



Commissioning Strategy

All Age Carers

2015-2020

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CONTENTS

1. One Page Summary	4
2. Introduction	5
3. Commissioning Intentions	7
4. Vision, Outcomes and Ambition	11
5. Key statistics – Caring in the UK	13
6. Commissioning – Our local definition	15
7. North Lincolnshire population	16
8. Joint and Collaborative Commissioning	19
9. Safeguarding	21
10. Participation and Engagement.....	22
11. Workforce Development	25
12. Current Delivery and Supply	26
13. Performance Monitoring	28
14. Demonstrating Outcomes	29
15. Market Development – Shaping for the future	29
Appendix 1 – Key Legislation and Best Practice Guidance	31

1. One Page Summary

Where do we want to be?	Carers of all ages benefit from an integrated and holistic approach to providing personalised care and support					
Our overall aims	Carers feel safe and are safe	Carers health and wellbeing is maintained	Carers aspirations are raised	Carers are identified early and Carer crisis is prevented	Services will be developed to fill gaps	Carers remain Independent
What will change look like	Carers have help to look after themselves, develop resilience and be more independent		Carers will be supported to play a part in their community		Carers have a choice of services and receive support when they need it	
What are our priorities for development	Early Identification and recognition,	Realising and releasing potential	A life alongside caring		Supporting Carers to stay healthy	
How are we going to do it	Ensure the range of information, advice and guidance that is available		Raising aspirations and supporting young carers to access further and higher education opportunities		Develop a range of inclusive support and activities available from Community Wellbeing Hubs	
	Easy access to independent financial advice and managing budgets		Ensure carers needs assessments include an emergency plan and that services are joined up to respond if required		Develop breaks and activities for carers to pursue education, leisure and learning opportunities	
	Develop and promote young carers awareness raising training for schools, colleges and professionals		Raise awareness and opportunities amongst carers of Health Checks and the need to 'keep well to care'		Increase access to opportunities for breaks from caring	
	Investing in supporting carers to keep them well and engaged in caring for family/friends. Services will be proactive, focusing on addressing risk factors rather than responding to crisis. This could include building upon training and support programmes for carers		To ensure a range of services are available that reduces harm from domestic abuse, substance/alcohol misuse, homelessness etc.		Working with service providers to ensure that the quality framework supports our priorities, particularly around person-centred care and support, re-ablement and integration	
What difference will this make	I have support for me when I need it in order to continue with my caring role	I do activities with my family member / friend, with support as part of the activity so that we can both enjoy ourselves	I have support to keep myself well so that I can continue caring for my family member	I know that the person I care for is well looked after when I'm not there	I have support for my family member that I can access quickly if I have an emergency	I have time for me when I can do the things I want to and have time away from my caring role

2. Introduction

The purpose of this Commissioning Strategy is to outline the commissioning intentions for Carers across North Lincolnshire. Over the years, strong relationships have been built with partner agencies, providers, and our communities. The aim of this strategy is to ensure that by understanding the needs of our carers we can design, shape and transform services to meet these needs. That by working with partners, providers and our communities we can develop and design services that will achieve improved outcomes.

Definition of a carer

'An adult who provides or intends to provide care for another adult ("adult needing care") (Clause 10 (3) of the Care Act 2014)

'Also a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work)' (Section 96 of the Children and Families Act 2014)

In North Lincolnshire we consider a carer as someone who helps another person, usually a relative or friend in their day to day life. This is not the same as someone who provides care professionally or through a voluntary organisation. Young carers are children and young people who often take on practical and/or emotional caring responsibilities that would normally be expected of an adult.

It is important to note that within this over-arching definition of a carer, there are different carer groups for example:

- Young carers
- Parent carers
- Adult carers
- Young adult carers
- Hidden carers
- Working carers

For more detail of the different carer groups refer to section 7.

The first commissioning strategy for carers in North Lincolnshire was published in 2009 called 'First for Carers. In preparation of an equivalent strategy in 2014 onwards, a 'refresh' was published to provide a bridge and continuing to build on the work carried out over the previous four years.

This Strategy replaces the existing Commissioning Strategy for Carers. It includes carers of all ages to support the creation of a life stage approach. An all age carers commissioning strategy is particularly relevant where young carers and inter-generational carers are involved. People and carers of all ages can benefit from an integrated and holistic approach to providing personalised care and support.

All Age All Carers

Effective commissioning in North Lincolnshire is about reshaping, creating and developing the **right service, at the right time, in the right place** in response to the changing population and changes in population needs.

North Lincolnshire has a strong vision and ambition for the area of **aspiring people, inspiring places**. This is also reflected in the Better Care Fund. Through effective commissioning we are ambitious for the people of North Lincolnshire. We embrace diversity, strive for equality, and seek to raise the aspirations of local people. We challenge ourselves and each other to get it right, to enhance quality of life for our individuals and communities, whilst encouraging economic growth and supporting our existing and new businesses to meet the needs of our population.

In line with our local Integration Statement, we aim to transform and commission services so that:

Carers have help to look after themselves, develop resilience and be more independent

Carers will be supported to play a part in their community

Carers have a choice of services and receive support when they need it

This strategy complements and should be read alongside a number of other commissioning strategies and plans for North Lincolnshire, for example:

- [North Lincolnshire Joint Health and Wellbeing Strategy \(JHWS\) 2013 - 2018](#)
- [Vulnerable Adults Strategy 2014 - 2017](#)
- [Children and Young People Plan 2013 - 2016](#)
- North Lincolnshire Young Carers Charter 2014
- [North Lincolnshire Clinical Commissioning Group, Plan for the Commissioning of High Quality Services for North Lincolnshire 2014/15 - 2018/19](#)
- [Better Care Fund planning](#) template (update January 2015)
- [Joint Strategic Needs Assessment](#)

Carers provide a considerable contribution to society and have a significant role as key partners in the delivery of care, without carers the Health and Social Care system in the UK would be unsustainable

The key priority areas that underpin this strategy are outlined in the [Carers Strategy: Second National Action Plan 2014 – 2016](#) and align with our local priorities.

They include: Identification and recognition, Realising and releasing potential, A life alongside caring and Supporting carers to stay healthy.

The sections in this strategy will firstly outline what practical help is intended to be available for carers (Commissioning Intentions). The further sections will identify why the plans are important, how carers will be involved and contribute to the development of the service(s) and the outcome statements that will measure success.

3. Commissioning Intentions

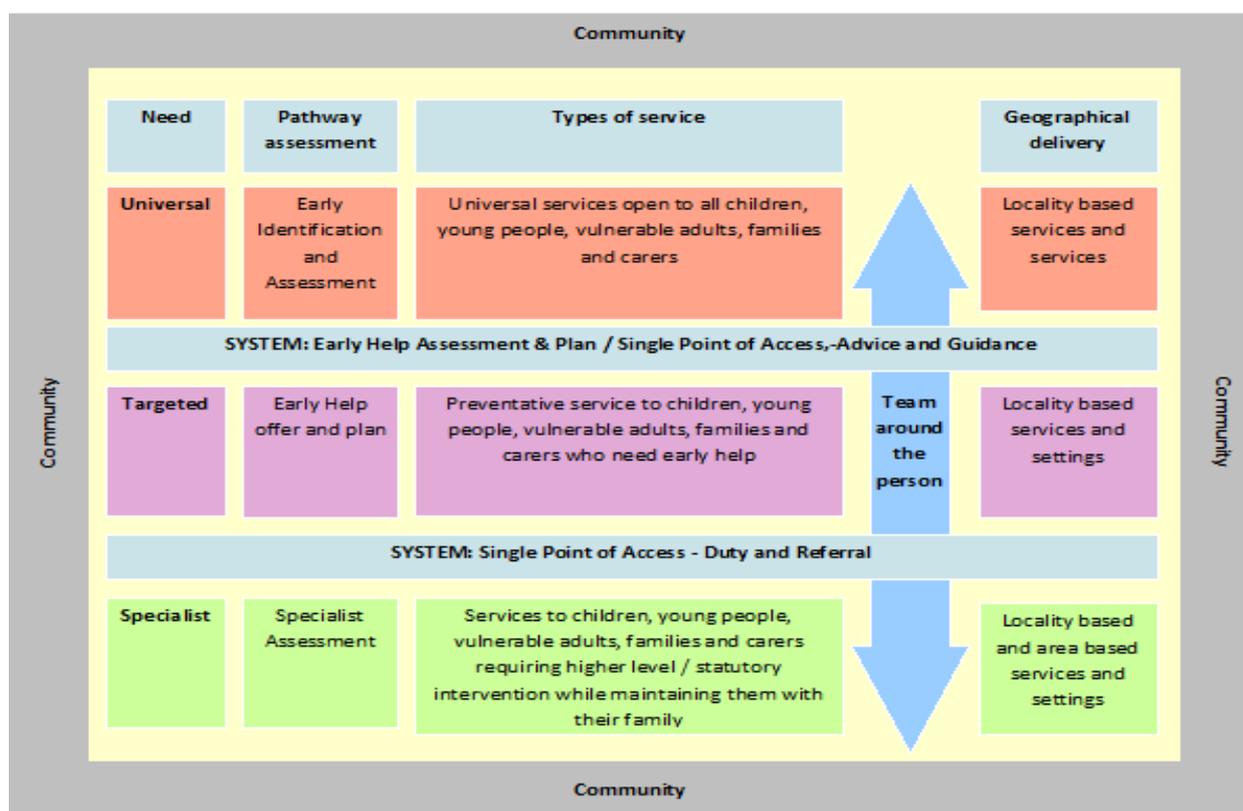
The vision and commissioning intentions for carers in North Lincolnshire are shared between health, social care, service providers and carers. Locally we have a renewed emphasis and commitment to enhancing wellbeing and delaying and preventing the need for health and support services. It will build on the good work already being carried out and detailed in the research under taken by Leeds University.

The Health and Wellbeing Board’s ambition for integration is ‘the right service, at the right time, in the right place, with the right management’. In North Lincolnshire we want to commission and transform services so that carers use their strengths and abilities to be more independent and can continue with their caring role for as long as they want to; people are active citizens and help to build active communities; people are given a choice and can access services when they need them; and services can innovate to improve outcomes and ensure value for money.

Local commissioning plans and intentions are based on learning what we know works, what carers tell us, what our providers and workforce say and what we know from our Joint Strategic Needs Assessment (JSNA).

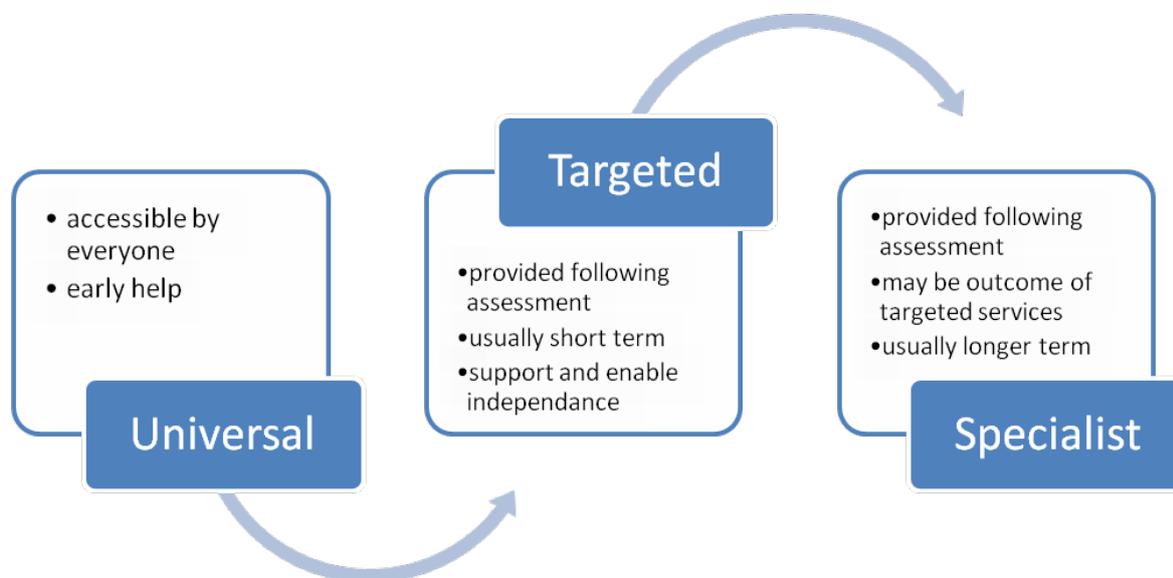
Within the context of the Single Organisational Model, our commissioning intentions are aligned to three levels of need.

The model represents a framework to describe the level of need that individuals and their families/carers may have and the nature of services that are available at each level. The level of need and service provision will be designed to meet need. The model does not represent a hierarchical pathway. We will actively work to ensure carers are as independent as possible with the lowest level of intervention required. However, this will not prevent the right service being offered at the right time, for example, to carers who may need targeted services from the start.



The priorities are also determined by the commissioning principles (strategic, service, individual), legislation and regulation, national and local drivers. This Commissioning Strategy sets out our core commissioning intentions for 2015 - 2020.

The universal, targeted and specialist commissioning intentions, as outlined below, were identified through and informed by ongoing engagement with carers through research, consultation and direct involvement of carers in the development of this strategy.



Universal - Services open to all carers and families

- Support the development of integrated ways of working across universal provision with co-location considered where this will improve services and outcomes for carers. For example Community Wellbeing Hubs
- Build on the range of informal community support services including befriending, peer support, time banking and practical support
- Access appropriate information, advice and guidance that is available, including provision of independent financial advice and managing budgets, would enable carers to be more informed about care/support and choices
- Develop a range of inclusive support and activities available from Community Wellbeing Hubs including community cafe facilities, drop-ins, arts and crafts, reading groups and physical activities, including cares for older young carers
- Ensuring Council, commissioned and community services are delivered from facilities that provide easy access to carers within their community
- Supporting universal services to ensure the communication, physical and mental health needs of carers are actively supported and enable participation
- Reduce stigma and increase awareness of mental health issues for all
- Develop a workforce that is competent and confident in working with carers with diverse needs and creating environments that enable participation within communities, and enhance quality of life.

- Continued support and liaison with health care professionals to show how to provide support for carers. For example 'Whole family approach', which means making sure any assessment takes into account and evaluates how the needs of the person being cared for impacts on the needs of the carer, or on any other members of the household
- Develop a carer led training programme for paid staff to ensure the workforce treat carers as expert care partners
- Raise awareness and opportunities amongst carers of Health Checks and the need to 'keep well to care'. That an investment in their own health is really an investment in the health of the people they love is an important message
- Access to carers assessments, eligibility for core services and access to Early Help Assessments
- Minimise the impact on young carers in respect of socialisation, education and childhood
- Identification of 'hard to reach and hidden' carers – equitable access to carer support services
- Develop 'think carer', carers friendly opportunities and solutions that identify carers including those from our diverse communities, including minority ethnic communities
- Work with employers to raise awareness of carers issues to promote more flexibility in the workplace for carers
- Raise awareness of how technology can be used to offer support and reassurance to carers and provide advice and information

Targeted - Preventative services for all carers and families who need early help

- Ensure Carer Assessment and Early Help Assessments forms part of decision making around health and care in the community (increasing the proportion of people who are cared for at home during acute illness will impact on carers and additional support may be required)
- Ensure carers needs assessments include an emergency plan and that services are joined up to respond if required
- Investing in supporting carers to keep them well and engaged in caring for family/friends. Services will be proactive, focusing on addressing risk factors rather than responding to crisis. This could include building upon training and support programmes for carers and taking into account any specific needs of carers of people with specific conditions (for example Dementia, Autism and other long term conditions)
- Developing carer break opportunities including at times of crisis and overnight, to enable carers to have a break from their caring role and improve their health and wellbeing. To include age appropriate activities for young carers including the ability to attend school
- Support carers' education and training, to raise their aspirations, attendance and to supporting those who wish to remain in or return to employment

- Working with the Places Directorate to ensure a range of services are available that reduce harm from domestic abuse, substance/alcohol misuse, homelessness etc.
- Promote the use of Just Checking technology as part of the assessment process to identify support required
- Promote the use of Telecare and assistive technology (for example pendant alarms, Just Checking equipment, fall detectors) to explore the range of equipment to keep people safe and offer reassurance and peace of mind to carers

Specialist - Services for children, young people and vulnerable adults requiring higher level/statutory interventions while seeking to maintain independence

- Access to a Children's Service Assessments for children and young people who would be considered a carer
- Introduce national eligibility threshold for carers

For specific commissioning intentions refer to the introduction for the commissioning strategy and plans. It is important that carers are involved in commissioning and services for the cared for person.

Market Shaping - Aims to ensure that anyone who needs care and support services can find solutions to meet their needs

- Developing a wider and more varied social care market and workforce that is innovative, of a high quality and delivers excellence.
- Develop capacity within the community, which is able to respond to varying needs (both rural and urban) and meet the diverse needs of our communities.
- Develop a market place that is able to respond to community led solutions enabling healthy communities for all. This could include promoting healthy and safe lifestyles and responding to issues relating to isolation and loneliness.
- Service providers work with us to develop evidence based planning that ensures services in the future are those that people need and want.
- Working with service providers to ensure that the quality framework supports our priorities, particularly around person-centred care and support, re-ablement and integration.
- Encourage models of accommodation and housing which support choice and independence.
- Stimulating a broader range of support services in the local market place for working age carers.
- Working in collaboration with Healthwatch and CQC to share soft intelligence and enhance our understanding of the local population including needs and market opportunities.

To measure the success of the commissioning intentions the following outcome statements, identified by carers, will be one way of demonstrating the difference made to the lives of people in North Lincolnshire.

We will know we are successful when carers are able to tell us:



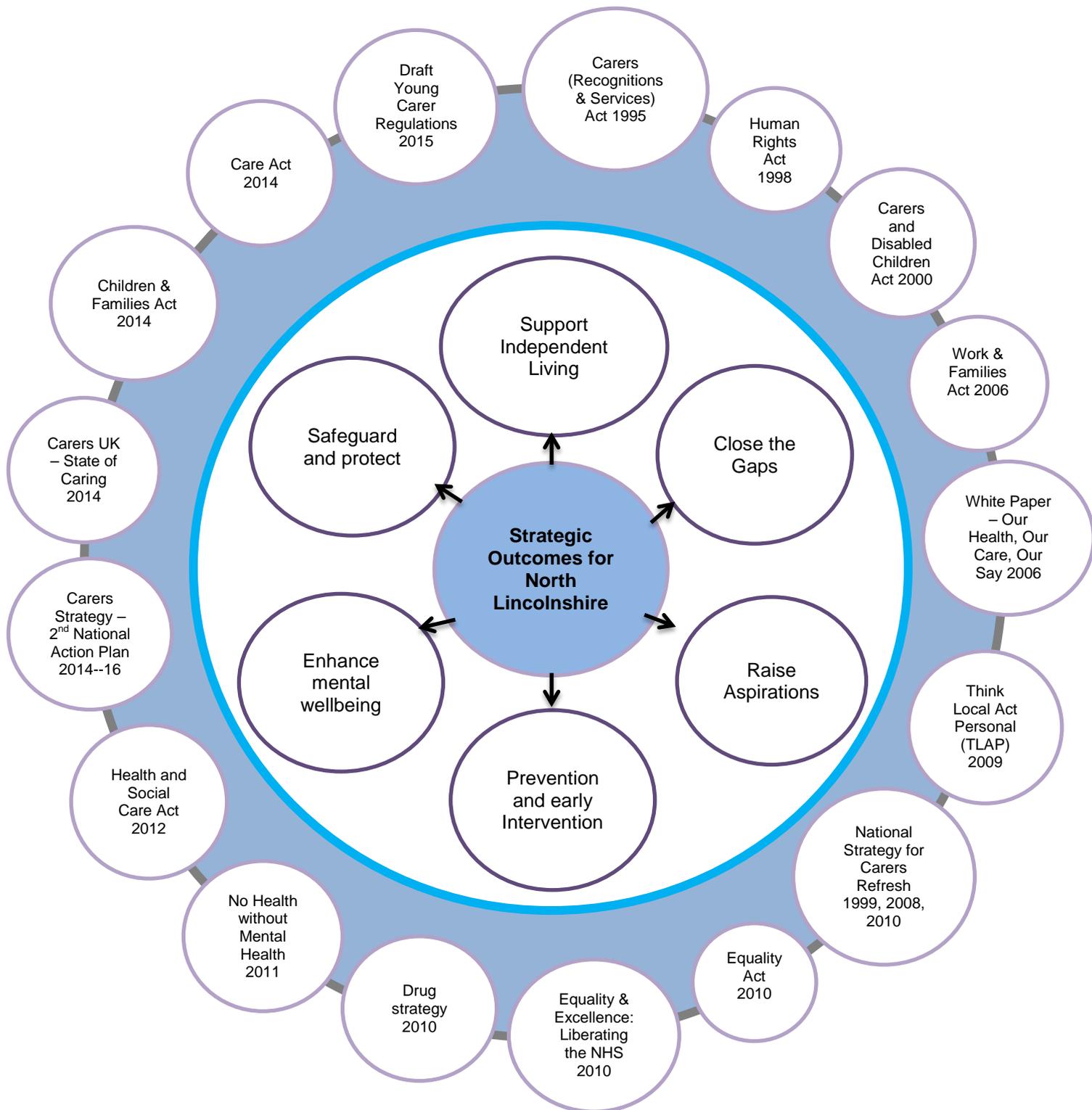
4. Vision, Outcomes and Ambition

The Health and Wellbeing Strategy sets a vision for the area that:

“North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced”.

Tackling the wider determinants that affect health and wellbeing is a responsibility for everyone. The Joint Health and Wellbeing Strategy (JHWS) provides the context and structure for how partners across North Lincolnshire can add value by working together differently. This includes collaboration between commissioning authorities, partners, providers and carers in need of services. The focus is to improve outcomes for the population across all life stages - *starting well, developing well, living and working well, ageing and retiring well and dying well.*

Key Legislation & Best Practice Guidance relating to Carers



Refer to appendix 2 for further details on key legislation and best practice guidance above.

5. Key statistics – Caring in the UK

6.5 million carers in UK: 1 in 10 of population. (Census 2011)

Every day another 6,000 people take on a caring responsibility - that equals over 2 million people each year
(Carers UK 2012)

The number of unpaid carers has grown since 2001; the largest growth was in the highest unpaid carer category, i.e. those caring for 50 or more hours per week
(ONS 2011 – Census Data)

The point at which caring starts to significantly impact on the health and wellbeing of the carer, and their ability to hold down paid employment alongside their caring responsibilities is among those providing over 20 hours care per week (ONS 2011)

Women are more likely to be carers than men - across UK 58% of carers are female and 42% male
(Carers UK - facts about carers 2014)

Over 1 million people (23% of all carers) care for more than one person (ONS 2011)

3 in 5 people will be carers at some point in their lives
(Carers UK 2002: It Could Be You)

Unpaid carers provide three quarters of the care in the community
(CSCI Social Care in England 2005)

Over 80% of older carers have worries for the future, about what will happen to the person they care for if they can no longer care (The Princess Royal Trust for Carers 2011)

Over the next 30 years, the number of carers is expected to increase by 3.4 million (around 60%)
(Carers Trust 2012)

There are 177,918 young carers (5 to 17 years old) in England and Wales (Census 2011)

The average age of a young carer is 12 years of age (Barnardo's 2013)

The total number of young and young adult carers in England and Wales aged 5 to 24 years old has increased by 84,225
(Carers Trust 2013)

15,728 (8.8%) of young carers care for over 50 hours a week (ONS 2013 – Census Data)

68% of young carers are bullied and feel isolated in schools (Carers Trust 2012)

27% of young carers (aged 11–15) miss school or experience educational difficulties
(Carers Trust 2013)

Many young carers remain hidden from sight for a host of reasons, including family loyalty, stigma, bullying, not knowing where to go for support
(the Children's Society – Hidden from view 2013)

Carers save the UK economy an estimated £119 billion in replacement care costs
(Valuing Carers, Carers UK 2011)

54% of carers are struggling to pay household bills or to make ends meet
(Carers UK – State of Caring 2014)

Full-time carers are more than twice as likely to be in bad health as non-carers
(Carers UK – Carers Manifesto 2014)

80% of carers say caring has had a negative impact on their health
(Carers UK – Carers Manifesto 2014)

82% of carers feel more stresses and 73% of carers feel more anxious because of their caring role
(Carers UK – State of Carina 2014)

Carers who have reached breaking point as a result of caring are twice as likely to say that they are socially isolated because they are unable to leave the house and are also more likely to have experienced depression as a result of caring
(Carers UK – Alone and caring 2015)

8 in 10 carers have felt lonely or socially isolated as a result of their caring responsibilities
(Carers UK – Alone and caring 2015)

61% of carers say they are at breaking point
(Carers UK – Carers Manifesto 2014)

80% have been forced to give up leisure activities or stop going out socially since becoming a carer
(Carers UK 2012 – Carers Week Research)

57% say they have lost touch with family and friends and half (49%) of carers say they have experienced difficulties in their relationship with their partner because of their caring role
(Carers UK – Alone and caring 2015)

Over 3 million people combine caring responsibilities with paid work: 1 in 9 workers in the UK
(Carers UK – Carers Manifesto 2014)

8 out of 10 carers are of working age

1 in 5 carers give up employment to care
(Carers Trust key facts)

56% of carers who gave up work to care spent or have spent over 5 years out of work as a result
(State of Caring Report, Carers UK 2013)

62% of carers said it was the stress of juggling everything that meant they gave up work
(Carers UK – State of Caring 2014)

38% of carers in full-time employment have felt isolated from other people at work because of their caring responsibilities
(Carers UK – Alone and caring 2015)

6. Commissioning – Our local definition

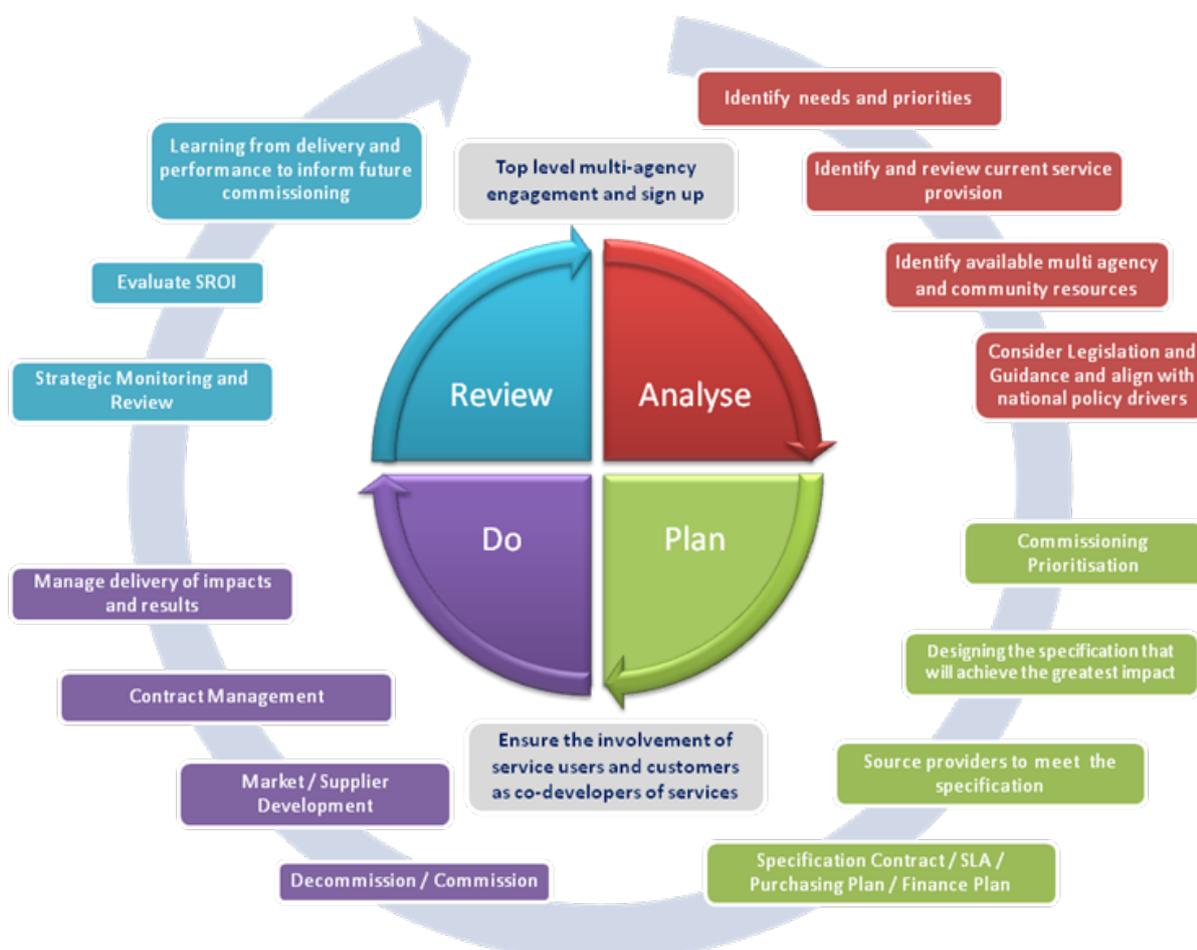
Our strategic commissioning approach joins the whole cycle of how public services in North Lincolnshire are planned, designed, developed, procured, delivered and managed. Locally commissioning is defined as:

“...the cycle of identifying the needs and priorities for our area, developing policy direction, service models and the market to meet those needs, acquire them in the most cost-effective way and continually evaluate the impact and outcomes”.

The ‘One Council Commissioning – Statement of Intent’ outlines North Lincolnshire Council’s commitment to a strategic commissioning approach that transforms the way we achieve outcomes for carers, local people and communities.

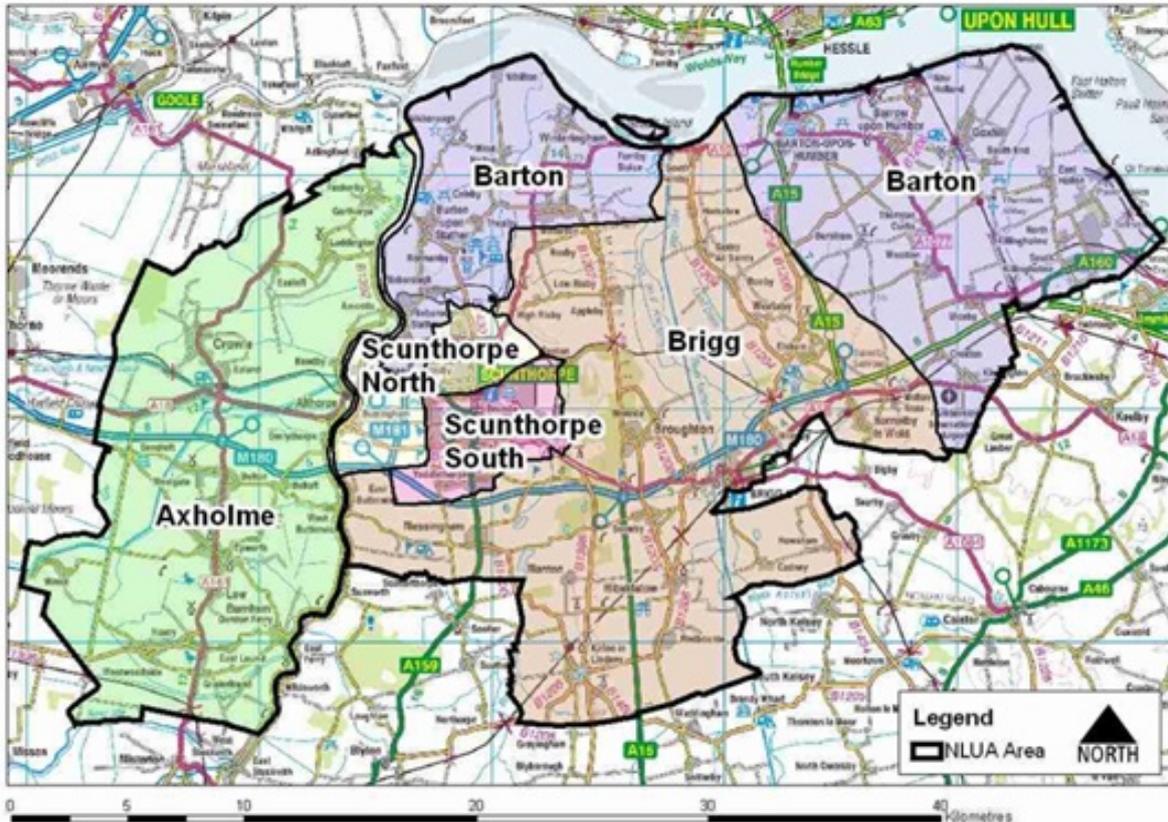
The Clinical Commissioning Group’s plan for the Commissioning of High Quality Services outlines the commissioning practices and approach - develop the highest quality commissioning, decision-making and resource allocation underpinned by patient-centred research-based evidence and innovation. It identifies a priority intervention as continued investment in support to Carers to keep them well.

The Commissioning Cycle



7. North Lincolnshire population

North Lincolnshire is divided into five localities, namely Scunthorpe North, Scunthorpe South, Brigg and the surrounding villages, the Isle of Axholme and Barton and Winterton and the surrounding villages.



North Lincolnshire’s Health and Wellbeing Board have adopted these localities for the purposes of strategic needs analysis, commissioning intentions and service planning.

A summary of the population and statistics in relation carers in North Lincolnshire is outlined below.

Table 1 – Summary of population

<p>North Lincolnshire population: 167,446 (2011 census) of which 18,161 people are estimated as being carers (11%)</p>	
<p>Over 11,000 people in North Lincolnshire are estimated as providing between one and nineteen hours of care per week, 6.6% of people who live in North Lincolnshire.</p>	<p>2,381 people providing between 20 and 49 hours care.</p>
	<p>4,684 people providing 50 hours or more of care every week.</p>

5,950 people in North Lincolnshire are estimated to begin caring each year.

There are 82 young carers accessing support groups

In the Adolescent Lifestyle Survey 492 young people identified themselves as caring.

1607 adult carers have had an assessment

4300 adult carers are known to Carers Support Centre

Approximately 1143 different adult carers are accessing services per quarter through Carers Support Centre

8.5% of children aged 0 to 18 years have a disability in North Lincolnshire

Over 1000 families (parents of disabled children) registered at Kaleidoscope

103 carers are known to Empathy
(Offering support and services for the families, friends and carers of substance misusers)

Carers save the local (North Lincolnshire) economy an estimated £343.9 million in replacement care costs *(Valuing Carers, Carers UK 2011)*.

Further details can be found at the [North Lincolnshire Data Observatory](#)

It is important to note that carers often have their own health and/or social care needs in addition to their caring responsibilities and may be a service user in their own right; this can exacerbate the impact of caring on the carer.

We recognise that family carers are increasingly coping with more complex situations as they themselves and the cared for people get older. Carers can also experience ill health, poverty, isolation and discrimination which in turn impacts on their capacity and capability to provide a caring role. Locally we have acknowledged changes in demand and have noted a significant increase in the percentage of carers receiving an assessment and service. Our plans recognise prioritising early identification of need for carers by ensuring they receive the right support at the right time.

Young Carers

Children and young people under the age of 18 who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families.

Young Adult Carers

Young people aged between 18 and 25 who are caring either for another child or young person, or an adult.

Parent Carers

Parents caring for a disabled child or young person under the age of 18. Parents will often see themselves primarily as parents however their child will have additional care needs and may be entitled to additional services.

Adult Carers

Adults caring for adults over the age of 18. This includes adults caring for their adult children. Many carers have more than one caring responsibility; for example carers could be caring for two family members such as an elderly relative and a dependent child or a spouse. This is commonly referred to nationally as 'sandwich or dual caring responsibilities' (Carers UK 2012).

Hidden Carers

Hidden carers may not identify themselves as carers and therefore may not seek support and information that would benefit them, or may not need or choose to seek support and information in relation to their caring role.

Difficulties in identifying individuals in some specific groups can lead workers to believe, incorrectly, that these individuals do not need or want services or support. Although we know there are hidden carers across all carer groups, the following groups are acknowledged as being harder to reach:

- Carers from minority ethnic backgrounds.
- Carers who are lesbian, gay, bisexual and transgender.
- Carers with mental health problems including those with dementia.
- Carers who look after someone with a drug or alcohol problem.

Working Carers

Working carers are people who want to combine caring for another person with working. Supporting carers to remain in work can bring considerable benefits to carers themselves, employers and the wider economy.

Localities

Locally we recognise that more than half of the projected population growth will be accounted for by the growth amongst the older population in our market towns and villages.

This brings about commissioning implications in terms of ensuring sufficient provision across the whole of North Lincolnshire and ensuring capacity in our most isolated areas. We note variations in life expectancy across the five localities in North Lincolnshire which provides an indication of differing levels of health and social care needs. Significant population growth in our urban areas brings different commissioning challenges where deprivation and ill health are important factors.

We are addressing this diversity of need by developing a community focused approach based on locality working where the key data on our five localities will be used in conjunction with local consultation to identify local solutions to local needs.

Diverse communities

The local minority ethnic group's population is relatively small compared with other local authorities in the Yorkshire and Humberside region, representing an estimated 7.3% of the resident population. This population is growing and becoming increasingly diverse, the largest growth being amongst White Europeans. We anticipate that our minority ethnic groups and communities will continue to grow over the coming years. We recognise that we need more information on the specific needs of our diverse populations with further work placed for 2014/15.

In embracing diversity and striving for equality, North Lincolnshire Council is committed to better understanding and commissioning for our diverse communities. The JSNA has reinforced a need to enhance local intelligence with respect to the specific health and social care support needs of people from minority ethnic groups and people with other protected characteristics, including the LGBT community.

Carers' eligibility threshold

The Care Act 2014 introduces a national eligibility threshold for carers, which consists of three criteria, all of which must be met for a carer's needs to be eligible. The carers' eligibility threshold is based on identifying:

- whether a carer's needs are a consequence of providing necessary care for an adult;
- to what extent the carer's needs affect their ability to achieve specified outcomes, or puts their health at risk; and
- whether and to what extent this impacts on their wellbeing

Carers can be eligible for support whether or not the adult for whom they care has eligible needs. The eligibility determination must be made based on the carer's needs and how these impact on their wellbeing. The determination should be made without consideration of whether or not the adult the carer cares for, has eligible needs.

8. Joint and Collaborative Commissioning

The Health and Wellbeing Board is responsible for joint commissioning, encouraging and promoting integration across partners to improve outcomes and reduce inequality for the population of North Lincolnshire. The Board has a statutory responsibility for preparing the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy.

Better Care Fund: In June 2013, the Government announced the Better Care Fund that has been established to ensure a transformation in integrated health and social care. The Better Care Fund creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services. The overarching impact of this scheme will be a reduction in **non-elective admissions**. The Better Care Fund schemes will result in a redesigned system built on the premise of right care, right service, right time and right place with wellbeing and prevention being at the heart of the plans.

Key local challenges and opportunities

Through the development of the JSNA, North Lincolnshire Council and North Lincolnshire CCG have identified a number of key challenges and opportunities which influence our joint commissioning intentions:

- Rising inequalities and widening health inequalities
- Rising prevalence of long term conditions
- Rising complexity and co-occurring conditions
- Shaping the market for home based / personalised care
- Flexibility and choice – equity of access
- Strengthening the voluntary and community sector
- Development of Telecare and Assistive technology

In addition, the Better Care Fund plans will create a new set of circumstances for carers;

- Reduced hospital admissions by caring for people at home
- Reduction in care home placements by providing care into the home
- Increase carer support need, to allow carers to care for longer and deal with relatives who are unwell, who currently get admitted to hospital

Research Summary - Support Needs of Carers in North Lincolnshire.
CIRCLE (Centre for International Research on Care, Labour and Equalities), at the University of Leeds.

This research project has demonstrated that there are growing numbers of carers in North Lincolnshire, as there are in the UK overall, and that this pattern is set to continue in the future. The findings of this research identified eight areas, each of which requires appropriate policy interventions:

- Carer identification
- Information and advice
- Carers' breaks
- Supporting carers' education and training needs
- Supporting carers to remain in or return to employment
- Carers' health
- Involvement and engagement of carers
- Aligning recommendations with existing provision

The commissioning intentions will build on the work already being undertaken as detailed in the recommendations of this research.

Joint vision and work streams

A core element of our joint vision is enabling carers to find solutions and take responsibility for their own health and wellbeing more effectively and to engage with their communities. This means developing social capital and supporting community capacity.

Current joint and collaborative commissioning work streams for carers include:

- Better Care Fund
- Developing Community Wellbeing Hubs
- Developing a range of housing options with support – Extra Care Housing, Telecare and Assistive technology
- Services for Carers and family of people with Dementia, Autism and other long term conditions
- Advocacy services
- Parent and Carers Training (PACT) programme designed to help ‘concerned others’ affected by a loved one’s problematic substance use.

9. Safeguarding

Safety, dignity and respect are important to everyone. Carers have a range of roles regarding safeguarding: as partners and informants; themselves as vulnerable to harm and abuse; as abusers.

This commissioning strategy is underpinned by a commitment to safeguard children, young people and vulnerable adults and supports the following Local Safeguarding Children’s board (LSCB) and Safeguarding Adults Board (SAB) priorities.

Local Safeguarding Children’s board	Safeguarding Adults Board
Reduce the harm from exploitation of children and young people	Keeping vulnerable adults safe in the community
Provide Early Help to children and young people	Raising awareness with friends and families how to keep vulnerable adults safe
To support effective parenting capacity	Keeping vulnerable adults safeguarded in placement
	Ensuring the Board has robust systems and structures in place.

Through commissioning and contracting mechanisms we will contribute to safeguarding by commissioning safe and cost effective services that;

- Set out quality assurance and service standards that safeguard people and promote their dignity and control.
- Have clear expectations and reporting requirements

With:

- Contract monitoring that focuses on safeguarding and dignity with shortfalls in standards addressed
- Reporting across providers is tracked and systems to enable patterns of reporting or under reporting to be captured and analysed
- Systems in place to share soft intelligence to spot early warning signs and to prevent issues from worsening
- Action taken to safeguard individuals to safeguard people when standards in services put people at risk



10. Participation and Engagement

Effective commissioning can only be realised by empowering carers, families and people who are in need of support services, to play a leading role in shaping and driving the changes they want to see. Involving carers in the commissioning, designing and delivery of services will improve the achievement of better outcomes. Evidence has shown that when people are genuinely involved in decisions that affect their lives, there is an increased chance of success.

We asked

You said

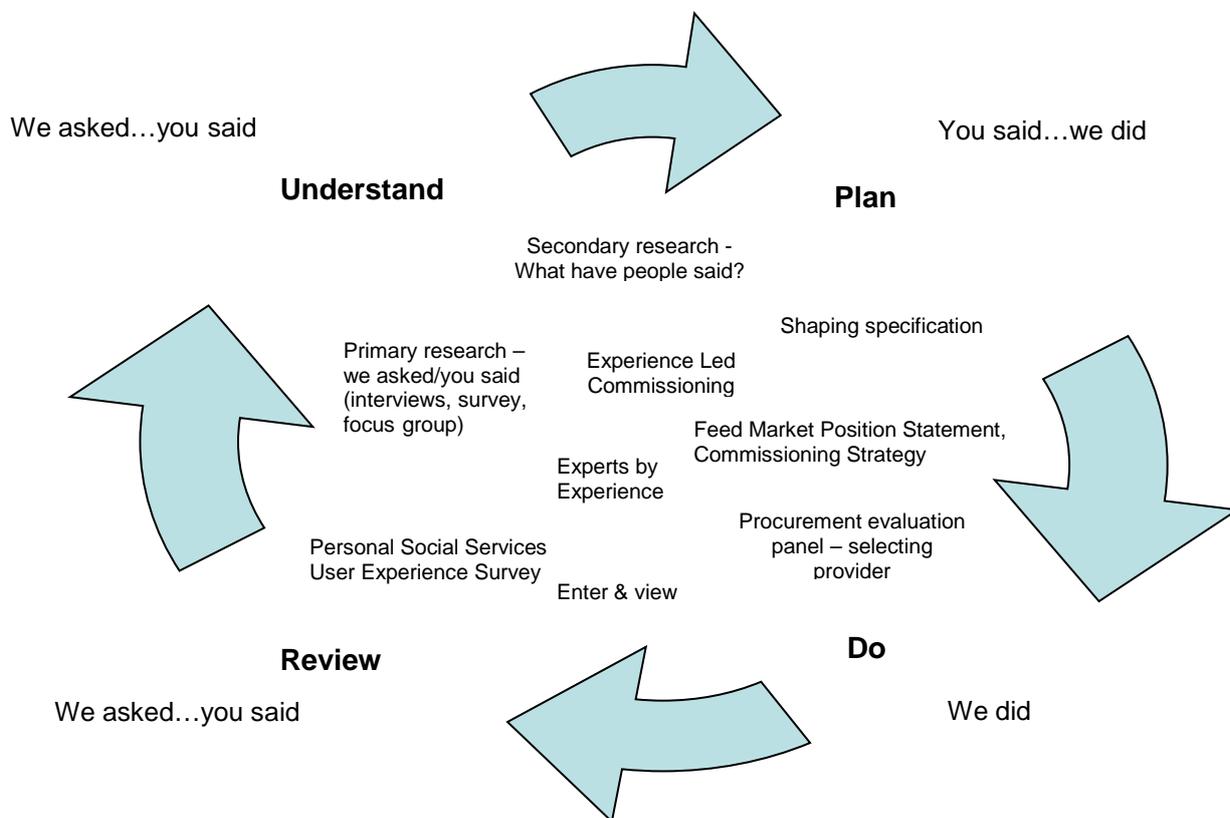
We did

North Lincolnshire is committed to effective engagement, collaboration and co-production with and by carers. Individuals and groups are encouraged and supported to work in partnership with services at a strategic, operational and an individual level. The views of carers are regularly sought to inform commissioning activity. Carers continue to be actively involved in many commissioning and procurement processes, such as:

- Consultation about commissioning decisions and service re-design
- Service improvement
- Collecting market intelligence
- Input into writing service specifications
- Contributing to the development of assessment criteria for tender evaluations and participating in evaluations
- Involvement in contract monitoring
- Contributing to the development of strategies
- Recruitment processes for the Integrated and People Commissioning Teams

- Key strategic groups for example, Parents Involvement and Participations Forum (PIP), Carers Advisory Partnership (CAP) and Empathy. This is not a full list and other groups do exist that are important to participation and engagement.

The following diagram demonstrates the range of engagement activity that may be undertaken within the commissioning cycle.



Embedding engagement in commissioning

The following engagement principles and expectations are embedded in commissioning activity across the People Directorate.

As an individual level, we must:

- Ensure that every person has a voice at a universal level and challenge barriers
- Ensure carers are involved in operational, day to day decision making
- Ensure parents/carers have the opportunity to feedback at a case work level
- Use every contact with carers to gain views and feedback about practice and build in to annual reviewing and reporting arrangements
- Collaborate with carers to co-design their own plans
- Be considerate of and flexible to the needs of carers when making contact to ensure accessibility and enable engagement
- Contribute to training and development of children, young people, vulnerable adults and their parents/carers to ensure they are sufficiently skilled and confident to participate in recruitment and commissioning processes

At service level, we must:

- Ensure the collective views of carers are routinely fed into service reviewing and planning regimes
- Routinely link into carers partnerships and engagement networks to ascertain their views in relation to their experiences and perceptions of local services, support and interventions
- Include carers in recruitment and commissioning processes in an innovative, creative way
- Ensure that carers are informed of any decisions and/or outcomes arising from their feedback and involvement

At a strategic level, we must:

- Ensure the outcomes of needs assessments and surveys are used in priority setting, planning and commissioning processes (as a minimum the Joint Strategic Needs Assessment, Lifestyle Surveys and Let's Talk)
- Use a range of approaches to engage carers in commissioning processes
- Use carers as experts to inspect, challenge and scrutinise services
- Support carer partnerships and engagement networks to develop their representation and involvement in partnership governance processes
- Empower and support carers to use their own power and influence
- Enable carer groups to set their own plans and priorities and support and empower them to undertake specific pieces of work
- Hold regular events to celebrate and engage with carers
- Show evidence of engagement and consultation at every point in the decision making process

To enable engagement at every level, we must:

- In collaboration with individuals, families and communities, ensure communications are fit for purpose and cover a range of mediums to meet their needs
- Ensure written communications are fit for purpose and make use of 'Plain English' and easy read approaches where necessary
- Ensure there are opportunities for carers to access self-help information to empower them to help themselves and build their resilience
- Encourage engagement groups to be representative of the wider population and empower them to develop best practice
- Ensure carers are involved and supported at each stage of the commissioning process 'analyse, plan, do and review'
- Ensure we, as the workforce, are suitably skilled in engaging carers, particularly seldom heard and seldom seen groups
- Monitor and review engagement at every level and share (and evidence) effective practice
- Challenge and support partners (including commissioners and providers) to work within our engagement principles

11. Workforce Development

One Vision One Workforce, North Lincolnshire is a place where services are person centred, acceptable, accessible and available at the right place at the right time. Vulnerable Adults Strategy – Strategic Priority

As a workforce, the plans in North Lincolnshire say that we should be:

- Ambitious for every child, young person and vulnerable adult
- Excellent in our practice
- Committed to partnership working and people working together to improve services and outcomes (share best practice)
- Respected and valued as professionals.
- Competent in what we deliver

North Lincolnshire requires a range of professionals with complementary skills working together to deliver the vision that **children, young people and vulnerable adults are safe and feel safe, families and carers are supported and together we transform lives.**

To ensure high quality and safe care and support, we are committed to commissioning new services with the right workforce. For details of our principles for workforce development refer to other commissioning strategies and plans for North Lincolnshire.

It is known that investing time and effort into developing the skills of the workforce means a better quality of service. Carers are able to access a variety of training opportunities designed to help carers develop skills and confidence to care safely.

Carers can access e-learning opportunities through North Lincolnshire Council, Adult Services. To find out more go to [Adult staff training](#)

Carers and employment

We will work to establish internal policies to support carers in work and to promote the good practice within these human resources protocols to other major businesses within North Lincolnshire.

We will explore options to support carers whose caring role has ended to enter back into education, employment, or other meaningful activities.

12. Current Delivery and Supply

A range of services are delivered throughout North Lincolnshire at various localities to meet the needs of the local carer population. Some listed are targeted to specific carers groups.

- Peer support / carer groups
- Carers Case Leads
- Advocacy and 1:1 support
- Lifelong Learning Courses
- Alternative therapies
- Carers Breaks
- GP and Hospital Liaison
- Children Services and Kaleidoscope
- Information and advice including some welfare
- Caring with Confidence and other training / workshops
- Activity sessions – providing time to be a child
- Extended service, One-stop contact point
- Counselling and befriending
- Telecare and assistive technology
- Carers and Early Help Assessments

There are currently a number of services provided, funded or commissioned by North Lincolnshire Council and its public sector partners. The following table provides a summary of current services across the three levels of need. There are many other services and organisations that provide indirect provision to carers, for example where the cared for person has an identified medical condition.

TITLE	
UNIVERSAL	Commissioned or Provided
Community Wellbeing Hubs, Universal Prevention	Provided
Carers Support Centre * including Carers Advisory Partnership (CAP)	Commissioned
Dementia Advisory Service, Alzheimer's Society	Commissioned
TARGETED	Commissioned or Provided
Kaleidoscope * including Parents Involvement and Participation Forum (PIP)	Commissioned
Empathy	Commissioned
Adult and Family Carer Team	Provided
Young Carers Team	Provided
SPECIALIST	Commissioned or Provided
Children Services Assessments	Provided

NOTE - * indicates a joint contract/commissioning arrangement.

Key activities for 2015 / 2016 include:

I have support for me when I need it in order to continue with my caring role

- Ensure a full range of information, advice and guidance is available
- Easy access to independent financial advice and managing budgets
- To ensure a range of services are available that reduces harm from domestic abuse, substance/alcohol misuse, homelessness etc.
- Raising aspirations and supporting young carers to access further and higher education opportunities
- Investing in supporting carers to keep them well and engaged in caring for family/friends. Services will be proactive, focusing on addressing risk factors rather than responding to crisis. This could include building upon training and support programmes for carers

I do activities with my family member / friend, with support as part of the activity so that we can both enjoy ourselves

- Develop a range of inclusive support and activities available from Community Wellbeing Hubs

I have support to keep myself well so that I can continue caring for my family member

- Raise awareness and opportunities amongst carers of Health Checks and the need to 'keep well to care'.
- Develop and promote young carers awareness raising training for schools, colleges and professionals

I know that the person I care for is well looked after when I'm not there

- Working with service providers to ensure that the quality framework supports our priorities, particularly around person-centred care and support, re-ablement and integration

I have support for my family member that I can access quickly if I have an emergency

- Ensure carers needs assessments include an emergency plan and that services are joined up to respond if required

I have time for me when I can do the things I want to and have time away from my caring role

- Increase access to opportunities for breaks from caring
- Develop breaks and activities for carers to pursue education, leisure and learning opportunities

Resources and investment

We have identified the carer's allocation articulated in North Lincolnshire's Better Care Fund plans, which added to the investment by the Local Authority there is £1.138 million available to support carers.

In addition to this specific carer allocation, the resources and investment available to support carers is offered in many different forms for example; Universal Prevention services and the capital investment in Community Wellbeing Hubs, short break and day opportunities provide support to carers, they are based on assessment of the cared for person and therefore the funding for these services is not included within carer allocation, services that used telecare and assistive technology may also benefit carers.

13. Performance Monitoring

We are committed to developing our performance management approach in North Lincolnshire. We are working towards a standard that all services are commissioned against outcomes and follow outcome based accountability. Performance monitoring arrangements will ensure targets; outcomes and quality standards are being met, as well as continuing to provide value for money.

Examples of contract monitoring include:

- Performance against set targets and outputs
- Meeting outcomes for carers and the cared for person
- Progress against national standards or performance indicators
- Service user feedback from carers and families
- Carer and provider consultations

- Provider monitoring visits
- Contracts continue to provide value for money
- A key element of performance monitoring is building strong relationships with providers, which results in effective partnership working. Mutual respect, and trust with providers, as well as clear lines of communication, enables us make continuous service improvements and maintain quality standards. Learning from near misses and serious incidents. This puts us in a better position to identify any contract variations required to improve provision, service redesign and/or to inform recommendations regarding decommissioning.

14. Demonstrating Outcomes

Carers are at the centre of all commissioning. Through effective commissioning and market development, we strive to ensure that North Lincolnshire is a place where children and vulnerable adults feel safe and are safe, families and carers are supported, and lives are transformed.

Outcomes for carers are considered throughout the commissioning cycle and are developed together with local people, partners and providers. We consider outcomes at an individual, service and strategic level and use the six headline strategy priorities as a framework for understanding the difference we make to the lives of people in North Lincolnshire.

This Commissioning Strategy is underpinned with the intention to develop a commissioning for better outcomes action plan that provides a framework for effective commissioning including key quality and performance measures. The action plan will be produced together with carers, providers and the workforce.

Throughout our commissioning cycle we actively ask ourselves the following questions as a way to understand outcomes and continuously improve our offer to local people now and into the future:

How much did we do?

How well did we do?

What is the impact
(better off)?

15. Market Development – Shaping for the future

Our market shaping approach

A key aim of this commissioning strategy will be to continue to ensure a sufficient mixed economy of service provision, shaping and influencing the market to meet demand and identified outcomes. Reflecting the Care Act, Children and Families Act, there is responsibility for developing a market that delivers a wide range of sustainable high-quality care and support services that will be available in North Lincolnshire.

North Lincolnshire has a history of successful market shaping and development.

By working together differently the organisations and partners in North Lincolnshire want to make sure that carers can choose from a range of support options and solutions now and into the future.

Our market development approach aims to bring real choices for everyone that:

- Puts local people at the centre
- Makes the best use of the money available
- Recognises the importance of working together.



Appendix 1 – Key Legislation and Best Practice Guidance

North Lincolnshire Joint Health and Wellbeing Strategy (JHWS) 2013 - 2018	<p>North Lincolnshire has had a strategy for health and wellbeing in place since 2009. The focus of this high level strategy is on what partners can do better together to add value and identify opportunities for working together differently, whilst delivering value for money. The six strategic priority outcomes across the life stages are:</p> <ol style="list-style-type: none"> 1. Safeguard and Protect 2. Close the Gaps 3. Raise Aspirations 4. Prevention and Early intervention 5. Enhance Mental Wellbeing 6. Support Independent Living
Vulnerable Adults Strategy 2014 - 2017	<p>The Vulnerable Adults Strategy makes explicit the strategic priorities and ambitions to meet the needs of adults in need of care and support across North Lincolnshire. It also sets out the vision, values and principles as well as the shared commitment to work together where vulnerable adults and carers are at the centre. The Strategy shares a partnership commitment to work together and ensure vulnerable adults achieve improved health and wellbeing, greater independence and enhanced citizenship.</p>
Children and Young People Plan 2013 - 2016	<p>The Children and Young People Plan explains the strategic priorities and ambitions to meet the needs of children, young people and their families across North Lincolnshire. The plan also sets out the vision, values and principles as well as the shared commitment to work together where children, young people and their parents / carers are at the centre. The strategic priorities are:</p> <ul style="list-style-type: none"> • Raise Aspirations • Children and Young People Feel Safe and Are Safe • Best Start • Close the Gaps • Celebrate and Engage Children and Young People • One Vision, One Workforce
<p>North Lincolnshire Young Carers Charter 2014</p>	<p>Says North Lincolnshire will:</p> <p>SEE – You and listen to your views and opinions ENCOURAGE – You to express your opinions RECOGNISE – Your need for fun, friends and education VALUE – You in decisions about your life CREATE – A welcoming environment ENCOURAGE – Your parent to begin to talk to you about the illness in the family</p>
North Lincolnshire Clinical Commissioning Group, Plan for the Commissioning of High Quality Services for North Lincolnshire 2014/15 -2018/19	<p>In October 2014, NHS England published its NHS five-year forward view which sets out a vision for the future of the NHS. This looks at the current and future needs of patients, financial issues for the NHS, what is needed both nationally and locally and priorities for the next five years. It also makes specific reference to supporting carers.</p>
Better Care Fund planning	<p>The £3.8bn Better Care Fund was announced by the Government in June 2013, to ensure a transformation in integrated health and social care. The fund is one of the most ambitious ever programmes across the NHS and local government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.</p>

<p>The Young Carers' (Needs Assessments) (England) Regulations 2015</p>	<p>These regulations come into force on 1st April 2015. They are designed to put into effect Section 96 of the Children and Families Act 2014 introduced new rights for young carers to improve how young carers and their families are identified and supported. All young carers will be entitled to an assessment of their needs from the local authority. This new provision works alongside measures in the Care Act 2014 for assessing adults to enable a “whole family approach” to providing assessment and support.</p>
<p>Care Act 2014</p>	<p>Sets out new legal parameters relating to care and support for adults and the law relating to support for carers, makes provision about safeguarding adults from abuse or neglect, makes provision about care standards, establishes and makes provision about Health Education England, establishes and makes provision about the Health Research Authority and for connected purposes. (Came into force in October 2014).</p> <p>Specific to commissioning, the Care Act requires Local Authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities. A wider range of good quality services will give people more control and help them to make more personalised choices over their care. They should therefore get better care that works for them.</p> <p>The Act also makes explicit clear legal responsibilities on Local Authorities where a care provider fails. The Act makes it clear that Local Authorities have a temporary duty to ensure that the needs of people in either residential care (care homes) or receiving care in their own home continue to be met if a provider fails. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for it themselves or whether the local authority pays for it.</p> <p>Importantly, the Act strengthens the rights and recognition of carers in the social care system, puts Carers on an equal legal footing to those they care for and puts their needs at the centre of the legislation.</p>
<p>Children and Families Act 2014</p>	<p>An Act to make provision about children, families, and people with special educational needs or disabilities; to make provision about the right to request flexible working; and for connected purposes.</p> <p>The Act seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The changes to the law to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life</p> <p>Section 96 of the Children and Families Act 2014 introduces new rights for young carers and parent carers to an assessment on need. It introduces Education, Health and Care plans (EHC plans) for children and young people with special educational needs or disabilities in England.</p>
<p>Carers UK – State of Caring 2014</p>	<p>Carers UK carry out an annual survey of carers to collect evidence on a whole range of issues affecting carers' lives. This year nearly 5,000 carers shared their experiences, enabling Carers UK to build a picture of the state of caring in 2014.</p> <p>The top two pressing issue were:</p> <ul style="list-style-type: none"> • To ensure that carers and their families do not suffer financial hardship as a result of caring • To ensure that there is sufficient funding so that older and disabled people get the care they need and which is affordable

<p>Carers Strategy – Second National Action Plan 2014--16</p>	<p>This Action Plan builds on the previous government’s National Carers Strategy of 2008 and the coalition government’s update of 2012. It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments, and the four areas for priority action identified in 2010 by the coalition government.</p> <p>Priority Area 1: Identification and recognition Priority Area 2: Realising and releasing potential Priority Area 3: A life alongside caring Priority Area 4: Supporting carers to stay healthy</p> <p>This document therefore provides a brief overview of evidence gathered and the main achievements in recognising and supporting carers during the last few years and identifies key actions for the next two years.</p>
<p>Health and Social Care Act 2012</p>	<p>Sets out the transfer of Public Health responsibility and ring fenced budget from PCTs to LAs. Establishes the Health and Wellbeing Board as a statutory committee of the council to link to Clinical Commissioning Groups, with a responsibility for promoting closer integration of commissioning and service delivery. The core tasks include developing the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).</p> <p>Promotes the involvement of carers in decisions which relate to the prevention or diagnosis of illness in patients or their care or treatment.</p>
<p>No Health without Mental Health 2011</p>	<p>Aims to improve the mental health of the population and achieve better outcomes for people with mental health problems. The involvement of carers in decisions around care and treatment of people with mental health problems and shaping of mental health services will help reduce stress on carers and contribute towards carers being able to maintain their own mental health.</p>
<p>Drug Strategy 2010</p>	<p>This strategy sets out the government’s approach to tackling drugs and addressing alcohol dependence. It says evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved. The government will encourage local areas to promote a whole family approach to the delivery of recovery services, and to consider the provision of support services for families and carers in their own right.</p>
<p>Equality and Excellence: Liberating the NHS 2010</p>	<p>Represented one of the biggest shake ups of the health system since the NHS was established. It sets out the government’s strategy for liberating the NHS in the current parliamentary term and beyond, put patients and carers at the heart of the NHS, through an information revolution and greater choice and control.</p>
<p>Equality Act 2010</p>	<p>Protects carers of elderly or disabled people against direct discrimination or harassment because of your caring responsibilities. This is because carers are counted as being ‘associated’ with someone who is protected by the law because of their age or disability. Carers are protected from direct discrimination and harassment at work due to caring responsibilities. The Act also protects carers of disabled people from direct discrimination or harassment:</p> <ul style="list-style-type: none"> • when shopping for goods • when asking for services • when receiving services • when using facilities like public transport

<p>National Strategies for Carers</p>	<p>“Recognised, Valued and Supported: Next Steps for the Carers Strategy” This document was published following the government’s consultation in 2010 to update the National Carers Strategy – “Carers at the heart of 21st century families and communities” published in 2008. The strategy provides a major platform for development at local level, emphasising as it does the importance of effective individualised support to carers to meet their individual needs.</p>
<p>Think Local Act Personal (TLAP) 2011</p>	<p>TLAP is a sector wide commitment to moving forward with personalised learning and community based support. It was accompanied by a three year programme grant funded by the Department of Health and delivered in partnership with the organisations who signed the original agreement.</p>
<p>North Lincolnshire Carers Strategy 2009 - 2014</p>	<p>The strategy sets out to describe the vision that we have developed to get the best possible outcomes for carers. The strategy goes on to describe North Lincolnshire’s commissioning intentions over the five years. The ambition is that by 2014 carers will have easy access to the full range of opportunities and choices to maintain a good quality of life, having a life of their own, having a caring system on their side and to be respected as expert care partners.</p>
<p>White Paper – Our Health, Our Care, Our Say 2006</p>	<p>Need to be supported both in their own right and in their role as carers. Propose to offer a new deal for carers to improve support for them through a range of measures.</p>
<p>Work and Families Act 2006</p>	<p>Extended the right to request flexible working arrangements to all carers in employment.</p>
<p>Carers and Disabled Children Act (2000)</p>	<p>Gave carers the right to a carer’s assessment on request independent of the community care assessment for the cared for person. It also gave Local Authorities the power to provide services directly to carers following an assessment.</p>
<p>Human Rights Act 1998</p>	<p>Important human rights relating to the work of carers are protected under UK law. Human rights law imposes duties on the state and on those who provide services to ensure that carers and the people they care for are treated fairly and with proper respect for their dignity. The following rights are likely to be especially important to you in your caring role:</p> <ul style="list-style-type: none"> • The right to respect for private and family life, home and correspondence (Article 8) • Freedom from inhuman and degrading treatment (Article 3) • The right to be free from discrimination - protected by both the Human Rights Act (Article 14) and Equality Act 2010. • In extreme circumstances, your right to life (Article 2).
<p>Carers (Recognition and Services) Act 1995.</p>	<p>Entitles Carers providing “regular and substantial care” to have an assessment of their needs when the needs of the cared for person are being assessed or reviewed.</p>