

REPORT TO THE HEALTH AND WELL BEING BOARD

30 January 2018

Integrated Carers Service

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1. Purpose of Report

The purpose of the report is to provide an update with regards to the commissioning of an Integrated Carers Service and the development of the Strategy Action Plan to support our Carers to optimise their quality of life and to continue to be effective in their caring role.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Support the commissioning of an integrated Carers Service to maximise both resources and outcomes for Carers as identified within the Carers Strategy and action plan.

3. Introduction/ Background

3.1 The new Carers Strategy 2017-2020 (Appendix 1) highlights the importance of recognising the value of Carers both in terms of the support they need themselves but also because carers support the most vulnerable to remain healthy and independent and prevent people from needing more costly interventions.

The Strategy also tells us there is still more that can be done to support our Carers to optimise their quality of life and to continue to be effective in their caring role. Information gathered in support of the strategy from via carers, partners and providers recognises that current support is sporadic and lacks co-ordination for the individual Carer and also identified gaps in a number of areas.

Based on the aims of the Strategy a number of outline actions were identified which have helped to shape the Strategy Action Plan. The commissioning of the Integrated Carers Service will address a number of the key actions and also contribute to the ones accountable to the Carers Strategy Steering Group and wider partners.

Following the presentation of the Carers Strategy to SSDG in May 2017, it was recommended that a Carers Strategy Steering Group made up of relevant partners should be established to develop and lead on the delivery of a strategy action plan.

In order to achieve the successful delivery of the Strategy and Action Plan it is vital that all key partners are represented on the Strategy Steering Group to ensure their organisation contribute fully to improving the support for Carers across the borough.

Central to the action plan (see draft at Appendix 2), is the need to ensure there is a more co-ordinated whole system approach to Carer support in Barnsley, which will build on and add value to existing partner resource. To achieve this, a key recommendation is to commission a new Barnsley Integrated Carers Service.

The Strategy Steering group has also taken on the role of commissioning project group to help shape the model of the new service. There will be a cut-off point when the delivery model is worked up in detail in readiness for the procurement to ensure we do not give any member of the steering group a market advantage when it comes to the tender submissions.

4. Evidence of need / Link to Joint Strategic Needs Assessment

4.1 Whilst the JSNA recognises that people who provide unpaid care to a friend or a member of their family are often subject to health problems, anxiety, low self-esteem and social isolation, there is limited information included in the document specifically around the carers in our borough.

However, national data tells us that in the UK, 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 that is elderly, disabled or seriously ill.¹ This equates to approximately 1 in 8 adults across the UK.² Of these, more than 3 million people juggle providing care with paid work.³ The number of carers nationwide 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.⁴ National literature and research clearly demonstrates that the caring role has an impact on the health and wellbeing of carers; it is likely that the negative impact that caring has on a person's health will reduce their effectiveness at caring. Whilst many carers consider their role to be a rewarding one, unpaid caring can have a considerable impact on a carer's health and wellbeing. A Carers UK National Carers Survey⁵ of 7286 carers in 2017 found that;

¹ UK Census 2011

² Carers UK

³ UK Census 2011

⁴ Valuing Carers 2015 - *the rising value of carers' support*, Lisa Buckner University of Leeds, Sue Yeandle University of Sheffield

⁵ Carers UK (2017) The State of Caring <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017>

- 81% have felt lonely or socially isolated as a result of their caring role - this rises to 86% for carers providing 50 hours or more of care.
- 6 out of 10 people (61%) said their physical health has worsened as a result of caring;
- 7 out of 10 (70%) said they have suffered mental ill health;
- Nearly half of respondents (46%) said they have suffered from depression because of their caring role.
- 7 out of 10 (69%) of carers find it difficult to get a good night's sleep as a result of caring;
- Over half of people (54%) also reported that they have reduced the amount of exercise they take because of caring;
- 45% reported that they have found it difficult to maintain a balanced diet;
- over two thirds of carers (68%) said that their GP knows but that they don't do anything different as a result;
- a quarter of people (25%) said they hadn't had a day off from caring for more than five years;
- 4 out of 10 carers (40%) said they hadn't had a day off for more than a year;
- 6 out of 10 carers (65%) reported having received an assessment of the impact of their caring role in the previous year;
- Three million people, 1 in 9 of the workforce, combine caring for a loved one with paid work;
- 4 out of 10 carers (43%) said they had given up work completely to care;
- 13% reporting that they had retired early to care;
- 1 in 5 of all carers (21%) said they had reduced their working hours to care.

The 2011 Census recorded 27,176 unpaid carers in Barnsley representing 12% of the population. 4,075 people identified themselves as caring for 20 hours per week or more, with a further 15,473 caring between 1 and 19 hours per week. 7,609 people said they were caring for 50 hours or more. By 2015, the number of carers in Barnsley 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 calculates that the number of carers in the UK will increase by 40%, which would mean nearly 39,800 carers in Barnsley.

It is therefore vital that sustainable support solutions are in place for carers that will empower them to be independent at an individual and community level. The commissioning of an Integrated Carers Service will ensure that carers achieve choice and control in their day to day lives and with the support they receive, will be enabled to maintain and sustain their caring role whilst maintaining their own health and well-being. This will include practical support and assistance to obtain any necessary benefits they are entitled to claim to prevent financial hardship or to avoid the cared for person having to access specialist, residential or social support. This support should also include access to services that provide aids and adaption and assistive living technologies to help the individual to continue to live in their own home. Support will also be provided for carers to help them to have time away from

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

caring, allowing them to have a healthy lifestyle, social interaction and look after their own mental well-being.

The identification of carers can also pose a significant challenge; if a carer doesn't identify as such then they will not access the support they are entitled to. 70% of carers come into contact with health professionals yet health professionals only identify one in ten carers.⁷ Therefore, in order to improve outcomes for the wellbeing of carers, it is essential that links are made with healthcare professionals to improve the identification of carers and ensure they are aware of the support available to them.

5. Service Model

5.1 Model of Delivery

The preferred option of the project group is to procure one integrated contract that will provide a single point of contact for all carers to access good quality information, advice and support via a tiered approach.

The newly commissioned service will deliver against the outcomes identified for Carers in the local strategy to ensure they are;

- Informed and Empowered
- Individually resilient

The aim of the Carers Resource Service will be to promote, support and improve the mental, physical, emotional and economic well-being of carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

A preventative focus will also be required to enable Carers to access appropriate support as early as possible to help them improve their health and wellbeing, prevent any problems getting worse and reduce the demand for specialist services for both themselves and the person they care for. The service will also provide a range of structured interventions and support that will be personalised and service user focussed.

The service will focus on the achievement of key outcomes for Carers to help them to optimise the quality of their life and well-being and to support them to continue to be effective in their role as a Carer. A personalised planning support approach and an outcome framework tool will be used to measure improvement across the following seven areas;

- Health and well-being

⁷ Macmillan Briefing on Carers Issues 2013, <https://www.macmillan.org.uk/documents/getinvolved/campaigns/mps/commons2ndreadingbriefing.pdf>

- The caring role
- Managing at home or that of the person cared for
- Time for yourself
- How you feel
- Finances
- Work

The service will also be responsible for administering the Carers Grant on behalf of the Council to ensure we continue to promote and build capacity to support carers within our communities.

- To maximise both resources and outcomes for carers the service will work collaboratively with key partners within the public, voluntary and private sectors to develop effective referral and care pathways. The service will ensure that any relevant procedures, protocols and appropriate information sharing agreements are developed to ensure a whole systems approach that will ensure carers are connected to a range of appropriate support to achieve wider health and wellbeing benefits for Carers. Such organisations/agencies will include (but not be limited to); Primary Care, and specifically General Practices; Secondary Care; DWP, Mental Health Services, Memory Team, Social Prescribing, Safe and Well checks (Fire service), Lifestyle Services, local Self Help forums and other provider/support forums etc.

The service will also be required to encourage and assist Carers to undertake a statutory Carers Assessment and will develop a joint working process with Adult Social Care to enable this to happen.

Adult Social Care has reviewed their Carers Policy and is considering a number of options with regard to allocating one-off payments to carers who may not be eligible for support via a carer's assessment or who have not had an assessment. This process is in its early stages of development particularly around the eligibility criteria and management of the payments however, the new Integrated Carers Service will need to ensure that carers are supported to access this support. There is also an opportunity to look at the possibility of integrating this process into the Integrated Carers Service and the provider hosting the funding on behalf of the council to provide the allocation of payments to carers.

The service will work in partnership with the Council and other relevant organisations to implement/improve workplace support that local employers provide for carers so that they can care more effectively and/or maintain their caring role whilst still fulfilling their employment potential and looking after their own health and wellbeing.

5.2 Location

The Service will be delivered from a range of locations across the borough and at various times to be determined by the Service based on identified need and demand. Shared accommodation with other services is actively encouraged. Access points and access times should take in to account local public transport links and caring arrangements.

5.3 Young Carers

After exploring the commissioning options for the Young Carers Service the option to extend the contract with the existing provider for a further year will be invoked.

The option to undertake the joint procurement of an integrated Carers Service as a whole (adults and children) was explored and considered by the Executive Commissioning Group (ECG) and not felt to be appropriate at this stage. It is important that Young Carers are supported for all their needs through a holistic offer and this is best achieved through connectivity with other children and young people's support services, hence the Young Carers Service needs to be included as part of the Vulnerable Adolescent Service Review over the coming year.

It is important that we recognise young carers as children in their own right and minimise the potential negative impact of caring responsibilities on their life chances. Although this is best achieved through a dedicated and expert response, the Integrated Carers Service and the Young Carers Service will be required and supported to develop effective collaborative working relationships. In particular, they will be expected to join up the response for young people in transition between services and to offer joint working where there may be both adult and young carers within the family unit.

A time-limited task and finish group is currently being organised to ensure we are taking a joined up approach to develop the specification and to investigate the areas around young carers that could be potentially included in the integrated service at a later date. This approach will also ensure collaborative working takes place with the current young carer's provider and the new carer's service provider whilst the Vulnerable Adolescent Service Review takes place.

6. Next Steps

6.1 ...Timescales

A project plan and procurement timescales have been drawn up to steer the commissioning and procurement process with the aim of the new service commencing 1 August 2018. Key milestone dates are detailed below;

- January 2018 - Market engagement.
- Early February 2018 – Final service specification
- February 2018 – May 2018 – Tender process
- August 2018 – new service commences.

* *timescales subject to change*

7. Financial Implications

7.1Resources available

The aim is to procure a 2 year contract with an option to extend for 1 year – the annual contract cost being £240,000 per annum.

We have identified resources totalling £240,000 per annum covering the financial years 2018/19 and 2019/20, this comprises;

- £100,000 per annum from the Better Care Fund (BCF);
- and a maximum of £140,000 per annum from Healthier Communities.

In terms of BCF a total allocation of £300k (£100k per annum) has been agreed from 2017/18 to 2019/20. However it is currently unclear whether the Government will allow any unspent allocations from 2017/18 to be carried forward therefore at this stage we are working on the basis of £200k in BCF being available to support contract costs from its commencement in August 2018 until 31 March 2020.

In terms of the contribution from Healthier Communities this will be achieved through the release of funding linked to contract expirations – KLOE savings linked to contracts will be unaffected by this proposal.

At present the proposal requires a temporary resource commitment – continuation being predicated on identification of additional income and the success of the initiative.

Work is taking place to engage with a broader set of partners to look at opportunities for wider joint commissioning and joint funding. Unfortunately this is not progressing as quickly as we would like but we will continue to progress this in the hope that additional funds can be identified before the procurement goes live.

We are also working with corporate procurement to look at building some flexibility into the contract to allow us to extend/reduce the services as required. This is to ensure that if any additional funds are identified we can direct these into this service provision and extend its reach, keeping consistency with the provider and without having to commission the same or very similar services via a separate procurement because the scope of this one is restricted to only the value of the funds that are currently available.

8. Alignment / Delivery of the Health & Wellbeing Strategy

8.1....The proposed Integrated Carers Service will promote, support and improve the mental, physical, emotional and economic well-being of carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction.

9. Alignment / Delivery of the Barnsley Place Based Plan

9.1.... That people are enabled to take control of and improve their health and well-being.

10. Stakeholder engagement/ co-production

10.1....Information and intelligence regarding carers has been gathered via the consultation process and the co-production of the Carers Strategy and Action Plan.

10.2 Consultation on the proposal and scoping of the new service has taken place through the Carers Strategy Steering group and the Carer and Friends Group. The draft Service Specification was taken to the Carers and Friends Group on 8 January 2018 for consultation.

10.3 Benchmarking with other areas similar to Barnsley has taken place to identify and examine different delivery models, levels of funding and outcomes achieved. A visit to the Carers Resource Centre in Bradford has also taken place which was particularly informative and useful whilst developing the scope of the service in Barnsley.

10.4 As part of the procurement process market engagement will take place during January to engage with organisations that may be interested in delivering a service in Barnsley.

10.5 Members of the evaluation panel will review and score the quality question responses on 19/20 March 2018 and the evaluation panel will then meet on 22 March to agree the scores and the successful provider. Members of the panel consist of representatives from;

- BMBC Healthier communities
- BMBC Stronger Communities
- Carer representation
- BMBC Adult Social Care
- BMBC Children's Services
- CCG (to be confirmed)

The following consultation with key partners has also taken place/is planned;

- 28 November 2017 – circulate report to Communities and People DMT members for comment by 4 December 2017.
- 12 December 2017 – final report for approval by SMT.
- 15 January 2018 – SSDG.
- 30 January 2018 – Health and Well-being Board

11. Appendices

11.1 Appendix 1 - Carers Strategy 2017-2020 #BarnsleyCares

11.2 Appendix 2 - Carers Strategy Action Plan

12. Background Papers

N/A

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