

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Lead Member for Adult Social Care and Public Health
Date:	16 May 2024
Title:	Procurement of a Carers Support Service
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to seek approval for the permission to spend from the Executive Lead Member for Adult Social Care and Public Health for up to £7,000,000 on a new contract for the provision of a countywide Carers Support Service over a period of up to five years.

Recommendation

2. That the Executive Lead Member for Adult Social Care and Public Health approves expenditure of up to a maximum of £7,000,000 to procure a countywide Carers Support Service for a period of up to 5 years to commence on 1 September 2024, based on a 3 year, plus 1, plus 1.

Executive Summary

This report seeks to:

3. Set out the background to the commissioning intentions for the proposed Carers Support Service
4. Outline the proposed service and outcomes to be delivered by the Carers Support Service
5. Set out the financial context and spend for which permission is sought.

Background

6. The contract term for the current services of 'Carers Support and Dementia Advisors Service' and 'Carers Emergency Planning Service' are due to end on 31 August 2024. These contracts have been in place since 2019 and are currently delivered via two providers. The intention is to procure based on the requirements of a reshaped service specification via a competitive tender process.
7. The new service specification would be focussed on carers and is intended to bring together, under one contracted provider, a county wide Carers Support Service for the provision of information, 1:1 support and emergency planning. It is intended to enable a greater reach to a more diverse group of people, with greater efficiency and flexibility to secure improved value for money, reduce duplication and help to drive change in practice to improve the recognition and support for carers and enable improvements in individuals' experience and outcomes.
8. 'Carers' are individuals who are intending to take on or already providing a caring role to person(s) such as a relative, friend or neighbour, who due to illness, disability or long-term health condition requires their care and support for everyday living. This does not include paid care workers.
9. Under The Care Act 2014, Hampshire County Council is expected to contribute towards preventing or delaying the development of and reducing the needs for care and support of adults in its area and the needs for support of carers in its area. The information and advice aspect of the service would contribute to the County Council providing people in its area with information and advice relating to support for carers. The service is designed to contribute to preventing or delaying the development of needs for support and in reducing needs for existing support irrespective of whether the cared for person or the carer has eligible needs under the Care Act. The service specification would be aligned with The Hampshire Carers Joint Strategy 2024-2029.
10. Carers enable people to live longer in their own homes and maintain their independence for longer, and in doing so carers significantly contribute to preventing, reducing and delaying the service provision required from the County Council. Carers also provide types of care that would otherwise need to be provided by a regulated service and therefore indirectly contribute to capacity management within the care provider market. The Carers Support Service would ensure greater recognition and person-centred support for carers, with the aim of enabling individuals to take on and sustain their caring role, whilst maintaining their own health and wellbeing.
11. The 2021 Census reported 111,739 carers in Hampshire. According to the Office for National Statistics the numbers reported are likely to be much higher than the Census figures indicate. The Census also provided information on the hours of care provided. The number of carers reported in Hampshire as providing 50 hours of care or more a week has increased compared to the previous Census, this is in line with the national trend of an increase in hours dedicated to caring. 16,545 of those reported carers in

Hampshire, provide 19 hours or less of care per week and 31,284 carers provide 50 plus hours of care per week.

12. Whilst the Census figures do not differentiate across client groups or cohorts of carers, they provide an indication of the value of carers within our local health and social care system. Based on the Census figures, referenced above, this equates approximately to over £1.10bn per year potential cost avoidance delivered by carers within Hampshire (based on the average hourly rate of standard domiciliary care). This is without reflection of the often on-demand, unsocial and night-time care, or inclusion of the added social value such as maintaining independence, related social and health outcomes, reduced demand on the care market and reduced demand into health and social care services.
13. There is increasing evidence that caring should be considered a social determinant of health (Public Health England, 2021). Individual carers are at increased risk of experiencing negative impacts upon their life and health outcomes, for example, through facing disadvantages in finances, employment, health and relationships as a consequence of the demands of their caring role. This increases the likelihood of the carer themselves developing needs which may require social care input and services. Access to timely and targeted information and support for carers can help to mitigate risks to their own health and wellbeing.
14. Whilst the vast majority of those currently supported through the Dementia Advisory route, within the existing contract, have a carer or network of support, there is recognition that there is a small cohort, of approximately 200 individuals which equates to 10 percent of all contacts into the current service during the last year, who have been diagnosed with dementia or mild cognitive impairment and who don't have a carer involvement. For those individuals in this situation with no carer, it is expected that the successful provider if contacted would signpost and link them to alternative, appropriate local, specialist Dementia information and support services and refer to the County Council for a Care Act needs assessment.
15. The reshaped service specification has been informed via a range of engagement and insight channels, for example:
 - Carer defined priorities articulated by local carers and partner organisations, as part of the engagement and coproduction for the Hampshire Carers Joint Strategy 2024-2029.
 - Operational and Commissioning colleagues' feedback from within Adults' Health and Care.
 - Feedback from Health Commissioners in the Hampshire and Isle of Wight ICB and Frimley Health and Care ICS.
 - Contract monitoring data from the current contract delivery and visits to existing services.
 - Responses to a published Market Engagement Questionnaire.

Proposed Service

Carers Support Service

16. The service to be procured would offer support for carers aged 18 and over caring for adult(s) who are resident within The County Councils geographical boundary.
17. It is our expectation as a starting position that approximately 8,000 carers per year would be supported across this service. Included in the contract would be the expectation that the provider works collaboratively with Adults' Health and Care to optimise the volume and outcomes from this service.
18. Transition support for those carers aged 16-18 years of age is not intended for this contract, however knowledge by the provider of young carer support services would be expected and there would be a requirement for signposting to relevant local and national services.
19. The purpose of the service would be to help the carer take on and sustain their caring role, whilst also maintaining or improving their own wellbeing.
20. Provision would be via a County Council wide service that offers three main elements of provision for carers:
 1. Information and Advice
 2. Direct 1:1 support
 3. Contingency and emergency planning
21. Referral would include self-referral, referral from partner organisations and a direct referral pathway from Adults' Health and Care teams such as The Contact and Assessment Team and Community Teams.
22. Service element one – information and advice: This would enable carers to be proactive in accessing local voluntary and statutory support and services. Existing information sources such as Connect to Support Hampshire would be expected to be utilised. Information and advice would be targeted at topics linked to meeting carer outcomes and which help them to maintain and improve their own health and wellbeing.
23. Service element two - direct 1:1 support: This would be determined by individual circumstances and need. This element recognises the increased complexity of needs which carers have been presenting over recent years. The 1:1, direct and tangible input is intended to help improve the timeliness of support to resolve issues for carers, by gaining an understanding of their circumstances and needs, helping them directly work through difficulties, access other support and services or address practical matters. Due to the 1:1 focus and the expertise of the provider it is expected that this service element would improve outcomes for individual carers. It would also support change in practice, avoid duplication and release capacity from Adults' Health and Care practitioners who may otherwise be involved in undertaking these tasks.
24. Service element three - contingency and emergency planning: The scope of this would be extended from the current provision, to include contingency not

just emergency planning, to help reduce incidents of a breakdown in the caring role leading to a need for social care or an urgent increase in care provision and the potential to lead to onward care costs. The planning would involve working, in a person-centred way, with the carer and person(s) for whom they care, to identify people in their support network and to take practical steps that would help them in the event of possible future events, where they may not be able to undertake part or all of their caring role for a short period of time.

25. Across all service elements, there would be an expectation that a strength-based approach would underpin the delivery. Within service element three this would be evident from the providers role in assisting carers and the cared for person(s) to draw upon their wider support networks, with costed 'replacement care' as the exception. Replacement care if required to be accessed as part of the plan would be managed and set up via the provider for a period of up to 72 hours coverage per episode. The service would include provision of a 24/7, 7 days per week, 52 weeks of the year telephone line for support to activate the plan should this be required. This service would therefore contribute to cost avoidance and releasing capacity within operational teams who would otherwise have to respond and mobilise support for the cared for person(s).
26. Service elements one and three would be offered as 'standard/universal'. This is so these elements would be more consistently applied than is currently the case. Service element two would be dependent on the individual circumstances and needs.
27. All Service elements would be offered proportionate to the stage of caring and carers circumstances/needs. An individual carer could, if appropriate based on circumstances and needs, access all three service elements via the one referral. Whilst the operating model is to be determined by the service provider, any model would be based upon service efficiency avoiding the creation of unnecessary duplication or internal referral processes, and on enabling the carer to be recognised, valued and supported.

Finance

28. Permission to spend is being sought for up to £7,000,000 over a period of up to five years. This is based on a current budget of £1,270,000 per year and includes an estimate of annual inflationary increases over the contract period. The 2024/25 budget includes £638k from the Better Care Fund and £632k from the Adults' Health and Care cash limited budget.
29. Given the significant and well publicised financial challenges which the County Council faces, the contractual arrangements with the service provider would not define a minimum service level in order to maintain flexibility to vary the level of service as required in line with the available resources.

Performance

30. It is the expectation that the service provider would work collaboratively with Adults' Health and Care to enable the continual improvement of the service and to contribute to developments in our approach to meeting the needs of carers. This collaboration and developmental expectation would be included in the service contract.
31. Performance measures and monitoring requirements would be published as part of the tender process and specific metrics would be included as part of the service contract, and these would be monitored quarterly.
32. The provider would be expected to attend quarterly monitoring meetings where their performance would be reviewed, and any issues proactively addressed. Within the quarterly reports the provider would be expected to provide measures on the impact of the interventions across all three service elements.
33. Whilst the evaluation measures are yet to be prescribed, these are intended to include business related outcomes, such as the level of information, direct support and plans delivered and the personal outcomes via self-reported outcome measures, for example, the level at which the carer reports they have maintained or improved their physical or mental wellbeing and reported improvement in resilience within their caring role.

Equalities

34. It is for the Executive Member as decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
35. An Equality Impact Assessment (EIA) has been completed refer to Appendix 1. It has been assessed that the proposed service would have a positive impact on Disability, Age and Poverty due to the expected service provision and extended reach of the service. No negative or disproportionate impacts for any individual across the range of protected characteristics have been identified.

Climate Change Impact Assessment

36. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

37. A full assessment of climate change vulnerability was not required to be completed as the initial vulnerability assessments for climate change and carbon mitigation showed minimal risk, this is due to the type of service and intended delivery model.

Conclusion

38. It is recommended that the Executive Lead Member for Adult Social Care and Public Health approves expenditure of up to a maximum of £7,000,000 to procure a countywide Carers Support Service for a period of up to 5 years to commence on 1 September 2024, based on a 3 year, plus 1, plus 1 contract term.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
Approval to spend re. Carers Support and Dementia Advisors Service	2019
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

Description of the service/policy/project/project phase: Procurement of a countywide Carers Support Service. Tender publication is due May 2024.

New/changed service/policy/project: The contract for the current services of 'Carers Support and Dementia Advisors Service' and 'Carers Emergency Planning Service' are due to end on 31 August 2024. Procurement is to be undertaken with a new service specification for the contract of a countywide Carers Support Service which would incorporate three elements of provision: 1) Information 2) Direct 1:1 Support and 3) Contingency and Emergency Planning. The service is expected to contribute towards preventing or delaying the development of and reducing the needs for care and support of adults in its area and the needs for support of carers in its area. The service specification would be aligned with The Hampshire Carers Joint Strategy 2024-2029.

Impact Assessment Summary:

Disability Impact on public: Positive

Impact on staff: Neutral

Age Impact on public: Positive

Impact on staff: Neutral

Gender Reassignment Impact on public: Neutral

Impact on staff: Neutral

Pregnancy and Maternity Impact on public: Neutral

Impact on staff: Neutral

Race Impact on public: Neutral

Impact on staff: Neutral

Religion or Belief Impact on public: Neutral

Impact on staff: Neutral

Sex Impact on public: Neutral

Impact on staff: Neutral

Sexual Orientation Impact on public: Neutral

Impact on staff: Neutral

Marriage and Civil Partnership

Impact on public: Neutral Impact on staff: Neutral

Poverty Impact on public: Positive

Impact on staff: Neutral

Geographical Impact: All Hampshire