice
- Feeling like caring is a way of being

**THEME 5: Realising dreams & ambitions**
- Drive and maturity

**The opportunities**

**Schools**
- Challenges faced by young carers in schools include:
  - Not being understood by other pupils
  - Struggling to make sense of school because of carers at home
  - Feeling excluded, bullied or in a minority because "they stand out"

**Family**
- Challenges faced by young carers with their family include:
  - Lack of support
  - Other family members sometimes struggle to understand how much the young carer does. As a result, they neglect other help. Young carers also feel that there isn’t enough help, because they haven’t had it for as long or because they might have missed out on the past and received negative answers.

**GP**
- Challenges faced by young carers with their GP practice
  - “Caring staff don’t care”
  - Feeling that doctors don’t have enough time because they care for the young carer
  - Hard to ask for help

**Academic achievement**
- Not being able to do or achieve or even have homework because the person cares for the young carer
- Students not understanding why they might be lack of support to be at school, or that they have to do their homework

**Professional carers**
- Challenges faced by young carers in relation to professional carers
  - Young carers can understand the job responsibilities of the person caring for them. However, these don’t always match up with professional carers in the area.
  - Some young carers feel that professional carers don’t care
  - Professional carers can’t always understand why their own care needs don’t meet expectations

**Carers Hub**
- Challenges faced by young carers with their Carers Hub
  - Not being able to help or support younger carers
  - Young carers can’t find help or support because they have to do their school
  - They might have more people they need to talk to, or have moved between different areas
  - Lack of support in time

**Support and services**
- When they turn 18, young adult carers can find it difficult to find support or anyone they can turn to for help or advice
4. Making it happen

4.1 Families/ households and carers at the heart of what we do

For this framework for action to be effective, we need to put in place mechanisms to help support and drive progress, develop joint solutions and support programmes, organisations and staff to deliver better outcomes with carers.

4.2 Mainstreaming the families and carers framework for action

It is proposed that overall responsibility for progressing and driving this work should be with the Health and Wellbeing Board and within the respective partnership transformation programmes (e.g. Integrated Adults, Disabled Adults, Children’s and Mental Health) and programme enablers such as primary care and digital.

4.3 Task and finish group

It is proposed that a short term (3-6 months) task and finish group (including carer representatives, providers and commissioners) led by the cabinet lead for social care (and the CCG clinical lead) should be formed to assist with, initially, driving the implementation of this framework forward. A similar approach was successfully adopted to help take forward the recommendations of the Black Wellbeing Commission (BWBC). The draft terms of reference for this group are found in the appendices to the framework for action.

4.4 Carers Collaborative Forum

It is proposed to form a Carers’ Collaborative Forum to help drive, implement and monitor progress on the framework for action. Central to this collaborative approach will be carers working together with front line staff, clinicians, providers and commissioners to review progress and undertake development work. This will support the Carers’ Forum which will continue to be organised by families and carers via the Carers’ Hub Lambeth, which is part of the Independent Living and Carers’ Partnership (ILCP).

4.5 Contracts

It is proposed that all service contracts be reviewed and revised accordingly to ensure that reporting on families and carers involvement in the design and delivery for the cared for person is a requirement of contracts.

4.6 Health in all policies

It is also proposed that as part of the “health in all policies” principle, agreed by the Health and Wellbeing Board, future reports will be required to demonstrate how families and carers’ views and needs have been taken into consideration.
GLOSSARY

Term or abbreviation meaning

**Advocacy**: Help given to people by a person to enable them to express their opinions; know their rights and what they are entitled to. An advocate can be a friend, family carer, relative or an independent representative that is authorised to speak or act on behalf of an individual.

**AMH**: Adult Mental Health

**ASC (Adult Social Care)**: Part of the council that deals with the assessment and provision of social care and community based services under the Community Act (1993), e.g. Social Care Practitioners and Occupational Therapists.

**BAME**: Black Asian and Minority Ethnic

**Carer**: Also known as family carer or informal carer. Anyone who provides a great deal of care on a regular basis for a member of their family, friend, or neighbour but are not paid to do so. See appendix one for more detail.

**Carers’ Breaks**: A short break, sometimes known as respite; when a carer gets a chance to spend some time away from the caring role.

**Carers’ Allowance Taxable benefits**: Paid to help a carer look after someone who is disabled.

**Carers’ Assessment**: A process, usually an interview or series of interviews, with a carer to see what help they may need to be able to go on looking after they person they care for.

**Carers’ Champions**: Individuals appointed or elected to stand up for the interests of carers. These includes, for example, ensuring that carers have a voice in the decision making process and that services are accessible to carers.

**Clinical Commissioning Group (CCG)**: Formed in 2013 and consists of all local GP surgeries. NHS Lambeth CCG is responsible for the purchasing of healthcare for the people who live and work in the borough.

**Charging policy**: A document which sets out the contributions a customer has to make towards the cost of their care.

**Commissioning**: The process of ensuring that there are a range of health and social care services available in Lambeth to meet the needs of residents and patients. This includes the identification of needs, planning, choosing and securing of appropriate services, and keeping a check on the level and quality of provision. This could be done on an individual, group, borough wide, regional or national level. This applies to all services whether they are provided by the voluntary or private sector, health or local authorities.
**Co-Production**: Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made.

**CYPS (Children and Young Peoples’ Services)**: Part of the council that deals with the assessing and provision of services for children and young people. In most cases those under the age of 18 years old.

**Eligibility**: When an individual’s needs meet the council’s criteria for council funded care and support.

**Eligibility Criteria**: A set of standards or rules governing access to non NHS services, for example, adult social care services community health services.

**Ethnographic research**: Involves observing people in their natural, real-world setting i.e. home or community. The aim is to gather insight into how people live; what they do; how they use things; or what they need in their everyday or professional lives.

**GPs (General Practitioners)**: A term used to describe General Medical Practitioners i.e. family doctors.

**Health and wellbeing**: The achievement and maintenance of physical fitness and mental stability

**ILCP (Independent Living and Carers Partnership)**: Formed in 2015 and provides information and advice, advocacy, direct payments and carers support.

**Integrated care**: A partnership in which health and social care work together. This is to ensure care and support is centred on the needs of the person and their carer and/or family, supporting them to remain independent in the community for as long as possible.

**Joint Commissioning**: Where two or more organisations co-ordinate the process of commissioning a service (see commissioning above).

**LD**: Learning Disabilities

**MHOA**: Mental Health Older Adults

**NHSE**: NHS England

**Outcome(s)**: The change, benefit, or any other result that happens or is expected to happen as a consequence of provision of care and support. Outcomes can be related to the individual recipient of the change, a community or group.
**Paid Carers (also known as Personal Assistants):** An individual who in their professional capacity, is paid to undertake the care of another person. They assist with the daily social care including going out, washing and getting in and out of bed.

**Partnership:** A relationship between individuals or groups that is characterised by mutual co-operation and responsibility, as for the achievement of a specific goal.

**Pathway:** A clearly laid out route a person takes through the network of health and social care services. It shows the sequences in the path and what should be provided at each stage.

**Personalisation:** A way of providing support. The aim is to ensure that every person who receives support, whether provided by statutory services or self-funded, will have the choice and control over the delivery of that support. In practice money is allocated to an individual by the council to pay for the care to support the customer’s assessed needs. This allows the user or carer to choose the support they want to receive and the manner in which they wish to receive it.

**Resilience:** A term used to describe the move towards developing and supporting individuals to be self-supporting and to develop personal growth or ability to recover when something goes wrong.

**Sibling(s):** Sister(s) or brother(s).

**SLIC (Southwark and Lambeth Integrated Care):** A partnership created to support improved integration of services, mainly focused on older people.

**Substance misuse:** A pattern of harmful use of illicit, prescription or over the counter drugs and/or alcohol.

**Service users (also known as customers and patients):** Someone who receives support from health and social care services.

**Transformation programmes:** Making changes for the better to achieve a vision or a way forward. It implies a change with little or no resemblance with the past arrangements or structure.

**Universal services:** Essential services from the statutory and voluntary and community sector that is available to all residents. It can also be referred to as ‘mainstream services’ to distinguish services that are not specialist.