

## Appendix 2

### Service Specification final

#### A CARERS' "HUB" CENTRE FOR SOUTHWARK

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## 1. OVERVIEW

The specification outlines the services which the Council will fund based on local need, strategic priorities and available financial resources.

The service to be commissioned will provide a clearly identifiable carers Hub which will act as:

- A first point of contact for carers;
- As a Carers Assessment Centre; and
- As a 'host' for a range of activities which support carers.

The commissioned service will provide the following:

- A fully accessible physical base, i.e. an office, walk-in facility and centre for carers' groups;
- A 'virtual' Carers Hub enabling carers to access information without making the journey to a building and / or out of hours;
- To allow the hub to develop as a specialist spoke for services to be linked in and developed. This allows scope for some parts of the service to be delivered in satellite sites and / or with partners in other locations, as appropriate;
- Increasing awareness of carers issues amongst professionals and other agencies working within the Borough of Southwark;
- In line with the personalisation agenda to provide support planning for carers whether or not they are eligible for statutory services;
- To provide emergency planning and support for carers;
- To advocate on behalf of carers; and
- Outreach activities which proactively target need to reach and underrepresented groups of carers.

The emphasis of the hub will be upon promoting carer self help and peer support, whilst constantly maintaining a focus upon the carer retaining their independence and a life of their own.

### **Support Service**

The Carers Hub will provide basic advice and information directly to all carers. This will be through effective signposting and hosting / referral to universal services provided by other agencies.

### **Prevention**

The Hub will provide early intervention and carry out preventative work to allow for specialist targeted support for carers who are involved in caring for a person who will otherwise need to rely upon statutory care for the support that they receive. This will be linked to Fair Access to Care (hereinafter FAC) criteria for adult carers, or relevant legislation for children with disabilities.

## **Accessibility**

It is important that the service reaches out to all marginalised groups and those with multiple needs.

The elements described in the specification are not exhaustive and it is expected that the provider will be flexible and will work the Council during the life of the contract to adapt and develop the services provided to ensure that they remain relevant and effective.

A financial 'envelope' outlining the expected cost of the services described in this specification will be available separately.

## **2. NATIONAL AND LOCAL DRIVERS**

The key national policies and strategies which have informed this specification are shown below. These illustrate the key themes only and the list is far from exhaustive. In addition, local priorities are constantly being reviewed and developed in response to good practice, changes in policy, and evolving needs.

- (a) The Government's Strategy 'Carers at the heart of 21<sup>st</sup> Century Families and Communities' (June 2008) outlined an ambitious plan to recognise the contribution of informal Carers and provide them with support to help them in their caring responsibilities.
- (b) The 'Southwark Commissioning Strategy for Support to Carers' 2010-2013 outlines the local priorities in response to the targets set in the national carers' strategy.
- (c) 'Commissioning for Carers' September 2009 was a collaborative piece of work by a number of agencies, including Princess Royal Trust for Carers, Carers UK and Crossroads Care. It serves as a blueprint for better commissioning for carers and focuses on improving outcomes and increasing independence and choices for carers, and strengthening the carer support market.
- (d) The transformation agenda of adult social care (as set out in 'Putting People First' and 'Our Health, Our Care, Our Say') aims to increase self-directed care, choice and flexibility for all customer groups.
- (e) The commissioning of social care is changing in line with these developments, focussing on strategic commissioning, better outcomes in return for the resources invested, continuous improvement and partnership working.
- (f) An overarching theme of all public sector services is the requirement to ensure value for money and effective procurement, including the achievement of efficiency savings

## **SERVICE DIMENSIONS**

According to the 2001 Census, there are 18,515 unpaid carers in Southwark. 66% of carers provided between 1-19 hours of unpaid care; 14% provided 20-49 hours; and 22% provided 50 or more hours of care per week.

Carers represent a large, but 'hidden', workforce, and only a small proportion of this number, (this in itself likely to be a gross underestimate), are currently in touch with statutory or commissioned services.

It is to be noted that carers are an extremely diverse group. Furthermore, many carers do not even recognise or label themselves as such. In addition, a significant number have no expectation or awareness of the help that is available to them or of the value of their role and being recognised for what they do.

### **3. WHO THE SERVICE IS FOR**

The service is available to carers. A carer is any person who provides unpaid support and care to a relative, child, partner, other family member, neighbour or friend, who, due to a disability, illness or frailty is unable to manage without help.

The service will be available to;

Adult carers who are Southwark residents

Adult carers who work in Southwark but live elsewhere,

Adult carers who care for a resident of Southwark but live and work elsewhere.

The service will be available to all carers within these categories.

Where the service is accessible by former carers, for example counselling and also assistance with returning to work the service will be available to;

Former adult carers who are Southwark residents

Former adult carers who work in Southwark but live elsewhere,

Former adult carers who care for a resident of Southwark but live and work elsewhere.

Accessibility to services for former carers will be for a period of up to 1 year after their caring role comes to an end.

### **4. OBJECTIVES OF THE SERVICE**

#### **4.1 Strategic Objectives**

- (a) That carers are empowered to undertake their role as expert partners in care and support and this is fully recognised;

- (b) That carers are able to make informed choices in relation to their caring role, that suits their personal circumstances;
- (c) That carers are supported to maximise their physical, emotional and financial well being; and
- (d) Prevent caring relationships from breaking down unnecessarily.
- (e) To allow for the development of specialist spokes feeding into the hub.

## **4.2 Principal Aims**

The aims of the service are to deliver:

- (a) Timely and effective universal support and information to carers, to ensure that carers are fully informed of:
  - (b) issues relevant to their caring role;
  - (c) their rights as carers;
  - (d) the health care services available to them;
  - (e) emergency and risk mitigation plans;
  - (f) financial support to which they may be entitled;
  - (g) a culturally appropriate service
  - (h) employment, training and volunteering opportunities;
  - (i) respite cover for cared for person;
  - (j) personalised grants for short breaks, transport and respite cover
  - (k) breaks available via respite activities like crafts, exercise, and pampering. It is to be noted that the activities should be identified by the carers so as to encourage them to have a life of their own;
  - (l) joint activities for carers and cared for allowing for the development of improved peer support networks;
  - (m) accessible peer support and carer networks to reduce isolation and share knowledge;
  - (n) to improve identification of carers and their ability to access services available to them;
  - (o) access to grants for carers whether from local organisations or national pools whether statutory or charitable;
  - (p) the development of a carers service that is developed via the participation and consultation of carers; and
  - (q) to raise awareness of carers' issues amongst the wider community and with local groups and agencies, as well as participating in national campaigns highlighting carers issues.
- (r) To develop transition services for former carers to assist them in resuming a life of their own and returning to employment where appropriate.

- (s) To develop transition services for young carers reaching adulthood, this service is to be developed in conjunction with Action for Children and other providers of services for young carers in the Borough of Southwark.
- (t) To develop services for carers who are new to the role.
- (u) To assist carers in the transition to admission and or discharge from hospital.
- (v) To assist carers in the transition from Adult to Older peoples services.
- (w) Targeted intervention and prevention to support carers, particularly in relation to;
  - (1) Training of carers in the skills they need to care
  - (2) Providing targeted information to specific groups of carers, for example in relation to mental health.
  - (3) Specific emergency planning for carers of people with substantial and critical needs and in crisis.
  - (4) Development of peer support networks via the internet and or through physical groups.
  - (5) Maintenance and development of carer groups especially for need to reach communities.
  - (6) Carers are supported into work where appropriate.
  - (7) Carers are informed and know where to obtain referral to other sources of support and specialist advice based on an assessment of individual need and circumstances.

The elements described above are not exhaustive and it is expected that the provider of the Hub will be flexible and will work with Southwark Council during the term of the contract to adapt and develop the Hub's response to ensure that the service remains relevant and effective.

#### **4.3 Underpinning Values**

It is expected that the service will:

- (a) Provide a high quality service to all carers, without prejudice and where relevant, taking into account, their race, culture, gender, age, disability, religion, or sexual orientation;
- (b) Promote dignity and independence, rather than dependence, among service users;
- (c) Work in partnership with other agencies in the best interests of carers and to develop future services;
- (d) Empower carers to make informed decisions, and facilitate their voices being heard in strategic planning and service development;
- (e) Give carers maximum possible choice of services within the resources that are available and ensure that those services are delivered sensitively and flexibly to meet individual needs; and

- (f) Recognise that circumstances where dealing with vulnerable people and that safeguarding has to be actively promoted. Where guidelines are breached that appropriate referrals are made.

#### **4.4 Referral Routes**

The service will be accessed via:

- (a) Self-referral. These will be encouraged via publicity and promotion activities, e.g. in GP surgeries, through local voluntary sector organisations, libraries, neighbourhood offices and through statutory agencies.
- (b) Referrals and signposting from other voluntary sector and statutory agencies, including social workers, NHS staff, community organisations, third sector providers, advice centres, etc.

### **5. SERVICES TO BE PROVIDED**

#### **5.1 Provision of Support and Information to Carers**

Activities to include but are not limited to:

- (a) Production and distribution of a quarterly carers' Newsletter in an easy to read format, which will keep carers in touch with news, views, and opportunities, and raise awareness of carers' issues among professionals working in local agencies; this to have space allocated for articles for specific interest / information groups such as mental health, learning disabilities, BME etc.
- (b) Development of a website for carers containing up to date information for carers to access information out of hours, and provide a resource to carers who are unable or unwilling to access the services provided from the physical base. This should include an interactive element to allow carers to share problems and solutions, provide peer support and network with each other through online forums / bulletin boards.
- (c) Telephone based support information and face-to-face sessions, with a mixture of drop-in and appointment sessions, and a range of opening hours to allow working carers and those with limited day time availability to benefit from the service e.g. some 'early bird' some evening sessions, and sessions on a weekend where appropriate.
- (d) Outreach sessions to ensure that marginalised groups of carers are able to benefit from the information and support offered.
- (e) Production and maintenance of a Directory / Information Pack for carers, which can be distributed in, for example, day centres hospitals, GP surgeries and libraries.
- (f) Maintenance of a database of carers' contact details to facilitate newsletter distribution, provision of monitoring information, tracking of referrals and interventions and evidence of user feedback and outcomes.



- (g) Support / Life planning – a person centred plan that identifies a person’s aspirations, goals and required outcomes. This should contain contingency plans to maintain their health and well-being – whether carers are in receipt of state funding or not.
- (h) Statutory Carers Assessments. This function is to be delegated to the procured service and a robust process for ‘signing off’ agreed.

As well as providing advice about local support available in response to the circumstances of individual carers, it is expected that the Carers Hub will actively promote information available nationally, e.g. Carers Direct website and telephone helpline (from the Department of Health), Carers UK and The Princess Royal Trust for Carers.

Other key areas of information to be provided will be

- (a) maintaining carers in employment
- (b) availability of grants to carers;
- (c) availability of short breaks for carers;
- (d) accessible holidays;
- (e) help with household and caring tasks,
- (f) training available for carers in their caring role;
- (g) training available for carers to encourage them to take up voluntary work or to return to paid employment;
- (h) local carers’ peer support groups;
- (i) local and national events for carers;
- (j) activities which the carer can access with the cared-for person;
- (k) healthy living advice;
- (l) basic information about finances and benefits
- (m) Information and assistance in completing the statutory Carer’s Assessment. This will be basic information, signposting and support service. Detailed case work and representation will not be the role of the Hub. The Hub will be required to build effective links with universal advice and service projects to support carers who require this additional level of representation.

## **5.2 Information and support in relation to the personalisation of services**

Personalisation may affect the carer directly or indirectly (i.e. through changes in the cared-for person’s support and how it is provided through Personal Budgets. The Carers’ Hub will also help carers support those they care for, to receive the care and support outcomes they require.

This will include supporting the carer to develop their own support plans, whether or not they are eligible for council funded support.

The Hub will provide grants to carers in the form of Fix Yourself A Break, Fix Yourself Transport and Respite cover. This represents a good model of personalised support as these grants are user led and arranged. These grants will have eligibility criteria and the grants will be profiled throughout the year.

The carer will be permitted to utilise the grants in any way so long as it's legal and meets the outcomes agreed in their support plans.

### **5.3 Supporting carers back to work**

The Hub will support carers to enter the paid work force. This will be through a variety of different measures, including providing information and signposting, promoting volunteer and work placement opportunities, working closely with the Department of Work and Pensions to maximise carer take up of training opportunities, and promoting 'carer friendly' practices within the community.

### **5.4 Assessment and Onward Referral / Signposting**

The service will undertake a statutory assessment of carers' needs focussing on outcomes for the carer, and tailoring the advice, signposting and support offered in response to the needs identified. This may lead to funded support package or an Individual Budget or Direct Payment. It is pertinent to note that carers are eligible for assessment, even if the person they care for is not eligible for statutory services.

This information will be recorded for audit purposes.

In order to empower carers, the assessment process should be user-friendly. It can be undertaken face to face, over the telephone, or through paper or online self-assessment, depending on the preference of the carer. The aim of assessment is to identify practical actions to improve quality of life for the carer, and therefore also the cared-for person.

The Carers Hub will be a key 'gateway' by which carers can make informed choices about accessing other services, and are empowered to take up specialist support available elsewhere, such as Advice Centres, Advocacy Services, Employment and Training advice, etc.

The need to ensure that the service is accessed by carers from all sections of society will be an overarching aim of the Hub.

### **5.5 Emergency / contingency planning**

A key practical action to be offered will be Contingency Planning, i.e. thinking ahead to what would happen in an emergency if the carer were suddenly unable to care. Access to information and support to plan for emergencies should be a stand-alone service, i.e. carers should be offered and encouraged to take up the opportunity to develop an emergency plan through a suitable 'back up plan' even if they decline to have an assessment.

## **5.6 Carer peer development work**

The Carers Hub will facilitate carer peer support, befriending, social networks and self-help groups. These may be physically based at a range of locations in the borough and in partnership with other organisations, or virtual networks using electronic or telephone forms of communication between carers. There will be a need to ensure that these networks have a strong peer support element, and promote the independence and well being of carers.

## **5.7 Workforce Development**

This includes training, development and capacity building for carers – and those who work with them.

- **Skilling up Carers**

The Carers Hub will provide training sessions which will equip carers to care safely and effectively; for example, moving and handling training, health and safety training and health promotion activities.

Themed sessions, e.g. with speakers, will be offered on specific topics of interest; for example, coping with dementia, understanding mental health problems; benefits for carers; personalisation in adult social care; and transition planning for young carers as they become adults.

As well as providing training in caring for carers, the Carers Hub will also empower and support carers to play an active part in the development of carers services more widely by becoming representatives, champions and spokespeople and participating in consultation events and decision making forums, becoming involved in the recruitment of staff, and in evaluating tenders for services. This may require support in confidence building, meeting and presentation skills and briefings on the workings of the statutory sector.

- **Giving Carers a Voice**

The Carers Hub will recruit and support carer representatives to contribute to the monitoring and development of carers' services, e.g. by participating in partnership discussions about services, meeting with Care Quality Commission inspectors during annual reviews, being on interview panels, and inputting to discussions about carers' experiences of health and social care and ensuring that the development of care pathways and protocols reflects carers needs; for example, in response to National Service Frameworks and national strategies (e.g. Stroke, Dementia, End of Life Care).

The Carers Hub will work in partnership with the Council to consult groups of carers on specific issues, and provide periodic feedback on carers' perspectives, issues and aspirations.

It is expected that user involvement and consultation will be integral to the provider's organisation and how it operates

## **5.8 Therapies**

The hub will provide a range of therapies to carers for stress reduction, relaxation and respite. These will range from but will not be limited to Massage, Acupuncture, Reiki and Counselling.

## **5.9 Host for spoke services**

### **Host for other Carers' services**

The Hub will demonstrate an ability to support further services on a "Spoke" basis. These will be subject to a separate service specification and be procured separately, as the need arises.

Where the Council procures separate carers' services, the Hub will build positive, meaningful relationships and partnerships with the other provider/s.

## **5.10 Transition Services**

- (a) Young carers continuing to care after reaching adulthood and the Hub needs to take into consideration the particular needs of this group as they are making the Transition to adulthood.
- (b) To ensure that there are adequate transition services for former carers especially to assist carers in resuming a life of their own and returning to work.
- (c) Transition services for those becoming carers for the first time.
- (d) Transition from admission and discharge from hospitals.
- (e) Transition from Adult services to older peoples services.

## **5.11 Accessing additional financial resources**

The Hub will also be supported to seek complimentary funding streams from charitable donations, partnerships with other voluntary and private sector organisations to promote the best interests of carers in Southwark.

## **5.12 Services not receiving funding through this model**

Parent Carers, parents looking after disabled children are typically already in contact with Children's Social Services, as a part of the statutory duty to meet the needs of the child by working in a family focused way. Specialist organisations such as Contact a Family and KIDS are also often involved with parent carers.

A separate project exists within the Borough to meet the needs of young carers, those under the age of 18. Furthermore, young carers are defined as

‘children in need’ and, in line with Every Child Matters, Children’s services have a responsibility to ensure that young carers are not disadvantaged because of their caring responsibilities.

Therefore specialist children’s services fall outside the current specification of the Hub. Although, it is envisaged that where parent carers have a need for general support and information this need may be met through the Hub or through specialised services. It is also envisaged that the hub will need to maintain strong links with these organisations to provide a seamless service for carers in Southwark.

## **6. MONITORING ARRANGEMENTS**

The Commissioner will meet regularly with the provider to review progress against the deliverables specified in the contract. In addition, there will be bi-annual monitoring visits and there may also be unannounced monitoring visits.

### **6.1 Outputs**

The following ‘hard data’ is to be recorded and reported quarterly as an indication of uptake and throughput:

- (a) Number of referrals, broken down by source;
- (b) Number of carers accessing the different elements of the service, broken down by age, gender, ethnicity, postcode and other significant characteristics as defined by the Commissioners;
- (c) Number of carers assessments carried out;
- (d) Number of ‘signposts’ to other agencies, broken down by type;
- (e) Number of support groups, training sessions and other events, with numbers attending
- (f) Number of support plans developed with carers;
- (g) Number of grants issued by type; and
- (h) Number of complaints received

### **6.2 Outcomes**

Whereas ‘outputs’ measure how busy a service is, ‘outcomes’ measure what difference the service is making to the lives of carers. This ‘softer data’ can be gathered through service user feedback such as postal surveys, interviews and focus groups. The council will assess this performance against an assessment of the demand and experience of carers and other stakeholders. This will be through considering the

implications of either carers accessing statutory services, or the views of carers obtained through surveys and other forms of consultation and needs assessment.

The Hub will need to be able to demonstrate how it has supported carers to achieve the strategic outcomes outlined below. The key outcomes against which the services will be measured are:

- (a) carers know where to go for information and support;
- (b) carers have information about the options open to them and can make informed choices;
- (c) carers are able to take up training, employment and volunteering opportunities;
- (d) carers feel able to participate as citizens in their local communities and access the full range of universal services, including leisure and social activities;
- (e) carers feel more supported to be able to carry on caring, and mitigate reliance upon statutory services for the person that they are caring for;
- (f) where appropriate carers are supported in ending their caring role;
- (g) carers feel confident that, in the event that they were unable to care, there is a personalised emergency support plan for how the cared-for person will be supported;
- (h) carers and the people they are caring for are confident in support planning and obtaining the outcomes required for the cared for person through a personalised budget;
- (i) carers are able to have a life of their own whilst they are caring.
- (j) carers are able to plan their lives after caring;
- (k) carers' stress is reduced and their mental health is improved;
- (l) carers' physical health and self care is improved, e.g. as a result of health promotion work, skills training etc;
- (m) carers are able to access grants available to them, e.g. PRTC, Camberwell Consolidated Charities etc;
- (n) Skilled information, support and advocacy helps carers to maximise income available to them and to minimise any financial hardship that may be caused by the caring role;
- (o) Carers are empowered to demand respect as expert care partners and
- (p) carers feel valued and recognised for the work that they do.

## **7. Standard Operating Procedures**

All services to be provided by suitably trained / qualified and CRB-checked workers / volunteers.

The organisation shall operate an accredited quality assurance system, such as PQASSO.

A system of service user feedback is in operation for complaints and compliments.

The provider will also have established:

- (a) Equal Opportunities Policy
- (b) Confidentiality Policy in line with Data Protection Regulations
- (c) Complaints Policy
- (d) Staff Disciplinary and Grievance Procedures
- (e) Health and Safety Policy
- (f) Financial Management Regulations
- (g) Child Protection Policy and Procedures
- (h) Adult Safeguarding Policy and Procedures.
- (I) Volunteer Policy
- (j) Conflict of Interest Policy

Copies of all Policies and Procedures will be made available to the Commissioners.

## 8. Definitions

**Adult carers** are defined as anyone over the age of 16.

**Universal services** are those which serve all residents; those which are likely to be particularly relevant to Carers include Advice Centres, Advocacy Projects, Housing Offices, Counselling (e.g. in GP surgeries), and Job Centre Plus (for employment advice).