

Public Document Pack

MEETING:	Cabinet
DATE:	Wednesday 7 September 2022
TIME:	10.00 am
VENUE:	Council Chamber, Barnsley Town Hall
PUBLIC WEB LINK:	https://barnsley.public-i.tv/core/portal/webcasts

AGENDA

1. Declaration of pecuniary and non-pecuniary interests
2. Leader - Call-in of Cabinet decisions

Minutes

3. Minutes of the previous meeting held on 17 August 2022 (Cab.7.9.2022/3)
(Pages 3 - 6)

Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.7.9.2022/4) (Pages 7 - 8)

Petitions

5. Petitions received under Standing Order 44 (Cab.7.9.2022/5)

Items for Decision/Recommendation to Council

Joint Public Health and Communities and Place Health and Adult Social Care Spokespersons

6. Unpaid Carers Strategic Review - Barnsley Carers Strategy and Business Case for Commissioning of a new Carers Support Service (Cab.7.9.2022/6) (Pages 9 - 80)

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), T. Cave, Frost, Gardiner, Higginbottom, Howard, Lamb, Makinson and Platts

Cabinet Support Members:

Councillors Cain, Cherryholme, Eastwood, Franklin, Newing, Osborne and Risebury

Chair of Overview and Scrutiny Committee
Chair of Audit Committee

Sarah Norman, Chief Executive
Carly Speechley, Executive Director Children's Services
Wendy Lowder, Executive Director Place Health and Adult Social Care for Barnsley
Shokat Lal, Executive Director Core Services

Matt O'Neill, Executive Director Growth and Sustainability
Julia Burrows, Executive Director Public Health and Communities
Neil Copley, Service Director Financial Services (Section 151 Officer)
Sukdave Ghuman, Service Director Law and Governance (Monitoring Officer)
Michael Potter, Service Director Business Improvement, HR and Communications
Katie Rogers, Head of Communications and Marketing
Anna Marshall, Scrutiny Officer
Jason Field, Head of Legal Services (Deputy Monitoring Officer)

Corporate Communications and Marketing

Please contact Sukdave Ghuman on email governance@barnsley.gov.uk

Tuesday 30 August 2022



MEETING:	Cabinet
DATE:	Wednesday 17 August 2022
TIME:	10.00 am
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors T. Cave, Frost, Gardiner, Higginbottom, Howard, Lamb (Chair), Makinson and Platts

Members in Attendance: Councillors Cain, Cherryholme, Franklin, Newing and Osborne

59. Declaration of pecuniary and non-pecuniary interests

Councillor Newing declared a non-pecuniary interest as an NHS employee in respect of Minute Numbers 65, 66, 67 and 69.

60. Leader - Call-in of Cabinet decisions

The Leader reported that no decisions from the previous meeting held on 27 July 2022 had been called in.

61. Minutes of the previous meeting held on 27 July 2022 (Cab.17.8.2022/3)

The minutes of the meeting held on 27 July 2022 were taken as read and signed by the Chair as a correct record.

62. Decisions of Cabinet Spokespersons (Cab.17.8.2022/4)

There were no Records of Decisions by Cabinet Spokespersons under delegated powers to report.

63. Petitions received under Standing Order 44 (Cab.17.8.2022/5)

It was reported that no petitions had been received under Standing Order 44.

64. Draft Scrutiny Work Programme for the 2022-23 Municipal Year (Cab.17.8.2022/6)

RESOLVED that Cabinet notes the proposed draft Scrutiny Work Programme for 2022/23 as outlined in sections 2.3 and 2.4 of the report and acknowledges that this is subject to change should any urgent issues arise.

65. Annual Report of the Barnsley Local Safeguarding Children Partnership (2021/22) (Cab.17.8.2022/7)

RESOLVED that Cabinet receives the Annual Report of the Barnsley Local Safeguarding Children Partnership and notes the progress made by the LSCP in relation to its statutory role and functions, as part of Cabinet's continued

consideration of the Borough's arrangements for safeguarding vulnerable adults and children.

**66. Barnsley Draft Children in Care and Care Leavers Strategy (2022-25)
(Cab.17.8.2022/8)**

RESOLVED that Cabinet approves for adoption the Barnsley Children in Care and Care Leavers' Strategy as part of the continuing 'Pledge' to children in care together with the Local 'Offer' to young people leaving care.

67. Barnsley Safeguarding Adult Board Annual Report 2021-22 (Cab.17.8.2022/9)

RESOLVED that Cabinet note the Annual Report, in conjunction with the progress of the Barnsley Safeguarding Adults Board in meeting its responsibilities to keep adults in Barnsley safe.

68. Contract Award for the Management of Household Waste Recycling Centres (HWRC) (Cab.17.8.2022/10)

RESOLVED that Cabinet:-

1. Approves the option of undertaking a collaborative procurement jointly with both Doncaster Borough Council and Rotherham Borough Council leading to the award of a single joint contract between the councils and the successful service provider for the provision of the councils' HWRCs managed service including for the four (4) HWRCs in the borough. The council delegates to Doncaster Borough Council the lead role in procuring the single joint contract using the Contract Procedure Rules of Doncaster Metropolitan Borough Council. Once the single joint contract is awarded (and during mobilisation and operation) the council will perform the lead operational contract management role under the single joint contract on behalf of itself and the other councils.
2. Approves the leasing of the four (4) HWRCs to the successful service provider.
3. Receives a further update on the responses to the procurement exercise and seek Cabinet approval before awarding the new single joint contract.
4. Approves the changes to the practices (including operational policies) at the HWRCs to align with Defra's final national proposals following its consultation on household DIY waste. The BDR councils have responded to this consultation and are awaiting the response from Government.
5. Authorises the Council's Head of Property to agree terms for the lease of each HWRC site in readiness for service commencement of the new single joint contract to commence in late October 2023 and to instruct the Council's Legal Services team to complete the lease documentation alongside the managed service contract.

69. Recommissioning of Services for People with Multiple Needs (aged 16-24 years) (Cab.17.8.2022/11)

RESOLVED that Cabinet approves the re-commissioning of the Multiple Needs Service for 16–24- year-olds as detailed in the business case appended to the report, via a competitive procurement process.

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Chair

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BARNSELY METROPOLITAN BOROUGH COUNCIL

CABINET SPOKESPERSONS' DECISIONS

Schedule of Decisions taken for week ending 26 August 2022

<u>Cabinet Spokesperson</u>	<u>Item</u>	<u>Decisions</u>
1. Regeneration and Culture	Procurement of Multi-Functional Devices (MFDs), related hardware and software and ongoing support and maintenance December 2022 to 2027	<ol style="list-style-type: none">1. The Cabinet Spokesperson approves to proceed with reducing the number and specification of MFD devices across the Borough.2. Delegated authority is given to the Service Director, Regeneration and Culture, to oversee and approve procurement and change management activities relating to the project.

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BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR OF PLACE HEALTH AND ADULT SOCIAL CARE AND EXECUTIVE DIRECTOR OF PUBLIC HEALTH & COMMUNITIES

TITLE: Unpaid Carers Strategic Review
Barnsley Carers Strategy and Business Case for Commissioning a new Carers Support Service

REPORT TO:	CABINET
Date of Meeting	7 September 2022
Cabinet Member Portfolio	Public Health and Communities Place Health and Adult Social Care
Key Decision	Yes
Public or Private	Public

Purpose of report

The purpose of the report is to provide an overview of the refreshed Barnsley Carers Strategy 2022/2027 and the outcomes it aims to achieve for the unpaid carers in Barnsley.

For the purpose of the strategy and this report the term “carer” or “unpaid carer” is used in relation to the following definition “People whose lives have changed because they are looking after a family member, partner, or friend, who because of disability, illness, alcohol or drug use, a mental health condition or the effects of old age, cannot manage without help. The care they give is unpaid”.

The report also provides an overview of the business case for the Barnsley Carers Service. The contract for the service is due to expire at the end of March 2023, and the business case provides recommendations for the commissioning of a new support model to commence 1 April 2023.

Council Plan Priority

The Barnsley Carers Strategy 2022/2027 is aligned to the following priorities of the Council Plan 2021/2024:

Priority	Outcome
Healthy Barnsley	<ul style="list-style-type: none"> • People are safe and feel safe. • People live independently with good physical and mental health for as long as possible. • Reduced inequalities in health and income across the borough
Learning Barnsley	<ul style="list-style-type: none"> • People have the opportunities for lifelong learning and developing new skills, including access to apprenticeships.

	<ul style="list-style-type: none"> • Children and young people achieve the best outcomes through improved educational achievement and attainment. • People have access to early help and support.
Growing Barnsley	<ul style="list-style-type: none"> • People are supported to have safe, warm, sustainable homes.
Sustainable Barnsley	<ul style="list-style-type: none"> • People live in great places, are recycling more and wasting less, feel connected and valued in their community.

The new carers support model and its key aims, and priorities will also reflect and contribute to the priorities and outcomes of the Council Plan 2021/2024 and performance management framework.

Recommendations

That Cabinet:-

- 1 Approves the Final Draft of the Barnsley Carers Strategy 2022, the proposed priority outcomes, and the next steps to develop a multi-agency action plan to achieve the strategy’s key aims and priorities.**
- 2 Approves the proposal to re-model the Barnsley Carers Support Service based upon the key priority outcomes of the Barnsley Carers Strategy and findings from the review of the current service, and authorise officers within Barnsley Council to approach the market to re-commission a new carers support model.**
- 3 Authorises the Executive Directors of Place Health and Adult Social Care and Public Health and Communities, to have delegated authority to award the contract for the Carer Support Service following a competitive procurement process.**
- 4 Notes the intention to review the carers one-off payment grant, commencing with public engagement in June 2022, and that a report highlighting findings and any proposed changes to the carers’ payment criteria resulting from the consultation will be submitted later in the year.**

1. INTRODUCTION

- 1.1 The care provided unpaid by the nations’ carers is worth an estimated £132bn per year – considerably more than the total spending on the NHS in England. In Barnsley, the value of such care is estimated to be around £605 million per year¹.
- 1.2 The number of unpaid carers recorded in Barnsley by the 2011 Census was 27,167. This was equivalent to approximately 12% of the population of the borough. By 2015, a national research study stated that the number of carers in Barnsley had increased by 4.6% to 28,429.² By 2037, Carers UK has

¹ Carers UK and the University of Sheffield (2015) ‘Valuing Carers 2015: the rising cost of carers’ support.

² Valuing Carers 2015 - *the rising value of carers’ support*, Lisa Buckner University of Leeds, Sue Yeandle University of Sheffield

calculated that the number of carers in the UK will increase by 40%, which would mean the number of carers would increase to 39,800 in Barnsley.

- 1.3 In addition, the 2011 Census data also reported that Barnsley has 453 unpaid carers aged under 16, with 354 providing care for under 20 hours per week, 52 over 20 hours, and 47 over 50 hours per week. There are also 1,482 carers aged 16-24, with 1,018 providing care for under 20 hours per week, 249 over 20 hours, and 215 over 50 hours per week.
- 1.4 The amount and type of support that unpaid carers provide varies considerably. It can range from a few hours a week, such as picking up prescriptions and preparing meals, to providing emotional or personal care day and night, seven days a week.

Our carers survey told us that over 50% of respondents have been carrying out the role of a carer for five years or more, with 10% of those highlighting 20 years or more. One in five said they provide over 100 hours of care per week, with some describing this as a 24/7 role.

- 1.5 Carers play a vital role in the health and social care system, and it is widely acknowledged that they contribute significantly to making sure that the person they care for remains independent in their own home for longer. However, being a carer can be both rewarding and frustrating, and it can also be costly in terms of life changes, financial security and health and mental well-being.
- 1.6 Our carers survey told us that;
 - Of the total number of respondents, just over 70% stated that they felt able to spend time doing some of the things they value and enjoy but not enough, and they enjoy some control over their daily lives but not enough. 16% felt that they have no control over their daily life.
 - In terms of describing their current situation, 64% felt they were either neglecting themselves or sometimes are not able to look after themselves well enough.
 - Over 20% of respondents highlighted that they had felt extremely affected by tiredness, disturbed sleep, general feelings of stress, under physical strain, short-tempered and had felt an existing condition worsen.
 - Over 35% of people said they have little social contact and feel socially isolated.
 - 6.5% of participants said that caring had caused them a lot of financial difficulties, and 38.7% stated that their caring role had caused financial difficulties to some extent.
 - 42.7% felt they had some support but not enough, and 33.1% felt they had no support.
- 1.7 These carers need to be recognised for the difficulties they experience, respected for all they are doing, and provided with information, advice, and support to continue providing good quality care whilst also maintaining their health and well-being.

2. PROPOSAL

2.1 There have been several changes in legislation that impact the duty of the Local Authority and other public sector organisations to carers. These include The Care Act 2014, The Children and Families Act 2014 and the NHS long term plan 2019. Therefore, there is a need for a refreshed strategy to make sure local compliance with the relevant legislation and to capture the priorities of local carers, so we can offer appropriate support and achieve the outcomes that matter most to them.

2.2 Barnsley Carers Strategy 2022/2027

2.2.1 The refreshed strategy sets out a vision that more unpaid carers in our community will be identified and recognised and have access to information, advice, and both practical and emotional support to help them achieve the outcomes which matter most to them.

2.2.2 The aims of the Strategy are that more carers in our community will:

- Be recognised and identified as a carer at the earliest opportunity, so they receive the appropriate information and advice for themselves, their family, and the person they care for.
- Understand their rights as a carer and have access to an assessment, so they receive support and sufficient breaks to look after their own health and mental well-being.
- Be enabled to have a life outside of their caring role and be supported to work or undertake training and education opportunities if they wish to do so.

2.2.3 The vision and aims of the strategy will be achieved through the delivery of seven key priority areas:

Priority 1 – Raising awareness and increasing the identification of carers

Raising awareness so that more carers are identified, as early as possible, by health and social care organisations, schools and colleges, voluntary sector services, community groups and private businesses and are encouraged to recognise their role and rights as a carer.

Priority 2 – Working with carers

More carers are supported to participate in decision making and care planning for the person they care for.

Priority 3– Assessing carers' needs

More carers have a carers assessment and are given the opportunity to discuss what matters most to them, including their own health and wellbeing, social care needs, financial support, work, education, training, and leisure.

Priority 4 – Carers' health and mental well-being

Support carers to manage their own health and wellbeing and make sure people with caring responsibilities can remain as physically and emotionally well as possible.

Priority 5 - Carers breaks

Carers are given the opportunity to discuss the value of having a break from caring and the flexible options that are available to them to access.

Priority 6 – Helping carers stay in work

Carers are offered supportive working arrangements by workplaces.

Priority 7 – Young carers

Support young carers to prevent inappropriate caring and provide the support they need to help them balance their caring role with their rights to be children or young people. We will develop and implement processes for early identification, referral, assessment, support and safeguarding for young carers. We will make the necessary improvements to ensure the profile of young carers is raised and system improvements are made to ensure they get timely and appropriate support. This will include the development of a working protocol to identify young carers which will incorporate a pathway to support.

Appendix B within the Barnsley Carers Strategy gives more detailed information about each of the above priorities including feedback from carers.

2.2.4 The Barnsley Carers Strategy is also closely linked to several local strategies and plans, all of which have aligned priorities and involvement from the same key partners. There will be an opportunity to make improvements for carers through close partnership working across business units and with those external partners and stakeholders. This will include areas such as assessment, respite and carers grants. This is the rationale for only issuing a two-year contract to the carers services as the outcome of the improvements will inform a future service model.

2.2.5 The Strategy has been developed as an online document. This will allow the strategy and its priorities to be live” and current, ensuring that periodic reviews can take place and amendments can be made, when necessary, particularly in response to any policy changes or the introduction of new legislation.

Once the content of the strategy has been agreed and an easy read version will also be published.

Link to the online strategy.

<https://www.barnsley.gov.uk/services/our-council/our-strategies/carers-strategy/>

2.2.6 Work is taking place with key partners and carers to develop an action plan to implement the priorities of the Strategy. The plan will identify key actions and will include timescales and accountability of who is responsible for leading on specific actions and measures to assess progress and achievement. The plan will be monitored on a quarterly basis and refreshed annually.

2.2.6 Several different partnership delivery groups are also contributing to the development and delivery of the action plan, depending on the priority, to ensure alignment to the Barnsley 2030 ambitions and to avoid any duplication across the various strategies and plans in place across the borough.

- 2.2.7 The multi-agency Carers Strategy Steering Group and Carer Forums will oversee the overall implementation of the strategy and the development and delivery of the action plan.
- 2.2.8 The action plan will be monitored and reviewed quarterly with the publication of an annual report highlighting progress, achievements, and barriers.
- 2.2.9 A performance dashboard will be developed to measure progress and achievement against a range of core activity indicators and outcomes aligned to the strategy's priorities.

2.3 Re-commission of the Barnsley Carers Service.

- 2.3.1 The Barnsley Carers Support Service was commissioned in 2018 in response to findings in the Barnsley Carers Strategy 2017-2020. Central to the strategy was the need to ensure a more co-ordinated whole system approach to Carer support in Barnsley. A key recommendation was to commission an integrated service to support all adult carers aged 18 and above across the borough.
- 2.3.2 The contract was awarded on 1 August 2018 for two years and was reviewed in 2020, where approval was given to extend it until July 2022. To align the development of the Barnsley Carers Strategy 2022 and the procurement timescales to re-commission the service, approval was sought and given to further extend the contract until March 2023.
- 2.3.3 The business case (Appendix A) evaluates the performance and impact of the current Carers Support Service and considers the findings from the development of the refreshed Barnsley Carers Strategy 2022 to inform our future commissioning options.
- 2.3.4 Based on the refreshed Barnsley Carers Strategy, the range of feedback received from carers and stakeholders, and the review of the current Barnsley Carers Support Service, three commissioning options have been considered (as detailed in Section 6 of the Business Case attached as Appendix A):
 - 1. Do nothing.
 - 2. Re-commission the same service model and service specification via a competitive procurement process.
 - 3. Commission a new service delivery model and specification via a competitive procurement process.

It is recommended that Option 3 is approved.

- 2.3.5 The following summarises the rationale for the recommended option (see section 6.3 within the Business Case).
 - 2.3.5a Section 2 of the Care Act (2014) gives local authorities a general responsibility to prevent needs for care and support from developing. One of the ways the authority can do this is by providing a Carers Service it considers will contribute towards preventing, reducing and delaying carers needs from developing and crisis situations happening.

- 2.3.5b Local authorities cannot fulfil their universal prevention duty in relation to carers simply by meeting eligible needs, nor would preventative services always be an appropriate way of meeting their eligible needs.
- 2.3.5c Therefore, the third option is to design and commission a new carer support model and service specification from what is currently in place. We propose that the model is switched to an outcome focused approach that aligns closely with the aims and priorities of the refreshed Carers Strategy and the Council’s Corporate plan and Barnsley 2030 Strategy.
- 2.3.5d The new commissioned model/service will also have a strong emphasis on targeted prevention and early intervention with a key aim of preventing, reducing, or delaying carers’ needs (and those that they care for) from developing and requiring support from more costly interventions. Central to this approach will be a focus on good quality information, advice and guidance and the health and well-being, independence and resilience of the carer.
- 2.3.5e Consultation and engagement with unpaid carers and key stakeholders is currently taking place to co-produce and design a new carers support model that is aligned to the priorities of the Barnsley Carers Strategy and the Council’s corporate plan.
- 2.3.6 The table below provides an overview and timescales of the procurement exercise to commission the new support model.

Procurement activity and timeline	Start Date	End Date
Service specification(s), contract and all relevant procurement paperwork completed		31/08/2022
FTS and Contracts Finder Notice		14/09/2022
Tender Period and associated tender activity	15/09/2021	18/11/2022
Issue intent to award / notify successful & unsuccessful bidders		21/11/2022
Alcatel Standstill Period Minimum 10 days	22/11/2022	02/12/2022
Formally appoint successful contractor / sign contract		05/12/2022
Contract Transition/ Mobilisation	06/12/2022	31/03/2023
Contract Start Date		01/04/2023

2.4 Review of the carers’ annual one-off grant payment

- 2.4.1 The Council supports over 300 carers with a one-off annual grant payment of between £150-£300 (most people receive £300). This payment is to acknowledge and recognise the valuable caring role, and the Council spends up to £125K per annum on this. The Barnsley Carers Service (Making Space) currently help people to submit a short self-assessment application and then forward on to the Council for officers to approve the application and then process the payment.
- 2.4.2 As part of the review of carer support and the refresh of the Carers Strategy, a

light touch desktop review has been undertaken of the carers one-off payment scheme, and a number of areas for improvement have been provisionally identified.

- 2.4.3 Taking into account the current spend against the allocated grant and to support the new priorities within the Carers Strategy, it is felt that we need to reconsider how the £125K can be best used to support the carers most in need in the borough.
- 2.4.4 To do this effectively, we will need to consult with people who may be impacted by any changes to the criteria. We know that many people have seen the cost of living rise; at the same time, benefits to support them have reduced. In this context, the £300 (that over 300 people receive annually) may be an important part of peoples' budgets and be something they have come to rely on. Any changes to the scheme will therefore need to be considered carefully.
- 2.4.5 The advice received from colleagues in Governance has suggested that changes to the one-off payment scheme would constitute a key decision (*any decision which would have a significant impact, either positive or negative, on people living or working in more than two Wards*). The consultation and review will be subject to robust scrutiny via the Council's governance forums (SMT, Cabinet etc.).
- 2.4.6 It is therefore proposed that we start to consult with members of the public from June 2022 on potential changes to the carers one-off payment scheme.
- 2.4.7 A cabinet report highlighting findings from the review and any proposed changes to the carers' payment criteria resulting from the consultation will be added to the forward plan and submitted through the council's governance process at a later date in 2022.

2.4.8 Carers One-off Payment Grant Consultation Timescales*

Commence preparation work for the consultation process	01/05/2022	31/05/2022
Commence consultation on carers grant payment criteria	01/06/2022	31/07/2022
Review consultation feedback and develop new/amended criteria and process	31/07/2022	31/08/2022
Desktop analysis of carers one-off payment scheme	31/08/2022	31/09/2022
Approval of proposed changes to grant criteria: DMT SMT Cabinet	Between October 2022 – January 2023 Actual Dates TBC	

*These timescales are subject to change

2.5 Young Carers Service

- 2.5.1 The Young Carers and Sibling Support Service is subject to contracting arrangements with the children's commissioning team. This service is currently being reviewed with a new contract being required from 01 April 2023.

- 2.5.2 The service review and future re-commissioning of the service will ensure alignment to the wider Barnsley Carers Strategy and the re-commissioning of the adult Carers Support Service with appropriate representation on the Carers Strategy Steering Group and involvement in any subsequent action planning.
- 2.5.3 Following the review of the service a Business Case will be completed highlighting findings from the review and to seek approval to re-commission the service.

3 IMPLICATIONS OF THE DECISION

3.1 Financial and Risk

- 3.1.1 Consultations have taken place with representatives of the Service Director of Finance (S151 Officer) and are summarised below.
- 3.1.2 Barnsley MBC spent **£1.155M** on supporting carers in 2021/22, made up of: direct payments (£121k); respite (£486k); support to carers (£230k), commissioned carers support service (£240k) and Young Carers & Sibling Support (£78k). The above expenditure excludes the cost (including overheads) of social workers undertaking carers assessments and reviews throughout the year.
- 3.1.3 It is unclear at this stage what the financial impact of the refreshed carers strategy would be on direct adult social care spend on carers support (e.g. respite or direct payments) or impact on existing staffing capacity within the social work teams of likely increased volume of carers assessments/reviews. This would be monitored, and actions taken to ensure spend is within ASC care provision and staffing budgets.
- 3.1.4 The contract for the Barnsley Carers Service is due to expire at the end of March 2023. The current provider is Making Space, with the contract currently valued at £240k, which is funded by base budget. It is proposed that a new Carers Support Model / Service is commissioned for a period of 2 years with an option to extend for one year plus one year at the current annual value of £240k (£480k over the two-year period).
- 3.1.5 There are some natural synergies that exist between the roles and functions that the Carers Support Service and Adult Social Care perform in relation to supporting carers. The proposal of a two-year contract allows time for the completion of the transformation of ASC currently being implemented through the Better Lives Programme. The progress and outcomes of the transformational work taking place should then inform the review of the Carers support contract to look at not only achieving value for money but to also identify any duplication or gaps that may exist.
- 3.1.6 The proposal of a two-year contract also allows time for the Healthier Communities to consider all commissioned contracts as part of the MTFS Transformation review, to be implemented from 1st April 2025.

- 3.1.7 Included in the £1.1155M spend on carers support by the Council (para 3.1.2) is the 'small carers grant' support (£125k in total per annum) provided to carers – equates to individual grant payment of between £150 and £300 per carer. A review is to be undertaken of the best use of the £125k funding and to do this effectively those impacted will be consulted on its use. Any proposed changes will be subject to Cabinet approval at a future date.
- 3.1.8 As the Integrated Care System and the Primary Care Network continues to develop over the next 12 months, other synergies and possible collaborations with key partners may also be identified and considered.

3.2 Legal

- 3.2.1 The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018/2020, and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same footing as the person they care for when it comes to accessing the support and services they may need. The Strategy has been developed in response to the needs of carers in Barnsley and with consideration to the statutory requirements.
- 3.2.2 Section 2 of the Care Act (2014) gives local authorities a general responsibility to prevent needs for care and support from developing. One of the ways the authority can meet this responsibility is by providing a Carers Service it considers will contribute towards preventing, reducing and delaying carers needs from developing and crisis situations happening. Local authorities cannot fulfil their universal prevention duty in relation to carers simply by meeting eligible needs, nor would preventative services always be an appropriate way of meeting their eligible needs.

3.3 Equality

- 3.3.1 A Full Equality Impact Assessment has been completed to ensure that any changes resulting from the refreshed Barnsley Carers Strategy and the commissioned service will minimise any adverse impact on Carers across the borough, especially those from groups with protected characteristics. The Armed Forces Community caregivers have also been included in the protected characteristic groupings.
- 3.3.2 We acknowledge that some carers will need to be reached and engaged in various ways and may require different types of support depending on their protected characteristics. Our Equality Impact Assessment will ensure that all carers receive information and advice relevant to them, have equal opportunities to access services, and identify and address barriers so no one is excluded or disadvantaged.
- 3.3.3 A summary of key findings tells us that:

Nationally, women are more likely to be carers than men, and the local position mirrors this. Women have a 50% chance of becoming a carer by the

time they are 59, compared with men, who have the same chance by the time they are 75 years old.

This gender imbalance reduces among older carers; the gender split is 50:50 of carers aged between 75 and 84. Carers over 85 are more likely to be male (59%) than female (41%) – with many caring for their partners. 76% of the carers who have accessed the Barnsley Carers Service are female, and 24% are male. Relatively few carers accessing the Barnsley Carers Service are younger adults (12% are aged 18-34), 82% of carers using the service are 35 and older, and 5% preferred not to give their age.

The Census 2011 states a higher proportion of white British carers compared to the black and minority ethnic populations. Carers UK suggests this is because the black and minority ethnic populations can have a younger demographic and, therefore, are less likely to have older parents or other relatives needing care. However, other evidence suggests that carers who are not white British are less likely to be receiving practical and financial support with caring often because of a lack of advice and struggling to access culturally appropriate services. This is borne out by the demographic ethnicity information from the Barnsley Carers Service, which suggests that more than 97% of carers using the service are white British, Irish, or European.

Little information is available nationally or locally regarding carers' religion or belief, sexual orientation, or marital/civil partnership status. Consultation with the local Equality Forums will be necessary to raise awareness of unpaid carers and the services available to support them and identify any barriers that carers may encounter or perceive in accessing these.

A communication and engagement plan will be developed to promote the support available to carers. This will include targeting hidden carers and groups who are known to be under-represented in the current service.

- Male carers (particularly older men who are more likely to become carers than younger men).
- Younger adults, including parent carers and 'sandwich carers' who may be caring for children and older relatives at the same time.
- Carers from ethnic minorities.
- Kinship carers.
- Other Hidden Carers, including carers from the armed forces community.

3.4 Sustainability

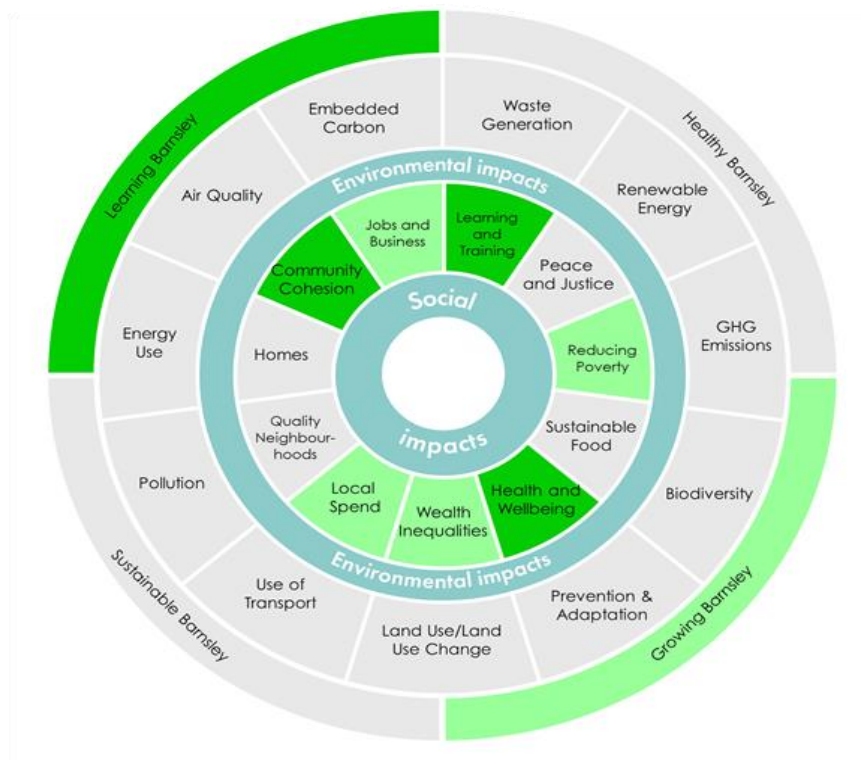
There are no sustainability impacts, either positive or negative, with regards to the environment.

In terms of socioeconomic benefits, the implementation of the Strategy and the delivery of the support provided to carers via the commissioning of the Carer Support Service will result in:

- Support for the physical, mental, and emotional health and wellbeing of unpaid carers throughout the borough, ensuring they are identified at the earliest opportunity, are given access to the right information and help at the right time,

and support and encourage them to balance their health and well-being alongside their caring role.

- Training and volunteering opportunities will be offered to help carers increase their knowledge and skills to help them care safely.
- The strategy and associated services will aim to support all unpaid carers in the borough. Home visits are available to carers when required (e.g. for carers who cannot leave their cared-for person alone). As well as information, advice and support, carers will be offered opportunities to meet with other carers at a range of community venues to build social networks, reduce isolation, and increase community cohesion. The Barnsley Carers Forum will also oversee the implementation of the Carers Strategy action plan.
- The Carers Service will contribute to reducing wealth inequalities and poverty by providing information and advice on welfare benefits, including Carers Allowance and Attendance Allowance and provide support with applying for these and refer on to other services who can assist with debt management advice such as Citizens Advice. The service will also advise working carers on their employment rights as a carer to enable them to balance their employment and caring role, as well as working with employers to ensure their workplace policies are carer friendly.



3.5 Employee

3.5.1 There are no employee implications with regards to the Barnsley Carers Strategy 2022.

3.5.2 The current Carers Support Service employs approximately eight members of

staff in a variety of roles which are funded within the contract value.

- 3.5.3 The procurement of a new Carers Service may have implications on employees working in the current service should the new service contract be awarded to another provider. However, it is most likely that TUPE would apply should they have to transfer to another employer.

3.6 Communications

- 3.6.1 A communication plan has been agreed with the Communication and Marketing Team to launch the Barnsley Carers Strategy 2022/2027 and provide information regarding the recommission and procurement of a new service as soon as approval has been given. The communications team are working to develop a supporting, accessible webpage to support the communication of the Strategy.
- 3.6.2 The findings from the various consultations that have taken place to develop the Barnsley Carers Strategy 2022/2027 and the review of the current support service consistently highlight the importance of effective communication to promote the availability of and access to relevant information and support.

This includes both clarity of information provided and utilising a range of communication channels, including digital platforms, to ensure the most appropriate messages reach target audiences. An action arising from the Strategy is to develop a multi-agency communication plan to raise the profile of carers and help residents to identify themselves as carers. The plan will also consider the different types of carers in the borough, so information is targeted.

- 3.6.3 Both the Strategy and the new support model will consider digital solutions to support carers in accessing information, advice, guidance and support.

4. CONSULTATION

- 4.1 Substantive consultation was carried out with a range of stakeholders to inform our understanding of the issues facing carers to help us identify our key priority areas. We have consulted with carers and stakeholders through a range of methods:
- Face to face stakeholder consultation event.
 - Verbal feedback from stakeholders via Teams Meetings.
 - Feedback via a questionnaire provided by stakeholders, including carers, in relation to views and experiences based on the 4 National Action Plan themes; services and systems that work for carers, employment and financial wellbeing, supporting young carers, recognising, and supporting carers in the wider community and society.
 - ADASS Carer Quality Markers Self-Assessment Toolkit completed in consultation with carers and key stakeholders.
 - Interviews with carers that have had a carers assessment via Adult Social Care.
 - Face to Face focus groups with the Carers Forum and regular attendance at the Carer Forum Meetings.

- Public Carers Survey*.
- Feedback from Carers attending the DISC training courses.
- Survey with service users and staff from the Barnsley Carers Support Service*.
- Learning from coronavirus pandemic (stakeholder meeting and carer survey).
- Consultation events/focus groups with Young Carers.
- Consultation survey regarding the proposed priorities of the new Carers Strategy.
- The draft Strategy has also been presented to the following groups/boards for comments/feedback:
 - Integrated Care Delivery Group
 - Care Closer to Home Board
 - Mental Health Partnership Delivery Group
 - Dementia and Me Strategy Group
 - Dementia Alliance
 - Health and Well-Being Board

4.2 Meetings and conversations have started to take place with the recently established Barnsley SEND Parent and Carer Alliance to ensure they are involved in the ongoing co-production and monitoring of the Strategy and its action plan.

4.3 Consultation and engagement with carers and key stakeholders is currently taking place to co-produce and design a new carers support model.

4.4 Work will also continue with key stakeholders and carers to co-produce and implement the Carers Strategy Action Plan.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 There are no alternative approaches to consider with regards to the Barnsley Carers Strategy.

5.2 With regards to the re-tendering of the Barnsley Carers Support Service, three options have been considered:

1. Do nothing.
2. Recommission the same service model and service specification via a competitive procurement process.
3. Commission a new support model and specification via a competitive procurement process as highlighted in Section 2.3.4.

5.3 “Option 1; Do nothing”. If this option is taken, then the current carers service would expire on 31 March 2023. This option is not recommended as the loss of this provision would create a gap in support for carers with the possibility of many carers reaching crisis point and requiring more costly health and social care support for both themselves and the cared-for person.

- 5.4 “Option 2, Recommission the same service model and service specification via a competitive procurement process. The second option would be to recommission the same service model using the existing service specification. The findings from the service review show that the service is broadly meeting its aims and objectives, although its reach to carers is low and some improvements have been identified. Nonetheless, those who access the service report they are happy with the provision provided.

However, in light of the refreshed Carers Strategy and other local strategies and plans, whilst this model would contribute to some of the key priorities, it would restrict the need for a more structured and targeted approach focusing on prevention and early intervention and is therefore not recommended.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The previous Barnsley Carers Strategy has now expired. Therefore, a refreshed strategy and delivery plan is required to ensure that local priorities are agreed and achieved. Hence, we are able to offer the most appropriate support for our carers and achieve the outcomes that matter most to them.
- 6.2 The findings from the Barnsley Carers Strategy refresh and the review of the current carers service demonstrate that there is a need for the provision of carer support.

Based on this feedback, “Option 3 - Commission a new support model and specification via a competitive procurement process” is recommended. Details of the rationale for this option are highlighted in Section 2.3.5 of this report and Section 3.3 of the Business Case.

7. GLOSSARY

ADASS - Association of Directors of Adult Social Services

8. LIST OF APPENDICES

Link to Barnsley Carers Strategy 2022
<https://www.barnsley.gov.uk/services/our-council/our-strategies/carers-strategy/>

Appendix A: Barnsley Carers Service Business Case.

9. BACKGROUND PAPERS

Valuing Carers 2015 - *the rising value of carers' support*, Lisa Buckner
University of Leeds, Sue Yeandle University of Sheffield

NICE Supporting Adult Carers Quality Standards 2021

[http://oxleas.nhs.uk/site-media/cms-downloads/LD Partnership Boards and Carers strategy.pdf](http://oxleas.nhs.uk/site-media/cms-downloads/LD_Partnership_Boards_and_Carers_strategy.pdf)

Carers UK Research Summary from Carers Week 2019
www.carersuk.org/images/News_and_campaigns/Unseen_and_undervalued.pdf

[NHS England's Commitment to Carers \(2014\)](http://www.nhs.uk/longtermplan)
<https://www.longtermplan.nhs.uk/>

Carers Week (2020) Carers Week Research Report – Breaks or Breakdown
<https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/unpaid-carers-in-the-armed-forces-community>

If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made.

10. REPORT SIGN OFF

Financial consultation and sign off.	Senior Financial Services officer consulted and date Avanda Mitchell 27.07.2022
Legal consultation & sign off.	Legal Services officer consulted and date 20/04/22 Jason Field

Report Author: Jo Ekin

Post: Senior Commissioning Manager

Review of Barnsley Carers Service

Business case to recommission the carer support service 2021/2022

i) **Contacts**

	Name	Telephone	e-mail Address
	Joanne Ekin		joanneekin@barnsley.gov.uk
	Helen Norton		helenorton@barnsley.gov.uk

ii) **Document Management:**

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Executive Summary

The Barnsley Carers Service is delivered by Making Space and delivers a range of support to individuals aged 18 years and over who are carrying out a caring role. The contract was awarded on 1 August 2018 for 2 years and was reviewed in 2019 where approval was given to extend it until July 2022. To align the development of the Barnsley Carers Strategy 2022 and the procurement timescales to re-commission the service, approval was sought and given to further extend the contract until March 2023.

The contract will now expire on 31 March 2023 and therefore this business case evaluates the performance and impact of the Carers Support Service and considers the findings from the Barnsley Carers Strategy 2022 to inform our future commissioning options.

Key findings from performance analysis:

- The number of referrals received each year has remained relatively static since the start of the contract until quarter 3 of 2021/22 and most carers who access the service self-refer directly rather than being referred by health, social care or other organisations.
- There was an increase in referrals in quarter 3 of 2021-22 in response to a campaign by the service to attract parent carers which resulted in 240 parent carers contacting the service.
- A further increase in referrals in quarter 4 of 2021-22 reflects the applications from carers for the Omicron grant funding which was managed and distributed by the Carers Service. Of 741 referrals received in quarter 4, 549 were to primarily to request either a payment from the Omicron grant funding or an Adult Social Care one-off annual grant payment.
- Based on population estimates the service has supported 8.1% of the estimated 27, 167 carers in Barnsley (based on 2011 Census figures).
- The new service will need to develop a stronger partner approach to facilitate the early identification of carers and create pathways with health (including primary care), social care and voluntary providers.
- The provider will also have a marketing/communications strategy to reach hidden carers and increase identification/recognition.
- Carers Service staff are knowledgeable of and refer carers to a wide variety of local and national organisations and services relevant to the support needs of carers and the people they care for.
- The service provides information and advice to all carers who make contact including information relating to their caring role, the cared for person as well as other individual requirements as identified through the triage screening. Feedback tells us this is well-received and valued.
- One-to-one support helps carers focus on what they can do to improve their situation and delivers positive outcomes overall. However, this is currently a time-limited intervention and feedback from carers of people with long term conditions, particularly dementia, has shown that they would prefer not to be discharged from this support but to be able to access this when they feel it necessary. The new service model will look at a staged approach to one-to-one support based on the complexity of the carers needs.
- Outcomes are currently only measured for carers receiving one-to-one support. The new service delivery model will be outcome focussed with an agreed set of outcomes the provider will be expected to achieve. Therefore, a range of satisfaction / outcome measures needs to be explored/developed as part of the service design.
- Support with developing an emergency plan (i.e., what support the carer could call on if they were injured or taken ill) is offered as part of the one-to-one support. It would be

beneficial to offer this to all carers contacting the service regardless of the intervention they receive, therefore this will be included in the new service delivery model.

- During the Covid restrictions the provision of group support was moved to on-line groups and provided via Zoom. These were not as popular as face-to-face group meetings despite the carers service offering access to digital devices and support to help participate. The service offer regarding group activities and peer support also needs to be developed to appeal to a wider range of needs and interests.
- The provider of the new service will also be required to make links with the Area Councils and other voluntary sector agencies working in the community to signpost carers to the range of support and activities available.
- The service currently facilitates the application process for carers to apply for a one-off payment via Adult Social Care.
- The service offers a variety of roles for volunteers including regular opportunities, e.g. helping to run a fortnightly group, admin support and ad hoc opportunities such as helping with fundraising or at carer events. Volunteering provides an opportunity for carers to learn new skills and use existing skills to help others. The social return on value of the volunteering hours of the service is £16,482.20 as of March 2022.
- The quality of performance activity reporting and mechanisms for reporting are not robust and require improvement. A requirement of the new service will be to ensure that a case management system is implemented to ensure effective management of the service and accurate performance reporting.

Areas for improvement and change when developing a new support model:

- The model will have a strong emphasis on targeted prevention and early intervention with a key aim of preventing, reducing, or delaying carers needs (and those that they care for) from developing into crisis situations and requiring support from more costly interventions.
- The new service delivery model will be outcome focussed with an agreed set of outcomes the provider will be expected to achieve. Central to this approach will be a focus on the wellbeing, independence and resilience of the carer.
- The provider will be required to have a marketing/communications strategy to reach hidden carers and increase identification/recognition of those with caring roles.
- The new service will need to develop a stronger partner approach to facilitate the early identification of carers and create pathways with health (including primary care), social care and voluntary providers.
- The new service model will consider a staged approach to one-to-one support based on the complexity of the carers needs which will determine the level, types and duration of support required.
- The new service offer will ensure all carers are supported to put an emergency plan in place and not just those accessing one to one support.
- The service offer regarding group activities and peer support needs to be reviewed/developed to appeal to a wider range of needs and interests, with close links forged with the Area Councils and other voluntary sector agencies working in the wider community to reduce duplication and connect carers to their community.
- The service delivery model will require the provider to deliver interventions in a variety of ways including, face to face, telephone contact and a range of digital platforms depending on the carer's preference. Home visits will continue.

- The provider will also be required to develop and implement digital solutions to support more carers to access information, advice and support.

Recommendations:

Section 2 of the Care Act (2014) gives local authorities a general responsibility to prevent needs for care and support from developing. One of the ways the authority can do this is by providing a carers service it considers will contribute towards preventing, reducing and delaying carers needs from developing and crisis situations happening.

Therefore, the third option is to commission a different support/service model and develop a new service specification. We propose that the model is switched to an outcome focused approach which aligns closely to the aims and priorities of the refreshed Carers Strategy and the Council's Corporate Plan and Barnsley 2030 Strategy.

The new model will have a strong emphasis on targeted prevention and early intervention with a key aim of preventing, reducing, or delaying carers needs (and those that they care for) from developing into crisis situations and requiring support from more costly interventions. Central to this approach will be a focus on the wellbeing and independence of the carer.

It is also recommended that joint collaborative working, and better communication is developed between the Carer Support Service and Health and Social Care partners through the following:

- Develop a robust referral and care pathway outlining the responsibilities of services and when to refer. This should also include an information sharing agreement so information can be shared between the two organisations, where appropriate, so carers do not have to share the same information several times with different professionals.
- Consider the possibility of services co-locating to build working relationships and to facilitate an increase in the number of appropriate referrals made and carers assessments completed.
- Work together to review the carers assessment form and ensure the processes and information collected are mirrored across both services.

Consultation and engagement with carers and key stakeholders is currently taking place to co-produce and design a new carers support model that is aligned to the priorities of the Barnsley Carers Strategy, the Council's Corporate plan and Barnsley 2030 Strategy.

It is recommended that the new Carers Support Model/Service will be commissioned for a period of 2 years with an option to extend for one year plus one year with a maximum annual contract value of £239,970 (£479,940 over the two-year period). This is no change to the current resource envelope available to fund the Barnsley Carers Service and is funded from the Better Care Fund and base budget provision.

As there are some natural synergies that exist between the roles and functions that the Carers Support Service and Adult Social Care perform in relation to supporting carers, the proposal of a two-year contract allows time for the implementation of the Better Lives Programme. The progress and early outcomes of the transformational work taking place should then inform the review of the contract to look at not only achieving value for money but to also identify any duplication or gaps that may exist.

As the Integrated Care System and the Primary Care Network continues to develop over the next 12 months, other synergies and possible collaborations with partners may also be identified and considered.

The table below provides an overview and timescales of the procurement exercise:

Procurement activity and timeline	Start Date	End Date
Service specification, contract and all relevant procurement paperwork completed		31/08/2022
FTS and Contracts Finder Notice		14/09/2022
Tender Period and associated tender activity	15/09/2021	18/11/2022
Issue intent to award / notify successful & unsuccessful bidders		21/11/2022
Alcatel Standstill Period Minimum 10 days	22/11/2022	02/12/2022
Formally appoint successful contractor / sign contract		05/12/2022
Contract Transition/ Mobilisation	06/12/2022	31/03/2023
Contract Start Date		01/04/2023

1. INTRODUCTION

The review of the current Barnsley Carers Service and subsequent recommendations will articulate how Barnsley Council will contribute to the delivery of the key priority outcome areas of the Barnsley Carers Strategy for 2022/2027. The commissioning intentions outlined in this report are set within the context of the delivery of prevention and early intervention.

The Council is a key partner in the delivery of the Barnsley Carers Strategy and is committed to supporting and improving carers lives, however, the following business case is part of the wider picture and this document does not intend to cover our partners' contribution in meeting the strategy's key priorities. These will be covered within the Strategy's overall Action Plan.

The Barnsley Carers Support Service was commissioned in 2018 in response to findings when developing the Barnsley Carers Strategy 2017-2020. Central to the strategy was the need to ensure there was a more co-ordinated whole system approach to Carer support in Barnsley, and a key recommendation was to commission an integrated service that would act as a single point of contact and support all adult carers aged 18 and above across the borough.

The service model was developed with Carers and key partners and its main aims were to identify unpaid carers within the borough and offer support to improve the mental, physical, emotional and economic well-being of carers, so they can continue in their caring role whilst looking after their own health and well-being and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

The contract was awarded on 1 August 2018 for 2 years and was reviewed in 2019 where approval was given to extend it until July 2022. To align the development of the Barnsley Carers Strategy 2022 and the procurement timescales to re-commission the service, approval was sought and given to further extend the contract until March 2023.

The contract will now expire on 31 March 2023 and therefore this business case evaluates the performance and impact of the Carers Support Service and considers the findings from the Barnsley Carers Strategy 2022 to inform our future commissioning options.

2 STRATEGIC CONTEXT AND RELEVANCE

2.1 Key National Strategic Drivers

The National Carers Strategy 2008-2018, the National Carers Action Plan 2018-2020, the Care Act 2014, the Children and Families Act 2014 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are identified and supported, acknowledging the important contribution they make. These documents place Carers on the same footing as the person they care for when it comes to accessing information, support and services that they may need.

The service is aligned to the priorities and objectives of several national and local strategies, including:

National Carers Strategy

The overarching aims of both the National Carers Strategy, published in June 2008, and the "Recognised, Valued and Supported: Next Steps for the National Carers' Strategy 2010" set a

vision that Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Several key priorities were identified to support carers to;

- Identify themselves as carers at an early stage.
- Maintain a balance between their caring responsibilities and a life outside of caring.
- Remain healthy.
- Fulfil their educational and employment potential.
- Access personalised support both for themselves and those they support.
- Be involved in the designing of local care provision.

The National Carers Plan set out the government's programme of work to support carers over the period 2018-2020. The plan retains the strategic vision for recognising, valuing and supporting carers and set out a commitment to supporting carers through the following five priority areas emerging from the Carers' 2016 Call for Evidence consultation:

- Services and systems that work for carers.
- Employment and financial wellbeing.
- Supporting young carers.
- Recognising and supporting carers in the wider community and society.
- Building research and evidence to improve outcomes for carers.

There has been no updated strategy or strategic plan from central government since the National Carers Plan 2018-2020.

Care Act 2014

The Care Act 2014¹ provides significant rights for Adult Carers and Young Adult Carers and offers Adult Carers the same recognition, respect, and parity of esteem as those they support. It places a number of duties on local authorities including:

- Promoting Adult Carers' wellbeing
- Preventing, reducing, or delaying need for support
- Providing information and advice
- Providing advocacy
- Providing Adult Carers' Assessments and Care Planning including Direct Payments
- Supporting transition to adulthood

The Service provides a key role in contributing to the duties of the local authority outlined above.

Children and Families Act 2014

The Children and Families Act 2014 mirrors many of the above rights for Young Carers. Together the two pieces of legislation require local authorities to use a 'Whole Families Approach' which includes considering Adult Carers and Young Carers needs as part of all care assessments. Adults and Children's services have a joint responsibility to ensure that young adult carers have a transition assessment as they approach adulthood and whilst they are in transition.

NHS Long Term Plan 2019

The NHS Long Term Plan² commits to identifying and supporting carers, particularly those from vulnerable communities. Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns,

¹ <https://www.legislation.gov.uk/ukpga/2014/23/section/10/enacted>

² <https://www.longtermplan.nhs.uk/>

stress and social isolation. The NHS will develop quality marks for carer-friendly GP practices and encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care. The NHS will also ensure that electronic health records allow people to share their caring status with health professionals, have back up plans, and support when needed.

Health and Social Care Bill

The Health and Social Care Bill places new duties on NHS England and NHS Improvement (NHSE&I) and the new Integrated Care Boards to involve carers strategically through public engagement. It also introduces new provisions requiring involvement with carers, where appropriate, in relation to any services for the prevention, diagnosis, care and treatment of the person they care for.

National Outcome Frameworks

The Barnsley Carers Service is aligned to a number of national outcome frameworks and the support it provides to Carers contributes to the achievement of the following outcomes/indicators:

Public Health Outcome Framework

- B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ years).

Adult Social Care Outcomes Framework

- 1d - Carer-reported-quality-of-life-score.
- 1i - Proportion of service users and carers who reported that they had as much social contact as they would like.
- 3d - Proportion of service users and carers who find it easy to find information about services.

NHS Outcomes Framework

- 2.4 - Health-related quality of life for carers.

2.2 Key Local Strategic Drivers

The current service was developed in line with the local strategies in place at that time. Although many of these have been reviewed since the service was commissioned the service continues to be aligned to local strategic priorities and plans.

Barnsley 2030 Strategy and Our Council Plan 2021-2024³

The service aligns to the corporate priorities of Barnsley's 'Our Council Plan 2021-2024' and ambitions of the 'Barnsley 2030 Strategy, with contribution to a number of outcomes being met both directly and indirectly:

- **Healthy Barnsley**
- People are safe and feel safe.
- People live independently, with good physical and mental health for as long as possible.
- Reduced inequalities in health and income across the borough.
- **Learning Barnsley**
- People have the opportunities for lifelong learning and developing new skills including access to apprenticeships.
- People have access to early help and support.

³ <https://www.barnsley.gov.uk/media/18156/council-plan.pdf>

- **Growing Barnsley**
- People are supported to have safe, warm, sustainable homes.

The corporate priorities and ambitions are underpinned by a number of additional strategies and plans, to which the service also aligns.

Barnsley Health and Wellbeing Strategy 2021-2030

The Barnsley Health and Wellbeing Board's vision is that all Barnsley residents are enabled to enjoy long, fulfilling, and healthy lives in safe, strong and vibrant communities where every person is equipped with the skills and resources they need to thrive. The service contributes to the strategic aims of:

- Supporting people to access resources they need to live a healthy life.
- Reducing levels of mental ill health by ensuring people have access to quality, age friending services at the right time.
- Older people are able to live independent and active lives, enjoying their later years in their own communities for as long as possible.

Barnsley Integrated Care Partnership Health and Care Plan 2021/22

The Health and Care Plan has eight priorities for 2021/22 which have been shaped by The NHS Long Term plan. The priorities reflect those things which require or would benefit from collective effort from across our partnership. Running throughout these priorities are some cross-cutting themes of which the service directly or indirectly contributes to:

- Prevention and early intervention.
- Personalised care.
- Tackling inequalities.
 - Quality assurance and improvement.
 - Efficiency and value for money.

Stronger Communities Partnership Plan 2021/2022

The Stronger Communities Partnership Plan is an integral part of the Barnsley 2030 delivery plan in respect of supporting and developing cross sector activities for adults within the context of early help and prevention. The Stronger Communities Partnership's ambition is to create the right opportunities at the right time in the right place that will contribute towards a stronger, healthier and resilient community where people live independently for longer and are free from inequality. Its key principles are:

- Address the root cause and build on the strength of the person, their family and community.
- Enable access to holistic support across the system.
- Make early help count and ensure it is become everyone's responsibility.
- Ensure wraparound transitional support where appropriate.
- Accessible support with support planning across the life journey.

Barnsley Carers Strategy 2022

The Carers Strategy has recently been refreshed and is currently going through the governance process for approval and sign off. The overarching vision of the Barnsley Carers Strategy 2022/2027 is "Carers are identified and recognised and have access to information and practical and emotional support to help them achieve the outcomes which matter most to them".

The vision is underpinned by the following aims:

More Carers in our community will:

- Be recognised and identified as a carer at the earliest opportunity so they receive the appropriate information and advice for them, their family and the person they care for.
- Understand their rights as a carer and have access to an assessment so they receive support and sufficient breaks to look after their own health and mental well-being.
- Be enabled to have a life outside of their caring role and be supported to work or undertake training and education opportunities.

The aims will be achieved through the delivery of six key priority outcome areas:

Priority 1 – Raise Awareness to Increase the Identification of Carers

- Raising awareness so that more carers are identified, as early as possible, by health and social care organisations, schools and colleges, voluntary sector services, community groups and private businesses, and are encouraged to recognise their role and rights as a carer.

Priority 2 – Working with Carers

- More carers are supported to actively participate in decision making and care planning for the person they care for.

Priority 3– Assessing Carers Needs

- More carers have a carers assessment and are given the opportunity to discuss what matters most to them, including their own health and wellbeing, social care needs, financial support, work, education, training and leisure.

Priority 4 – Carers’ Health and Mental Well-Being

- Support carers to manage their own health and wellbeing and make sure people with caring responsibilities can remain as physically and emotionally well as possible.

Priority 5 – Carers Breaks

- Carers are given the opportunity to discuss with practitioners and support staff the value of having a break from caring and the options available to them.

Priority 6 – Helping Carers stay in work

- Carers are offered supportive working arrangements by workplaces.

Priority 7 – Young Carers

- Support young carers to prevent inappropriate caring and provide the support they need to help them balance their caring role with their rights to be children or young people

Whilst the refreshed Strategy retains the overall aim of the previous Carers Strategy of recognising and valuing carers, we feel that the latest document better reflects national and local priorities and places a greater emphasis on the carer journey and where changes and improvements can be made to ensure carers are identified, recognised and valued and receive the right support at the right time.

3 NATIONAL AND LOCAL PREVALENCE OF UNPAID CARERS

3.1 National

In the UK, based on the 2011 Census, it is estimated that there are approximately 6.5 million carers who provide unpaid care and support to a friend or a member of their family. This equates to approximately 1 in 8 adults across the UK.⁴ Of these, more than 3 million people juggle providing care with paid. Most carers were aged between 50 and 64 but people aged 65 and over made up a higher proportion of carers (19%) than in the population as a whole.

⁴ Carers UK

The number of carers is continually growing and there has been a 16.5% increase in the number of carers in the UK between 2001 and 2015. Carers UK predict that by 2037, the number of carers nationwide will have increased to around 9 million people. The vast number of carers across the nation is extremely valuable to the state; £132 billion per year is saved from the public purse due to the work of unpaid carers.⁵

This rise is linked with a number of factors, not least the increasing number of people aged over 85 (the group most likely to need care and support), which was expected to increase to 1.9 million by 2020 (Office for National Statistics).

3.2 Local

The number of unpaid carers recorded in Barnsley by the 2011 Census was 27,167. This was equivalent to approximately 12% of the population of the borough. By 2015, a national research study stated that the number of carers in Barnsley had increased by 4.6% to 28,429; the value of such care is estimated to be around £605 million per year⁶

By 2037, Carers UK have calculated that the number of carers in the UK will increase by 40%, which would mean the number of carers would increase to 39,800 in Barnsley.

The table below shows the number of carers recorded in Barnsley at the time of the 2011 Census and gives a breakdown of the level of care (in terms of hours) that they provide.

Area	Total Numbers of Carers in 2011	Total Number of Carers 2001	Numerical Rise in a decade	% increase	Carers providing 1 – 19 Hours of Care (2011)	Carers providing 20 – 50 Hours of Care (2011)	Carers providing 50+ Hours of Care (2011)
Barnsley	27,167	26,109	1058	4%	15,473	4,075	7,619
% Increase in number of hours care provided between 2001 and 2011					3% Increase on 2001	16% Increase on 2001	14% Increase on 2001

Whilst the carer population largely remains hidden in Barnsley approximately 16,101 carers are known to or registered with the following services:

Name of Service	Number
Number of Adult Carers receiving a Carers Assessment via social care between 2020 and 2022 (single = 1,076 and joint = 2,941)	4,017
Carers registered with GP Practices (as of May 2021)	8,765
Barnsley Carers Support Service	3,152
Beacon South Yorkshire	167

Please note double counting may occur in the figures quoted in the above table

This is 59.3% of the estimated number recorded by the Census 2011. This means there are approximately 11,066 carers who are not known to services and may not be receiving support.

In summary, the prevalence data and our local information tells us the following:

⁵ Valuing Carers 2015 - *the rising value of carers' support*, Lisa Buckner University of Leeds, Sue Yeandle University of Sheffield

⁶ Valuing Carers 2015 - *the rising value of carers' support*, Lisa Buckner University of Leeds, Sue Yeandle University of Sheffield

- Based on the official Census 2011 data there are an estimated 27, 167 carers in the borough.
- The majority (15,473) are providing between 1 and 19 hours of care per week followed by 7,619 carers providing 50 plus hours of care and 4,075 carers providing between 20 and 50 hours of care.
- We estimate there are approximately 14,442 carers who are not known to services and may not be receiving support.
- There are 12,745 carers known to or registered with different services in Barnsley, which equates to 46% of the estimated census figure. However, it is difficult to be precise as it is possible that double counting may occur within the figures quoted.
- It is also possible that some carers are receiving support via other services/community groups that have not been counted within the 12,745.
- It should also be noted that of the 8,765 carers registered with a GP Practice it is unknown what support these carers have received or whether they are just recorded as a carer.

3.3 Impact of Covid 19 Pandemic

There were up to 9.1 million unpaid carers across the UK before the COVID-19 pandemic, providing everything from a few hours of support a week to intensive and complex round the clock care.⁷ The pandemic has resulted 4.5 million new to caring since the start of the pandemic, 2.8 million of whom are juggling work and care⁸.

Whilst we are learning more about the local picture, national research is emerging that shows:

- 4 in 5 unpaid carers (81%) are currently providing more care than before lockdown.
- More than three quarters (78%) of carers reported that the needs of the person they care for have increased recently.
- Most carers (64%) have not been able to take any breaks at all in the last six months.
- More than half (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.
- 65% said they feel lonely and isolated.

The Barnsley Carer survey conducted in October 2020 included a number of questions relating to the Covid pandemic. Of the respondents completing the survey (n124):

- 64% highlighted that they felt that COVID-19 had increased their caring responsibilities - *“Self isolating meant no external respite”*.
- Over 70% stated that the pandemic had affected their mental wellbeing and led them to worry more about the person they are caring for with over 30% feeling unsupported in their caring role.
- In relation to whether the pandemic had affected their physical health, over 50% of respondents said that this hadn't but 24% felt that this had affected them physically.
- 30% stated that the pandemic had led to feelings of isolation and 24% said they had feelings of loneliness.
- 33% stated that they felt the pandemic had affected their ability to be a carer.

⁷ Carers Week (2020) Carers Week Research Report – Breaks or Breakdown

⁸ ibid

4 REVIEW OF BARNSELEY CARERS SUPPORT SERVICE

4.1 Aims of the Service

The service specification set out the aims and objectives to be achieved as follows:

The aims of the service are to:

- Improve the identification of Carers.
- Improve Carers' quality of life and opportunities.
- Improve Carers' physical and emotional wellbeing.
- Improve Carers' ability to manage their caring role.
- Prevent and delay Carers and the person they care for from needing health and social care intervention.
- Provide personalised, integrated and holistic support.
- Provide support for working carers, or those who want to return to work.

4.2 Service Objectives

The service will ensure that carers:

- Are recognised and supported as an individual to maintain their health, wellbeing and independence with a life outside of their caring role.
- Have an improved knowledge and understanding of their rights through having access to relevant information, signposting, statutory and universal services and social capital that can support them in their caring role.
- Improve their physical health through access to health checks, information, advice, guidance, training, or activities to enable Carers to make healthy lifestyle choices such as physical activity, falls / accident prevention, moving and handling and a healthy balanced diet (this list is not exhaustive).
- Have increased levels of independence, choice and control through a personalised support planning approach.
- Gain increased levels of confidence through feelings of being recognised for their contribution as a Carer and being actively involved in decisions which affect them and the person that they care for.
- Are able to balance their caring role with paid work, education, training and other important roles.

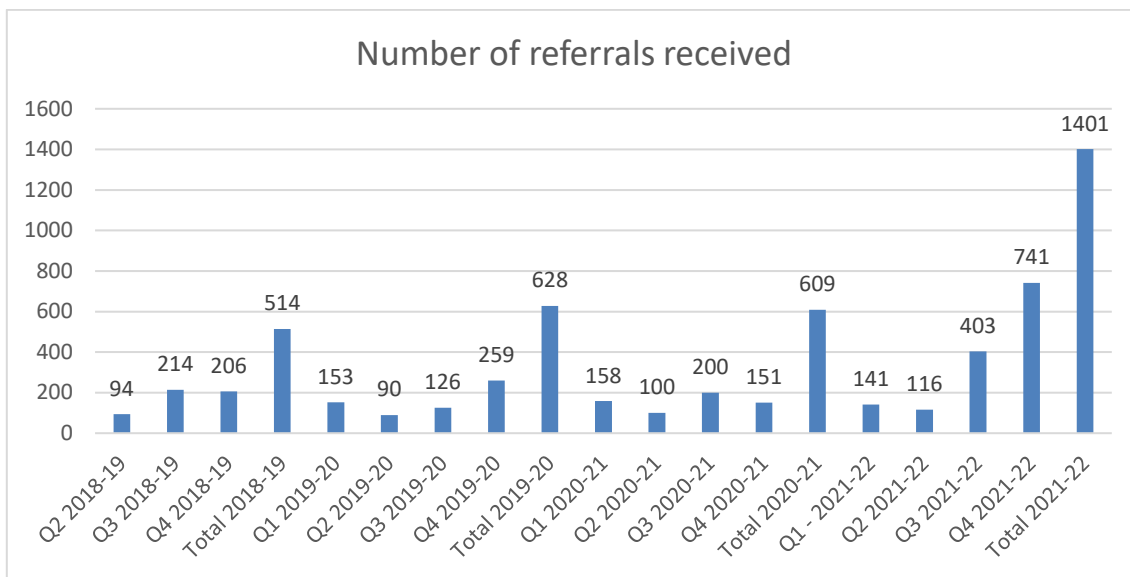
4.3 Performance Activity

4.3.1 Referrals received by the service

The service operates a single point of contact for Carers that accepts referrals from all sources, including self/family referrals and those from statutory, voluntary and community organisations including employers. On receipt of a referral, individuals are offered a timely and suitable entry point into the service. This may be through open access drop-in, set appointments or telephone to ensure easy access into the service at varied times, and locations across the borough including home visits.

The single point of contact ensures that referrals and access to support is easily navigated and a triage screening system is in place to ensure that carers receive the right level of support at the right time.

The graph below shows the number of referrals the service has received since the start of the service on 1 August 2018 up to 31 March 2022 which totals 3,152.



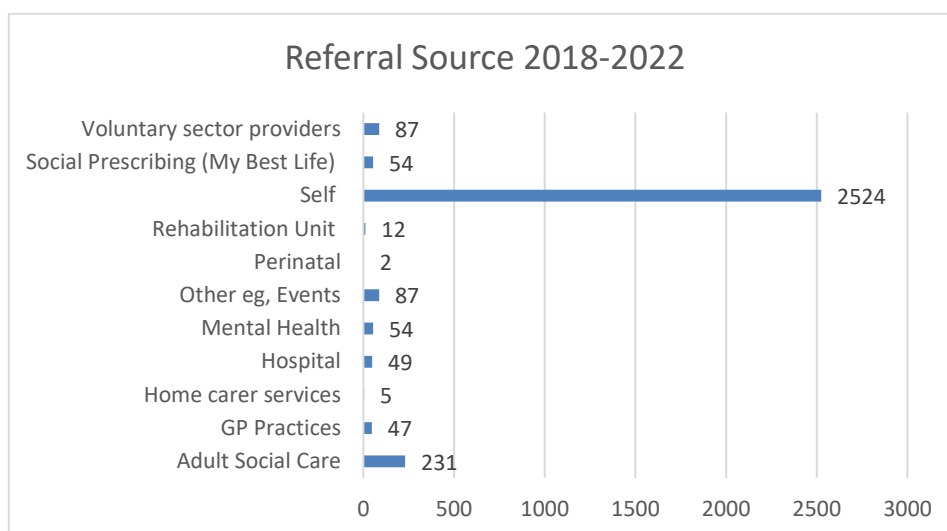
Note: Quarter 2 2018/19 only covers 2 months due to the service starting on 1 August 2018

The slight dip in referrals in 2020-2021 (n609 compared with n628 in 2019/20) is most likely due to the impact of Covid-19. The highest number of referrals received was during 2021-2022 (n1401). The number of referrals has dipped in quarter 2 of each year since the service commenced.

The increase in referrals in quarter 3 of 2021-22 is due to a campaign by the service to attract parent carers. Prior to Christmas 2021 the service offered Morrisons food vouchers worth £50 each to parent carers who approached the service which resulted in 240 parent carers contacting the service.

The increase in referrals in quarter 4 of 2021-22 reflects the applications from carers for the Omicron grant funding which was managed and distributed by the Carers Service. Of the 741 referrals received in quarter 4, 549 were to primarily to request either a payment from the Omicron grant funding or an Adult Social Care one-off annual grant payment. Please see section 3.4 above for further details of the Omicron grant payment to carers and section 4.3.11 regarding the Adult Social Care one-off annual grant payment.

The graph below shows the source of referrals between 1 August 2018 and 31 March 2022.



The primary referral source in all years is self-referral. Throughout the years the number of adult social care referrals have grown yet are still limited (n231 in total) with the highest number (n99) in 2020-2021. Lowest referrals rates are from Rehabilitation Unit, Perinatal, Home Care services, GP's and the Hospital.

The number of referrals received each year has remained relatively static since the start of the contract and most carers approaching the service contact service directly rather than being referred by health, social care or other organisations. More needs to be done to raise the profile of the service among public and professionals alike to ensure as many carers as possible are identified as early as possible and offered a referral to the service for support.

Based on population estimates the service has supported 11.6% of the estimated 27, 167 carers in Barnsley (based on 2011 Census figures). Whilst this is relatively low it is comparable to rates achieved by Adult Social Care. Research undertaken by various organisations suggests that carer populations across the country have increased. We await the publication of the latest Census data so we have a more up to date picture of carers in Barnsley.

4.3.2 Numbers accessing support

The service has a preventative focus to enable Carers to access appropriate support as early as possible to help them improve their health and wellbeing and to prevent any problems getting worse therefore reducing the necessity for specialist interventions/services for both themselves and the person they care for.

The Service has a tiered step up-step down approach so that the support offered best meets the level, type and time period needed to achieve the Carer's outcomes. This approach ensures that Carers receive support in accordance with their needs at the right time. An individual may access one or more of the support interventions at any one time.

Individuals referred to the Service are screened to identify their needs and the level of support they require. The Service have adopted a "making every contact count" approach. This means that everyone who contacts the service receives information and advice regarding their caring role regardless of whether they choose to access or require further support from the service.

Following the assessment, support is offered in line with the identified needs of an individual:

- Information and advice.
- One to one support.
- Group support.
- Assistance to access the Adult Social Care one-off support payment.
- Volunteering opportunities.

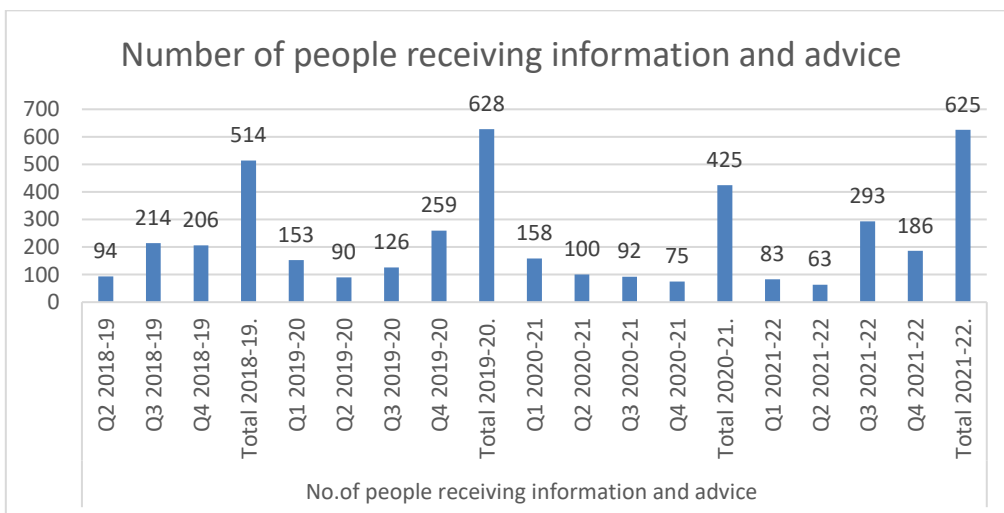
4.3.3 Information and advice

The Service provides information and advice to ensure that Carers have access to relevant and up to date information relating to their caring role as well as other individual requirements as identified through the triage screening. This focus aims to inform carers of their rights as a carer, what support and financial assistance is available to them as a carer and what support may be available for the person they care for.

Information and advice are given through various means and includes (but not limited to):

- Telephone contact.
- Face to Face appointments/drop-in at Priory Campus.
- Ad hoc information sessions/events where professionals are invited to deliver sessions to carers about particular topics e.g., Power of Attorney, financial abuse, understanding the cared for person’s diagnosis e.g., dementia diagnosis etc.
- Signposting to web based on-line self-help resources.
- Information and onward referrals to partner agencies who can also offer support/activities within the community.
- Promotion and networking events.
- Virtual groups and sessions

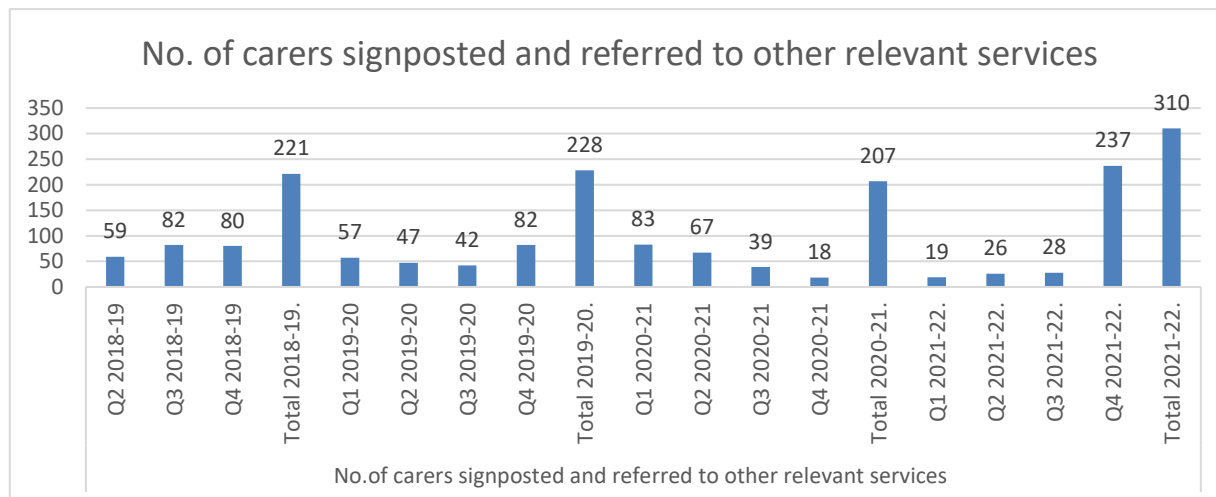
The graphs below show the number of people receiving information and advice between 1 August 2018 and 31 March 2022.



It should be noted that from quarter 3 of 2020-21 there was a change in collection of data for people receiving information and advice in year 2020-2021. Prior to this the service recorded the number of service users who received information and advice. This basically equated to all carers accessing the service as everyone receives information and advice under the ethos of “making every contact count”. This was changed to identify the number of people for whom requiring

information and advice was a primary reason for referral to the service and reflects the reduced numbers in quarters 3 and 4 of 2020-21.

The graph below shows the number of carers signposted and referred on to other relevant organisations services between 1 August 2018 and 31 March 2022.



Services referred on to include voluntary and community services and groups such as Age UK, DIAL, BIADS, the Stroke Association, other health and social care services, for example, the Equipment and Adaptations Team, Adult Social Care, the Memory Team. The service also refers on to other council commissioned services including IDAS, the Umbrella Service and Barnsley Recovery Steps. The increase during quarter 4 of 2021-22 reflects the increase referrals to the service to apply for the carers Omicron grant funding. These people were offered information and advice and signposted or referred to other services which could be of assistance to them where appropriate.

4.3.4 One to One Support

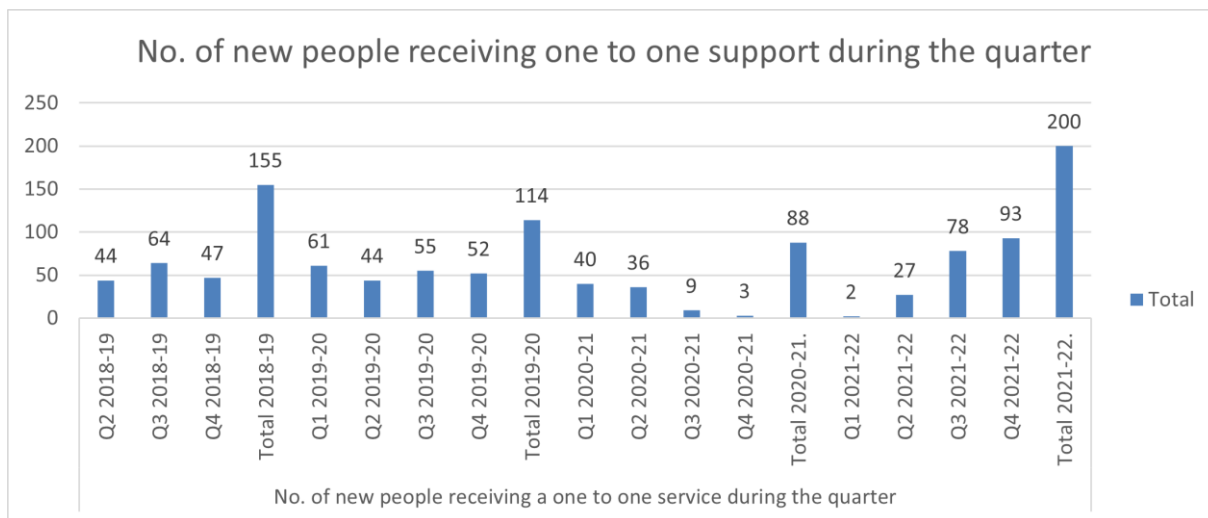
Carers have a varying intensity of need, and support may be required short term, long term or intermittently. The level of support required may also vary in intensity.

On receipt of a referral a triage assessment is undertaken to determine the level and type of support that is required. Where a carer requires one to one support an assessment is then completed taking into account factors such as the level and type of care provided, the health of the Carer, family circumstances, available support, and the involvement of other services.

Each Carer accessing one-to-one support will have a personalised support plan that is developed in partnership with them. The support plan identifies practical, staged actions that are designed to promote progression towards building resilience and improve health and well-being outcomes. Regular reviews are undertaken to ensure that the plan is responsive to changing needs and that support interventions are optimised, or adapted, to respond to changes in need. One-to-one sessions are delivered in a range of locations to suit the carer including home visits and include a range of interventions i.e., coping strategies, emergency planning, emotional support, mindfulness sessions.

An outcome tool is completed with the carer at the start and end of the one-to-one support episode as a means of measuring individual's progress and outcomes.

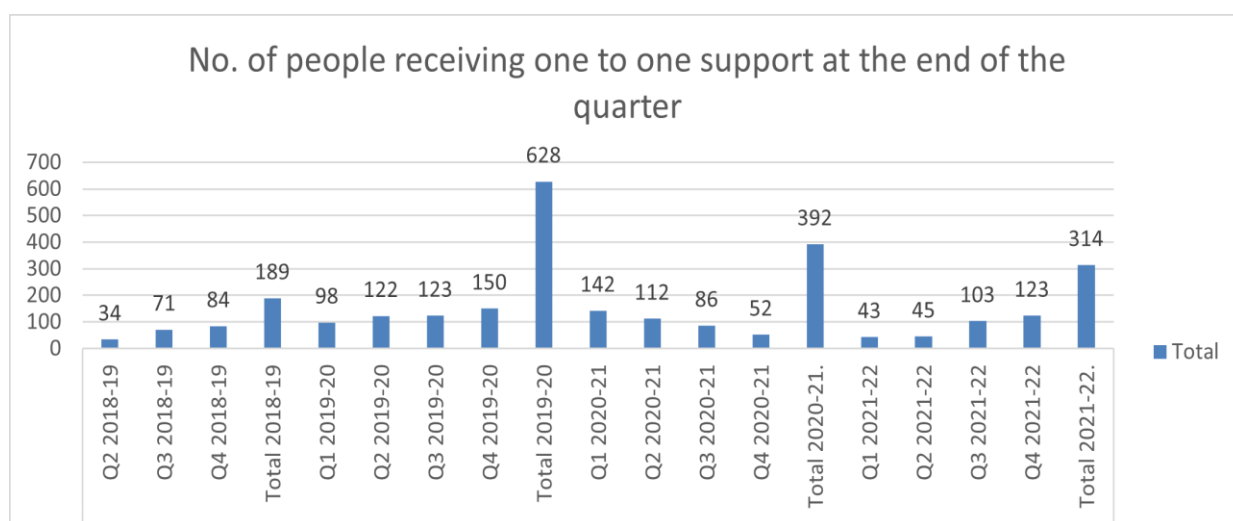
The graph below shows the number of people receiving a one-to-one service between 1 August 2018 and 31 March 2022.



The number of new people starting one-to-one support in each quarter has remained relatively consistent over the period of the contract. Though this has fallen in quarters 3 and 4 of 2020-21. This does not correlate with the number of referrals received for the same period and may relate to Covid-19 restrictions. One-to-one support continued to be offered during this period both by telephone and on-line.

The service also ensured that all carers received regular telephone well-being checks. Carers reported that these were much appreciated and may have felt that these calls were sufficient under the circumstances when many other support services and community groups were unable to operate under the restrictions.

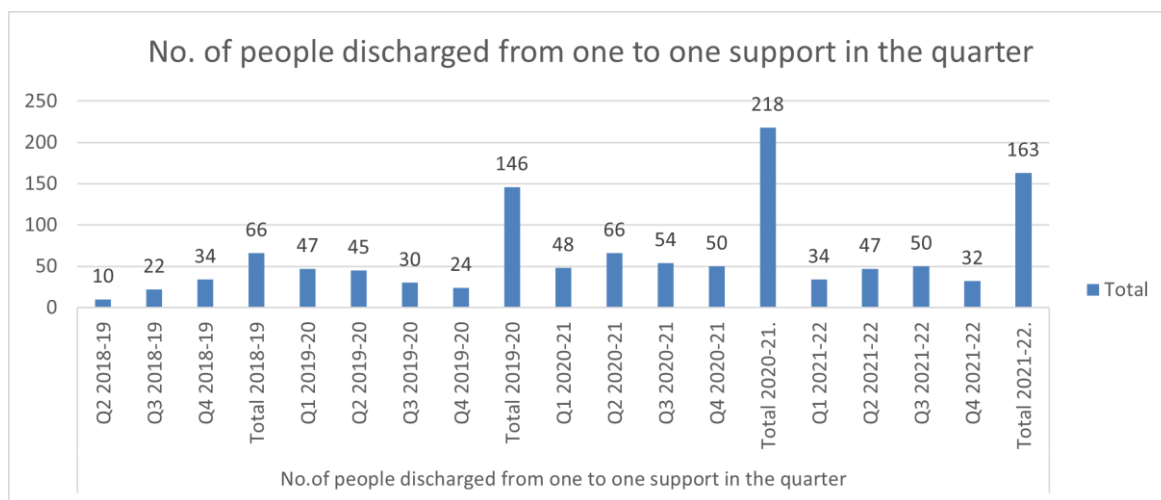
The graph below shows the number of people on the caseload for one-to-one support at the end of each quarter between 1 August 2018 and 31 March 2022. As an episode of support may overlap quarters these figures have not been totalled up to avoid double counting of individuals.



The fall in the number of people receiving one-to-one support from quarter 2 of 2020-21 coincides with the service carrying out an audit of open cases and ensuring that when one-to-one support is finished the cases are closed within a timely manner.

The service has reported that although the number of people on the one-to-one caseload is falling, the complexity of the cases they do have is increasing, particularly following the Covid pandemic.

The graph below shows the number of people discharged from one-to-one support each quarter since the start of the service.



Throughout the quarters during the lifetime of the contract the number of people discharged throughout 2020-21 increases. As with the indicator above (number of people receiving one-to-one support) this coincides with the service audit of open cases to ensuring that cases are closed in a timely manner when a one-to-one support episode is ended. Carers do continue to receive other types of support from the service following the closure of their one-to-one support.

4.3.5 Outcomes from one-to-one support

For one-to-one support the service uses the Carers' Wheel outcome tool to assess a carer's support needs and to measure the outcomes that the one-to-one support interventions achieve. For other elements of the service, for example the drop-in groups which offer less structured support more informal methods are used for collecting outcomes and feedback.

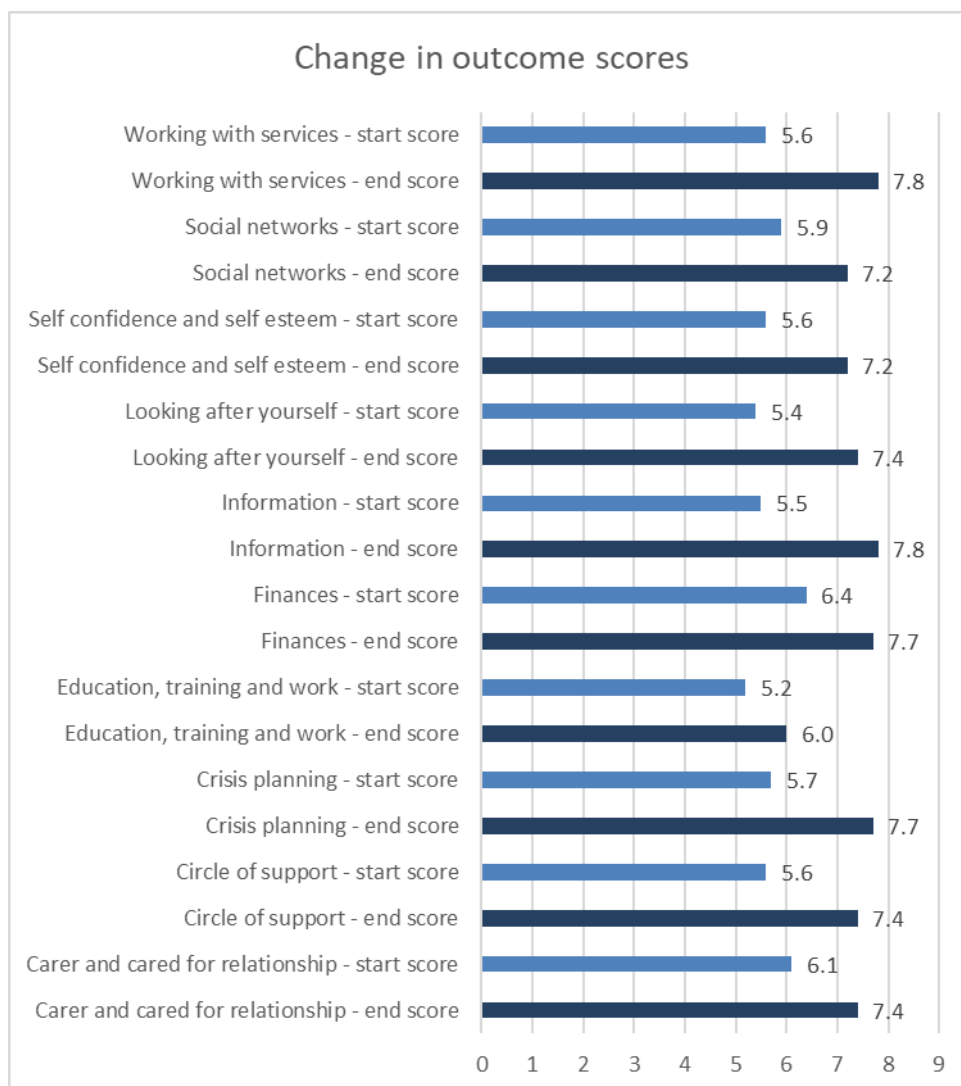
The service uses the Carers' Wheel outcome tool to assess a carers support needs prior to them receiving one-to-one support and measure progress made towards improving their situation. The Carers' Wheel comprises of 10 areas of potential support (domains). Carers are asked to choose from a 10-point scale to describe their experience within each domain. The carer and the support worker agree on which domains to focus on to improve the situation for the carer (and in turn the person they care for). The Carers' Wheel is completed again on exit from the service.

The 10 domains of the Carers' Wheel are:

- Education, training and work
- Finances
- Social networks

Crisis
 Working with services
 Carer and cared for relationship
 Self confidence and self-esteem
 Information
 Looking after yourself
 Circle of support

The chart below shows the average start and end scores for each of the domains of the Carers' Well-Being Wheel. Please note that when a carer's score at assessment (start score) is 9 or 10 for a domain the need for support in this area is deemed to be minimal and these have been excluded from the calculation.



Overall, the average scores for all of outcome domains have increased by the end of the one-to-one support episode.

The table below shows the percentage of people who increased their outcome score for each domain by the end of the support episode. The majority of carers scored their situation more highly by the end of the support episode than they had at the start reflecting that they felt their situation had been improved or that they felt more confident in dealing with it.

Outcome domain	Percentage of carers with increased outcome scores
Working with services	89%
Information	86%
Circle of support	82%
Crisis planning	78%
Self-confidence and self esteem	76%
Looking after yourself	76%
Finances	75%
Social networks	70%
Carer and cared for relationship	60%
Education, training and work	35%

High percentages of carers felt more confident and prepared to work with health / social care and other services (89%), felt better informed and knew how to access relevant information regarding issues important to them as carers and to the person they cared for (86%).

Fewer carers experienced improvements in the areas of education, training and work (35%) and in their relationship with the cared for person (60%).

4.3.6 Complementary Therapies

From November 2018 the Barnsley Carers Service offered complimentary therapies to carers. These included treatments such as massage, aromatherapy, and reflexology. Each carer could access up to three 30-minute sessions free of charge. Sessions were offered on two days each week with appointments available in the afternoon or the evening up to 6:30pm.

Between 30 November 2018 and 31 December 2019, the service has provided complementary therapies to 180 individuals which equates to 540 sessions. In 2019-2020 the service provided a total of 290 complimentary therapies. In 2020-2021 complimentary therapies were not offered due to the pandemic restrictions. Complimentary therapies were reintroduced in quarters 3 and 4 of 2021-22 and 59 people accessed these.

Carers who have given feedback following their therapy sessions have said that they have helped relieve feelings of stress and anxiety and helped them feel relaxed, refreshed and more positive mentally. Carers with their own health problems felt the therapy sessions helped with pain relief and improved their mobility.

4.3.7 Groups and Activities

The Barnsley Carers Service deliver support groups in various locations across the borough catering to a variety of interests. Workers from the Service initially support the setting up of the group, arranging the venue, publicity, refreshments and any equipment or materials required, with time the intention is for groups to be peer led.

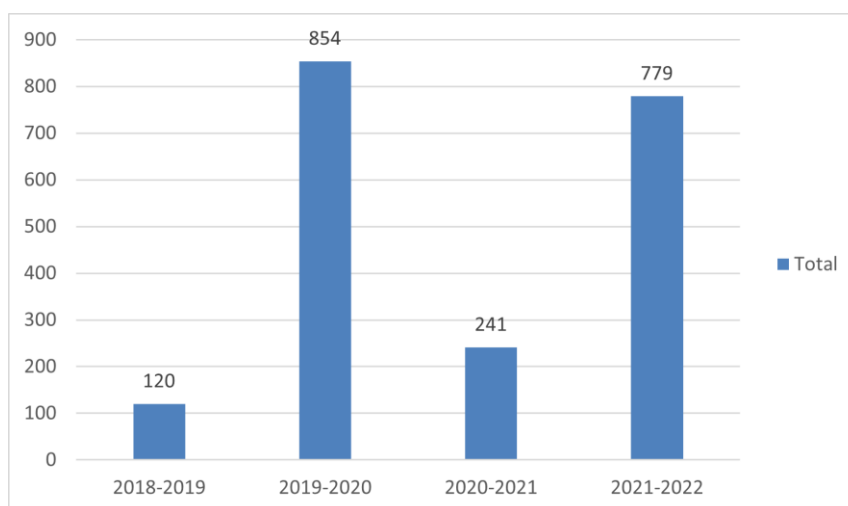
Several groups including the Music Group and the Craft Group are supported by volunteers as well as Barnsley Carers Service staff. The popularity of the groups is monitored, and carers are consulted regarding the suitability and location of the venue at regular intervals. Groups can be

discontinued if the number of attendances is low or may move locations in response to feedback received from carers.

During the Covid-19 restrictions the groups were hosted by Zoom but these were not as popular with carers as the face-to-face groups had been. Now that the restrictions are lifted the groups are being re-established as face-to-face. New groups are being introduced to encourage people to meet outside in line with Public Health guidance. These include 'Painting in the Park' and 'Park Life' walking and social group.

Feedback received from the groups has been that carers enjoy the opportunity to socialise with other carers. Carers feel less isolated and develop their social networks. Carers have formed new friendships via the groups and socialise and support each other outside of the Carers Service.

The graph below shows the total number of attendances each year at the various social activities and groups that have been delivered by the Carers Service from 1 August 2018 to 31 March 2022.



The most popular groups attended are Coffee and Chat, Mindfulness and dementia information sessions. During the coronavirus pandemic lockdown restrictions, the service continued to run social groups via Zoom.

4.3.8 Volunteering opportunities

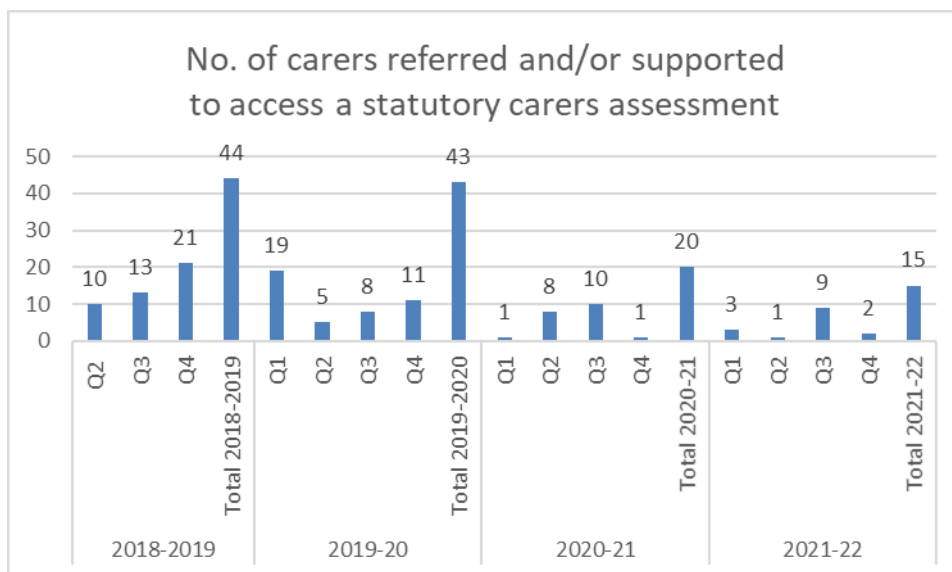
The service offers a variety of roles for volunteers. Some of these are regular opportunities, for example helping to run carer groups each fortnight, others are more ad hoc such as helping with fundraising or at carer events and carers can choose the type and amount suitable for them. As at the end of March 2022, the service had 15 volunteers. These individuals have all received a formal induction and training and have had DBS checks where this is necessary to their role.

Volunteering opportunity (hours)	2018-19	2019-20	2020-21	2021-22	Total
Total	192.5	341.0	208.0	478.5	1220

This equates to a social return on value of £16,482.20 using the council's value of a volunteering hour of £13.51.

4.3.9 Referrals for Statutory Carers Assessment (Adults)

The graph below shows the number of carers referred and/or supported to access a statutory carers assessment the between 1 August 2018 and 31 March 2022.



It should be noted that there was a change in the recording of this indicator during 2019-20. Prior to this the service recorded their signposting of carers to Adult Social Care for a Carers Assessment. This proved difficult to follow up to check if the carer had applied for an assessment themselves. It was agreed instead to record the number of people for whom the service had made a referral for a carers assessment and that the service may subsequently be supporting through the process. This resulted in the fall in numbers seen from 2020-21.

4.3.10 Adult Social Care One-off annual grant payment

The Council supports carers with a one-off annual grant payment of between £150-£300 (most people receive £300). This payment is to acknowledge and recognise the valuable caring role and spends up to £125K per annum on this.

Carers can access and apply for this grant via the Barnsley Carers Service. The service supports Carers to complete the simple assessment form and then sends it on to the Council’s Brokerage Team in Adult Social Care to approve and arrange payment. This also gives the service an opportunity to engage with the carers and inform them of the support that they can offer.

A report run from the Erica system shows that the service supported 1181 carers to access these payments between November 2018 and March 2022.

4.3.11 Summary of interventions accessed compared to prevalence data

The table below summarises the numbers of carers receiving each of the Carers Service interventions and how this translates into the proportion of all carers in the borough.

Service support elements	Number of carers	% of estimated number of carers in Barnsley accessing support (2011 Census)

Information and advice	2192	8.06%
One-to-one support	557	2.05%
Adult Social Care one-off grant payment	1181	4.35%
Signposted or referred to other relevant services	966	3.56%
Complimentary therapies	239	0.88%

It is not possible to calculate these rates for attendances at the services support groups or volunteering opportunities due to how the figures are recorded.

4.4 Case studies

Two case studies are included in Appendix 2 which demonstrate the achievement of the service aims and desired outcomes.

4.5 Service User Feedback

Service user feedback regarding the delivery of the Barnsley Carers Service has been obtained through a variety of methods. The commissioning officer and the contract officer arranged several consultation events. This included online meetings via Zoom, consisting of a late morning session and an evening session. The officers also made themselves available to consult with carers face-to-face at Priory Campus where the service is based and also attended the Carers Forum. Two Surveys were also created to capture previous and present carers views and staff members who work for Barnsley Carers Service. In total we have consulted with more than 130 carers. The following provides detail on the experience of carers.

4.5.1 Consultation Groups

Carers reported that their overall experience of the service was positive with many saying they found the staff to be very helpful and knowledgeable and were able to advise on a broad range of subjects. They felt it was important that staff were approachable and non-judgemental. As the workers are not connected to Adult Social Care or their own family's carers felt they could open up to them more easily regarding the problems they faced.

Carers stated that they need access to respite care and short breaks. They felt that the current respite care offer via Adult Social Care was limited and inflexible. Many carers said that they would rather not have their cared for person go into a care home for respite. They would rather have care arranged within the home particularly for short breaks when they needed a few hours to shop or attend appointments. Several carers of people with dementia said it would be a great help if funds for respite care could be used for the carer and cared person to holiday together, for example on trips arranged with dementia charities who provide support for the people cared for and giving the carer chance to socialise.

The Barnsley Carers Service have recently started to deliver DISC (Dementia Information and Support Course) a training course for carers of people with dementia. Several carers had undertaken this and found it to be very beneficial in understanding and interacting with their loved ones with dementia.

Carers also felt that the Barnsley Carers Service is not well known among other services and carers they had been in contact with and said before being referred or contacted by the service they were unaware of what the service delivered including other support in the community and access to financial support in the form of one-off payments from Adult Social Care.

Regarding issues not connected to the Carers Service that were affecting carers they reported that they struggled to access carers assessments via Adult Social Care. Carers described being told by Adult Social Care that for them to get any services to support them the cared for person would need to be assessed by Adult Social Care first. Carers also reported being told not to bother completing a carers assessment as the services they were already accessing themselves (e.g., Barnsley Carers Service, Crossroads and Butterflies dementia support services) was all Adult Social Care would be able to offer them.

Continuity of staff within Adult Social Care is also an issue for carers. They described feeling like they were being passed from 'pillar to post' trying to get in touch with the right person.

Carers described how they are afraid to complain or raise concerns with care homes and/or home care providers in case this had repercussions for the cared for person when they were not there.

4.5.2 On-line Carers Survey

An online survey using the council's Smart Survey platform was available online from 5 August to 3 September 2021 and was promoted to carers who have accessed the Barnsley Carers Service. Carers who do not have access to technology were given a paper-based copy of the survey to complete. Barnsley Carers Service also offered the option for carers to complete the survey by phone.

A total of 124 responses were received. Although the response rate was low when compared to the number of people who have accessed the service, the feedback from the participants was positive. The views and comments captured from the survey highlighted that most individuals who completed the survey were happy with the support they had received/are receiving. 43% of respondents (n51) rated the service as excellent and 40% (n48) rated it as good.)

87% of respondents (n103) felt the service had met their needs. 58% (n69) felt the Barnsley Carers Service had helped them to make positive changes to their life, 28% (n33) said they were not sure, and 14% (n17) said the service did not help to make positive changes.

115 people answered the question 'If you could change or improve any part of the service offered by the Barnsley Carers Service what would you change and why?' some key themes for responses are listed below:

- A more central location so the service is easier to access by public transport.
- More staff employed by the service to increase the one-to-one appointments and telephone calls the service could provide.
- The service and activities taking place in the community could be promoted more widely.
- Access to respite care and short breaks needed.

In response to the question 'Has the pandemic affected your mental wellbeing?' 44% of respondents (n42) said it had led to feelings of anxiety, loneliness and isolation. 30% (n28) experienced feelings of depression. 25% (n24) said it led to worry about the safety of the person they cared for.

As the restrictions affected the provision of face-to-face appointments carers were asked if they felt their support had been negatively affected by this. Just over half of respondents (57%, 64

carers) felt it had not, 25% (n28) were not sure and 18% (n20) felt their support had been negatively affected.

During the pandemic restrictions support to carers was provided by telephone and Zoom calls. 62% of respondents (n74) felt that in future they would like their support to be a mixture of face-to-face, telephone and on-line calls. 26% (n31) would prefer all telephone or online appointments. 12% (n14) would prefer face-to face only.

4.5.3 Staff Survey

A staff survey was completed to gain the understanding of what is working well within the service what needs to be improved. We asked staff if they think the service meets carers needs and what could be proposed for the new service model/delivery to enhance current provision.

Six members of staff of the Barnsley Carers staff completed the survey.

- 83.33% (n5) said they think the current service model meets the needs of carers.
- 83.33% (n5) said they have necessary resources to undertake their job effectively.
- All staff members stated they think the service could be improved.
- 83.33% (n5) said they felt there were gaps within current provision.
- 50% (n4) felt there were appropriate arrangements in place for staff to work with partner agencies.
- 50% (n4) felt working with GPs and mental health services was challenging.

Positive aspects of the current model include:

- Regular contact for carers.
- Being adaptive during covid to continue to deliver services to carers in different ways.
- Being able to support and signpost carers.
- Being able to offer the one-off payment to carers via Adult Social Care.

Main challenges and frustrations for staff:

- Carers not being identified and referred to the service by other organisations.
- Referring carers to other services and not being able to support them further with the current service provision.
- Difficulties in maintaining a strong structured pathway of support, this could be rectified with more staff.
- Covid restrictions and the impact on the use of venues and facilities.
- It would be good if the Carers Service could directly offer carer breaks, respite etc. to carers.

4.6 Summary of Performance Activity

- The number of referrals received each year has remained relatively static since the start of the contract until quarter 3 of 2021/22 and most carers who access the service self-refer directly rather than being referred by health, social care or other organisations.
- There was an increase in referrals in quarter 3 of 2021-22 in response to a campaign by the service to attract parent carers which resulted in 240 parent carers contacting the service.
- A further increase in referrals in quarter 4 of 2021-22 reflects the applications from carers for the Omicron grant funding which was managed and distributed by the Carers Service.

Of 741 referrals received in quarter 4, 549 were to primarily to request either a payment from the Omicron grant funding or an Adult Social Care one-off annual grant payment.

- Based on population estimates the service has supported 8.1% of the estimated 27, 167 carers in Barnsley (based on 2011 Census figures).
- The new service will need to develop a stronger partner approach to facilitate the early identification of carers and create pathways with health (including primary care), social care and voluntary providers.
- The provider will also have a marketing/communications strategy to reach hidden carers and increase identification/recognition.
- Carers Service staff are knowledgeable of and refer carers to a wide variety of local and national organisations and services relevant to the support needs of carers and the people they care for.
- The service provides information and advice to all carers who make contact including information relating to their caring role, the cared for person as well as other individual requirements as identified through the triage screening. Feedback tells us this is well-received and valued.
- One-to-one support helps carers focus on what they can do to improve their situation and delivers positive outcomes overall. However, this is currently a time-limited intervention and feedback from carers of people with long term conditions, particularly dementia, has shown that they would prefer not to be discharged from this support but to be able to access this when they feel it necessary. The new service model will look at a staged approach to one-to-one support based on the complexity of the carers needs.
- Outcomes are currently only measured for carers receiving one-to-one support. The new service delivery model will be outcome focussed with an agreed set of outcomes the provider will be expected to achieve. Therefore, a range of satisfaction / outcome measures needs to be explored/developed as part of the service design.
- Support with developing an emergency plan (i.e., what support the carer could call on if they were injured or taken ill) is offered as part of the one-to-one support. It would be beneficial to offer this to all carers contacting the service regardless of the intervention they receive, therefore this will be included in the new service delivery model.
- During the Covid restrictions the provision of group support was moved to on-line groups and provided via Zoom. These were not as popular as face-to-face group meetings despite the carers service offering access to digital devices and support to help participate. The service offer regarding group activities and peer support also needs to be developed to appeal to a wider range of needs and interests.
- The provider of the new service will also be required to make links with the Area Councils and other voluntary sector agencies working in the community to signpost carers to the range of support and activities available.
- The service currently facilitates the application process for carers to apply for a one-off payment via Adult Social Care.
- The service offers a variety of roles for volunteers including regular opportunities, e.g. helping to run a fortnightly group, admin support and ad hoc opportunities such as helping with fundraising or at carer events. Volunteering provides an opportunity for carers to learn new skills and use existing skills to help others. The social return on value of the volunteering hours of the service is £16,482.20 as of March 2022.
- The quality of performance activity reporting and mechanisms for reporting are not robust and require improvement. A requirement of the new service will be to ensure that a case

management system is implemented to ensure effective management of the service and accurate performance reporting.

4.7 Summary of the common themes arising from the feedback of Carers accessing the Service

The following is a summary of the key points and common themes arising from the service user feedback regarding the delivery of the Barnsley Carers Service. In total we have consulted with more than 130 carers:

- The overall experience of the service is positive and the carers who have accessed it feel it meets their needs.
- Carers would like the service to be provided from a more central location so the service is easier to access by public transport.
- Carers would like increased contact with the service including more one-to-one appointments and telephone contact.
- Carers want the Barnsley Carers Service to be better publicised to the public and other services, including health and social care and community support services.
- Carers said that they need improved access to respite care and short breaks. They feel the current respite care offer is limited and inflexible. Many carers do not want the person they care for to go into a care home for respite and want care arranged within the home particularly for short breaks when they needed a few hours to shop or attend appointments.
- With regards to the pandemic and the changes the service made to their service delivery, carers were asked if they felt their support had been negatively affected by this. Just over half of respondents (57%, 64 carers) felt it had not, 25% (n28) were not sure and 18% (n20) felt their support had been negatively affected.
- 62% of respondents taking part in the survey (n74) felt that in future they would like their support to be a mixture of face-to-face, telephone and on-line calls.

5 FINANCE

5.1 Current Contract Value

The table below shows the budget over the lifetime of the contract for the service in line with the agreed pricing schedule submitted as part of the tender process and 8 month contract variation/extension.

Contract Value	Amount
Year 1	£237,463
Year 2	£237,512
Year 3	£239,970
Year 4	£239,876
Year 5 – 8 month extension	£159,918

5.2 Future funding

It is proposed that a new Carers Support Model/Service will be commissioned for a period of 2 years with an option to extend for one year plus one year with a maximum annual contract value of £239,970 (£479,940 over the two-year period). This is no change to the current resource envelope available to fund the Barnsley Carers Service and is funded from the Better Care Fund and base budget provision.

5.3 Benchmarking

Benchmarking with areas across the Yorkshire and Humber region has taken place to look at the different service delivery models, funding levels and the number of estimated carers in each area.

When looking at service delivery models, these are similar across the region and each area broadly delivers the same type of interventions, to a lesser or greater extent depending on funding levels. The common interventions include;

- Information, advice and guidance.
- Signposting to other agencies that can support carers and/or the cared for person.
- Emotional support ie one to one.
- Practical support ie completing forms, support at appointments.
- Emergency planning.
- Social activities and groups (face to face and digital).
- Training and awareness courses for carers.
- Carer awareness training delivered to professionals.
- Relaxation therapies.
- Partnership working and networking to raise the profile of unpaid carers.

Where areas have higher levels of funding other interventions / support is included within delivery models such as;

- Carers grant payment schemes.
- Delivery of Care Act Carers Assessments.
- Counselling.
- Specialist roles such as Benefits Advisors, Hospital based Carer Navigators

The table below includes information from commissioners from the Yorkshire and Humber region who responded to the request for benchmarking information and/or discussion.

Local Authority	Estimated number of carers (census 2011)	Annual contract value of the Service	Cost per carer per annum (Annual contract value / estimated number of carers)	Is the Carers Assessment (Section 10 Care Act 2014) outsourced to the provider
Barnsley	27,167	£239,970	£8.83	No
Bradford & Craven	56,000/60,000	£1,320,447 This includes £120,000 for Carer Wellbeing Grants	£23.50/£22.00	No
Calderdale	21,369	£260,000	£12.17	Yes
Kirklees	56,000	£337,000	£6.02	No
Leeds	71,500	£1.3m	£18.18	No
North East Lincs	17,000	£378,750	£22.27	No
North Lincs	19,000	£413,000	£21.74	No
Sheffield	57,373	£800,000 This includes £100,000 per year from Adult Social Care's purchasing budget	£13.94	Yes
Wakefield	36,621	£420,000	£11.47	No

It is worth noting that Barnsley has a relatively low cost per carer budget allocation (£8.83) compared to other local authorities and only Kirklees has a lower figure (£6.02). Bradford and Craven (£23.50/£22.00), Wakefield (£11.47), North Lincs (21.74), North East Lincs (£22.27) and Leeds (£18.18) all have higher budgets per carer - their services, like Barnsley, do not include undertaking carers assessments. Calderdale (£12.17) and Sheffield services (£13.94) have higher budgets per carer but also carry out Care Act Carers Assessments on behalf of the Local Authority.

6 COMMISSIONING OPTIONS AVAILABLE

Based on the refreshed Barnsley Carers Strategy, the range of feedback received from carers and stakeholders and the review of the current Barnsley Carers Support Service the following options have been considered:

6.1 Do nothing

The findings of the Barnsley Carers Strategy refresh and the review of the current carers service demonstrate that there is a need for the provision of carer support. If no action is taken then the current carers service would expire on 31 July 2022. This option is not recommended as the loss of this provision would create a gap in support for carers with the possibility of many carers reaching crisis point and requiring more costly health and/or social care support for both themselves and the cared for person.

6.2 Recommission the same service model and service specification via a competitive procurement process

The second option would be to recommission the same service model using the existing service specification. The findings from the service review show that the service is broadly meeting its aims and objectives, although its reach to carers is low and some improvements have been identified. Nonetheless those who access the service report they are happy with the provision provided. However, in light of the refreshed Carers Strategy, whilst this model would contribute to some of the key priorities it would restrict the need for a more structured and targeted approach focusing on prevention and early intervention and therefore not recommended.

6.3 Commission a new service delivery model and specification

Section 2 of the Care Act (2014) gives local authorities a general responsibility to prevent needs for care and support from developing. One of the ways the authority can do this is by providing a carers service it considers will contribute towards preventing, reducing and delaying carers needs from developing and crisis situations happening.

Local authorities cannot fulfil their universal prevention duty in relation to carers simply by meeting eligible needs, and nor would preventative services always be an appropriate way of for meeting carers' eligible needs.

Therefore, the third option is to commission a different carer support service model and develop a new service specification from what is currently in place. We propose that the model is switched to an outcome focussed approach which aligns closely to the aims and priorities of the refreshed Carers Strategy. Central to this approach will be a focus on the wellbeing and independence of the carer.

The new commissioned service will also have a strong emphasis on targeted prevention and early intervention with a key aim of preventing, reducing, or delaying carers needs (and those that they

care for) from developing into crisis situations and requiring support from more costly interventions. Central to this approach will be a focus on the wellbeing and independence of the carer.

It is also recommended that joint collaborative working, and better communication is developed between the Carer Support Service and Health and Social Care partners through the following:

- Develop a robust referral and care pathway outlining the responsibilities of services and when to refer. This should also include an information sharing agreement so information can be shared between the two organisations, where appropriate, so carers do not have to share the same information several times with different professionals.
- Consider the possibility of services co-locating to build working relationships and to facilitate an increase in the number of appropriate referrals made and carers assessments completed.
- Work together to review the carers assessment form and ensure the processes and information collected are mirrored across both services.

Consultation and engagement with carers and key stakeholders is currently taking place to co-produce and design a new carers support model that is aligned to the priorities of the Barnsley Carers Strategy, the Council’s Corporate plan and Barnsley 2030 Strategy.

7 RECOMMENDED OPTION

It is recommended that option 6.3 above is agreed and a new outcome focused delivery model is designed, and a service specification is developed with an emphasis on targeted prevention and early intervention.

It is also recommended that the contract is procured for a period of 2 years with an option to extend for one year plus one year.

The table below provides an overview and timescales of the procurement exercise:

Procurement activity and timeline	Start Date	End Date
Notice of Market Engagement published		07/07/2022
Commence Market Engagement: <ul style="list-style-type: none"> • Questionnaires to be circulated and returned by potential providers. • Date to be agreed for presentation session following approval to re-tender. 	07/07/2022	29/07/2022
Finalised service specification and all relevant procurement paperwork		30/08/2022
FTS and Contracts Finder Notice to be published		14/09/2022
Tender Period	15/09/2021	17/10/2022
Deadline for Clarification Requests		10/10/2022
Closing Date for Submissions		17/10/2022
Tender Opening		17/10/2022
Review and score Quality Section Responses	18/10/2022	28/10/2022
Presentations by tenderers	31/10/2022	01/11/2022
Evaluation Panel Meeting	02/11/2022	04/11/2022
Award Decision sign Off	07/11/2022	18/11/2022
Issue intent to award / notify successful & unsuccessful bidders		21/11/2022
Alcatel Standstill Period Minimum 10 days	22/11/2022	02/12/2022

Formally appoint successful contractor		05/12/2022
Sign Contract		05/12/2022
Contract Transition/ Mobilisation		05/12/2022
Contract Start Date		01/04/2023

Appendix 1 – Case Studies

CASE STUDY 1

Sarah was referred to Barnsley Carers Service by adult mental health services. She is the sole carer for her husband who has bi-polar disorder and is reluctant to leave the house. Sarah felt her caring role was emotionally tiring and affecting her own mental health. She was neglecting her own health and well-being and becoming socially isolated as she was afraid to leave her husband alone and whilst she was worried to leave him alone she could also feel impatient with him at times.

The support worker from the Barnsley Carers Service visited Sarah at home to carry out an assessment of need. This highlighted 5 areas which Sarah and her support worker agreed they should work to improve on. The table below shows the scores at the start (S) and end (E) of Sarah's one-to-one support episode.

Domains	1	2	3	4	5	6	7	8	9	10
Carer/Cared for Relationship		S					E			
Self Confidence/Self Esteem			S		E					
Social Networks		S				E				
Finances				S			E			
Looking after yourself			S				E			

Carer/cared for relationship

Sarah was encouraged to talk to her husband about how she was feeling and support him to leave the house for short periods and see his friends both at home and in the community. Sarah and her husband now try to go for a walk at least three times a week and they have recently begun dance lessons. This has helped their mental wellbeing and improved their relationship

Social Networks.

Sarah was encouraged to try some local activities and groups both by herself and with her husband. As she was nervous about leaving her husband it was suggested she might want to leave him for an hour to begin with and then gradually increase this over time. Sarah arranged to go to the Carers Service office for her one-to-one appointment by herself. She would only be away an hour and could ring her husband when she arrived and left to check he was okay.

Looking after yourself

Sarah was supported to apply for a Carers Grant payment to enable her to join some gym classes to support her physical and mental health. Sarah also booked three complimentary therapy sessions via the Carers Service, she felt these helped her to learn to unwind and relax.

Improving confidence/Self-esteem

Sarah felt that she had lost confidence and the ability to socialise and was reluctant to go to groups. She was encouraged to go to a smaller group to help build her confidence and attended a carers service coffee and chat group. She made several new friends there who understand the pressures of being a carer and this has helped improve her confidence.

Finances

Sarah explained that she and her husband claimed benefits and struggled financially. The support worker assisted Sarah to complete an application for attendance allowance. This was successful and the additional funds helped greatly and reduced Sarah's stress and worry about money.

Sarah's has now been discharged from the one-to-one support, but she is able to continue to access groups and drop in support at the Carers Service. She is managing much better but knows that she can contact the service again for information and advice and/or emotional support in the future or if her circumstances change

CASE STUDY 2

Carer X was referred to the Barnsley Carers Service via the memory team. Her husband has mental health issues but had now developed dementia. She was finding it very difficult to cope with this new condition on top of his mental health issues. After an initial assessment it became apparent that she was in desperate need of some direction in helping her to come to terms with this new diagnosis of dementia.

Following the completion of the assessment form it was recognised that she needed:

- To be able to off load and talk to someone - one to one emotional support
- To look at how she can improve her wellbeing and stress levels.
- Information on Dementia and the behaviours this condition presents with.
- Have time for herself and to meet other carers in a similar position to herself.
- To complete a crisis plan and complete the Herbert Protocol.

We completed the well-being wheel together and agreed that the carer needed to focus on 5 of the 10 areas of the well-being wheel which are listed as follows:

- Carer/Cared for relationship.
- Information.
- Working with Services.
- Crisis/ Prevention.
- Looking after yourself.

Each of the above areas has an action plan and is reviewed within 12 weeks.

Carer/cared for relationship

The carer expressed that she felt frustrated at times with her caring role as she had cared for her husband majority of their married life with his mental health and felt it was unfair that he should now develop dementia, this in turn made her feel angry at times with the frustration she was feeling towards him at times, so I gave her a little scenario – That if I went into her kitchen whilst she was out and moved everything round when she came to find things she would become frustrated because she would not be able to find things easily and this is how her husband at times feels leading to his frustrations.

Information

The carer was provided with information on Dementia and what was available to her and her husband in the area. She was also helped to apply for attendance allowance and a reduction in council tax to help with finances. The carer was also given information about the different groups that they might like to try either on their own or to attend together eg Butterflies, BIADS Day Centre and singing for the brain.

Crisis/prevention

The Herbert Protocol was completed and an updated crisis plan which made her feel better, The carer was also given contact numbers for the memory team and contact details of who to contact if a crisis should occur. She already had numbers for the MH team to hand.

Looking after yourself

The carer felt she was under immense pressure with this new diagnosis and this was taking its toll on her wellbeing and her own health conditions, as she had recently had a

knee replacement however was recovering very well from this. It was suggested that she booked onto the free complimentary therapy sessions that the Barnsley Carers Service offers which would help with her stress and wellbeing. She was also given details of the various groups that the service offers at various locations.

The table below shows the scores at the start (S) and end (E) of the Carer's one-to-one support episode:

Domains	1	2	3	4	5	6	7	8	9	10
Carer/Cared for Relationship							S		E	
Information				S				E		
Self Confidence/Self Esteem										
Working with Services						S			E	
Social Networks/Isolation										
Trust, Hope, Acceptance/Spirituality										
Crisis/Prevention						S			E	
Carers Education/Training/Work										
Finances										
Looking after yourself					S				E	

After the 6-month review the carer was surprised as to how much better she felt, as a few months earlier she felt she was crumbling. She felt that after putting things into place she had things under control again; the Herbert protocol was in place, she had received a council tax reduction and was attending the coffee and chat groups where she had made good friends with other carers.

The carer no longer requires 1-1 support but continues to attend the coffee and chat groups and is aware that if her circumstances change, she can access one to one support again if required.



Our council

OUR STRATEGIES

Carers' Strategy 2022 - 2027



Please note: this is currently a draft strategy

Carers in Barnsley

The care provided unpaid by the nations' carers is worth an estimated £132bn per year – considerably more than the total spending on the NHS in England. In Barnsley, the value of such care is estimated to be around £605 million per year (Carers UK and the University of Sheffield (2015) 'Valuing Carers 2015: the rising cost of carers' support).

Many people across Barnsley spend lots of time providing unpaid care for a family member or friend who would be unable to cope without them. These people are referred to as unpaid carers or informal carers; they often say they are just being a husband, a wife, a mum, a dad, a son, a daughter, a brother or sister, a friend or a good neighbour.

For some people, taking on a caring role can be sudden and unexpected; someone in the family may have had an accident, or a child is born with a disability. For others, caring responsibilities can grow gradually over time; a family member may develop a long term physical or mental health problem, parents can't manage on their own, a partner or a child's mental or physical health worsens. The amount and type of support that carers provide varies considerably. It can range from a few hours a week, such as picking up prescriptions, shopping and preparing meals, to providing emotional or personal care day and night, seven days a week.

What our carers survey told us

- **Over 50% of our carers** have been carrying out their role for five years or more, with 10% of those being in the role for 20 years or more.
- **One in five carers told us** they provide over 100 hours of care per week, with some describing it as a 24/7.

Being a carer can provoke a complex mix of emotions. It can be both rewarding and frustrating, and it can also be costly in terms of life chances, financial security and health and mental well-being. Carers play a vital role in the health and social care system. It's widely acknowledged that they contribute significantly to making sure that the person they care for remains independent in their own home for longer.

Each carer's experience is unique to their circumstances, and the care and support they provide can vary. However, carers share many similar experiences and challenges that impact the different aspects of their lives.

Our young carers' needs are also included in all of the key priority areas of this strategy as there will be generic support needs, challenges and areas for change that will be just as relevant to a young carer as an adult carer. However, we acknowledge that there are also some differences in how we identify young carers and the types of support they require. Therefore, a specific priority for young carers has been included to focus on the outcomes that we want to achieve for young carers.

The carers within our community need to be recognised for the difficulties they experience, respected for all they are doing, and provided with information, advice, and support to continue providing good quality care whilst maintaining their own health and wellbeing.

Who is a carer?

Anyone can become a carer. Carers come from all walks of life, all cultures and can be of any age. For this strategy, the term 'carer' is used throughout the document and refers to individuals providing unpaid care to family members or friends.

In Barnsley, we define a carer as: 'ordinary people whose lives have changed because they are looking after a family member, partner, or friend, who because of disability, illness, alcohol or drug use, a mental health condition or the effects of old age, cannot manage without help. The care they give is unpaid. This includes:

- **Adult carers**
Adults caring for adults over the age of 18. This includes adults caring for their adult children. Many carers have more than one caring responsibility; for example, carers could be caring for two family members, such as an elderly relative and a dependent child or a spouse. This is commonly referred to as 'sandwich or dual caring responsibilities' (Carers, UK 2019).
- **Former carers**
Those who have stopped their caring role. This could be because of a change in the condition of the cared-for person. This includes the death of the cared-for person, the cared for person has recovered and no longer needs care and support, or the carer wanting/having to stop providing care.
- **Hidden carers**
Hidden carers may not identify themselves as carers and may not seek support or information that would benefit them. They may also choose not to seek support and information about their caring role.
- **Mutual carers**
Those who require care and support that are also providing care and support (interdependent caring).
- **Parent carers**
A parent carer provides care for a child with additional needs (under the age of 18) and have parental responsibility for the child.
- **Working carers**
Working carers combine caring for another person with working. Supporting carers to remain in work can bring considerable benefits to carers themselves, employers, and the wider economy.
- **Young carers**
Young carers are children and young people under the age of 18 who look after someone in their family who has an illness, disability, is affected by mental ill-health or problematic use of alcohol and/or drugs. They take on the practical and emotional caring responsibilities that would normally be expected of an adult.
- **Young adult carers**
Young people aged between 18 and 25 who are caring either for another child or young person, or an adult.

Within each of the groups listed above, some carers have a 'lifetime' of caring due to the nature of the cared-for person's needs (eg those who care for individuals with autism, with learning disabilities, with significant mental health conditions developed in childhood or early adulthood). These carers often provide a substantial number of hours of care and support a week ([Supporting Learning Disability Partnership Boards to Implement the National Carers Strategy](#)).

Equality and diversity

We also recognise that carers in Barnsley are diverse and come from a range of different cultures, backgrounds, and communities, such as but not limited to, the armed forces, black, Asian and ethnic minorities, lesbian, gay, bisexual and transgender (LGBT+).

We acknowledge that some carers will need to be reached and engaged in various ways and may require different types of support. Our equality impact assessment and action plan will make sure that all carers receive information and advice relevant to them, have equal opportunities to access services, and that barriers are identified and addressed so no one is excluded or disadvantaged.

Our vision, aims and key priorities

Our vision

Carers are identified and recognised and have access to information and practical and emotional support to help them achieve the outcomes which matter most to them.

Our aims

More carers in our community will:

- Be recognised and identified as a carer at the earliest opportunity, so they receive the appropriate information and advice for them, their family, and the person they care for.
- Understand their rights as a carer and have access to an assessment, so they receive support and sufficient breaks to look after their health and mental well-being.
- Be enabled to have a life outside of their caring role and also be supported to work or undertake training and education opportunities.

Overview of key priorities

This strategy sets out our partnership approach for working together and supporting our carers across the following seven key areas.

- Raising awareness to increase the identification of carers
- Working with carers
- Assessing carers needs
- Carers health and wellbeing
- Carer breaks
- Helping carers stay in work
- Young carers

Stakeholder and carer engagement

While there are services and support options available to carers in Barnsley, we recognise that there are gaps and areas that require improvement or further development. Therefore, we need to continually work together to improve outcomes for our carers.

This strategy has been developed with a range of stakeholders, including carers and the Carers Forum, to ensure that views and expertise from across the borough have helped shape the strategy's key priorities for the next five years.

To identify our key priority areas, we have consulted with carers and stakeholders through a range of methods:

- face-to-face consultation event
- verbal feedback via Teams meetings
- questionnaire feedback, gathering views and experiences on a range of topics, including:
 - the four national action plan themes
 - services and systems that work for carers
 - employment and financial wellbeing
 - supporting young carers
 - recognising and supporting carers in the wider community and society
- ADASS (Association of Directors of Adult Social Care) Carer Quality Markers Self-Assessment Toolkit, completed in consultation with carers and key stakeholders
- interviews with carers that have had a carers assessment via adult social care
- face-to-face focus groups with the Carers Forum
- public carers survey*.
- feedback from carers attending the DISC (Dementia Information and Support Course) training courses
- survey with service users and staff from the Barnsley Carers Support Service*
- learning from coronavirus pandemic (stakeholder meeting and carer survey)
- consultation events and focus groups with young carers and the Young Carers Council
- feedback from various delivery groups and strategic boards
- consultation survey on the proposed priorities of the strategy

* It should be noted that survey respondents are not representative of all carers in the Barnsley area, but the results give an indication of the demographics and needs of this group.

From the stakeholder engagement and consultations that have taken place, we acknowledge the need to reach and engage with more carers to obtain a wider representation and perspective of their needs.

National and local policy

National policies have a significant impact on the approach to how carers are supported.

Several local strategies and plans, also have aligned priorities and involvement from a number of the key partners.



National strategies and policies

The following national strategies and policies all have a significant impact on the approach to how carers are supported. They acknowledge the important contribution carers make and place them on the same footing as the person they care for when it comes to accessing services and support.



- [The Care Act 2014](#)
- [The Children and Families Act 2014](#)
- The national [Carers Action Plan 2018-2020](#)
- [NHS Long Term Plan 2019 / NHS Commitment to Carers \(2014\)](#)
- [NICE Guidelines and Quality Standards](#)
- Carers UK research

While the strategy builds on these policies, it places a strong focus on the NICE (National Institute for Health and Care Excellence) Supporting Adult Carers Quality Standards (NICE Supporting Adult Carers Quality Standards 2021). We feel that these statements pay particular attention to the carer journey and will enable us to focus on the key touch points where carers tell us they face challenges and change is needed.

Local strategies and policies

The Carers' Strategy and our wider work with carers is closely linked to several local strategies and plans, all of which have aligned priorities and involvement from a number of the key partners. ^



- [Barnsley 2030 strategy](#)
- [Barnsley Health and Wellbeing Strategy](#)
- [Barnsley Council Corporate Plan 2021-2024](#)
- [All Age Early Help Strategy](#)
- [Barnsley Health and Care Plan](#)
- [Children and Young People Plan](#)

Other relevant documents that the Barnsley Carers Strategy link to include:

- Barnsley Mental Health Strategy
- Children and Young People's SEND (Special Educational Needs and Disability) Plan
- Preparation for Adulthood Strategy 2021-2022
- [Joint Strategic Needs Assessment](#)
- Stronger Communities Partnership Plan 2021/2022
- Safeguarding Adult and Children's Strategic Plans 2021/2022
- Public Health Strategy
- Learning Disability Plan
- Dementia Action Plan
- British Legion Report - Unpaid Carers in the Armed Forces Community

Barnsley carers

The number of unpaid carers recorded in Barnsley by the 2011 census was 27,167.

This was equivalent to approximately 12% of the population of the borough.



Prevalence of carers in Barnsley

By 2015, a national research study stated that the number of carers in Barnsley had increased by 4.6% to 28,429 (Valuing Carers 2015 - the rising value of carers' support, Lisa Buckner University of Leeds, Sue Yeandle University of Sheffield). By 2037, Carers UK have calculated that the number of carers in the UK will increase by 40%, meaning we would have approximately 39,800 carers in Barnsley.

The number of carers recorded in Barnsley at the time of the 2011 census and a breakdown of the level of care that they provide is below:

- Total number of carers in 2001: 26,109
- Total number of carers in 2011: 27,167
- Numerical rise in a decade: 1058
- Percentage increase: 4%
- Carers providing 1 to 19 hours of care (2011): 15,473 (3% increase on 2001)
- Carers providing 20 to 50 hours of care (2011): 4075 (16% increase on 2001)
- Carers providing 50+ hours of care (2011): 7619 (14% increase on 2001)

Number of carers in Barnsley



We had
26,109
carers in
2001



This rose by
4% in a decade.
In 2011, we had
27,167 carers.

Level of support our carers provide



15,473 carers
provided 1-19
hours of care (2011)

3% increase
on 2001



4,075 carers
provided 20-50
hours of care (2011)

16% increase
on 2001



7,619 carers
provided 50+
hours of care (2011)

14% increase
on 2001

While a large percentage of the carer population remains hidden in Barnsley, approximately 12,745 adult carers are known to or registered with the following services:

Name of service	Number of carers known to them
Name of service Adult Social Care via Care Act Carers Assessments (2020/21)	Number of carers known to them 1921 (single assessment: 414 and joint assessment: 1507)
Name of service Carers registered with GP practices (as of May 2021)	Number of carers known to them 8765
Name of service Barnsley Carers Support Service (1 August 2018 to 31 March 2021)	Number of carers known to them 1892
Name of service Beacon South Yorkshire (2019/2020)	Number of carers known to them 167

Please note: double counting may occur in the above numbers.

This is 46.9% of the estimated number recorded by the census 2011.

In addition, the 2011 census data also reported that Barnsley has 453 carers aged under 16, with 354 providing care for under 20 hours per week, 52 over 20 hours, and 47 over 50 hours per week. There are also 1482 carers aged 16 to 24, with 1018 providing care for under 20 hours per week, 249 over 20 hours, and 215 over 50 hours per week.

Young carers in Barnsley



The 2011 Census found that Barnsley had **453 carers aged under 16**



354 young carers provided under 20 hours of care



52 young carers provided 20-50 hours of care



47 young carers provided over 50 hours of care



It also found Barnsley had **1,482 carers aged between 16 and 24**



1,018 carers provided under 20 hours of care



249 carers provided 20-50 hours of care



215 carers provided over 50 hours of care

The Young Carers service, delivered by Barnardo's, is commissioned to work with 100 individuals every year – with 30 young carers accessing the service as of quarter two of 2021/2022.

How do we compare to the national picture?

Carers UK states that one in six adults are providing unpaid care, equating to 8.8 million unpaid carers nationally (Carers UK Research Summary from Carers Week 2019). The number of people aged 65 and over who are caring has grown from 1.4 million to over 2 million.

Carers UK estimate that, nationally, 58% of carers are female and 42% are male. In Barnsley this would equate to 15,757 women and 11,410 men, although we know that 75% of the carers accessing the Barnsley Carers Service are female.

In 2020, research estimated that 7144 people in Barnsley over the age of 65 provide unpaid care to a partner, family member or other person. Of these, 3378 provide more than 50 hours of unpaid care each week (POPPI, Projecting Older People Population Information System, 2021).

Of the 8,765 individuals registered as a carer by GP practices, 52% are aged over 65 years. We know from our survey of the Barnsley Carers Service users that all respondents identified as being white, over 85% were female and the majority (66%) were aged between 40 and 70 years old.

The 2019 GP Patient Survey found that carers are more likely to report having a long-term condition, disability or illness than non-carers – 63% of carers compared with 51% of non-carers. In Barnsley, this would equate to 17,155 carers of the estimated 27,167 carers in the borough.

The 2011 census also identified 177,918 young carers in England and Wales, with one in eight of those being under eight years of age. This is believed to be the tip of the iceberg, with some estimates suggesting that as many as one in five schoolchildren are young carers (University of Nottingham 2018), with this number increasing during the COVID-19 pandemic.

Caring during the COVID-19 pandemic

Carers UK estimated that carers in the UK delivered on average 25 additional hours a week of unpaid care whilst COVID restrictions were in place. The social, physical and emotional impact of this has been huge and cannot be overlooked as this is still being felt by many families. The virus disproportionately affects older people, those with disabilities and/or long-term health conditions - resulting in both the numbers of carers - and the level of caring provided - increasing. Carers UK advise that 70% of carers now provide an average of ten extra hours of care and support a week ([Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic](#)).

Caring for someone, whilst often be rewarding, is also challenging under normal circumstances. However, the COVID-19 pandemic has added additional pressures to informal carers, impacting not only on their physical health and mental wellbeing but also those they are caring for. The added pressures include increased social isolation, an increase in hours of care being provided (often 24/7) with no breaks, a reduction in some support, particularly face-to-face appointments, and the suspension of day-care services.

"We are not out of the woods yet; we fear another lockdown and a suspension of services again. We don't want to be housebound again. We don't want to feel trapped".

Of the respondents completing our carer survey

- 64% highlighted that they felt that COVID-19 had increased their caring responsibilities - "Self-isolating meant no external respite".
- Over 70% stated that the pandemic had affected their mental well-being and led them to worry more about the person they are caring for. Over 30% felt unsupported in their caring role. Only 11% felt their mental wellbeing had been unaffected by the pandemic.
- In relation to whether the pandemic had affected their physical health, over 50% of respondents said that this hadn't but, 24% felt that this had affected them physically.
- 65% stated that they felt the pandemic had not affected their ability to be a carer but 33% felt that this had.
- *"When he's alright, I'm alright, but those lockdowns were harsh. Everything stopped; all our routines and social trips out just stopped. I know they had to. It was hard to keep him entertained, but what could I do? I just had to get on with it. At times I felt trapped. I still do even though things are opening. He is not the same as he was before lockdown."*

Young carers fed back what impact they had felt from the pandemic

- Some young carers said they felt under pressure in the community when out shopping or doing other activities during the lockdown. Some needed to accompany their cared-for person to activities such as hospital appointments. They felt they had been questioned about their role and the validity of their presence.
- *"I have been asked for proof that I am a carer for my mum; this has been difficult as I don't want to have to share private information with shop workers. I felt judged, and that assumptions had been made about me and my family".*
- *"It's stressful shopping for my own family and elderly grandfather who needs to shield. I go to the small local supermarket at least three to five times a week. It's hard to carry shopping back. Sometimes I take my younger sister to help carry items or take mum's mobility scooter."*
- Young Carers also reported that not being at school as much gave them a sense of relief as they could be with their cared-for person more, and this relieved some of the anxiety and concern they felt when they had to go to school.

The priority areas of the strategy will consider the challenges that carers have faced during the pandemic. As we ease out of lockdown and rebuild our support networks, we need to ensure that we do all we can to identify our carers, so they can access information, advice and both practical and emotional support.

Our priorities and next steps

Our Carers' Strategy sets out our partnership approach to work together and support carers across six key areas.

No single organisation can deliver the changes required alone; the strategy sets out a partnership approach for working together to support carers.



Our priorities

In developing the strategy we have compared what our local carers tell us to what carers say nationally, and there are many common themes reflected in the priorities identified.

This webpage sets out our partnership approach to work together with our carers, and through this strategy we'll achieve the following:

- **Priority 1 – Raising awareness and increasing the identification of carers:** Raising awareness so that more carers are identified and encouraged to recognise their role and rights as a carer by health and social care organisations, schools and colleges, voluntary sector services, community groups and private businesses.
- **Priority 2 – Working with carers:** More carers are supported to participate in decision making and care planning for the person they care for.
- **Priority 3 – Assessing carer's needs:** More carers have a carers assessment and have the opportunity to discuss what matters most to them, including their health and wellbeing, social care needs, financial support, work, education or training.
- **Priority 4 - Carer's health and wellbeing:** Provide information, advice and support to carers to help them manage their own health and wellbeing to remain as physically and emotionally well as possible.
- **Priority 5 – Carer's breaks:** Carers are given the opportunity to discuss the value of having a break from caring and the flexible options that are available to them to access.
- **Priority 6 – Helping carers stay in work:** Carers are offered supportive working arrangements by workplaces.
- **Priority 7 – Young carers:** Support young carers to prevent inappropriate caring and provide the support they need to help them balance their caring role with their rights to be children/young people.

Appendix B gives more detailed information about each of the priorities.

The strategy will also help inform the re-commissioning of the Barnsley Adult Carers Service and the Young Carers Service and will help guide decisions on the service delivery models to contribute to the above priorities.

Carers Strategy Delivery Plan

This strategy sets out a partnership approach for working together and supporting our carers across seven key outcome areas. No one organisation can deliver these outcomes and the changes that are required alone.

A comprehensive action plan will be developed by the Carers Strategy Steering Group, Carers Forum and the Young Carers Council which will provide detail about what we will do to meet the aims of the strategy, our outcomes and how this will be done. The plan will include timescales and accountability for leading on specific actions and measures to assess progress and achievement.

The delivery plan will identify key actions and outcomes for each year. We will achieve these actions, which over time, will allow us to build on and deliver the priority outcomes outlined in this document.

Governance and review

It's important for us to understand if we are on track to achieve our ambitions and outcomes for carers in Barnsley.

Over the lifetime of this strategy, the steering group will work closely with the key delivery groups, partnership boards across the borough and the Carers Forum and Young Carers Council to report the activity and progress of the action plan and seek support to address any challenges and barriers that are identified.

Monitoring activity will take place on both a quarterly and annual basis and we will publish an annual report which will be made available on the council website. This will also allow us to assess whether our aims and priority areas remain relevant. Progress updates will also be shared on social media as part of the communication plan.

Gathering continuous feedback from carers will be an essential part of the monitoring and continuous development process.

How we'll know if we're making a difference to carers

We'll monitor our progress using the key indicators from the Survey of Adult Carers in England and the National Outcome Frameworks.

We'll also use outcomes collected by the adult carers and young carers service.



Measuring success

We will monitor our progress using the key indicators and measures from the Survey of Adult Carers in England and the National Outcome Frameworks. We will also use outcomes collected by the Adult Carers Service and the Young Carers Service.

This will capture feedback on topics that are indicative of a balanced life alongside an unpaid caring role:

Public Health Outcome Framework

- B18b - Social isolation: percentage of adult carers who have as much social contact as they would like (18+ years).

Adult Social Care Outcomes Framework

- 1d - Carer-reported-quality-of-life-score
- [1i - Proportion of service users and carers who reported that they had as much social contact as they would like](#)
- [3d - Proportion of service users and carers who find it easy to find information about services](#)

NHS Outcomes Framework

- 2.4 - Health-related quality of life for carers

A local performance dashboard will be developed to measure progress and achievement against a range of core activity indicators and outcomes aligned to the strategy's priorities.

Annual survey

We will work with carers to design and develop a public survey based on the key outcome areas of the strategy and national Survey of Adult Carers in England so we can also capture the views of carers who do not access support from health and social care. ^

We will begin work on the survey when the strategy is implemented to give us a baseline position and will be repeated on an annual basis to measure progress across the lifetime of the strategy.

Appendix A

Facts and figures from national and local research.



Carer facts and figures

- Over 50% of our carers have been carrying out their role for five years or more, with 10% of those being in the role for 20 years or more.
 - One in five carers told us they provide over 100 hours of care per week, with some describing it as a 24/7 role.
 - 45 percent of carers told us they live with a disability or a long term condition, with 24% indicating a mental health problem or illness.
 - 27% of our carers told us they were employed full time and 24% told us they were not in paid work.
 - 40% of our carers look after a parent, followed by 27% looking after a partner and 21% looking after a child.
 - 63% of our carers told us that they are the sole carer for the person or people they care for.
- ^

When asked about the people our carers support:

- 51% have a longstanding illness
- 45% have a physical impairment
- 28% have problems connected to ageing
- 25% have a sensory impairment



There are at least 1,300 families living with a child or young person with special educational needs (SEND). Carers in this community need extra support



In Q2 of 2021/2022, 30 young carers were accessing support through the Young Carers Service



87% of these young carers were under 12



13% of these young carers were aged 12-17



77% of these young carers were female



23% of these young carers were male

- There are at least 1300 families in Barnsley living with a child or young person with special educational needs (SEND). Carers in the SEND community need extra support.
- In quarter 2 of 2021/2022, 30 young carers were accessing support through the Young Carers Service, 87% of these individuals were under the age of 12, and 13% carers were aged between 12 and 17 years of age. Of these carers aged under 17, 23 (77%) were female and seven (23%) were male.

The wider picture

- Research undertaken by Carers UK nationally found that women have a 50:50 chance of providing care by the time they are 59, compared with men who have the same chance by the time they are 75 years old. Women are also more likely to be sandwich carers (combining caring for elderly relatives with work and childcare).
- The gender imbalance reduces amongst older carers; the gender split is 50:50 of carers aged between 75 and 84. Carers over 85 are more likely to be male (59%) than female (41%) – many caring for their partners.
- Royal British Legion research has shown that working-age members of the ex-service community are more likely than the adult population of England and Wales to have caring responsibilities, 23% compared to 12% in the 16-64 age group nationally. This is equivalent to around 990,000 people.

We acknowledge that the data available regarding carers, particularly young carers, is limited and the demographic information is mostly from our adult commissioned service and carers survey. There is a need to work together and share data and intelligence so we can better understand the profile of our carer population and their needs to assist in the planning of support provision.

Appendix B

The seven priorities we'll aim to achieve through this strategy.



Priority 1 - Raising awareness and increasing the identification of carers

More carers are identified and encouraged to recognise their role and rights as a carer by health and social care organisations, schools and colleges, voluntary sector services, community groups and private organisations.

A key barrier to the access of appropriate support to carers is that they are often not identified. Identifying carers is often a challenge as many people do not see themselves as carers. According to research undertaken by Carers UK, 54% of carers took over a year to recognise their caring role and 24% took over five years.

While being a carer doesn't define a person, it may mean that they have legal rights including the right to certain types of financial support, practical help, assistance technology and rights in the workplace.

Through the strategy we aim to raise the profile of carers in the borough to support residents to recognise themselves as a carer at the earliest possible stage in their caring journey.

Our partners in health and primary care will be instrumental in the delivery of this priority. This is underlined by [NHS England's Commitment to Carers \(2014\)](#) which states that '70% of carers come into contact with health professionals, yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%.

Work also needs to continue within education, health and social care to support the identification of young carers. Young carers often feel reluctant to be identified due to concerns over possible social care involvement and the general stigma of being a young carer.

While being a carer doesn't define a person, it may mean that they have legal rights including the right to certain types of financial support, practical help, assistance technology and rights in the workplace.

What engagement with carers and stakeholders told us

- There is a lack of awareness of who a carer is. *"I feel invisible."*
- Carers are usually identified too late when they have already reached a crisis or emergency.
- Carers feel that they are not recognised by professionals across a wide range of services.
- Carers who participated in the British Legion's research of unpaid carers in the armed forces said they felt insufficiently supported by relevant services and *"wouldn't know where to look for support as a carer"* ([Unpaid Carers in the Armed Forces community](#)).
- 12,745 adult carers have been identified in Barnsley – this is 46.9% of the number of carers recorded by the 2011 census.
- We feel that we are not always told what our rights and entitlements are, particularly around benefits. 45% of those responding to the Carers' Survey said that they had experienced financial difficulties due to their caring responsibilities.
- There needs to be clear guidance on recognising carers including their roles, rights and responsibilities to then enable the correct pathway to follow once a carer is identified.
- 49% of carers responding to the Carers' Survey found it fairly or very difficult to find information and advice about support services or benefits to help them.
- The information and support available for carers should be promoted through a variety of different communication methods.
- The entitlement of services and support offer across adult and children's services differ due to different policy and legislation. This information needs to be made clear so carers are aware of what support is available and how they can access this when making the transition between services.

What we aim to do

- Develop a multi-agency communication plan to raise the profile of carers and help residents to identify themselves as carers. The plan will also consider the different types of carers in the borough, so information is targeted and appropriate for the intended audience.
- Raise awareness of caring and the role of unpaid carers through regular public awareness campaigns including National Carers Week and Carers' Rights Day.
- Coproduce a Carers' Charter highlighting a key set of commitments that carers can access in order to understand what they can expect from organisations.
- Increase identification and support through primary care and work with our partners to implement the NHSE (National Health Service England) GP Quality Markers for carer-friendly GP practices.
- Ensure carers are able to receive good quality information and advice which does not contain professional terminology.
- As part of the NHS Commitment to Carers explore implementing the Carer Passport Scheme across the borough using learning from our partner, SWYPFT (South West Yorkshire Partnership NHS Foundation Trust).
- Co-design a training package that can be delivered to services and professionals to help them recognise carers and know where to signpost them.
- Explore ways to support carers to gain IT and digital skills. This will mean that carers are better able to stay connected and access information and advice.

Priority 2 – Working with carers

More carers are supported to participate in decision making and care planning for the person they care for.

Carers can share valuable knowledge about the person they care for and are often key to understanding the person's needs and preferences which can help practitioners provide the right care and support.

Carer's value being recognised and respected as core members of the team around the person they care for. Providing the person gives consent and their wishes remain central, carers should be supported to actively participate in decision making and care planning for the person they care for. This will help to ensure that care planning is based on accurate and detailed information, as well as supporting the carer in their role and helping to sustain the caring arrangement.

What engagement with carers and stakeholders told us

- Carers feel that they are not always involved or listened to in decision making and care planning across health and social care. *"Respect, involve and treat me as an expert in care."*
- Carers are not always involved in or do not fully understand the discharge process from hospital. *"There are so many examples of people being discharged from hospital without sufficient mental health after care and carers are amongst this group. I attempted suicide and when I was discharged all I wanted was a phone call each day to check that I was alright, but that could not be organised by the hospital discharge team".*
- Healthcare professionals appear unaware of the carers support available and so rarely signpost carers to sources of information or support.
- Information sharing/consent is a constant barrier. *"All too often I am ignored or told nothing due to confidentiality and yet I am the one who looks after him."*
- Include emergency/contingency plans for crisis situations in care support plans, set out the assessed needs and what arrangements have been agreed so the cared for person is safe should any unexpected situation or emergency happen.
- Next steps and plans need to be shared with the carer and reviewed on a regular basis. *"If support is right for the cared for person then it will make it easier for me."*
- Better partnership working between services is needed to avoid duplication of work and improve referral and care pathways – carers and the people they care for need access to support in a timely manner.
- Better links are needed between adult and children's services.
- Better transitional arrangements are needed for young carers who will transition into becoming an adult carer or parent carers who will similarly transition into caring roles for their adult child.
- Carers often find it difficult navigating around the system and understanding the terminology used by professionals and which services deliver what.
- Carers would like training around health conditions of the people they look after to support with their caring role.

What we aim to do

- Review care planning procedures and embed carer involvement into the process and working practices.
- Work with health and social care professionals and services to ensure that they seek consent from the cared for person to share information about their care and support with their carer, and when consent is provided that the carers' knowledge and expertise is considered when developing care and support plans for the cared for person.
- Within the above consideration information sharing agreements will be explored to look at how information can be shared between health and social care, to reduce the need for the cared for person and carers repeating information.
- Review referral and care pathways between services aiming to make these easier to use and understand, minimising the stress caused to carers trying to navigate the system.
- The Adult and Young Carers Services will work with partner agencies and:
 - work with carers to co-design and deliver a training programme for education, health and social care professionals to better understand the role of carers and young adult carers in providing care and support to the cared for person to encourage involvement.
 - co-design and implement a training programme for carers, prioritising the areas advised by carers themselves, as beneficial including training around health conditions of the people they look after.

Within this priority we will improve how we reach and engage with more carers across the borough so they have an active voice and can contribute to the development and improvements of local services for themselves and the person they care for. *"We want action, not words"*.

We will continue to support the Carers' Forum and the Young Carers Council to develop and strengthen so that carers have an active voice in helping to improve the quality of services in the borough. Within this, we will work with a range of organisations, community groups and equality forums to ensure Carers from a range of backgrounds are identified and heard.

Priority 3– Assessing carer's needs

More carers have a carer's assessment and are given the opportunity to discuss what matters most to them, including their own health, wellbeing and social care needs, work, education or training.

Caring can be a hugely rewarding experience but carers often find it challenging to look after their own health and wellbeing. Caring can impact all aspects of a person's life, from relationships and health, to finances and work. Caring without adequate information, advice and support can have significant consequences for both the carer and the cared for person.

20% of people responding to our Carers' Survey highlighted that they had felt extremely affected by tiredness, disturbed sleep, general feelings of stress, under physical strain, short tempered and had felt an existing condition worsen.

We must not under-estimate the impact of caring on a carer's mental health. *"Carers need to be given priority to receive person centred and timely mental health support, when they need it, so that they can continue in their role."*

A carer's assessment should focus on what matters most to the carer and what will help them so they can be better supported in their caring role. It is important that service providers who carry out assessments (both Care Act assessments and non-Care Act assessments) focus on the carer as well as the person they care for, considering how their caring role affects their overall quality of life including their health and wellbeing and emergency planning.

We want more carers to have access to an assessment at the earliest opportunity, receiving the most appropriate support to manage their caring role and achieve the outcomes which matter most to them in their lives. To help with this, we want to have better quality conversations with carers, which discuss the things which matter most to them, and deliver information and support which helps them to achieve their personal outcomes.

What engagement with carers and stakeholders told us

- Assessments often focus on the cared for person rather than the carer themselves, particularly if a joint assessment is undertaken. *"I was never asked how I was. I was asked to leave the room whilst my husband with dementia was assessed. They listened to his answers even though he doesn't believe he has dementia or that we have any problems, but they didn't listen to me."*
- Carers are often told that unless the person they care for is assessed by adult social care they cannot access a carer's assessment.
- When a joint assessment is carried out ensure carers can speak openly and freely about their caring role and if not offer them a single assessment.
- Allow carers voice to be heard in relation to their rights and what support they would like.
- When assessments take place carers would like to discuss the options around respite. Carers tell us they need flexible respite to enable them to attend their own health and other appointments.
- Carers would like assistance in understanding and completing paperwork and forms. *"It's not easy filling forms in, everything is electronic. It's good to have someone helping me to do this so that I can explain our situation. I was rejected for Attendance Allowance the first time I applied, then I got help to appeal, but this all took time."*
- Carers tell us they often have to repeat their story when they access different services.
- Of the carers interviewed who have had a carer's assessment the majority said that they value the support they receive from social workers.
- Carers tell us that within the SEND community there is a fear of children being taken away and this limits involvement with social workers. This may account for lower numbers of carer assessments from parent carers. Few complain about services, for fear of children being taken away.

What we aim to do

- Complete the thematic audit of adult social care's approach to carers and use the findings to facilitate improvement and/or change to the assessment process in relation to the Care Act.
- Work with other service providers to ensure that staff who carry out carer's assessments have the necessary training and skills to carry out the role.
- Review the emergency planning process and ensure all carer's assessments include an emergency plan and that services are joined up to respond if required.
- Undertake a mapping exercise to identify what support is available, where there are gaps in provision and how referral and care pathways work between services with a view to developing a single carer pathway and improve joint working between services.
- Review and develop information sharing agreements to enable better joint working between agencies and so that carers don't have to share the same information several times with professionals.

Priority 4 - Carers health and mental wellbeing

Provide information, advice and support to carers to help them manage their own health and wellbeing to remain as physically and emotionally well as possible. ^

Health and wellbeing

While caring can be very rewarding and fulfilling it can also be draining and exhausting and have a considerable negative impact on a carer's mental and physical health and wellbeing. If carers, regardless of their level of caring, are not supported to look after their own physical, mental, and emotional wellbeing, then their ability to maintain their caring role is also at risk.

Unsurprisingly, carers who care for more than 50 hours a week, and carers who have been caring for over 15 years, are more likely to report poorer health. This may be especially true for parental carers of children with disabilities, as this can mean a lifetime of caring; and also, for older carers, as they are much more likely to have a long-term health condition of their own.

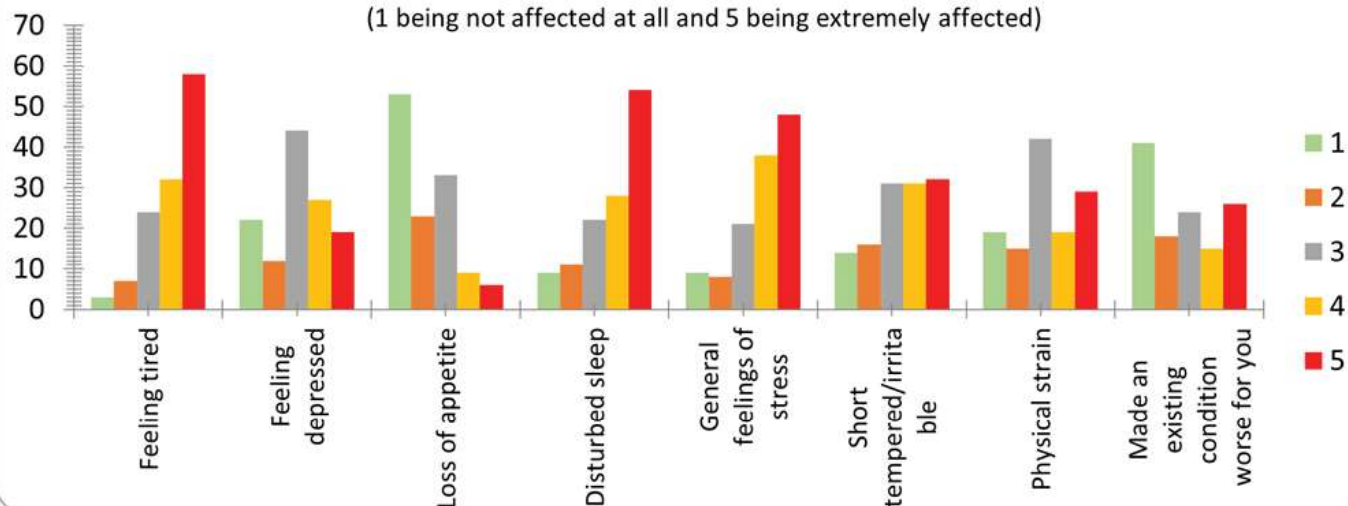
Carers are seven times more likely to say they are always or often lonely and feel isolated compared to the general population.

What engagement with carers and stakeholders told us

- Carers tell us that their caring role triggers a range of emotional feelings and anxiety *"Your world gets smaller and smaller, I feel trapped. I feel cheated that I haven't got the life I planned, then I feel guilty for thinking this way"*.
- More emotional support is required and in a timely manner – being met with a waiting list is not good enough.
- 45% of our carer responding to our carers survey highlighted that they live with some form of disability and/or long-term condition themselves. With 24% of those indicating a mental health problem or illness.
- When asked *"On a scale of 1 - 5, how affected are you by your caring role?"* carers highlighted that they had felt extremely affected by tiredness, disturbed sleep, general feelings of stress, under physical strain, short tempered and had felt an existing condition worsen.

Figure 1: Graphic showing carers responses when asked "On a scale of one to 5, how affected are you by your caring role?"

On a scale of 1 - 5, how affected are you by your caring role?
(1 being not affected at all and 5 being extremely affected)



- Carers told us that they often don't have time to address their own health concerns and that they struggle to fit in health appointments for themselves due to a lack of time away from caring.
- In terms of describing their situation, 64% felt they were either neglecting themselves or sometimes are not able to look after themselves well enough.
- 47% of carers rated their overall quality of life as just being alright, with 21% stating this as being bad or very bad.
- Over 35% of people said that they have little social contact and feel socially isolated. *"It's a lonely tiring life and it wears us down massively"*.
- Just over 70% stated that they felt able to spend time doing some of the things they value and enjoy but not enough and they enjoy some control over their daily lives but not enough. 16% felt that they have no control over their daily life.

Experiencing loss

Former carers can find it hard to adjust to changes in their life when their caring role ends. Although caring often ends when the person being cared for dies, it may also be because the cared for person has moved into residential care, is being looked after by someone else or they no longer require looking after.

Whatever the circumstances this can leave a big gap in a carers life and can bring on very mixed emotions from relief at having some time to themselves, to guilt at feeling that way, to wanting to make some big changes, to feeling exhausted and alone and unable to cope and do much at all.

As well as coping with the loss of the person they have looked after, carers may find they also need to cope with the loss of their caring role and the changes they have to adjust to as they "rebuild" their life.

When a caring role ends this may also mean that the relationships carers have built up with professionals and friendships developed with peers also come to an end and they often feel isolated after many years of caring.

It is important to acknowledge the impact that loss, whatever the circumstance, has on a carer's health and wellbeing and that they need continued support at this next stage of their carer journey.

What engagement with carers and stakeholders told us

- "Being a carer is lifechanging but being a bereaved carer can also be devastating especially when your sole purpose prior to this was to be there for your loved one"*.
- One bereaved carer likened the loss to PTSD.
- "Making the decision to move mum into a care home was very difficult. The feelings of guilt were immense, I felt like I had let her down"*.
- I cared for my wife around the clock - after she died, I was lost, I didn't know what to do with myself and felt very alone".
- "My whole identity changed over-night"*.
- Carers also told us that that they need continued support when their caring role has ended and this needs to be recognised.

The impact of Coronavirus on carers physical and mental health

Carers' physical and mental health is often impacted by their caring role. The 2011 Census and the more recent GP patient survey by NHS England have shown that carers were more likely than non-carers to have poor health before the COVID-19 pandemic.

Nationally, the COVID-19 pandemic has seen 81% of carers take on increasing hours of care, often with less or no outside support. This has had a significant and detrimental impact on carers' health and wellbeing; over two-thirds of carers (69%) reported that their mental health has worsened, and 64% of carers said their physical health has got worse as a result of caring during the pandemic.

What engagement with carers and stakeholders told us


Carers who responded to our local survey said that the pandemic had a negative impact on their own health and well-being:

- Over 70% stated that the pandemic had affected their mental wellbeing and led them to worry more about the person they are caring for, with over 30% feeling unsupported in their caring role.
- In relation to whether the pandemic had affected their own physical health, over 25% felt that this had affected them physically.
- 64% highlighted that they felt that COVID-19 had increased their caring responsibilities. *"Isolating meant no external respite"*.
- 33% stated that they felt the pandemic had affected their ability to be a carer which led to feelings of anxiety and guilt.
- Carers also told us that as the condition of the person they were caring for worsened, their levels of exhaustion and anxiety rose and were impacting on their own health.

What we aim to do

- Work with the Mental Health Partnership Delivery Group to improve the offer of support to help carers address emotional and wellbeing needs, this should include carers who are also experiencing loss/bereavement.
- Review the practical support offered such as form filling, etc to help reduce the burden/stress on carers.
- Improve access to training and other preventative support and information to help carers stay healthy and care safely.
- Improve support options to enable carers to get to their own health appointments and access regular health checks ie short breaks, sitting services.
- Ensure the Carers Assessment asks carers how their caring role affects them and their health and wellbeing, so they can access the relevant support.
- We will look at how carers can be provided with affordable and flexible opportunities to take part in activities, which contribute towards good health and wellbeing. This will involve working with partners such as local leisure centres, colleges, the area councils and community groups/connectors.
- Make it easier for carers to access local services that could support their overall wellbeing and reduce their sense of isolation and loneliness
- Work closely with the primary care and the social prescribing service to support them to recognise the wider needs of carers and how these can impact on their physical and mental health to assist in signposting and referrals to support.
- We aim to improve the digital offer for carers as a mechanism for improving access to health and wellbeing information for those who are able/choose to use digital platforms.

Priority 5 – Carer's breaks

Carers are given the opportunity to discuss with practitioners and support staff the value of having a break from caring and the options available. 

Caring for a family member, friend, or neighbour can be challenging and often comes at significant personal cost. Without sufficient support or meaningful breaks, it can take its toll on carer's emotional and physical health, their ability to work and have a knock-on effect on their long-term finances. A common theme arising from the consultations held with carers was not being able to have a break from their caring responsibilities.

What engagement with carers and stakeholders told us

- Carers need and value breaks away from their caring role. *"I have no time for myself to do the things I enjoy."*
- Of those responding to the Carers' Survey, when asked what type of support would be most helpful to them as a carer, 37% said practical support such as short breaks or a sitting service and 29% said respite.
- Over 35% of people responding to the Carers' Survey said that they have little social contact and feel socially isolated.
- Many carers are reluctant to place their cared for person in residential care for their respite. Many give examples of negative experiences of this for the cared for person. *"I will have to find another care home. He can't go there again. I just need one break a year and then sitting service support so that I can carry on being on various committees in Barnsley, where I feel I make a difference and I enjoy this. If I didn't have these to attend, I would be trapped at home. I don't like the person I have become."*
- A survey carried out by the British Legion highlighted that less than one in ten carers in the armed forces community have been able to take a break from caring in the last year (9%), - this was even lower if the carer was caring for a veteran (4%).
- Carers have expressed that respite/short break opportunities are limited and difficult to access unless the person they care for is receiving support. The range of respite options appears to be quite limited.
- Information regarding how to access respite/short breaks and what is available needs to be clearer. It is difficult for carers to plan breaks not knowing if and what respite is available.
- Respite often comes too late when carers are already at crisis point - at this point the carer doesn't get the same benefit from the break.
- Lack of respite opportunities is a constant theme of discussion at the Carer Forum meetings, where carers talk about "losing their identity" and "not having enough time for themselves".

What we aim to do

- Work with commissioners in adult social care to look at the current offer around respite provision and direct payments for carers to enable them to access flexible short breaks and respite.
- Work with the disabled children's team to look at the current offer around respite provision and direct payments for parent carers.
- Review the annual one-off payment grant for adult carers and how this can support short breaks.
- Work with the area councils and voluntary sector providers who deliver universal services/groups to ensure support in the community provides a variety of options for carers to have a break from caring and are less socially isolated.

Priority 6 – Helping carers stay in work

Carers are offered supportive working arrangements by workplaces. 

The census 2011 identified that around one in nine working people are also carers and that the largest proportion of carers are in employment, whether full or part time. Yet we know that many carers experience substantial challenges in balancing employment and caring.

Without the right support, as many as one in six carers will have to give up work or reduce their working hours to care.

It is important that carers have support in the workplace so that they can manage the care they provide alongside their job. There are some simple steps that employers can take to reduce the feelings of isolation, stress and anxiety that carers experience and to ensure that they are able to balance work with their caring responsibilities.

What engagement with carers and stakeholders told us

- There is a lack of support from some employers including taking leave and an understanding of what a caring role entails.
- Some carers find it difficult to balance work and their caring role reporting that they are “stressed and exhausted”.
- Carers who are self-employed said they also need support besides those who're in paid work.
- More out of hours support to accommodate working carers is needed. “Barnsley Carers Service provide home visits and early morning support to work around my work hours.”
- Support for carers should be included in occupational services and employee assistance programmes so employees who are carers can access support through work.
- In terms of employment status, 30% of people who responded to our Carers' Survey work in paid roles and said that they felt supported as a carer by their employer. 12% did not feel supported by their employer. “I have had to change jobs five times in the last five years so that I can support my mum and dad in their home. Dad died last year, and mum needs more help than ever. I feel like I am running two homes. I make all of the household decisions for my mum and have my own family and work to juggle.”
- 28% of people stated they are not in paid work due to their caring responsibilities.

What we aim to do

- Work with health partners and employers across the borough to raise awareness of carers issues and promote flexibility in the workplace for employees with caring responsibilities.
- Building on the carer action plan developed by Barnsley Council's human resource team we will support employers across the borough by;
 - Developing carer's guidance and/or toolkits which include a clear definition of what a carer is.
 - Providing advice and information on the law.
 - Support to implement carer friendly policies and flexible working practices in the workplace including time off to attend appointments with the cared for person.
 - Helping managers to identify carers within their teams and help staff identify themselves as carers.
 - Providing links to sources of information and advice for employees, such as that provided by Carers UK as well as local information, ensuring that they are accessible to employees.
- Work with employers across the borough to consider the implementation of employment carer passports.

Priority 7 – Young carers

Support young carers from inappropriate caring and provide the support they need to help them balance their caring role with their rights to be children or young people. ^

It is important that we recognise young carers and young adult carers as children and young people in their own right and minimise the potential negative impact of caring responsibilities on their life chances.

Many young people within Barnsley are helping to care and the person being cared for will usually be a family member such as a parent, grandparent, sibling, or someone very close to the family. The person or people they care for will have a serious or long-term illness, disability, mental health difficulties or problematic use of alcohol or drugs; many young carers also help to care for younger siblings.

Our young carer's needs will be included in all the key priority areas of this strategy as there will be generic support needs, challenges and areas for change that will be just as relevant to a young carer as an adult carer. However, we acknowledge that there are also some differences in how we identify young carers and the types of support they require. Therefore, this section will focus on the specific outcomes that we want to achieve for young carers.

The transition from young carer to young adult carer at the age of 18 years needs to be carefully managed. Young adult carers need to continue to be supported in their role, whilst also encouraging them to take their next steps into employment or continued education and training. Robust transitional arrangements will be a priority for children and adult social care, the Young Carers Service, and the newly commissioned Adult Carer Support Service.

What engagement with young carers and stakeholders told us

- They want access to good quality information and advice, and to not be disadvantaged by the role of the carer.
- They want a better understanding of more of the services and policies that support people in their role as a carer and have the ability to influence and contribute to these.
- They want to be fully supported during transitions to key services and understand the differing arrangements and options for support and breaks.
- They want to ensure education and training is available to support all members of our communities to raise awareness and value the role of carers.
- They want support to continue to lead and enjoy their own life through work and play.
- They feel that the recognition of carers and their contribution to health and wellbeing of those they care for needs to be improved.
- They need to remain safe within their role and free from harassment in the wider community.
- They would like to participate fully in their community and increase social connections.
- They feel it is important that they have the knowledge and skills necessary to support those they care for.
- They value the support received from the Young Carers Service:
 - “YC is really, really good it gives you advice and support. It's tailored to support you.”
 - “I am much better at dealing with my worries and concerns, the tools I have been given are great. Thank you will never be enough.”
 - “Young Carers is a really good group. They make you feel very welcome. They are really understanding and help you understand things that are really hard to talk about.”

What we aim to do

- Raise the profile of young carers at a strategic and operational level.
- Develop and implement processes for early identification, referral, assessment and support.
- Enable young carers to co-produce and co-deliver solutions in the improvement and delivery of services.
- Work with health care providers to ensure that young carers are valued and seen as part of health care processes.
- Ensure young carers are supported in education and during key transition points ensuring robust transitional arrangements are in place.
- Develop universal provision and positive opportunities to support young carers outside of their caring roles and be treated as individuals in their own right.
- Promote the health and wellbeing of young carers including emotional and physical wellbeing.

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