

Outcome Based Specification  
Specification of Requirements for:

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**CARERS' SUPPORT SERVICE**

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**1. Brief Summary of Service**

1.1. For the purposes of this specification the following definition applies: '**A carer** is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support'. Carers are sometimes referred to as unpaid carers, or family carers. It is recognised that individuals often do not relate to the term 'carer' and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, daughter, friend etc'.

1.2. The key aims of this outcome-based specification are to promote the resilience and health and wellbeing of adult carers over the age of 18, and ensure they are supported, emotionally and practically, to meet their caring responsibilities and lead fulfilling independent lives.

1.3. This specification for carers' support draws on local and national guidance and good practice. It is informed by the Leicester, Leicestershire and Rutland Joint Carers Strategy and driven by robust engagement and consultation with carers in Leicester.

1.4. Commissioners are seeking a service provider, who will build on the current range of support provided to adult carers in Leicester, and on local and national good practice, in order to deliver the outcomes detailed in this specification.

1.5. The service to be commissioned comprises:

a. A Carers' Hub offering a comprehensive range of preventative services including signposting to other appropriate carer and universal services, information, advice and guidance, group and peer support and carer learning and outreach support for adult carers. The unique element of the hub will be the provision of a strengths-based intervention with corresponding written record that can be used for onward referral to Adult Social Care as appropriate.

b. Strategic engagement, planning and influencing provision, representing the views and analysing the needs and outcomes of adult carers aged over 18, and proactively influencing and supporting a wide range of agencies to recognise the needs of adult carers. Part of this work will include promoting and championing carers to other agencies and the wider community.

1.6. The following principles will be at the centre of the new service:

- a. Empowering carers to meet their own needs, using a strength-based approach when working with carers to set goals and identify outcomes
- b. Supporting carers to take up and sustain a caring role
- c. Promoting the rights of carers to have their needs recognised as equal to those for whom they care
- d. Promoting the wellbeing of carers
- e. Preventing, reducing or delaying the need for support in a timely way
- f. Providing high quality services

1.7. The provider shall have regard to the fact that although carers may have many needs in common, there are differences in the needs of each carer group and the provider will need to be responsive to these. The service should include features tailored to carer groups, led by information regarding local demographics, needs and outcomes, but it is essential that this provider works collaboratively with other services that provide support to carers to ensure there is no duplication. Carer groups include but are not limited to:

- Carers of people with dementia
- Carers of people with a mental health problem
- Carers of people with a learning disability
- Carers of people with physical disabilities, including sensory impairments
- Carers of people with an autistic spectrum disorder
- Carers of people who misuse substances
- Carers of people at the end of their life
- Carers of children with disabilities (parent carers)
- Young adult carers who are transitioning from Young Carers Support Services
- Former carers – see Section 9 for information on the scale and scope of support for former carers

1.8. At this stage, the Council is not requiring the provider to undertake statutory carer assessments on its behalf. However, the Council reserves the right to seek a variation to the service contract to include direct carer assessments, should this be required at some point during the contract period

1.9. This service will support adult carers, i.e. over the age of 18.

## 2. Background and Context

### Number of Carers

- 2.1. Locally, census data from 2011 shows that there are 30,780 carers in the City 5,451 are over 65 years old. It is estimated that in Leicester City alone the value of their caring contribution is £110 million with over 65's contribution alone estimated at over £19 million.
- 2.2. Comprehensive data on the number of carers being supported by local organisations in Leicester is not available. The organisations that are currently commissioned by the Council to provide support for carers estimate that they are currently supporting around 11,800 adult carers. The number of referrals received is about 1800 per year.

### Needs of Carers

- 2.3. The Carer, Employment and Services (2007) series of reports show that in return for the massive contribution carers make to the social economy and to the well-being, independence and security of those they care for, they receive penalties rather than rewards. These 'penalties' can be grouped into three main categories: health problems, financial penalties, and social isolation. Through engagement, we see these negative impacts replicated locally.

### Local Services

- 2.4. Currently Leicester City Council contracts with several third sector organisations to deliver a range of support services specifically for carers of adults across the City. This single carer support service specification will replace the existing separate arrangements.
- 2.5. These include advice and information, peer support, training for carers, drop in sessions, outreach and liaison with primary care. There is a strong focus on reaching out to the city's diverse communities.
- 2.6. In addition, carers may access other services commissioned by the Council. These include dementia support for the cared for and carer (Alzheimer's Society), advice and information (Age UK), Care Act and non-Care Act advocacy (currently being commissioned), support for carers of people with mental health needs (Richmond Fellowship), for carers of people who misuse substances (Turning Point) and support for those who are visually impaired or who are deafblind and their carers (currently being commissioned). There are also a wide range of universal services available to all.

### Scope

- 2.7. This contract applies to adult carers in Leicester. This contract will also apply to carers who live in a different local authority area but who are caring for someone living in Leicester.
- 2.8. Support for young carers, aged 17 or younger is not within the scope of this specification and is commissioned separately. However, the provider is expected to work closely with the provider of young carers services when young adult carers are in transition, to help ensure a smooth transition

between the two services.

### 3. Strategic Aims and Priorities

**Note:** The service provider will not be responsible for reporting progress against the priorities and indicators below. The performance measures described in Section 8 below will be used as indicators of overall 'direction of travel', and as specific measures of service effectiveness.

#### Adult Social Care Strategic Priorities

1. We will protect adults with a social care need from harm and abuse
2. We will embed a strength-based model of support, to promote wellbeing, self-care and independence
3. We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care
4. We will improve our offer to older people supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care
5. We will continue the work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood
6. We will improve the customer experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services

#### Strategic Commissioning Strategy

1. Early intervention and prevention
2. Commission services which enhance or increase service user' independence and focus on the most vulnerable
3. Commission services that support Carers to fulfil their role
4. Support the development of a vibrant market providing a diverse range of quality services that meet local needs

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| <p>LLR Joint Carers Strategy 2018 – 2021<br/>(In draft)</p>  | <ol style="list-style-type: none"> <li>1. Carers are identified early and recognised</li> <li>2. Carers are valued and involved</li> <li>3. Carers are informed</li> <li>4. Carer friendly communities</li> <li>5. Carers have a life alongside caring</li> <li>6. Carers and the impact of technology products and the living space</li> <li>7. Carers can access the right support at the right time</li> <li>8. Supporting Young Carers</li> </ol>  |
| <p>Closing the Gap. Leicester's Joint Health and Wellbeing Strategy 2017-2022<br/>(Latest to date)</p> | <ol style="list-style-type: none"> <li>1. The people of Leicestershire are enabled to take control of their own health and wellbeing</li> <li>2. The gap between health outcomes for different people and places has reduced</li> <li>3. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing</li> <li>4. People plan ahead to stay healthy and age well and older people feel they have a good quality of life</li> <li>5. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course</li> </ol> |
| <p><b>National / Local Adult Social Care /NHS priorities</b></p>                                       |  |
| <p>Adult Social Care and Health outcomes framework 2017-2018<br/>(latest to date)</p>                  | <ol style="list-style-type: none"> <li>1. Enhancing quality of life for people with care and support needs</li> <li>2. Delaying and reducing the need for care and support</li> <li>3. Ensuring people have a positive experience of care and support</li> <li>4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.</li> </ol>  |
| <p>NHS Outcomes framework 2016-2017 (latest to date)</p>   | <ol style="list-style-type: none"> <li>1. Preventing people from dying prematurely</li> <li>2. Enhancing the quality of Life for people with long term conditions</li> <li>3. Helping people to recover from episodes of ill health or following injury</li> </ol>   |

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|   | <ol style="list-style-type: none"> <li>4. Ensuring that people have a positive experience of care</li> <li>5. Treating and caring for people in a safe environment and protecting them from avoidable harm.</li> </ol>   |
| Public Health Outcomes Framework 2016 – 2019 (latest to date)                                 | <ol style="list-style-type: none"> <li>1. Improving the wider determinants of health</li> <li>2. Health Improvement:</li> <li>3. Health protection</li> <li>4. Healthcare, public health and preventing premature mortality</li> </ol>   |
| Department of Health and Social Care - Carers Action Plan 2018-2020 - Supporting carers today | <ol style="list-style-type: none"> <li>1. Services and systems that work for carers</li> <li>2. Employment and financial wellbeing</li> <li>3. Supporting young carers</li> <li>4. Recognising and supporting carers in the wider community and society</li> <li>5. Building research and evidence to improve outcomes for carers</li> </ol> |

#### 4. Specific aims and objectives of the service

4.1. The aim of the service is to provide a range of outcome focussed, personalised services for carers that support the Council to fulfil its statutory duties in respect of carers under the Care Act 2014 by:

- a. offering a Carers' Hub which is a comprehensive resource for carers, bringing key information, advice and a range of carers' services into one, easily accessible place
- b. working closely with local communities and community networks to enable services to be delivered on an outreach basis to carers from across all of Leicester's diverse communities
- c. offering a person-centred intervention which identifies the carer's strengths, support networks, challenges, risks and desired outcomes and recorded on a tool to be shared with the carer and to be used for onward referral to Adult Social Care as appropriate
- d. offering personalised information, advice, guidance and activities such as carer learning that support carers to meet their goals and empowers them to meet their own needs.
- e. working closely with the City Council and its strategic partners to engage with carers to inform strategic development.

4.2. There will be a single service that will operate from July 2019 and replace the current arrangements referred to at 2.4 and 2.5. The service will support adult carers of people of all ages and all conditions.

4.3. The provider will be integral to delivering the vision for carers as set out in the Leicester, Leicestershire and Rutland Joint Strategy for Carers: "Unpaid

carers across Leicester City, Leicestershire and Rutland will be identified early, feel valued, respected and supported.”

## 5. The Service/Activities to be delivered

### **Carers Hub**

- 5.1. A drop-in advice and support centre for carers in Leicester. The hub will offer a range of information sessions, wellbeing and social activities, workshops, specialist advice surgeries and support groups for carers.
- 5.2. The provider will also offer a similar range of opportunities on an outreach basis for those not able to visit in person. Feedback from engagement with carers stated the importance of existing groups, including those meeting the needs of carers from Leicester’s diverse communities continuing, even though there may be a change of provider. We will expect the successful provider to note and act upon this.
- 5.3. The Carers Pathway set out below (see **Appendix 1**) shows how the Carers Hub will act as the main focal point for carers and its relationship with the City Council and other referrers. It is essential that this provider works collaboratively with other services that provide support to carers as listed but not limited to those at 2.6, to ensure there is no duplication in provision across the City. Identifying the needs of the cared for will form part of the strength-based intervention with carers, to enable signposting to a more appropriate carer service, such as those listed at 2.6. It is acknowledged however, that there may be valid reasons why a carer may choose not to access these, and this would not exclude them from receiving support from this provision.
- 5.4. The Council expects the service to work with carers using a strength-based approach which recognises people as experts in their own lives and is wider than how people access services and what services can do for them. It aims to empower carers to meet their own needs.
- 5.5. This means that carers are seen as more than the sum of their support needs but rather looking first at what they can do with their skills and their resources and what the people and communities around them can do. The focus of conversation moves away from what people can’t do to what they can do.
- 5.6. Expectations will be managed at the outset; carers will be asked what is important to them and what is good, strong and positive, with an aim to improving wellbeing and autonomy.
- 5.7. In working this way, there will be synergy with the council’s model of social work practice and as such there will be a close partnership arrangement in place.
- 5.8. Support for carers will be planned on an individual basis, with the active participation of the carer and their family or social network where appropriate and which takes account of their existing strengths, social network and community assets. The service will encourage carers to

register as carers with their general practitioners. The provider is encouraged to identify and actively promote the use of local community activities, groups and universal services.

5.9. An outcomes model of support will be used when having the initial and subsequent conversations with carers which records their progress. It will also clearly identify how and when the carer will make use of other services, including universal services, to create capacity for other carers coming into the service. This will be recorded and can be used as the basis of a discussion with the council should it be determined that a statutory carers assessment is required. In this way unnecessary duplication can be avoided and a timelier response achieved.

5.10. Work to develop this robust partnership arrangement will commence during contract mobilisation.

#### Prevention Provision

5.11. The provider will develop a range of prevention provision designed to prevent, delay and reduce carers needs and equip them to:

- Take up and sustain the caring role
- Look after the cared for person
- Look after themselves (self-care)
- Have a life away from caring
- Feel informed, knowledgeable and confident

5.12. Provision developed by the provider will include but is not limited to:

- a. One to one emotional and practical support, including strengths-based intervention with corresponding written record as detailed above.
- b. Group support, which could include, but is not limited to, the following:
  - Workshops
  - Advice surgeries
  - Wellbeing and social activities
- c. Information, Advice, and Guidance
- d. Carer learning to increase carer knowledge, resilience and the capacity of carers to continue with their caring role.
- e. Peer support
- f. Outreach support

5.13. Delivery of this provision may be direct, delivered solely by the provider, or may be achieved through work with other agencies, jointly delivering provision or influencing another agency's development of support.

5.14. The service should be take into consideration the differing requirements of young adult and other carers.

5.15. The service will work collaboratively with other businesses, service providers and organisations and include the following core elements:

Information, Advice and Guidance

5.16. The provider will provide a carer specific information, advice and guidance service to all carers as well as specialist advice on financial resilience including welfare benefits and access to employment, education and training. Access to information and support will be available in relevant community languages and be culturally sensitive and appropriate.

5.17. The provider will deliver individual case work, support with making complaints, completing applications for housing, benefits, support to complete the statutory carers assessment form, liaison with social workers, and support during reviews and assessments.

5.18. The provider will ensure that information provided to carers will include signposting to relevant specialist information on the condition/ illnesses/ disabilities experienced by the cared for individual. The Council expects the provider to work in partnership with specialist organisations recognised as such in those particular fields to support the delivery of these programmes.

5.19. The provider will undertake practical support through form filling, referral and signposting towards specialist information and advice agencies and universal services. This may include supporting the carer to complete the City Council's online Carers Assessment form. Leicester supports a range of information and advice services, as well as voluntary sector organisations dealing with specific issues such as dementia, older people, learning disabilities, autism, mental health, and physical disabilities, all of whom have an information and advice provision role.

5.20. To ensure Care Act compliance, the provider will ensure that the information and advice offer includes:

- advice on breaks from caring
- the health and wellbeing of carers themselves
- caring and advice on wider family relationships
- carers' financial, benefits and legal issues
- caring and employment, education and learning
- how to access advocacy (note the provider is not required to deliver advocacy)
- advice and support on advanced care planning and how to complete an emergency plan
- provision of universal services available in Leicester
- information about accessing health services

5.21. Information and advice will be delivered through a range of media including online support, face to face, over the phone, via the carers' hub or drop-in

groups; and the provider will be directed to information on Council and NHS services.

5.22. The provider will ensure that services are promoted and accessible online via the City Council's web-based service directory Mychoice and Voluntary Sector directories.

#### Carer Learning

5.23. Carer learning as with all prevention provision should be targeted and tailored as previously defined at section 1.7 and section 5.12 d). Assumptions should not be made about the type, location or frequency of provision required.

5.24. The support and information that carers receive will empower them to have a life of their own whilst continuing their caring roles within the community. It should also empower them to play a more equal role in the planning and delivery of care for the person they care for, for example by changing the relationship with health and social care professionals and increasing their knowledge and understanding of the specific conditions affecting the person they care for.

5.25. The types of learning to be provided may include (but is not limited to) for example:

- Moving and handling
- Caring with Confidence
- First aid

#### Peer Support

5.26. The Provider shall develop peer support structures including peer support groups and peer befriending with the purpose of:

- providing emotional support
- providing a 'listening ear'
- providing strengths-based problem solving through peer knowledge, shared experience and practical advice or support
- supporting carers to develop confidence and skills to advocate for themselves and the cared for person
- enabling access to community resources and networks in local communities, connecting carers with the wider community
- enabling access to preventative support and carers assessments
- ensuring peer support groups are sustainable

5.27. Peer support, as with all prevention provision should be targeted and tailored – assumptions should not be made about the type, location or frequency of provision required. Peer support may take different forms, for example carer cafes, online forums, social meetings, telephone befriending and craft or leisure activities and should be appropriate for carers who belong to any protected characteristic groups as defined within the Equality Act 2010.

5.28. In the case of peer support groups, facilitation may include staff leading peer support groups in the absence of a carer volunteer to do so, although volunteer led groups are encouraged wherever this is achievable, for example volunteer led cafes or social activities.

#### Outreach Support

5.29. The provider will also offer a similar range of opportunities on an outreach basis for those not able to visit the 'Hub' in person. They will be expected to develop and build relationships with local communities and community networks to enable services to be delivered on an outreach basis to carers from across all of Leicester's diverse communities.

### **STRATEGIC ENGAGEMENT, PLANNING AND INFLUENCING**

#### Engaging with Carers

5.30. The provider will engage with carers who use the service, and those carers who do not use the service, to develop evidence-based understanding of the experiences of caring in Leicester. Engagement in this context is not about carers experience of the service, but rather their wider views, needs and outcomes.

#### Planning and Influencing Work with Other Agencies

5.31. The provider is expected to contribute to the Council's Carer Reference Group and the implementation of the Leicester, Leicestershire and Rutland Joint Carers Strategy and other associated plans in the City.

5.32. The Provider will link with Leicester City Council and Leicester City CCG to promote engagement with carers, facilitating carers to take part in consultations, procurement exercises and co-design of services.

5.33. The provider is expected to work closely with local health and social care partners, with a particular emphasis on primary care (GP surgeries, District Nurses, pharmacies) At the same time this service will be working within the wider community for example at local events or fundraisers, raising carer recognition and identification.

5.34. The provider will use information gathered from its engagement with carers to plan and influence work with other agencies, including the Council and other strategic partners. This will enable them to better recognise and meet the needs of carers and inform future service provision.

#### Volunteer Development and Support

5.35. Implementation of the service would benefit greatly from the use of volunteers across all service elements. Using volunteers will add value to the service as well as bringing key benefits for those who choose to volunteer.

5.36. With regards to involving carers as volunteers in the delivery of the service, the provider shall:

- a. Ensure all volunteers are suitably recruited and trained
- b. Reimburse expenses incurred by volunteers

- c. Have sufficient insurance to cover volunteers and their activities
- d. Have robust policies and procedures in place to ensure service delivery is compliant with all relevant legislation, and is effectively and safely delivered by volunteers
- e. Provide volunteers with induction, training, support and supervision to support them to deliver provision described in this specification

#### Service Activity

- 5.37. This specification is designed to give flexibility for the provider to deliver services based on the needs and outcomes of individual carers.
- 5.38. Contract management will be in place with collection of data and monitoring of outcomes required. As a new service, the provider will need to be supportive of continuous review and development in order to achieve success. The service may experience challenges in reaching some of the minority or hard to reach communities within the diverse population of the City. The provider will be expected to address this by working closely with key organisations and offering information and support in partnership with community leaders and elders in appropriate languages and locations.
- 5.39. With a range of services and support already in place across the City, it is important that this service supports and complements rather than replicates existing provision and that as it develops it fills identified gaps.

## **6. Target groups and/or areas**

#### Eligibility for The Service

- 6.1. The service will be available to carers regardless of:
- a. Their presenting level of need
  - b. The point they have reached in their caring journey (e.g. beginning to undertake caring responsibilities, realisation they may be a carer, through to accessing long term care or the death of the cared for person)
  - c. Whether they are in the process of or have had a carers assessment
- 6.2. The provider shall not apply access criteria to prevention provision.
- 6.3. The target group for the Service, is any carer aged 18 years or over who provides unpaid care and/or support, regardless of the amount or type of support they provide, financial means or level of need, for an adult residing in Leicester.
- 6.4. Carers residing in Leicester and caring for an ordinary resident of another Local Authority may also access the service when they elect to receive their carer assessment and support plan through the Local Authority where they live.
- 6.5. The service will work closely with the commissioned provider of services for young carers who are likely to have caring responsibilities when they become 18 years old.

- 6.6. The service will not support:
- a. Young carers under 18 years old
  - b. Parent carers of a disabled child under 18 years old who is not in transition
  - c. Carers whose caring role has ended for twelve months or more
  - d. Paid carers
- 6.7. In these instances, the provider shall signpost these individuals to the relevant services or community support.
- 6.8. The Dementia Support Service, the Richmond Fellowship Mental Health services and Turning Point all have provision within their service specifications to support carers and we would expect the carers support service as part of that initial strength based intervention to signpost to those services where appropriate. The difference between this service though and those that are already providing carer services is the 'strength based intervention' referred to at section 1.5a) and the integral part this will play in the carer pathway with the local authority.
- 6.9. This service will determine which carers should be referred to the local authority for a carers assessment. The other services do not offer this. This provider will be the organisation with the relationship with the local authority as per the diagram at Appendix 1.
- 6.10. Carers who are known will not be precluded as they may still have a need for further support. Eligibility for this service is not dependent upon eligibility for Adult Social Care.
- 6.11. The service should also aim to respond flexibly to the needs of carers who are of working age.

#### Ability to Respond to Diverse Needs

- 6.11. The service provider will be expected to be aware of the diverse nature of the various communities across Leicester City. They will need to be responsive to the profile of need as outlined in the relevant JSNA. Adjustments should be made which will support increased access to the service and minimise barriers.
- 6.12. The provider will be required to meet the Accessible Information Standard which aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via e –mail, and professional communication support if they need it, for example from a British Sign Language interpreter.
- 6.13. The provider will be expected to collect demographic information (including protected characteristics) in respect of all individuals that access the service.

## **7. Economic, Environmental Sustainability, Equalities, and other impacts**

7.10. Social, economic and environmental regeneration is important to the Council and the Council expects its Service Providers to comply with the following:

#### Environmental Impacts

7.11. The Council expects its Service Providers to comply with, or exceed, all statutory environmental requirements, including those applying to the management of waste, the prevention of water pollution and the control of noise and odour. The Service Provider will be expected to have an understanding of the applicable statutory requirements, and to apply procedures to ensure that they are complied with.

7.12. In addition, the Council expects its Service Providers to work towards the reduction of carbon emissions generated directly or indirectly by their activities, as well as other relevant environmental improvement. In the case of this service, appropriate measures could include:

- a. Reduction of energy used and/or the generation and use of renewable energy e.g. solar panels
- b. Reduction of waste, and the reuse, recycling, composting or other treatment of waste that can't be prevented – to recover materials or energy and to minimise what needs to be disposed of
- c. Minimisation of the use of mains water e.g. through water efficiency measures, or the storage and use of rainwater where feasible and appropriate
- d. Careful control of any chemicals used, to prevent pollution, and avoidance or minimisation of the use of hazardous chemicals – particularly those which are hazardous to the environment
- e. The use of recycled materials where applicable e.g. paper and sourcing of any paper or wood products from sustainably managed sources.

#### Promoting Local Sourcing

7.13. Wherever possible, the provider will use local suppliers (for example, when buying stationery) to meet the requirements of their service.

#### Economic Sustainability

7.14. The provider should demonstrate measures to develop and promote social inclusion. Therefore, the provider will be expected to assist commissioners to fulfil these objectives through increasing opportunities for employment, training and volunteering by:

- a. Being proactive in developing opportunities for additional funding to be brought into the city.
- b. Attract funding from sources other than the Council to enhance the

services provided.

- c. Develop and support opportunities for people to acquire new skills and abilities through experiential learning and support via volunteering.

### Social Value

7.15. The Public Services (Social Value) Act 2012 places a requirement on Councils to consider securing additional economic, social and/or environmental benefits when designing services.

7.16. To support our commitment to social value, the provider is required to adapt their service delivery model to reflect the ethos of social value. This can be achieved through incremental improvements to business processes and policies. Examples include:

a. Economic: Promote employment and economic sustainability by:

- Assisting the Council to fulfil these objectives through increasing opportunities for employment, training and volunteering.
- Involving local people and organisations in the on-going development of the service.
- Raising the Profile of the social care workforce
- Employing more local people

b. Social: Promote participation and citizen engagement by:

- Actively encouraging volunteering and community participation
- Utilising social capital in service delivery

c. Environmental: Promote environmental sustainability by:

- Reducing the carbon footprint of the organisation
- Implementing creative transport solutions
- Purchasing products from local sustainable sources
- Utilising energy efficient premises

### Equalities

7.17. Under-represented groups have been identified and must be proactively targeted to increase representation, particularly by people from black and minority ethnic backgrounds, LGBT carers and male carers. Current data in relation to religion and sexual orientation is incomplete and must be addressed in future provision to determine that services are accessible and equitable for all.

7.18. The service should aim to reach out to carers not known to Adult Social Care or who do not already access services, particularly those from traditionally hard to reach groups including but not limited to:

- Carers of older people from Asian communities
- Carers of adults with mental health needs
- Carers of adults with mental health needs from Asian backgrounds
- Carers of adults with learning disabilities
- Carers from other excluded minority ethnic groups in the City
- Carers who identify as lesbian, gay, bisexual or transgender
- Young carers who are in transition to adult services

7.19. The provider shall have regard to the fact that although carers may have many needs in common, there are differences in the needs of each carer group and the provider will be responsive to these differing needs and ensure equality of access for all carer groups including consideration of referring into specialist carers services in some instances.

## **8. Performance Measures (See Appendix C2 of the Contract)**

8.10. Outcomes are the expected changes or benefits that happen as a result of the service or activity being delivered

8.11. Outputs are easy to measure, countable units, they tell us how much, how many or how often.

## **9. Location/Availability/Accessibility of Service**

### Location of Service Base and Accessibility of Service

9.10. The provider will operate from an accessible physical base located within the City boundary which will act as a carers hub. The hub will offer direct information and support and referral on to other appropriate services, as well as a space for a range of carer support activities, and a safe and welcoming place for carers to meet one another.

9.11. Services will be made available from a variety of venues such as places of worship, BAME community centres and other outreach services in local communities and home visits as necessary.

### Service Hours

9.12. The core hours of the service will be Monday to Friday 9am-5pm but direct service delivery should also be available at times to suit people with caring responsibilities, which may include evenings and weekends to accommodate working carers or carers in education.

9.13. A contact phone line service should operate at a cost of the local rate or below, throughout the core hours excluding Bank Holidays. An answer phone facility will explain how to access emergency advice outside of office hours, including weekends and public holidays.

9.14. The service should be available by all modern methods of communication primarily via secure e-mail, website, telephone and fax facilities.

#### Response Times.

9.15. People who contact the service for information, advice or support will receive an initial response to their request within two working days. Telephone answerphone calls will be responded to within two working days. These timescales should be clearly communicated to, and followed up with users to help manage expectations.

9.16. Individuals facing an urgent situation must be dealt with on the same day or the next working day when the first contact is outside normal office hours.

#### Referral Criteria

9.17. There are no restrictions to the sources of referral to the service; therefore, referral can come from any source including self-referrals. When marketing the service, the provider should consider developing alternative points of referral in addition to more traditional sources.

9.18. It is anticipated that referrals for the service will be via:

- Health and social care professionals
- Direct self-referral
- Direct referral from a carers family member
- Voluntary and community agencies

9.19. Referral methods could be:

- A faxed paper referral to a dedicated, secure fax machine
- Telephone or e-mail self-referral
- Self-referral may also be face to face (e.g. visit to a group setting or the hub)

#### Access to the Service and Duration of Support

9.20. Delivery of one to one support should be episodic and short-term in response to identified needs. The case should be closed once those needs have been met. Where possible, continuity should be provided through the same person delivering the support following any subsequent request/referral.

9.21. Carers groups may be accessed by carers whenever they choose to do so throughout their caring journey.

9.22. Responsive, short term one to one emotional support may be offered to carers when circumstances change, e.g. following the death or admission to residential care of the person they cared for, including assistance to access other sources of on-going support.

### Confidentiality

9.23. The provider must respect the importance of confidentiality at all times and accordingly adhere to the principles outlined in the Data Protection Act and General Data Protection Regulation 2018 and the Caldicott Principles 2013. To support continuity of care, a record of all one to one interaction must be kept.

### Promotion of the Service

9.24. The provider will be responsible for promoting the service to partners across health and social care and the voluntary and community sector. The provider will promote the service through local media, community events, local businesses and other appropriate means to encourage new referrals.

9.25. The provider will ensure visibility of the service so carers in Leicester have an awareness of the service and know how to access support. The focus of this work should recognise the different needs of carer groups and other demographics, and that carers need identifying at the earliest opportunity. Visibility will be through the people and places they are likely to encounter early in their caring journey (often health services and other services primarily supporting the cared for person) and at the times they are likely to need it most (e.g. during diagnosis, hospital discharge, when a child with care needs finishes or changes school, if the cared for person goes into long term care or they pass away). The provider should work with other agencies to develop and sustain this approach, while also supporting other agencies to improve the services they themselves offer to carers.

9.26. The Council will ensure the carers' hub is promoted as the initial access point for information, advice and signposting.

## **10. Partnership Arrangements**

10.10. Leicester City Council will work in partnership with the provider to support delivery of high quality services to users of both health and social care services. The service is aimed at delivering partnership arrangements for carers across the City and must therefore work closely with Adult Social Care Commissioning and Care Management officers.

10.11. Informal referral arrangements across partner agencies should be developed in order to ensure carers are able to choose and receive the support they require from the service best suited to their needs. The service should also ensure they build suitable partnership arrangements to support carers in transition as detailed within section 6 of this service specification.

10.12. The Council will work with the successful provider during the contract mobilisation period to develop a robust working arrangement which will see the Council and provider working together to design and provide a holistic support service. This relationship is not expected to be static and will develop over the term of the contract, within its contractual boundaries.

10.13. To support this, and in the delivery of this service, both the commissioners and provider will make a commitment to:

- Develop and share key objectives
- Collaborate for mutual benefit, including joint training
- Attend service review meetings
- Communicate with each other clearly and regularly
- Be honest and open with each other
- Listen to, and understand, each other's point of view
- Share relevant information where possible
- Avoid duplication

Relationship with Complementary Services

- 10.14. The provision of this service will not be the only way that individual outcomes can be met. The provider is encouraged to identify and actively promote the use of local community activities or groups that are likely to complement their own service, and which may avoid the need for paid interventions to deliver identified outcomes.
- 10.15. The provider will identify local resources, services, activities, networks and groups that are likely to complement their own service, and actively use this information within the support planning process for carers.
- 10.16. The service provider will also be required to actively participate in related planning/working groups established by the commissioners and be prepared to provide data and information upon request.

## 11. Monitoring, Recording and Exception reporting

11.1 The Contract will be managed via the Council's Contract Management Framework.

Contract Monitoring Framework (See Appendix C1 of the Contract)

11.2 Quality assurance is a central part of the councils monitoring of provider performance and to facilitate this monitoring the council will utilise the Contract Monitoring Framework.

11.3 This is a process completed periodically, which may be annual or as necessary to the monitoring priorities determined by the Council.

11.4 The Contract Monitoring Framework (CMF) is a set of standards expected by the Council for those providers of contracted services; it also provides a method for providers to evidence achievements and is a practical tool for continuous improvement towards driving up quality.

11.5 The provider may also be expected to undertake a self-assessment to inform the Council's Contract Monitoring Framework (CMF).

11.6 The provider will complete the templates required by the Contract Management Framework. This will include, but is not restricted to, providing quantitative and qualitative information as detailed in Section 8 of this specification and Appendix C2 of the Contract.

11.7 The Provider will be expected to attend monitoring meetings as required.

11.8 The Service Provider is responsible for performance and compliance. The Service Provider must maintain a record of internal monitoring of performance and compliance and of any corrective action and the results of which will be considered during the Contract Monitoring Framework procedure.

Reporting Obligations

11.9 The Service Provider is required to report as follows:

11.10 The Service Provider must submit a Quarterly report to the Council electronically by the 2<sup>nd</sup> Friday following the end of each quarter. A template of the Monthly/Quarterly report will be agreed with the Service Provider shortly after the contract award date.

11.11 The Provider will develop a feedback form to gather feedback from the Carers using the service to understand their views and experience of the service. The Provider will be expected to support the Carer using the service to complete the feedback form at the beginning and the conclusion of their support. The information gathered shall form part of the quarterly contract monitoring. The Provider will publish this information in a quarterly report to show that the core outcomes are being delivered.

11.12 If performance has fallen against a target, the provider will be required to give reasons and provide an action plan to address why this is so when submitting the Quarterly Report. This may help us to form a view when deciding what, if any, action to take if the provider fails to meet performance targets.

11.13 The Quarterly Reports will be used to monitor performance against the contract requirements and the Service Delivery Plan. The provider will need to collect the specified data from the service start date.

11.14 The Council reserve the right to change the methods of reporting and the details we require as developments occur during the contract term. Any amendments will be notified to the provider by the designated Contract Manager.

11.15 If the provider fails to submit a Report in the specified format using valid data, or submit a Report that is of poor quality, we will notify you in writing, specifying the ways in which it was unacceptable. We will give you one month from notification to correct and re-submit the Report.

11.16 An annual contract review meeting will be held to review performance against the contract.

11.17 This meeting will be separate to any meetings undertaken as part of the Contract Monitoring Framework and/or quality concerns raised during the contract term.

## 12. Quality Standards

### NICE - Provision of Support for Adult Carers (in development)

- 12.10. The provider shall ensure provision utilising volunteers is designed and managed with regard to good policy and practice as may be found from, for example, the National Council for Voluntary Organisations.

## 13. Commissioning Officer Details

- 13.10. Lead Commissioner – Bev White  
[Beverley.white@leicester.gov.uk](mailto:Beverley.white@leicester.gov.uk)  
Telephone 0116 4542374

**Appendix 1**

**Carers Support Service Pathway**

