



**Commissioning  
for Carers:  
an Action Guide  
for Decision-Makers**



**Carers must...  
receive the  
recognition  
and status  
they deserve.**

# Foreword

Carers are a huge resource in our care and support system. For this system to be sustainable into the future, we need to increase every area's capacity to encourage and enable families to make positive, informed choices about how they contribute to care. It doesn't end there. Carers are individuals with their own aspirations. Alongside their role as a carer, they may need support so that they can live healthy and independent lives and pursue a career, an education or social activities.

The vision of the National Carers' Strategy<sup>1</sup> is that 'the needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve'. *Putting People First*<sup>2</sup> sets out a commitment to transform the way in which care and support is delivered. Neither of these aspirations is deliverable without the other. Commissioning for care and support requires

reform in order to place carers where they deserve to be.

Commissioning to support carers is complex because they are suppliers of care and individuals in their own right. Many of us will be carers or require care at some point in our lives. We owe it to carers, on whom we will increasingly rely, to shape a future where they know that their contribution is recognised and supported.

## How will commissioners succeed in doing this?

To assist commissioners in both health and social care to succeed in delivering these ambitions, eight

**'The needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve.'**  
National Carers' Strategy

key organisations have developed this best practice guidance. Local commissioners may wish to use this when making commissioning decisions that could affect carers, including services for the people who carers look after.

Key recommendations in this guide include:

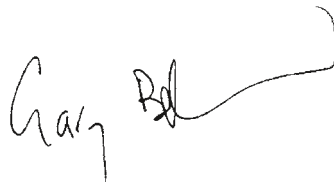
- think ‘carer’ in all your commissioning and area needs assessments
- improve outcomes, independence and choices for both carers and those they care for
- involve carers of all groups and communities in decision-making and planning processes
- strengthen the provider market, using a variety of funding approaches
- meet new NHS and social care inspection expectations and demonstrate that they meet key commissioning competencies.

We are grateful to the eight organisations that have produced this guide (details on page 17).



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# Who is this action guide for?

This action guide is intended for anyone who makes commissioning decisions that could affect adult carers. It presents some of the key questions, challenges and inspection requirements.

Carers are at the heart of the commissioning process and should be integral to decision-making. This action guide aims to support commissioners in improving outcomes for carers by:

- taking commissioners through the process of assessing need and putting in place provision to support carers
- outlining key questions and guidance to assist with commissioning
- explaining the challenges involved and showing how to assess the effectiveness of services.

Policy and legislative background are discussed where appropriate, but for fuller explanation of policies, analysis and practice, please see the full-length document *Commissioning for Carers*.<sup>3</sup> That guidance also covers analysing local carer need and existing provision, and applying World Class Commissioning competencies. Its aim is to support commissioners in improving outcomes for all carers and ensuring that commissioning targets are met.

# What is different about commissioning for carers?

Given the significance of carers' contribution to care and support in the UK, it is essential that every area encourages and supports people who contribute care and support, whatever their level of need or entitlement, while ensuring that the decision to care is a genuine and informed choice.

Carers are also ordinary people who wish to pursue a life outside of caring and may need support to do so.

So there is a strong financial argument for commissioning for carers, as well as a need to minimise the inequalities that carers face and improve outcomes for them in health, education, work and well-being.

The National Carers' Strategy 2008: *Carers at the heart of 21st-century families and communities*<sup>1</sup> sets out what needs to be achieved for carers by 2018, including:

- protecting carers' own mental and physical health
- giving carers access to the integrated and personalised services they need to support them
- ensuring that carers can enjoy a life of their own.

Achieving change for carers requires that their voices are sought and heard in local decision-making and service design in many different fields.

### **Recommendations for commissioners**

- Think 'carer' in all commissioning and area needs assessments
- improve outcomes, independence and choices for both carers and those they care for
- involve carers of all groups and communities in agreeing outcomes and in decision-making and planning processes
- strengthen the provider market with the use of a variety of funding approaches (see 'Developing a sustainable provider market', page 15)
- meet new NHS and social care inspection expectations and demonstrate that they meet key commissioning competencies.

# Getting it right for carers

Research shows that carers share many basic needs. However, some groups face particular challenges. For example, the parent carer of a disabled child, the partner of a substance misuser and the working adult whose parent has dementia all require very different kinds of help and support.

With two million people moving in and out of caring roles every year in the UK, the need to reach and identify new carers is continuous. Achieving change for carers means listening to them and ensuring that voices are heard across local decision-making and service design.

This is a challenge for commissioners in areas including social care, health, housing and leisure. Joint commissioning challenges for health and social care include:

- Do primary health and social care teams link up to identify and support caring contributions?
- What kinds of carer support result in reduced hospital admissions of people who receive care?
- Could hospital-based carer support result in speedier or more successful discharges?
- How can support for their carers aid individuals' re-enablement and independence?
- Have carers been sufficiently involved? Have outcomes been measured? Are any groups overlooked?

## A whole-area approach to assessing need

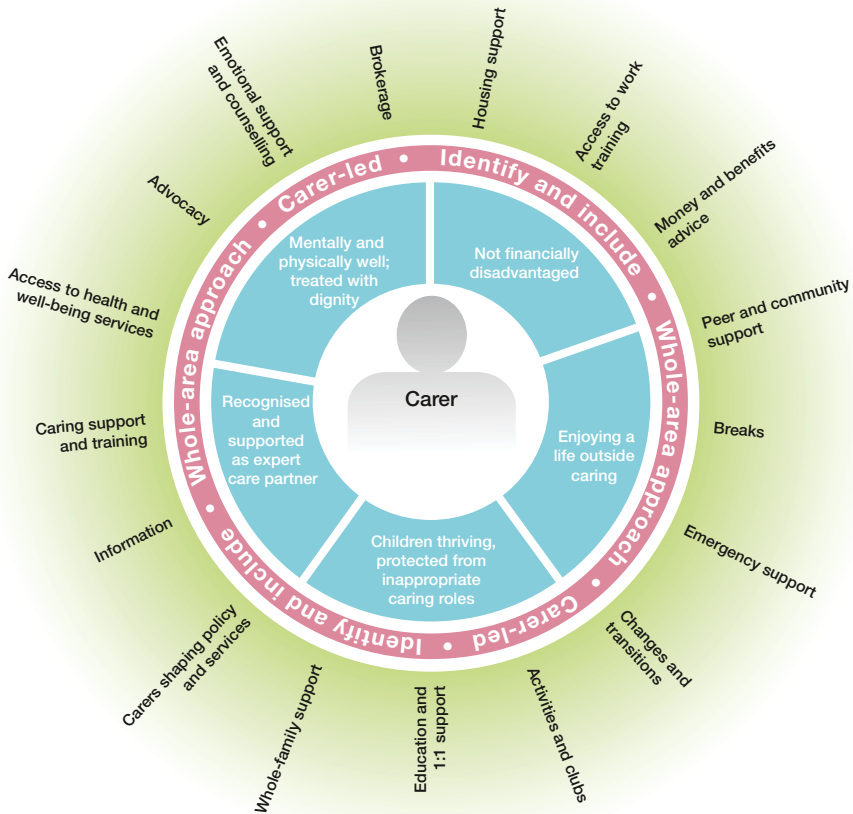
Analysing an area's performance against the National Carers' Strategy outcomes will play an important part in drawing up Joint Strategic Needs Assessments. With support from the Department of Health, a number of carer and improvement agencies have worked with local providers and commissioners to develop a model of comprehensive carer support (Figure 1).

The Strategy's outcomes make up the inner circle of the model, with the carer at the centre. The interventions around the outside of the wheel are the complete range of activities needed to ensure that all groups can achieve the five outcomes.

How the range of interventions is provided, and by which agencies, will vary geographically. And it may change over time, as carers increasingly take advantage of more 'personalised' approaches (see page 11).

A 'whole-area' approach, which is led by carers and identifies and includes those often overlooked, will be crucial to the service areas (middle band of Figure 1). The new Equality Bill (if enacted) will require commissioners to ensure that services do not directly discriminate against carers. Equality impact assessments will have to take account of this, consulting with overlooked groups and communities.

**Figure 1: A model of comprehensive carer support**



This model will be available as a click-through resource during 2009 via [www.carers.org/professionals](http://www.carers.org/professionals) and [www.crossroads.org.uk](http://www.crossroads.org.uk)

# Moving towards personalised solutions

Personalising care recognises the individual needs of each carer.

Key questions for commissioners to discuss with carers and providers include:

- Do our services for older people and people with ongoing support needs meet carers' needs?
- Are the interventions in the comprehensive carer support wheel (Figure 1) being delivered?
- Are any groups of carers not accessing the support they need?
- How can we help individuals and communities to overcome those barriers?
- Where is there under- and over-provision?
- Greater choice, control and independence for everyone who uses services and carers.
- Everyone able to make informed choices through a 'universal offer' of advice and information (see Figure 2).
- Development of 'community capital': people and families becoming expert care partners.
- Early intervention and prevention as well as support at the point of crisis.

These questions reflect the Transformation Agenda for care and support services known as 'personalisation' (refer to *Putting People First*). There are four key strands to this:

# Pathways for carer support

The care pathway for carer support flowchart (Figure 2) considers these four personalisation strands and suggests specific service categories that will allow carers to be included, informed and supported according to their choices.

This pathway covers both carers with entitlements to a high level of statutory support and those with few or as yet undefined entitlements. The categories of support are:

- the universal offer of advice and information for all carers set out in *Putting People First*
- assessment, brokerage and advocacy to help people find their way through the system
- preventative and emergency support, currently the subject of a major funding stream.

Overarching all these categories of support is the need for capacity building and local infrastructure work which put caring at the heart of the community. This could include:

- training agencies to be more carer-friendly and raise local awareness
- working with local employers to become more carer- and disability-friendly
- advocating on behalf of carers and helping carers' voices to be heard by decision-makers
- working with overlooked groups and communities.

Figure 2: Carers at the heart of communities and services – a care pathway for carer support



# Capacity building and managing transition

It is essential that carers experience a smooth transition from one part of the system to another, and achieving this will require joint commissioning across life transitions. For example:

- from childhood to adulthood for young carers and for children with disabilities
- hospital admission and discharge
- the end of the caring role.

## The Performance Assessment Guide and NHS Operating Framework

*The Performance Assessment Guide 2008–09*<sup>4</sup> for adult services focuses strongly on delivering the National Carers' Strategy. It features extensive new requirements for carer support, such as requiring that carers are:

- supported as expert care partners
- actively engaged in commissioning decisions
- able to continue in employment or return to work, with local employers offering flexible working.

As well as focusing on these targets, commissioners can employ other useful outcome measures such as:

- carer take-up of personal budgets
- the number of unplanned care home placements due to carer emergency
- numbers of carers identified and supported by non-carer specific services
- equality monitoring of carers who access information and breaks services.

Making specialised support and breaks services more effective is also vital. *The operating framework for the NHS in England 2009/10*<sup>5</sup> highlights how the Carers' Strategy could support delivery of the national NHS priority to keep adults and children well, improving their health and reducing health inequalities. Paragraph 37 in Section 2 highlights the expectation in the Carers' Strategy that Primary Care Trusts publish joint plans with their local authority partners, setting out how they will spend their combined funding on breaks for carers in line with personalisation.

Commissioners should consider whether breaks services:

- give the carer the freedom to do what they wish (ie stay in or go out)
- give the person needing support a positive experience tailored to their wishes

- ensure that the carer is in control of the break they receive
- provide the carer and the person they support with a sense of security and confidence.

## Developing a sustainable provider market

Support for carers is patchy in some areas. Introducing more choice and control for carers can bring opportunities for providers to innovate and reach excluded groups.

However, it may also bring risks for providers and raise sustainability issues, particularly for those small local organisations with less experience of tendering for contracts. Questions to consider include:

- How should we balance resourcing the universal offer and supporting those with most need?

- Will the services described reach carers with specific needs or those who belong to smaller minority groups or communities?
- Will carers have access to an independent advocacy service when their needs or choices conflict with those of the person they care for?
- How will we assess a provider's reach into local carer communities and achievement of outcomes?
- Does the tender specify services being led by and delivered with local carers?

# Acknowledgements and references

This action guide was developed by the following organisations:

## **ADASS**

The Association of Directors of Adult Social Services is the professional association representing all 152 directors of adult social services in England.  
[www.adass.org.uk](http://www.adass.org.uk)

## **Carers UK**

Carers UK is the voice of carers. It supports health and social care professionals to develop services for carers and the people they care for through research, consultancy, information and training.  
[www.carersuk.org](http://www.carersuk.org)

## **Crossroads Caring for Carers**

The Crossroads service is about giving time – improving the lives of carers by giving them a break from their caring responsibilities.  
[www.crossroads.org.uk](http://www.crossroads.org.uk)

## **The Improvement and Development Agency**

The Improvement and Development Agency works with councils in developing good practice and supporting partnerships. This is done through networks, online communities of practice, web resources and the support and challenge provided by councillor and officer peers.  
[www.idea.gov.uk](http://www.idea.gov.uk)

## **The Local Government Association**

The Local Government Association (LGA) is a membership organisation for councils in England and Wales, acting as the voice of the local government sector, and as an authoritative and effective advocate on its behalf.  
[www.lga.gov.uk](http://www.lga.gov.uk)

### **National Black Carers and Carers Workers Network (hosted by the Afiya Trust)**

The aim of the National Black Carers and Carers Workers Network is to develop and maintain an effective network of black carers and carers workers that can facilitate the voice of black carers. This voice is implemented in the continuing improvement of services, policies and practice both locally and nationally to meet the evolving needs of black carers.  
[www.afiya-trust.org](http://www.afiya-trust.org)

### **NHS Confederation**

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS.  
[www.nhsconfed.org](http://www.nhsconfed.org)

### **The Princess Royal Trust for Carers**

The Princess Royal Trust for Carers is the largest provider of comprehensive carers' support in the UK. Through its unique network of 144 independently managed carers' centres, 85 young carers' services and interactive websites, the Trust currently provides quality information, advice and support services to almost 354,000 carers, including over 20,000 young carers.  
[www.carers.org](http://www.carers.org)

**The partners are grateful for the support of the Department of Health in producing this resource.**

## Notes

- 1 National Carers' Strategy 2008: *Carers at the heart of 21st-century families and communities*. HM Government (2008), at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085345](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345)
- 2 *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. HM Government (2007) at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118) and *Transforming social care*, Local Authority Circular LAC (DH) (2008) 1, which gave detailed guidance on *Putting People First* into action, at [www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/index.htm](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/index.htm)
- 3 *Commissioning for Carers*, 2009 [www.idea.gov.uk/idk/core/page.do?pagelD=6001526](http://www.idea.gov.uk/idk/core/page.do?pagelD=6001526)
- 4 *Performance Assessment Guide 2008–09* for adult services, Commission for Social Care Inspection (2009), at [www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/performanceassessment/performanceassessmentguide2008-09.cfm](http://www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/performanceassessment/performanceassessmentguide2008-09.cfm)
- 5 *The operating framework for the NHS in England 2009/10*, Department of Health (2008), at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091445](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445)

