



Commissioning for Carers



Disclaimer

Remember that legislation and guidance change and the advice obtained from this document should be considered as indicative only. Before using any of the information in this document, you should read, in full, the relevant legislation and any other source documents. Advice in this document does not give a full statement of the law and is not a substitute for professional advice. The authors cannot accept any responsibility for loss or liability occasioned as a result of any person acting, or refraining from acting, on information contained in this document.

**Carers must...
receive the
recognition
and status
they deserve.**

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Scope of this document

Definition of carer

There is currently no single definition of 'carer'. Building on the working definition proposed by the National Carers' Strategy, this document proposes:

A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.¹

Who is the guide aimed at?

This document is intended primarily for local NHS and council commissioners in England. It aims to cover the commissioning of adult services that impact upon adult carers. These can include services for the people who carers look after.

Commissioning support for young carers

Some children and young people also take on substantial caring roles, which can risk damaging their health, well-being or education. Every area should commission support for young carers under 18, and it should be noted that *Putting People First* commits adult services to reducing the likelihood of adults with ongoing support needs relying on the care of a child.

Commissioning for young carers brings distinctive challenges outside the scope of this document. There is information for commissioners at www.youngcarer.com (which includes DCSF-funded *Principles of Practice*) and at www.carers.org/professionals

This guide was developed by the following organisations:

ADASS

The Association of Directors of Adult Social Services is the professional association representing all 152 directors of adult social services in England.
www.adass.org.uk

Carers UK

Carers UK is the voice of carers. It supports health and social care professionals to develop services for carers and the people they care for through research, consultancy, information and training.
www.carersuk.org

Crossroads Caring for Carers

The Crossroads service is about giving time – improving the lives of carers by giving them a break from their caring responsibilities.
www.crossroads.org.uk

The Improvement and Development Agency

The Improvement and Development Agency works with councils in developing good practice and supporting partnerships. This is done through networks, online communities of practice, web resources and the support and challenge provided by councillor and officer peers.

www.idea.gov.uk

The Local Government Association (LGA)

The LGA is a membership organisation for councils in England and Wales, acting as the voice of the local government sector, and as an authoritative and effective advocate on its behalf.

www.lga.gov.uk

National Black Carers and Carers Workers Network (hosted by the Afiya Trust)

The aim of the National Black Carers and Carers Workers Network is to develop and maintain an effective network of black carers and carers workers that can facilitate the voice of black carers. This voice is implemented in the continuing improvement of services, policies and practice both locally and nationally to meet the evolving needs of black carers.

www.afiya-trust.org

NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS.

www.nhsconfed.org

The Princess Royal Trust for Carers

The Princess Royal Trust for Carers is the largest provider of comprehensive carers' support in the UK. Through its unique network of 144 independently managed carers' centres, 85 young carers' services and interactive websites, the Trust currently provides quality information, advice and support services to almost 354,000 carers, including over 20,000 young carers.

www.carers.org

The partners are grateful for the support of the Department of Health in producing this resource.

Foreword

Carers are a huge resource in our care and support system. For this system to be sustainable into the future, we need to increase every area's capacity to encourage and enable families to make positive, informed choices about how they contribute to care. It doesn't end there. Carers are individuals with their own aspirations. Alongside their role as a carer, they may need support so that they can live healthy and independent lives and pursue a career, an education or social activities.

The vision of the National Carers' Strategy¹ is that 'the needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve'. *Putting People First*² sets out a commitment to transform the way in which care and support is delivered. Neither of these aspirations is deliverable without the other. Commissioning for care and support requires reform in order to place carers where they deserve to be.


Commissioning to support carers is complex because they are suppliers of care and individuals in their own right. Many of us will be carers or require care at some point in our lives. We owe it to carers, on whom we will increasingly rely, to shape a future where they know that their contribution is recognised and supported.

How will commissioners succeed in doing this?

To assist commissioners in both health and social care to succeed in delivering these ambitions, eight key organisations have developed this best practice guidance. Local commissioners may wish to use this when making commissioning decisions that could affect carers, including services for the people who carers look after.

Key recommendations in this guide include:

- think 'carer' in all your commissioning and area needs assessments
- improve outcomes, independence and choices for both carers and those they care for
- involve carers of all groups and communities in decision-making and planning processes
- strengthen the provider market, using a variety of funding approaches
- meet new NHS and social care inspection expectations and demonstrate that they meet key commissioning competencies.

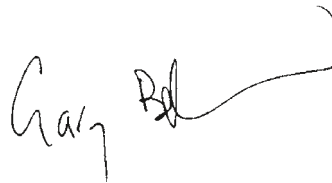


We are grateful to the eight organisations that have produced this guide (details on pages 4 and 5).



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‘The needs of carers must, **over the next 10 years**, be elevated to the **centre of family policy** and receive the recognition and status they deserve.’
National Carers’ Strategy

Introduction on World Class Commissioning

This introduction sets out what is meant by World Class Commissioning (WCC), its aims and aspirations. The WCC commissioning cycle helps to show how the process should be carried out by commissioners of carers' support services, with the needs and wishes of carers driving the procurement and evaluation of local services.

Vision and aims of World Class Commissioning

WCC aims to deliver better health and well-being for the population, 'adding life to years and years to life'.

Eleven competencies

The WCC vision is accompanied by a set of 11 competencies that underpin effective commissioning. Applied correctly and developed to a high level, these competencies will, over time, deliver improvements in health and social outcomes.

The competencies are:

1. Leadership
2. Work with community partners
3. Public engagement
4. Collaborate with practitioners
5. Manage knowledge and assess needs
6. Prioritise investment
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills
10. Manage the local health system
11. Make sound financial investments.

The WCC vision is for commissioning to achieve three outcomes, set out below, with examples of what they might mean for carers:

Better health and well-being for all

- Carers and those they care for stay healthier for longer
- carers and those they care for live longer and health inequalities are dramatically reduced.

Better care for all

- Carers' services are of the best quality and evidence based
- carers exercise choice and control over the services that they access so that these become more personalised.

Better value for all

- Informed investment decisions
- Primary Care Trusts (PCTs) and councils work across organisational boundaries to maximise effective care and support.

Think 'carer' in all your commissioning and area needs assessments.

How will commissioning for carers affect councils and PCTs?

- At the strategic level, carers should feature in each area's Joint Commissioning Strategy and Local Area Agreement (LAA)
- at the individual level, carers already commission some services themselves using their own money or personal budget allocations
- commissioners will therefore need meaningful involvement with local carers to understand their needs and wishes in order to design responsive services, leading to improved experiences for carers in all communities.³

How this guide works

To make the guide easy to follow and as useful as possible, it is designed in sections that mirror the step-by-step process of the commissioning cycle in Figure 1. The guide is also cross-referenced to the 11 commissioning competencies, described in more detail in Appendix A.

Evidence base

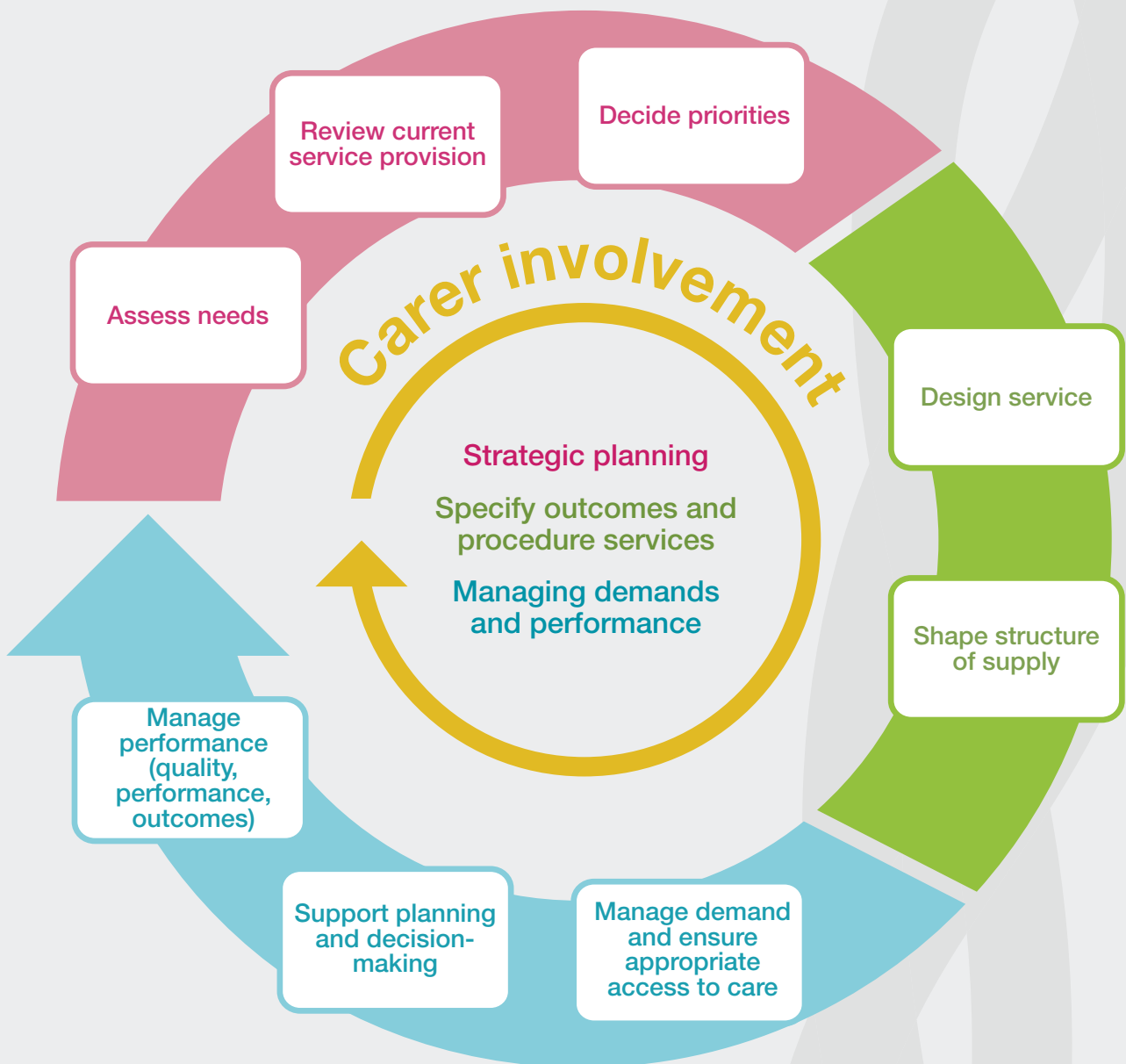
For information on the evidence base for supporting carers and key health and well-being statistics, refer to Appendix B.

Policy drivers and funding streams

The White Paper, *Our health, our care, our say* and the concordat, *Putting People First*, are considered in detail below. Some of the other most relevant policy levers and funding streams are detailed in Appendix C:

- the National Stroke Strategy
- the End of Life Care Strategy
- the National Dementia Strategy
- the National Framework for Continuing Care
- Hospital discharge guidance
- Valuing People Now
- Equality legislation.

Figure 1: Applying the World Class Commissioning cycle to carers





All services
commissioned for
disabled or older people
should contribute to
delivery of the **five**
outcomes for carers.

1. Strategic planning

This section describes how commissioners can use a model to assess their strategic needs, the importance of equality impact assessments, the role of Local Involvement Networks (LINKs), key questions to discuss with carers, and personalisation of services.

The competencies that this covers in World Class Commissioning are:

1. Leadership
2. Work with community partners
3. Public engagement
5. Manage knowledge and assess needs
6. Prioritise investment.

1.1 Assess needs using a whole-area approach

Start planning by using a model of comprehensive support

A number of carer and improvement agencies have worked with local providers and commissioners (supported by DH) to develop a model of comprehensive carer support (Figure 2).

The model is based on achieving the outcomes of the National Carers' Strategy, and it is hoped that it will aid local areas in carrying out their Joint Strategic Needs Assessment (JSNA). The model draws on the King's Fund's model of 2002, *How good is your service to carers?*

All services commissioned for disabled or older people will contribute to delivery of the five outcomes for carers. In addition, some carer-specific services will be needed. These could be delivered by public, private or third sector organisations.

How the range of interventions is provided, and by which agencies, will vary greatly from area to area. This may change over time as carers take advantage of personalised approaches. The evidence base for this model is being developed by carer and commissioner bodies. It will be available as a click-through online resource later in 2009.

How the model works (refer to Figure 2)

Inner circle

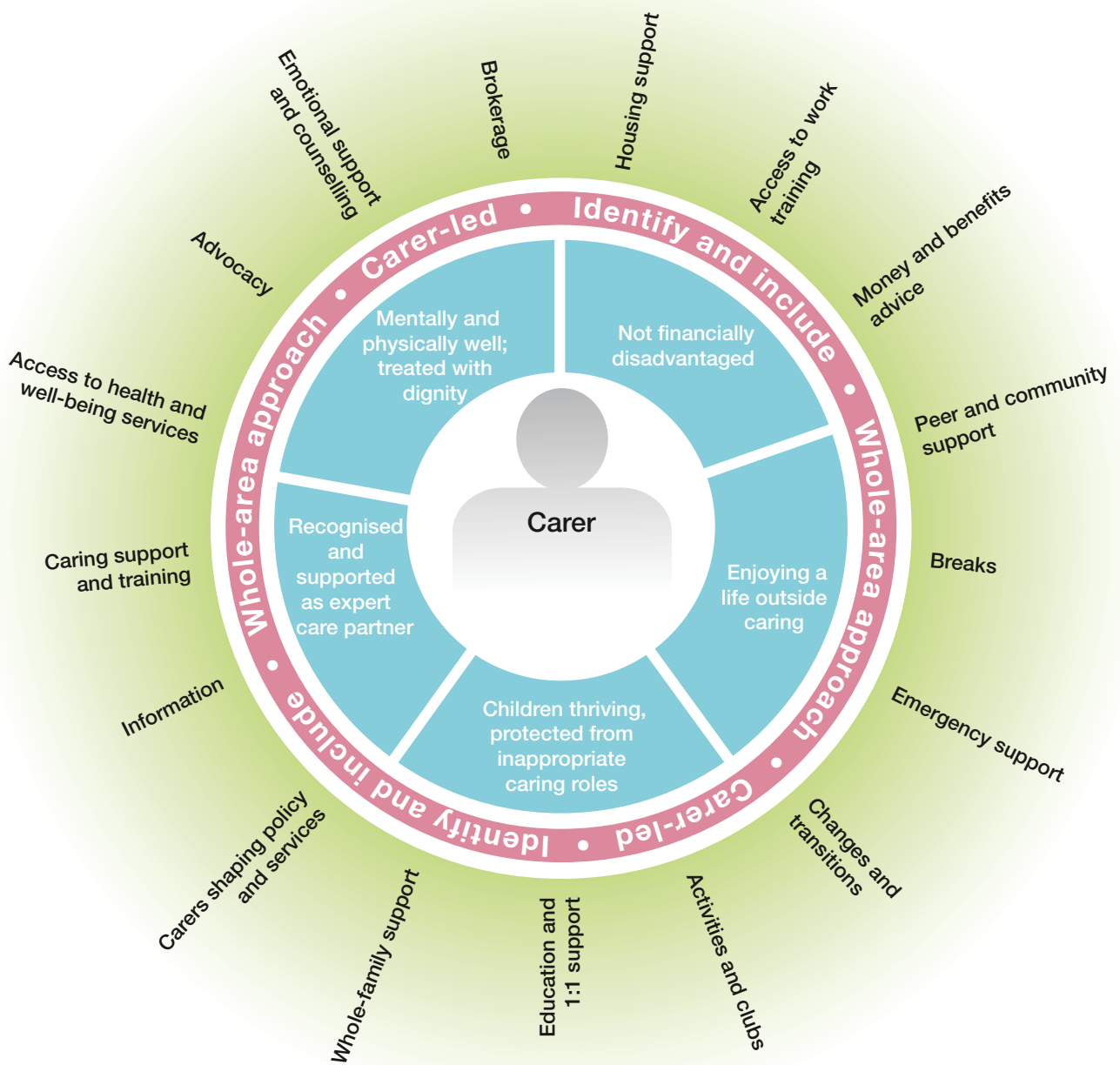
The five outcomes of the National Carers' Strategy make up the inner circle of the model, with the carer at the centre.

Middle band

The middle band suggests that three underpinning approaches will be necessary to achieve the interventions in the outer band:

1. Identify and include: Services will need to be able to identify and include carers (refer to Figure 3 and page 22 for more information).

Figure 2: A model of comprehensive carer support



2. Carer-led: Services should be carer-led, with carers fully involved in service design and local decision-making.
3. Whole-area approach: There is a need for a service or partnerships that can provide carer expertise for the whole area.

Outer band

Around the outside of the wheel is the complete range of interventions needed to ensure that all groups can achieve the five outcomes.

1.2 Review current service provision in your area

Decisions need to be made about how the interventions around the outer band are delivered, and by which services. It is vital that each area involves carers in area needs assessments and the commissioning process.⁴ Involvement of carers, particularly those at risk of being overlooked, may require specialist services to be commissioned. Refer to the note in Appendix C on legislation for equality impact assessments.

Equality impact assessments will help to identify carers at risk of being discriminated against.

Carers may be overlooked because they:

- come from a particular black, minority ethnic, traveller or refugee community⁵
- belong to a particular age group, such as young carers under 18, older carers or young adult carers aged 18–25
- care for someone with a stigmatised long-term condition such as a mental health problem, a substance misuse problem, or HIV/AIDS
- care for a neighbour or friend rather than a family member, or for a same-sex partner
- care for someone who lives in a different local authority area
- have a disability or long-term condition themselves.

What is the role of the LINK in the process?

Each area has a Local Involvement Network (LINK) made up of patients, public, carers and other stakeholders in health and social care. The LINK has a role in identifying local challenges and health inequalities and should influence the commissioning of services.

1.3 Decide local priorities

The LAA contains targets for improvement across health and council services. It should be developed by adult and children's services directorates, local health trusts and providers (through an area's Local Strategic Partnership).

Carer support is an explicit target in many LAAs (using the carers' indicator NI135 from the national indicator set of inspection indicators for local areas) and is implicit in others.

Some key questions for commissioners to discuss with carers

1. Do our services for older people and those with ongoing support needs meet the needs of carers?
2. Are the interventions in the model (Figure 2) being delivered?
3. Are any groups of carers not accessing the support they need?
4. How can we help individuals and communities to overcome those barriers?
5. Where are there gaps and under-provision?
6. Where is there over-provision or scope for better co-ordination between services?

The importance of personalising services for carers

Every area needs to commission for different kinds of service, such as:

- agencies designed to give carers a voice in local decision-making and make sure that all services in the area become more carer-aware and carer-friendly
- services with carer expertise able to raise the carer awareness of all agencies in an area
- services designed to find carers and help them to identify their needs and entitlements

- support services for carers with particular support needs and/or entitlements.

This range reflects the vision for the transformation of care and support services known as 'personalisation'. Personalisation was first outlined in *Putting People First*⁵ and in the accompanying local authority circular, *Transforming social care*.⁶ There have been a number of useful documents since.⁷

Great progress has been made in personalising support services for carers, offering them greater choice and control over the allocation of resources. Personalisation is, though, a much wider set of reforms than simply moving towards personal budgets and direct payments.

There are four strands for personalisation that are of equal importance:

1. Greater choice, control and independence for everyone who uses services and carers.
2. Everyone able to make informed choices through a 'universal offer' of advice and information.
3. Increasing an area's 'community capital': people, their families and communities becoming experts in their own support and contributing to it.
4. Early intervention and prevention as well as support at the point of crisis.

Carers are a vital part of an area's community capital. *Putting People First* expects that 'family members and carers [are] to be treated as experts and care partners' and should be involved in co-producing Workforce Development Strategies.⁸

Personalisation of services is a much wider set of reforms than simply moving towards **personal budgets** and **direct payments**.

Using a care pathway to personalise services

There are many distinct categories of service that are needed in order for carers to be included, informed and supported according to their choices. The care pathway for carer support flowchart (Figure 3) considers the different strands of personalisation.

This pathway encompasses carers with entitlements to a high level of statutory support and those with few entitlements or whose entitlements are yet to be established.

The categories of support as shown in Figure 3 are:

1. The universal offer of advice and information for all carers
2. Assessment, advocacy and brokerage
3. Support.

The third category covers two distinct kinds of support:

- prevention and early intervention
- reactive/crisis support.

The overarching objective of these categories is the need to build community capacity and a local infrastructure that ensures carers are at the heart of every local area. Commissioners will need to make sure that:

- carers have a voice in decision-making
- awareness of carers is raised in all services in the area
- non-statutory organisations (such as local facilities and employers) are carer-friendly.

Developing a sustainable provider market

Each service may require a different approach to commissioning in order to develop a viable provider market. It is possible for one organisation to provide more than one kind of service. Providing all of these services to all communities in an area is likely to require input from many organisations. This could include generic and carer-specific organisations, including statutory services and third and private sector providers.

These services, their outcomes and how to commission for them are explored in Section 2: *Specify outcomes and commission services*.

Figure 3: Carers at the heart of communities and services – a care pathway for carer support





Give carers the opportunity to **change their choice of provider** or to complain about the **quality or effectiveness** of services.

2. Specify outcomes and commission services

This section looks at some of the issues that commissioners need to address when planning, supporting and buying services. It details some examples of commissioning activity that can build 'community capacity'. Across the whole process it describes what successful provision – for communities and individual carers – will look like.

The competencies that this covers in World Class Commissioning are:

2. Work with community partners
3. Public engagement
4. Collaborate with practitioners.

The care pathway in Figure 3 (page 17) suggests that commissioners will need to develop services that respond to the needs of carers, that support other services and that develop the area as a whole:

- some services for older people or people with ongoing support needs will meet carers' needs
- some services will be commissioned specifically to respond to carers' needs
- some services will build the capacity of other existing services
- some services will ensure that formerly excluded groups and communities of carers have a voice that is heard by local decision-makers.

Work of this kind could include organisations which:

- train other agencies to be more carer-friendly and raise awareness in the area
- work with local employers to become more carer- and disability-friendly
- advocate for carers and help their voices to be heard by decision-makers
- work on the agenda for carers with specific communities.

The framework for assessing adult services includes many descriptors of outcomes that are relevant to carers at an individual and an area level. Table 1 shows how adult services will be required by inspectors to demonstrate these outcomes.

Should one agency take on more than one service?

In some areas a single agency may provide more than one category of service. This may give a smoother care pathway. However, it may bring about a risk of a conflict of interest, or of the carer feeling that they are denied choice, or independent advocacy.

Such risks can be reduced by providers and commissioners. This means being clear about the kinds of intervention on offer and giving carers the opportunity to change their choice of provider or to complain about the quality or effectiveness of services.

There are a number of examples of carers' services providing personalised responses in a Department of Health-funded report from the Princess Royal Trust for Carers and Crossroads Caring for Carers, called *Putting People First without putting carers second*, at www.carers.org/professionals. This is accompanied by *Putting People First and Supporting Carers: Some Key Messages for Local Leaderships*, produced by ADASS, the Improvement and Development Agency, NHS Confederation, LGA, Carers UK, Crossroads Caring for Carers and the Princess Royal Trust for Carers, available at www.adass.org.uk

Table 1 shows how adult services will be required by inspectors to demonstrate their achievements against the seven outcomes and two domains described in the *Performance Assessment Guide 2008–09*.⁹ The guide categorises performance under seven outcomes (O1–O7) and two domains (D8 and D9): refer to Appendix D (page 43). More detailed references to grade descriptors describing adult services are in Table 2 on page 32.

Relevant descriptors from the guide are grouped below under the different categories of service set out in Figure 3 on page 17. Some outcomes are for individual carers and some for the whole area.

Notes in brackets indicate whether the outcome or domain descriptor listed in the table is:

- a) part of the overall summary of a *Performance Assessment Guide* outcome or domain, or
- b) one of the 'performance characteristics' for an outcome or domain (eg O1 PC).

Table 1: Outcomes for carers and for local areas as described in the *Performance Assessment Guide 2008–09* and the *Outcomes Framework (2008–09)* for adult services

	Community capacity building	Universal offer	Assessment, advocacy and brokerage	Support
Carers' outcomes	<ul style="list-style-type: none"> Family members and carers are supported and treated as experts and care partners (O7 PC) 	<ul style="list-style-type: none"> People who use services and their carers enjoy the best possible quality of life (O2) People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment (O6) Carers are able to continue in employment or return to work if they choose to do so (O6 PC) 	<ul style="list-style-type: none"> People who use services and their carers are supported in exercising control of personal support (O4) People who use services and their carers have fair access to services (O5) People who use services and their carers are safeguarded from all forms of abuse (O7) People who use services and their carers are able to commission the support they need (D9) 	<ul style="list-style-type: none"> Carers are able to balance caring with a life of their own (O2) Families are supported so that children do not have to take on inappropriate caring roles (O2)
Area outcomes	<ul style="list-style-type: none"> Voluntary organisations contribute views and develop services that support people in all communities. They can show that people who use services and carers are involved in the work (O3 PC) Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value (D9) Organisations for people who use services and carers are well supported (O3) 	<ul style="list-style-type: none"> People who use services and carers are supported to take part in community life (O3) 	<ul style="list-style-type: none"> Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value (D9) 	<ul style="list-style-type: none"> Fewer people need care or treatment in hospitals and care homes (O1)

2.1 Advice and information for all carers

This section provides practical advice on putting carers at the heart of services and the factors that should govern decision-making. The focus is on enabling all carers to make informed choices and putting in place a seamless package that offers choice, care breaks and crisis support.

In order to promote meaningful choice and control for everyone (not just for those entitled to high levels of support), *Putting People First* expects that all 152 councils in England with responsibility for adult services will have most of the core components of service transformation in place. These include 'universal, joined up information and advice available for all individuals and carers, including those who self-assess and fund.'¹⁰

National advice services have an important role to play in helping carers to find information and advice. Carers Direct is the new telephone and online information service (0808 802 02 02 and www.nhs.uk/carersdirect). This service will reach carers who have no local service, have not contacted their local service, or who want to find out about their national entitlements. It will succeed through partnership working with effective local information services.

Act to identify carers who are hidden, overlooked or isolated

It will be important that every area maintains local services that can identify and include 'hidden', overlooked or isolated carers. Such services should be well publicised and accessible. Information for carers should be current, complete and accessible to all, including people who have to pay for their own support. This may require partnerships with small community groups. There are many examples of services. Some are delivered in carers' own homes through outreach workers or co-located in GP surgeries, hospital wards, schools and other community settings.¹¹

As well as the *Putting People First* commitment to provide information, advice and advocacy services, councils are producing sustainable community strategies. They also have a 'well-being power' (introduced by Section 2 of the Local Government Act 2000), giving them considerable flexibility in commissioning for their whole population. Similarly, the *NHS Next Stage Review: What it means for the Third Sector*¹² provides for each PCT to commission comprehensive well-being and prevention services specific to its local population.

[Councils have a] 'well-being power', giving them considerable flexibility in commissioning for their whole population.

2.2 A fundamental shift to deliver choice and control for carers

The highest priority for many carers is better services for the people they care for. Information, advice and advocacy will play a key part in this. Carers should be involved in support planning where they are likely to have a significant role in providing or arranging an individual's support. It is common for carers to co-ordinate a relative's care package.

- Moves towards personal budgets mean that many carers are now recognised as budget-managers and employers
- carers have an important contribution to make to decision-making at all levels
- many will need support to understand and participate in self-directed support and personal budgeting
- brokerage services must identify caring situations and support carers in their caring and care-co-ordinating roles.

Offering a carer's assessment

A carer's assessment is a vital tool in delivering this objective. Councils have a statutory obligation to offer every carer over 16 who provides or intends to provide a substantial amount of care on a regular basis a carer's assessment.¹³ This obligation cannot be narrowed to carers with high levels of need or to carers of people with particular conditions. Services should be

in place to identify isolated carers and help them take up this right.¹⁴

2.3 Preventative support and early intervention

The White Paper *Our health, our care, our say*, interpreted for councils in Local Authority Circular (DH) 2008 (1),¹⁵ places a focus on prevention. 'The direction is clear: to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services.' *Putting People First* contains a commitment that local areas will have a 'Sustainable Community Strategy, utilising all relevant community resources especially the voluntary sector so that prevention, early intervention and enablement become the norm'.

There is a need to demonstrate that preventative approaches target the groups that are likely to benefit from them. By their nature, groups of people who do not yet have high levels of need are difficult to define.

Commissioners and providers need to act to understand:

- which undesirable outcomes for individuals an intervention is designed to prevent

The highest priority for many carers is better services for the people they care for.

- what positive outcomes for services are expected (eg lower uptake of crisis support)
- how helping a carer to care will be balanced by helping them to explore other options
- how these outcomes will be measured in terms of impacts on individuals or services.

2.4 Reactive and crisis support

Carers are not a static group, and their needs vary. Despite an increased desire to move resources ‘upstream’ into preventative services (see page 23 for details), there will remain a need for reactive and crisis support.

Carers may need intensive one-to-one emotional support, higher levels of breaks or more practical support with caring tasks. These services may be funded by personal budgets. A flexible and responsive system is needed so that carers can access help quickly in emergencies.

Since 2007–08, councils have received an additional £25 million per annum for emergency planning and support. This need was first identified in the White Paper *Our health, our care, our say*. Many areas already commission such services.¹⁶

The eligibility criteria in *Fair Access to Care Services*¹⁷ state that councils must intervene when a carer’s needs are critical and this includes:

- the risk of an extensive loss of autonomy

- the development of major health problems
- an inability to look after their own domestic needs and other daily routines
- a risk to employment or other responsibilities
- a risk to significant social support systems or relationships.¹⁸

These criteria have been interpreted with regard to carers in the practice guidance to the Carers and Disabled Children Act 2000.¹⁹

2.5 Commissioning breaks services

For many carers, replacement care and the provision of breaks are high priorities. Councils have received a Carers Grant to identify carers and provide breaks for some years. *The operating framework for the NHS in England 2009/10* sets out national priorities for the NHS, including to keep adults and children well by improving their health and reducing inequalities. In paragraph 37 of Section 2, PCTs are encouraged to consider the expectation in the Carers’ Strategy that they publish joint plans with their local authority partners, to set out how they will spend their combined funding on breaks for carers in line with the personalisation agenda (see National Carers’ Strategy commitments).

A flexible and responsive system is needed so that carers can access help quickly in emergencies.

NI 135 (see 1.3 *Decide local priorities*), one of the National Indicators, is a measure of the proportion of carers who get a specific break or service. Vital Signs, which sets out how PCTs should approach the national priorities and select local measures of progress, gives NI 135 as a locally-decided indicator. PCTs and councils, with their partners and local people, can choose whether to use NI 135 as part of the Local Area Agreement or PCT Operational Plan, but PCTs are advised to track their performance against all of the Vital Signs²⁰ and all councils self-assess their performance against NI 135.

Carers should have choice and control over how and when services that help them take a break are provided. For example, one carer may choose to use their break each week on a specific day and at a specific time, while others may need short-notice replacement care because of work commitments.

Some carers may wish to take a holiday in a supported environment with the person they care for. Carers of people with non-physical conditions may require non-traditional solutions for breaks. The National Carers' Strategy includes funding for holiday sites to demonstrate the options they can offer for innovative breaks.

Carers take up and benefit from breaks when they are confident that the support for the person they care for meets their needs. A 'whole-family' approach should be adopted to do this. The service should aim to be preventative and supportive, where risk is not just assessed but managed.

Key aspects of successful regular breaks services include lead-in time for the provider to build up a relationship with both people, and continuity of appropriately trained support staff. This time should be recognised in any commissioning processes. Long-term funding using a variety of methods is required, so that breaks services are able to deliver a wide variety of planned and emergency breaks. These include spot purchase, individual commissioning and wider contracts (refer to page 44).

A personal care service is likely to be an essential component of many breaks services. However, commissioning personal care for a disabled or ill person does not in itself constitute a break for the carer.

Questions to consider when commissioning a breaks service

Does the proposed break service:

- give the carer the freedom to do what they wish (such as stay in or go out)?
- give the person needing support a positive experience tailored to their wishes?
- ensure that the carer is in control of the break they receive?
- provide the carer and the person they support with a sense of security and confidence?

For many carers, replacement care and the provision of breaks are high priorities.

2.6 Transitions

If the caring experience is to be a positive one, it needs smooth transitions between one part of the care system and another. Achieving this requires joint commissioning across these boundaries and transitions, which include:

- people becoming carers for the first time
- the transition to adulthood for children with disabilities and for young carers
- transition from adult to older people's services
- hospital admission/discharge
- the caring role ending, through choice, carer ill health, bereavement or the carer's own death
- returning to work post-caring.

2.7 Developing a sustainable provider market

This section provides a framework for developing a viable, durable market when buying support for carers. It explains how European Union (EU) law informs the process, the importance of securing value for money (VfM), but also possible policy pitfalls and how these could have an adverse effect on providers.

The competencies that this covers in World Class Commissioning are:

2. Work with community partners
3. Public engagement
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills.

Introducing more choice and control for carers can bring opportunities for providers to innovate and reach excluded groups. It may also bring risks for providers, particularly small local organisations with less experience of tendering for contracts. For example, carer-specific support is patchy and fragile in some areas. So it is an important time for commissioners to develop relationships with existing and potential providers from all sectors.²¹

Commissioners can choose between several approaches:

- grant giving
- putting services out to tender
- relying on individuals to fund a service through their own money or a personal budget.

More details are set out in Appendix E, along with details of EU rules on open tendering.

Value for money and competition

Commissioners generally use competitive tendering to get better VfM or encourage competition. Opening up a service to

Appendix B: The evidence base for carers' support needs

Facts about carers in England²³

- Nearly five million people are carers
- one million people care for 50 or more hours per week
- of the five million carers, 145,000 are children
- young carers miss out on school and childhoods
- in the UK, two million people move in and out of caring each year.²⁴

With such high numbers of people acting as carers, this is a significant and fluid part of any area's population, but one that requires constant effort to engage with. An approach across children's and adult services is required.

Some key statistics on the risks and inequalities that carers face

- More than half have given up work to care and, on average, carers retire eight years early.²⁵
- In Leicestershire, 3 per cent of carers reported that they had lost their homes as a direct result of caring. If reflected nationally, this would equate to 177,000 carers.²⁶
- Only 25 per cent of carers receive a carer's assessment; 14 per cent of carers say it led to positive change.²⁷

- At least one in ten patients in the average GP practice are carers.²⁸ The 2001 census found that carers caring more than 50 hours per week are twice as likely to report that they are not in good health as non-carers.
- In one study, 52 per cent of carers providing substantial care had been treated for stress-related disorders.²⁹ In another, over half the sample said they were in good health. But General Health Questionnaires indicated that 94 per cent could be identified as having psychiatric disorders.³⁰
- Some 28 per cent of young carers have serious attendance or achievement problems in secondary school.³¹

The health case for supporting carers is further developed in *An Action Guide for Primary Care* produced by the Royal College of General Practitioners and the Princess Royal Trust for Carers.³²

Research shows that different groups of carers share many basic needs. However, some groups face particular challenges. For example, the parent of a disabled child, the partner of a substance misuser and the working adult whose elderly parent has dementia will require very different service responses.

- 20 *Operational plans 2008/09–2010/11 (Implementing the 2008/09 Operating Framework): National Planning Guidance and “vital signs”*, Department of Health, 2008.
- 21 See WCC competency 7 (Stimulate the market).
- 22 *Guidance to Funders: Improving funding relationships for voluntary and community organisations*, HM Treasury 2003, updated in 2005.
- 23 UK Census 2001, except where separately referenced.
- 24 ‘In the Know’, Carers UK, 2006.
- 25 *Real change, not short change: Time to deliver for carers*, Carers UK, 2007.
- 26 National Carers’ Strategy Consultation, submission from CLASP Carers Centre in Leicestershire, 2007.
- 27 *Carers Speak Out*, The Princess Royal Trust for Carers, London, 2002.
- 28 UK Census 2001.
- 29 Henwood M, *Ignored and Invisible? Carers’ experience of the NHS*. Carers National Association, London, 1998.
- 30 Unpublished 2002 research from Torbay Care Trust and Manchester Personal Social Services Research Unit.
- 31 Dearden C and Becker S, *Young Carers in the UK: The 2004 Report*, Carers UK, London, 2004.
- 32 *Supporting Carers: an action guide for general practitioners and their teams*, 2008, at www.carers.org/professionals/health/articles/carers-in-practice-rcgp,1792,PR.html
- 33 National Stroke Strategy, Department of Health, 2009, at www.dh.gov.uk/en/Healthcare/Stroke/DH_065283
- 34 *Caring for someone with a terminal illness – some facts and figures*, Help the Hospices, July 2008, p1.
- 35 *End of Life Care Strategy: Promoting high quality care for all adults at the end of life*, Department of Health, 2008, at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277
- 36 *Living well with dementia: A National Dementia Strategy*, Department of Health, 2009, at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
- 37 *The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care*, Department of Health, July 2009 (revised), at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103162
- 38 SAP Annexe E p13 and pp20–22, at www.dh.gov.uk/en/SocialCare/Chargingandassessment/SingleAssessmentProcess
- 39 Statistics from the Foundation for People with Learning Disabilities, at www.learningdisabilities.org.uk/information/learning-disabilities-statistics/
- 40 *Valuing People Now*, at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377
- 41 Independent inquiry into access to healthcare for people with learning disabilities, at www.iahpld.org.uk
- 42 *Introduction to the EU procurement rules*, Office of Government Commerce Guidance, March 2008.
- 43 Ibid: ‘Some degree of advertising, which is appropriate to the scale of the contract, is likely to be necessary to demonstrate transparency’ (paragraph 7.1).
- 44 Ibid.
- 45 *Guidance to Funders: Improving funding relationships for voluntary and community organisations*, HM Treasury 2003 updated in 2005, particularly chapter 4 (Wider Funding Context), at www.hm-treasury.gov.uk/spend_ccr_guidance.htm

- 46 *Think Smart... Think Voluntary Sector! Good Practice Guidance on Procurement of Services from the Voluntary and Community Sector* explicates the fine line between procurement: 'the acquisition of goods and services from third party suppliers under legally binding contractual terms' (paragraph 4.1), and grant giving: 'The grant giver is not contracting for a service which forms part of its own business. It is offering financial support to a VCO in an area of work, designed and proposed by the VCO, which it wishes to sponsor' (paragraph 4.2).
- 47 *Financial relationships with third sector organisations: a decision support tool for public bodies in England*, National Audit Office, 2006, at www.nao.org.uk/guidance_and_good_practice/toolkits/better_funding.aspx
- 48 *Think Smart... Think Voluntary Sector! Good Practice Guidance on Procurement of Services from the Voluntary and Community Sector* (p6).
- 49 *Introduction to the EU procurement rules*, paragraph 12.1, OGC Guidance, March 2008.
- 50 *Funding and Procurement: Compact Code of Good Practice* (Appendix D), Home Office Active Communities Unit, 2000 (revised 2005).
- 51 See *A guide to Social Return on Investment*, The Office of the Third Sector, 2009, at www.thesroinetwork.org
- 52 There is a definition of 'social clause' in the Office of the Third Sector's *Report of the Social Clauses Project 2008*, at www.cabinetoffice.gov.uk/thirdsector
- 53 See www.thecompact.org.uk
- 54 The Compact Mediation Scheme is available to help in conflicts. This is backed up by recourse to the Local Government Ombudsman.
- 55 *Funding and Procurement: Compact Code of Good Practice* (Appendix D), Home Office Active Communities Unit, 2000 (revised 2005).

