

## Review of Barnsley Carers Service

### Business case to recommission the carer support service 2021/2022

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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:

<b>Procurement activity and timeline</b>	<b>Start Date</b>	<b>End Date</b>
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 2014<sup>1</sup> 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 Plan<sup>2</sup> 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,

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

<sup>2</sup> <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 2021-2024<sup>3</sup>**

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.

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<sup>3</sup> <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.<sup>4</sup> 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.

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<sup>4</sup> 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.<sup>5</sup>

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 year<sup>6</sup>

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
<b>% Increase in number of hours care provided between 2001 and 2011</b>					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:

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

<sup>6</sup> 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.<sup>7</sup> 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 care<sup>8</sup>.

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.

<sup>7</sup> Carers Week (2020) Carers Week Research Report – Breaks or Breakdown

<sup>8</sup> 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.

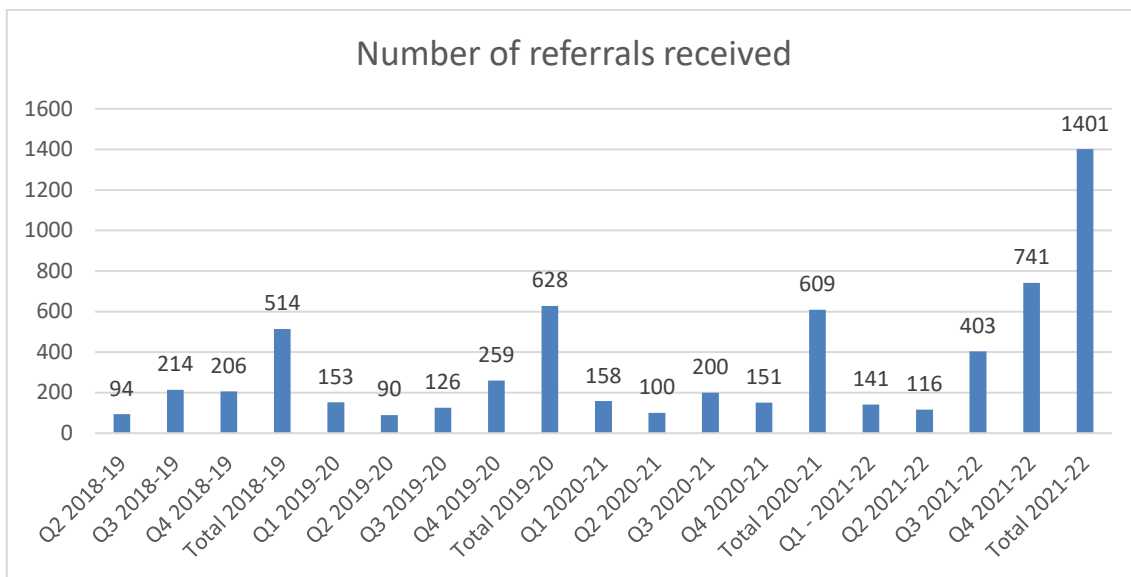
### **4.3 Performance Activity**

#### **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.



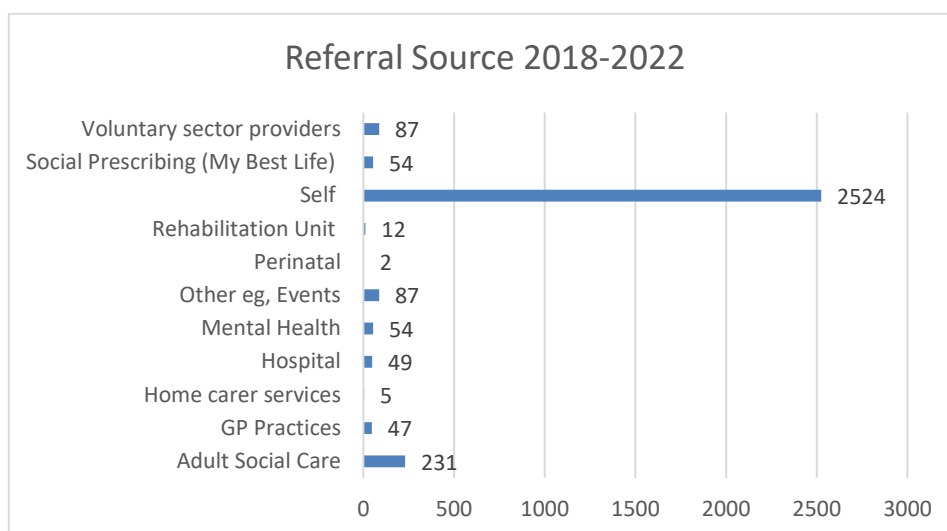
Note: Quarter 2 2018/19 only covers 2 months due to the service starting on 1 August 2018

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.

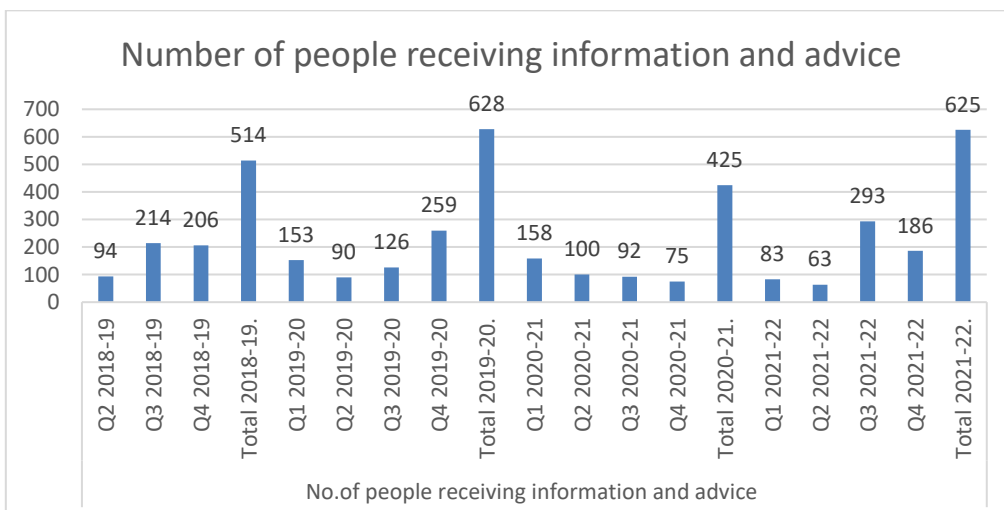
### 4.3.3 Information and advice

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

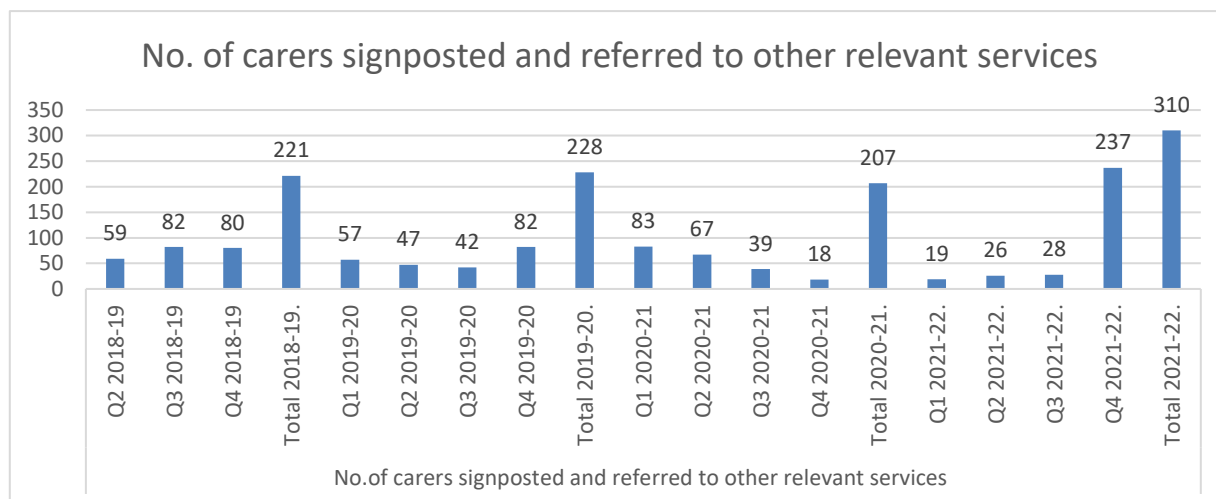
The graphs below show the number of people receiving information and advice between 1 August 2018 and 31 March 2022.



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

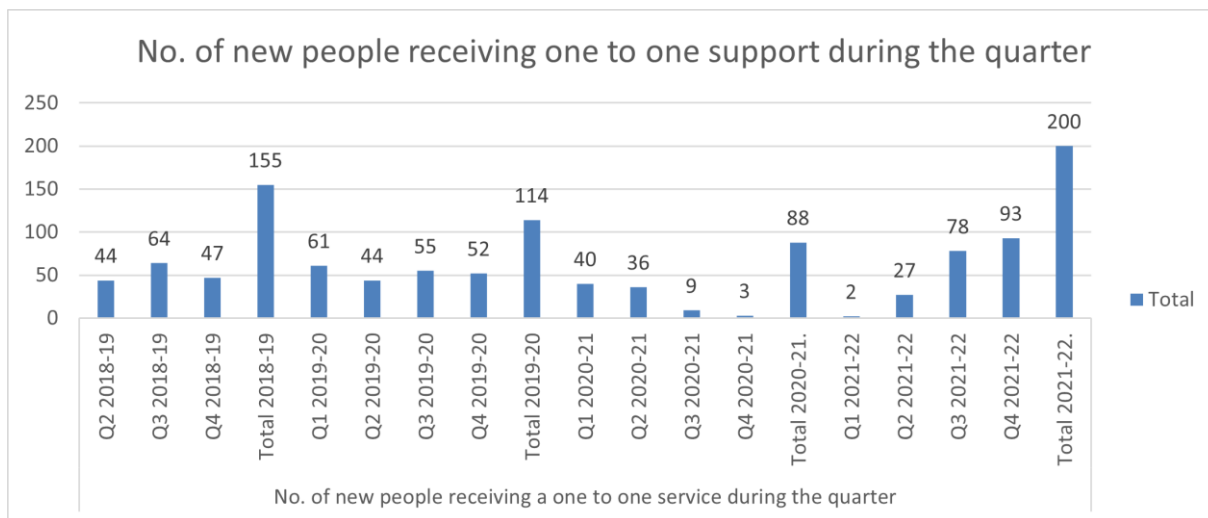
Carers have a varying intensity of need, and support may be required short term, long term or intermittently. The level of support required may also vary in intensity.

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.

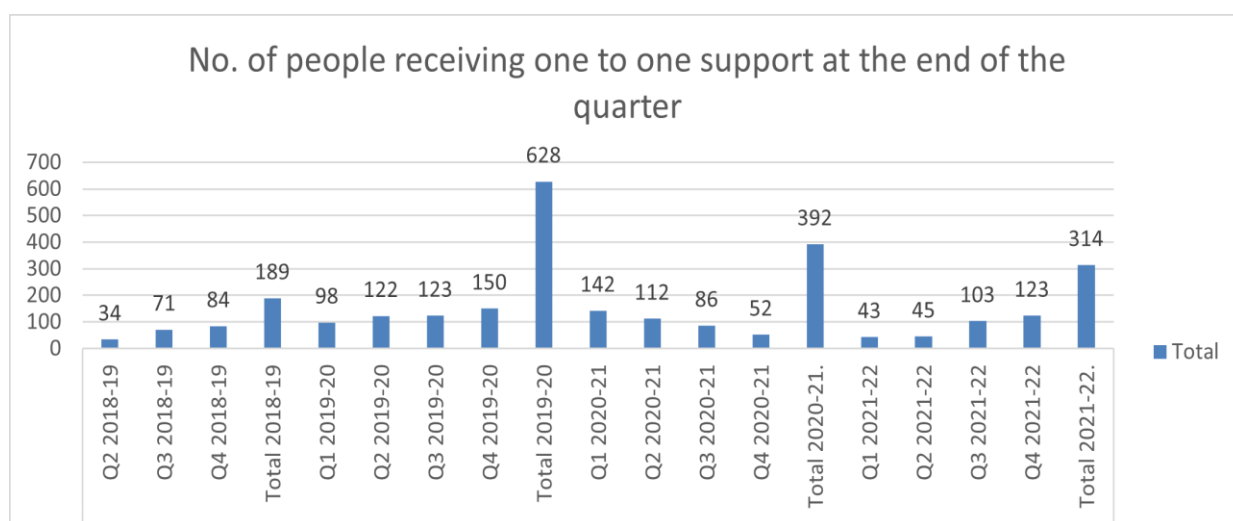
The graph below shows the number of people receiving a one-to-one service between 1 August 2018 and 31 March 2022.



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.

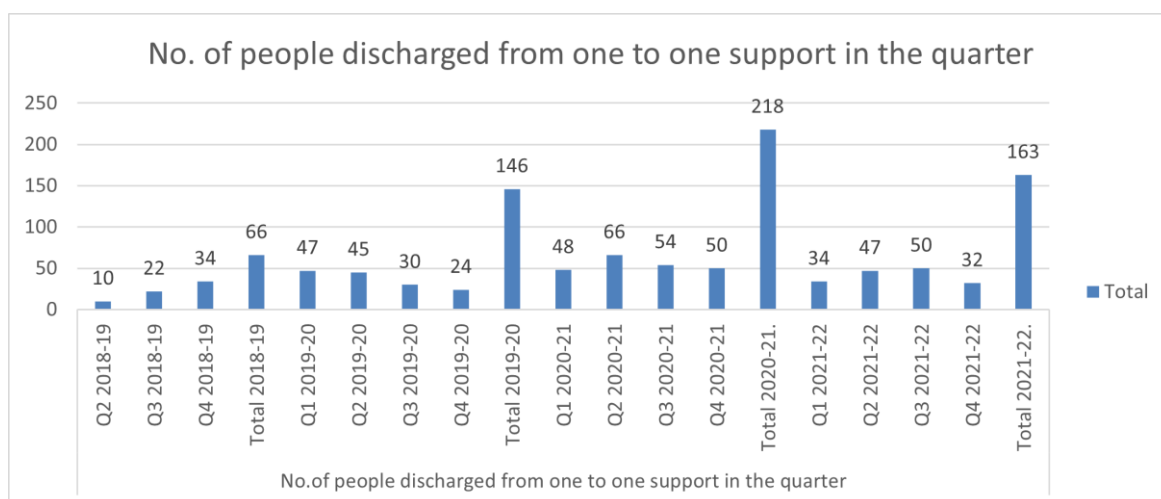
The graph below shows the number of people on the caseload for one-to-one support at the end of each quarter between 1 August 2018 and 31 March 2022. As an episode of support may overlap quarters these figures have not been totalled up to avoid double counting of individuals.



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.

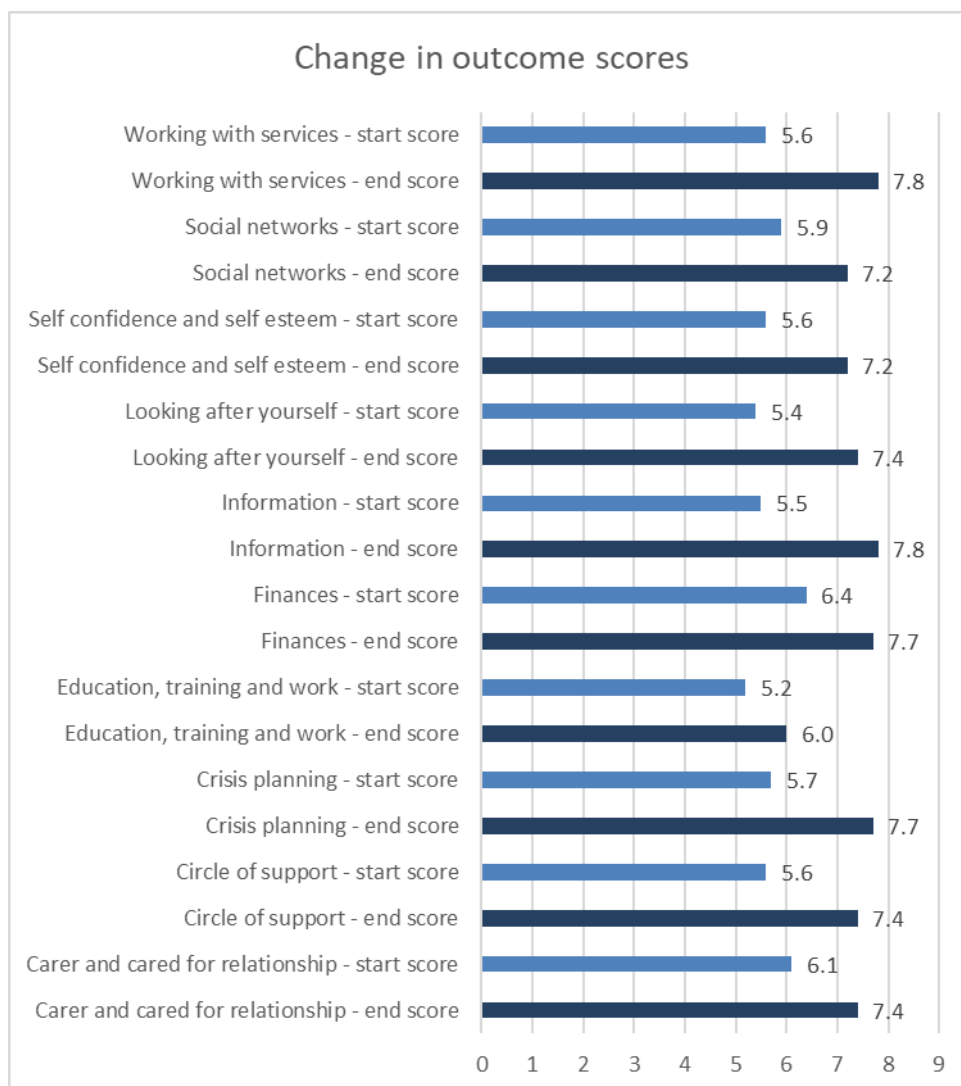
The service uses the Carers' Wheel outcome tool to assess a carers support needs prior to them receiving one-to-one support and measure progress made towards improving their situation. The Carers' Wheel comprises of 10 areas of potential support (domains). Carers are asked to choose from a 10-point scale 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.

<b>Outcome domain</b>	<b>Percentage of carers with increased outcome scores</b>
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.

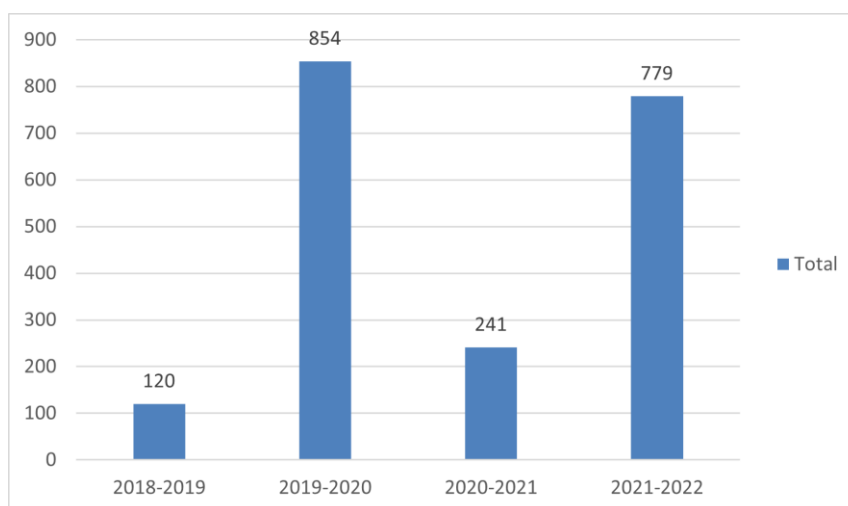
Several groups including the Music Group and the Craft Group are supported by volunteers as well as Barnsley Carers Service staff. The popularity of the groups is monitored, and carers are consulted regarding the suitability and location of the venue at regular intervals. Groups can be

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

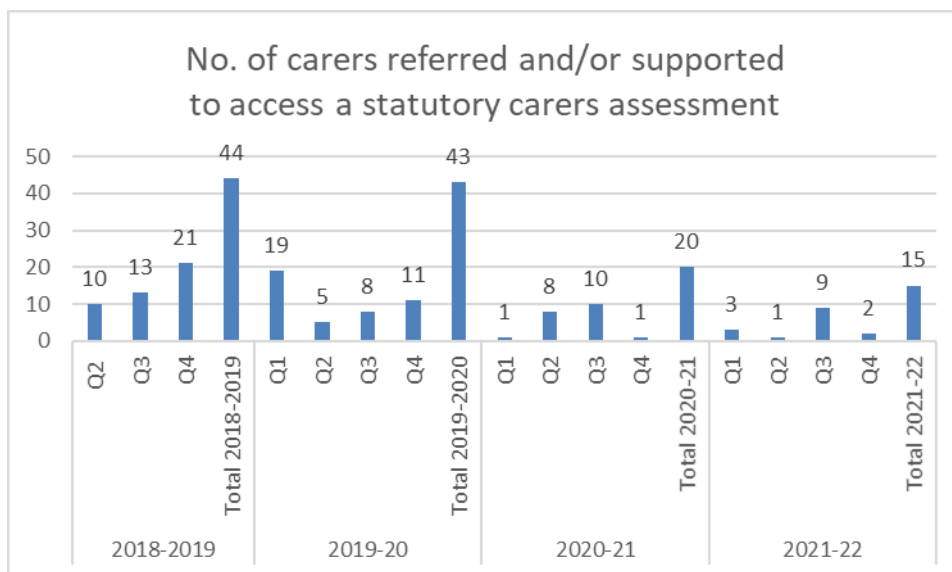
The service offers a variety of roles for volunteers. Some of these are regular opportunities, for example helping to run carer groups each fortnight, others are more ad hoc such as helping with fundraising or at carer events and carers can choose the type and amount suitable for them. As at the end 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"> <li>• Questionnaires to be circulated and returned by potential providers.</li> <li>• Date to be agreed for presentation session following approval to re-tender.</li> </ul>	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:

<b>Domains</b>	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.