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**HHASC Service Specification Outcome 1:**

**Helping People Continue Caring**

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**HHASC Service Specification Outcome 1:**

**Helping People Continue Caring**

**1 Introduction**

The changing pattern of care needs requires greater integration – that is, much better alignment – in the commissioning of health and social care services. In view of this the London Borough of Enfield is to commission prevention and early intervention services meeting the care and support needs of the communities in the borough. These services will require collaborative and joined up working from the voluntary and community sector in order to meet the requirements of the commissioning process.

As part of this process, the Council wishes to work with organisations/consortium able to demonstrate an ability to support the care needs of service users to focus on outcomes, using a person-centred approach. Organisations/consortium are encouraged to work together as partners within a consortium structure to deliver support flexibly meeting individual service user’s needs. This will be our key driver in procuring services for vulnerable people in Enfield.

The purpose of this specification is to set out the minimum standards and requirements that the Council will expect from the successful organisation/consortium who are delivering preventatives services and interventions for vulnerable people residing in the borough of Enfield.

1. **Outcome Rationale – Supporting Carers**

**Population Needs – Carers of Enfield**

27,624 people identified themselves as carers in the 2011 Census. With lack of self-identification it is estimated by Carers UK that this figure totals 29,919 (Valuing Carers 2015). The number of carers has risen 13% in Enfield since 2001

6,194 carers provide more than 50 hours care a week, an increase of 1,235 since the 2001 Census. 4,131 carers provide care for 20-49 hours per week, an increase of 1,178 since 2001. The remaining 17,299 carers care for under 20 hours per week, an increase of 603 since 2001.

5,635 carers in Enfield are aged 65 years or older, which is expected to rise to 6123 carers by 2020

* 1. **Impact on Health and Social Care Economy**

The development and value of this outcome recognises that carers are a significant resource available to the health and social care community in Enfield. Support of carers prevents admission to and delayed discharge from hospital, admission to care homes and reduces the demand for home care support. In light of future constraints on resources available to the health and social care sector, support to carers, in their preventative role, has become ever more important.

Maintaining and supporting a carer’s health and wellbeing can be one of the most significant ways of managing demand of on health and social care provision.

Supporting them to continue to care must be a priority in terms of cost efficiency and ensuring that carers maintain their own quality of life.

The NHS Five Year Forward View recognises the critical role carers play, pledging more support for carers as well as highlighting their huge contribution to the NHS, stating: “The five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself”.

* 1. **Impact on Carers Health and Wellbeing**

It is acknowledged that caring can have a detrimental on carers’ physical and mental health. In Enfield, research has shown that 11.25% of carers are ‘not in good health’ (Carers UK ‘In Poor Health’ 2004). Failure to look after the health and wellbeing of carers risks, not only the ability to continue to provide care, but also their need to become a service user themselves.

In Enfield, it is estimated that there are in excess of 29,000 carers. The support this number of carers provides includes regular and substantial levels of care, but no matter what the level of care provided by carers, they need support to help them provide the best quality care possible, whilst also ensuring their own needs and aspirations are met. Personal circumstances of the carer also will determine the impact of caring – for example those balancing caring for young children and an older parent, working carers, carers with their own health concerns. The investment to support carers services will deliver greater efficiency in use of the Council and its health partners resources as well as to contribute to the improvement in the quality of carers lives.

By providing carers with information, support and services the Council highlights its commitment to ensure that those who selflessly care for others are protected from inequalities. National research from Carers UK shows that carers are:

• Significantly worse off financially due to their caring role

• Almost half of all carers cut back on essentials such as food and heating to cope financially

• 82% say caring has had a negative impact on their physical health

• 87% say caring has had a negative impact on their mental health

• 2 in 5 carers have put off their own medical treatment or appointments due to their caring role

• 66% of carers state caring has negatively affected their friendships and 58% said caring negatively affected their relationships with family members

• 1 in 6 carers have given up work, or reduced their hours, in order to meet their caring responsibilities

By providing information, support and activities the provider will be greatly contributing to the reduction of these inequalities for carers.

* 1. **Carers and Emergency Care**

Carers UK recently undertook research into emergency admissions and care and how supporting carers can reduce use of emergency treatment services. Key findings from the ‘Pressure Points: carers and the NHS’ report (2016) were:

* Significant numbers of carers are taking the person they care for to Accident and Emergency (A&E) because of a lack of access to other community health and social care services. Carers need support from these services to prevent unnecessary admissions to A&E.
* Carers are not being consulted about the discharge process, or only being

consulted at the last minute. Whilst delays around discharge are often due to a lack of social care packages, not involving carers can result in the discharge process being poorly managed and timed.

* When carers are consulted about the discharge process they are more likely to say that they feel they have a choice about caring for the person they look after and that the discharge timing was just right.
* 19% of carers felt that the admission into hospital might have been prevented with better adaptations made to the home or the use of telecare and telehealth services (14%).
* 32% of the carers surveyed cited more support for themselves in their caring role as a factor in preventing hospital admission.
* 58% of carers said the person they care for had been discharged too early. 12% of carers said that the discharge was too early and the person they care for had to be readmitted.
* 59% carers said that they did not feel they had a choice in starting to care when the person left the hospital.
* Where carers were consulted about the discharge process, 65% said the timing of the discharge was just right. Where carers were not consulted about the discharge process or only consulted at the last minute, 79% said the discharge was too early (compared to 58% of carers overall)

For further information please access the carers section in Enfield’s Joint Strategic Needs Assessment which can be found at

<http://www.enfield.gov.uk/healthandwellbeing/info/18/the_health_and_wellbeing_of_older_people/62/carers>

1. **Contract Value**

Applications are invited up to the value of £350,000.

This must cover the outcomes stated in this specification.

The successful organisation will be invited to bid for an additional £10,000 towards strategic leadership of the service and to promote the services outcomes across the borough. This will be awarded to the Lead Partner to cover additional management and administrative costs, and for service promotion.

1. **Aims and Objectives of the Contract**

The overarching aim of this contract is to improve accessibility and provision to information, support and activities to carers. This should be achieved by paying particular interest to the following:

* To run a central, visible and accessible physical hub for carers services in Enfield
* To raise the awareness and understanding of carers and their rights and support services
* Ensure services are personalised and accessible to all.
* Focus on prevention and early identification
* Provide information and support to maintain and improve carer’s physical and mental wellbeing/health
* To provide training and workshops to build carers knowledge and confidence
* An integrated approach to carer identification, resulting in carers being supported earlier in their caring journey
* Particular focus of carers from ‘harder to reach’ communities, in particular the BME communities
* Services that enable the carer to continue caring safely and healthily
* Increased referrals for Carers Assessments
* Supporting carers in employment, volunteering and training
* Carers of those with stigmatised conditions (including mental health, substance misuse, HIV)
* Those caring for people receiving End of Life care
* Lifelong carers such as parent carers (caring for someone aged 18 years and over with a long term or lifelong disability)
* Young Adult Carers and young carers of transition age
* Supporting carers to plan for the future and any transitional caring responsibilities

1. **Outcomes**

The focus of this service is to identify carers sooner and provide early intervention services. As well as the outcomes for carers themselves, it is expected that this service will reduce to need for statutory services and carer breakdown. In line with the National Carers Strategy, carers in Enfield will be:

* Recognised and supported as an expert care partner
* Enjoying a life outside caring
* Not financially disadvantaged
* Mentally and physically well, treated with dignity

And in partnership with Children’s Services and any relevant commissioned services

* Children will be thriving, protected from inappropriate caring roles.

1. **Definition and Eligibility**

**a Definition**

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problem.

**b Eligibility**

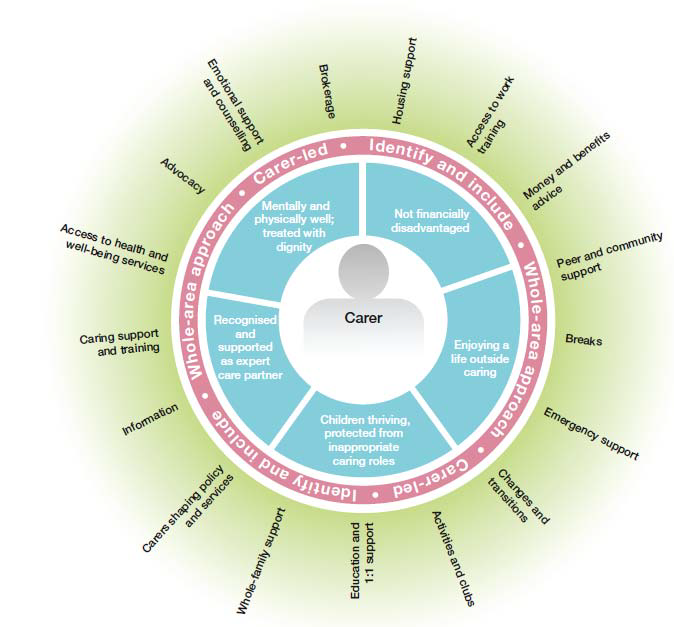
This contract is to deliver information, support and activities to carers providing care to an Enfield resident/s aged 18 years and above and those transitioning into adulthood.

Carers who care for someone outside of Enfield but live within the Borough may be eligible for support that supports their health and wellbeing to prevent them needing statutory support as a service user themselves. However, they will not be entitled to a Carers Assessment or direct payment.

Those who work for the London Borough of Enfield and Enfield CCG may also be entitled to support on a case by case basis, even if resident in another borough.

1. **Service Description and Delivery**
   1. **Service Description**

The service is expected to be built around the ‘Carers Wheel’ (ADASS and partners, ‘Commissioning for Carers’) below.



In addition, this contract will cover the delegated authority functions on behalf of Enfield Council. All applications will need to provide a clear plan and process for this delivery and the relevant experience and knowledge in delivery. These include:

* Management of the Carers Register, Carers Emergency Card Scheme and Carers Hub
* Work in partnership with statutory partners to deliver outcomes from the national Carers Strategy
* Facilitate carers representatives for consultation and engagement

Rent for any premises used by organisations/consortium are included within the contract price for this specification

1. **Quality Provision**
2. **Quality Assurance**

Organisations/consortium must achieve continuous improvement in the quality of service as measured by internal review and reviews by the Council and feedback from past and present Service Users.

Enfield Council will set targets for performance directly as demonstrated in Section 9 on page 10. Targets will be reviewed annually, or more frequently as necessary in response to performance issues.

Organisations/consortium will be expected to be proactive in monitoring their own performance against the contract and immediately report to the Contract Manager any areas where it is encountering difficulties in fulfilling the terms of the Contract; and proposing to the Council new ways of improving the services arising from technology and other developments.

Organisations/consortium will work to maximise the appropriate skills, awareness and qualifications of its paid staff and volunteers. It will agree with the Council minimum level of staff and volunteers and their qualifications for key areas including;

- Customer services

- Advice work

- Systems for monitoring

- Safeguarding Training

Organisations/consortium will undertake a programme of appropriate training for all their staff and ensure an on-going learning and development programme is in place.

1. **Confidentiality**

The service will have a written policy on confidentiality, stating that information about a person using the scheme is confidential and any circumstances under which confidentiality might be breached.

1. **Complaints**

The service will have a written policy describing how to make complaints or give feedback about the scheme or members of staff. Where necessary, the scheme will use its services to access external independent support to make or pursue a complaint.

1. **Safeguarding Policy and Procedures**

All organisations/consortium applying for this funding stream must have their own Safeguarding Policy and Procedures. All applicants must have a named dedicated Safeguarding Officer who has undertaken London Borough of Enfield Safeguarding Adults training. If applying as a consortium the Safeguarding Officer must be an employee of the lead organisation. In addition, all organisations/consortium directly delivering services to vulnerable people will have undertaken safeguarding training.

Organisations/consortium need to ensure that all individuals engaged in Regulated Activity are subject to a valid enhanced disclosure check for regulated activity undertaken through the Disclosure and Barring Service (DBS); and: -

a) monitor the level and validity of the checks for each member of staff;

b) not employ or use the services of any person who is barred from, or whose previous conduct or records indicate that he or she would not be suitable to carry out Regulated Activity or who may otherwise present a risk to Service Users

c) shall immediately notify the Council of any information that it reasonably requests to enable it to be satisfied that its safeguarding obligations have been met.

d) shall refer information about any person carrying out the Service to the DBS where it removes permission for such person to carry out the Service (or would have, if such person had not otherwise ceased to carry out the Service) because, in its opinion, such person has harmed or poses a risk of harm to the Service Users.

e) maintain a policy regarding confidentiality of information about Service Users. Service staff and volunteers must have knowledge and understanding of this policy

1. **Performance Measures**

Performance Measures must be linked to all the outcomes under the Section 5 of this specification. Organisations/consortia are invited to create their own performance indictors using a mixture of outcomes and outputs measures. Good measures will combine both qualitative and quantitative information and data.

All targets must be **SMART**; **S**pecific, something you can **M**easure or observe and **A**chieve, something that is **R**ealistic, and have a **T**ime limit.

The Charities Evaluation Service has a number of tools and documents which can support you in establishing a performance measurement system:

<http://www.ces-vol.org.uk/tools-and-resources.html>

Performance Measures will be formally agreed following the contract award and in partnership with the successful awardee and the Local Authority.

|  |  |
| --- | --- |
| **Outcome** | **Outcome Indicator** |
| Recognised and supported as an expert care partner   * Information * Support and training * Shaping policy and services | * Service user/family feedback * Service user surveys * Evidence of partnership working with statutory services * Number of drop in, outreach session by type * Number of new registrations * Carers Register numbers * Numbers of Carers Assessments referrals * Numbers refusing Carers Assessment * Number of carers receiving training * Number of carers who felt the training was beneficial and improved their knowledge and confidence * Breakdown of training provided – subject, numbers attending * Number of carers taking part in consultation * Number of carers reporting they are better informed of services * Percentage of carers who feel more able to care due to support provided * Percentage of carers whose quality of life had improved since registering with the service * Evaluation of protocol for keeping information up to date * Analysis of demand for type of prevention services |
| Enjoying a life outside caring   * Breaks * Peer and community support * Emergency support | * Carer feedback * Carer satisfaction surveys * Number of carers receiving a break * Number of carers who found respite enabled them to continue caring and improved their wellbeing * Links with other community initiatives * Number of carers attending peer support groups * Number of carers who found peer support enabled them to continue caring and improved their wellbeing * Case studies * Number of referrals to other services and types of services * Percentage of carers who feel less socially isolated due to support provided * Number of referrals to Safeguarding service * Number of carers registered with the Carers Emergency Card scheme * Number of carers requesting emergency respite and common themes |
| Not financially disadvantaged   * Housing support * Access to work and training * Money and benefits advice | * Case studies evidence * Carer survey * Number of carers receiving information and support around housing * Summary of common housing issues * Case studies * Activities relating to employment and training including description * Numbers referred to Jobcentre Plus * Number of carers supported into volunteering * Number of carers supported into education * Number of carers supported in employment * Number of carers receiving benefit advice * Number of carers supported with benefits applications * Number of carers who financial income improved |
| Mentally and physically well, treated with dignity   * Brokerage * Emotional support and counselling * Access to health and wellbeing services * Advocacy | * Carer/family feedback * Carers survey * Case studies * Number of hours spent on counselling * Number of carers who received counselling service * Number of carers who found the counselling enhanced their mental wellbeing * Number of carers who found support has improved their health and wellbeing * Number of carers referred to public health support (stop smoking, health trainers, sexual health services) * Number of carers accessing advocacy support * Number of carers who found advocacy improved their situation * Number of carers who have increased confidence following advocacy |
| Children will be thriving, protected from inappropriate caring roles.   * Whole family support * Transitions and changes * Emotional and 1:1 support * Activities | * Number of referrals to contracted Young Carers service * Case studies * Feedback from young carers and young adult carers * Number of family activities provided * Number of young adult carers receiving services * Number of referrals to Children’s Services |
| Monitoring and Equalities Information | * Demographic profile of carers including equality characteristic profile * Analysis of emerging patters of referrals and non-referrals that could indicate discrimination of any group * Analysis of carers requesting accessible information * Number of new services taken up from hard to reach group * Percentage of carers who found the service useful * Length of time carers spend receiving service * Evidence the service is diversifying its income stream and working towards self-sustainability * Information and feedback to London Borough of Enfield regarding need within their client group, to inform ongoing services for service development * Evidence of good practice and innovative service delivery |

1. **Delivery Arrangements**

It is expected that the successful organisation/consortium will have a specific knowledge and understanding of Enfield, its populations and the challenges they bring. The organisation/Consortium must deliver the function in the Borough of Enfield.

It is encouraged that the successful organisation/consortium approach service delivery from a Hub and spoke model, including home visiting, to ensure accessibility for all.

Due to the broad nature of the outcome, and necessity to reach all elements of the diverse Enfield population, it is expected that applications will be from consortium or partnerships rather than singular organisations. This is to ensure specialism in the service provision and recognition of the good practice for individual client groups that currently exists in Enfield.

Applications will be expected to provide a service to all residents of Enfield, prioritising focus on the following key risk groups:

* Older People
* Carers
* Vulnerable Children transitioning to adulthood
* End of Life;
* People with a Learning Disability;
* People on the Autistic Spectrum Disorder
* People with a Mental Health condition
* People with Dementia
* Physical Disability; and or a sensory impairment
* People with a long-term condition
* Challenging behaviour
* Muscular Dystrophy/Multiple Sclerosis
* Those not meeting eligibility criteria for statutory services

All services funding through this funding stream will also have to demonstrate how their work will help to reduce social isolation and reach people and communities otherwise not in contact with statutory services.

1. **Contract Period and Payment Terms**

This contract is for 3 years, from 1st December 2017 until 30th November 2020, with the option to extend for a further 2 years, 2022 + 2 years to 30th November 2024. Contracts will only be extended where all monitoring has been provided on time and outcomes have been fully met.

The organisation/consortium will be informed by April 2020 whether the contract will be extended until 30th November 2022, and again by April 2022 to confirm extension to 30th November 2024.

In the final contract year (Year, 2020 and Year 5 2022 and Year 7, 2024 if applicable) organisations/consortium must provide evidence of sustainability beyond the contract funding or how the service will be discontinued and transition of clients managed

Payment will be made quarterly, with the first quarter upfront. Other quarters will be released on receipt of satisfactory monitoring information

1. **Contract Monitoring**

Contract monitoring will be expected every quarter. The Councils Care First system will be the operating model used for reporting monitoring information. The lead Provider will be the organisation responsible for reporting on the whole contract using the Council’s Care First system. The format of such monitoring will be agreed between the successful organisation/consortium

Monitoring visits may take place at least once every six months, with an annual service report and review visit at the end of each financial year.

Demographic and equalities monitoring will be required every quarter.

Successful organisations/consortium must agree to submit all aspects of monitoring as requested, including personal details of the clients they work with obtaining their permission when necessary.

The successful organisations/consortium will be required to attend regular meetings for all contracted providers under this funding stream to feedback on their services, share good practice and develop formal working relationships and pathways. attendance is mandatory.

Any difficulty in providing said information or attendance at meetings must be discussed with the named Council Officer at the earliest opportunity.

Each successful organisations/consortium will have a named Council Officer throughout the length of the contract to ensure clear communication and service management from both parties. It is expected that issues may arise throughout the life of the contract with this new approach, particularly in the first year. Open and honest communication is encouraged between both parties and any difficulties must be flagged at the first possible opportunity.

1. **Key Risks**
   1. **Organisational Failure**

All organisations/consortium must produce a mobilisation plan demonstrating how they plan to work to meet the outcomes of this specification taking into consideration the deployment of resources required. In addition, organisation/consortium must produce an exit plan should the service become unsustainable.

All organisation/consortium should have a formal written plan agreed between all partners on how to manage the failure or underperformance of each individual organisation within the Consortium. Expectations of delivery must be agreed between the organisations/consortium prior to contract award.

* 1. **Sustainability**

It is expected that the organisations/consortium, in particular the lead partner, will look to add value to this contract through additional fundraising and income generation. Each financial year the contract value will be reduced by 5% of the annual total cost. It is expected that the organisation will raise a minimum of 10% of the contract value in addition per annum from Year 2 onwards.

With local government and health resources reducing, all organisations/consortium should be providing a plan for alternative and supplemental funding streams.

1. **End of Contract**

In the final contract year (Year 3, 2020 and Year 5/7, 2022 and 2004 if applicable) organisations/consortium must provide evidence of sustainability beyond the contract funding or how the service will be discontinued and transition of clients managed.