



SERVICE SPECIFICATION

Tender Title: **Services for Carers**

- Lot 1 Adult Carers Service (18+)

Contract Period: **1st July 2015 – 30th June 2019 plus 1 option to extend.**

Tender Reference No: **9PUD-L8RJM**

All correspondence relating to this contract must be sent via the questions and answers section for this contract, in the Due North portal

Closing date for submission of completed documents: **12 Noon 15th April 2015.**

Issued by Commercial Procurement Unit

Services for Carers Outline Service Specification

Lot 1 Adult Carers Service (18+)

Liverpool City Council

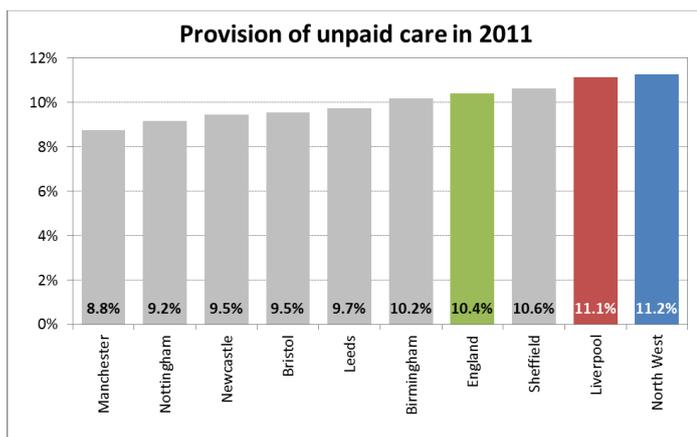
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1.0 INTRODUCTION and OVERVIEW

BACKGROUND, POLICY CONTEXT AND EVIDENCE BASE

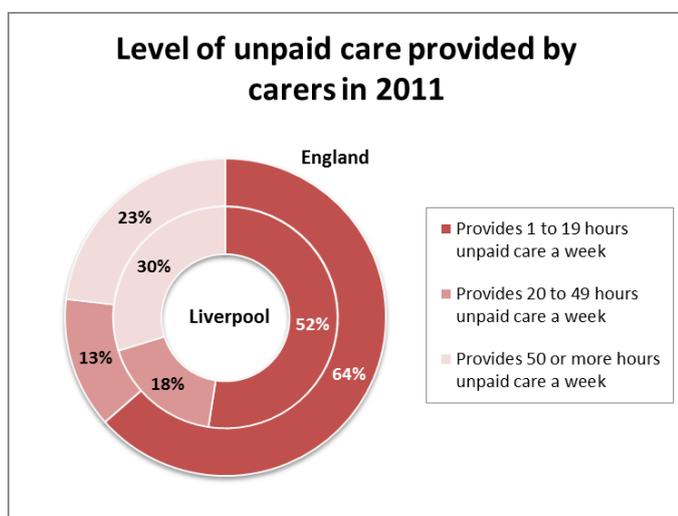
1.1 Broadly a carer is “somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer” (Care Act, 2014).

1.2 According to the 2011 Census, 50,562 people in Liverpool stated they provided unpaid care. While the number of people in the city providing unpaid care is comparable to regional levels, figures indicate that Liverpool has the greatest level among the eight core cities, in addition to being above national levels.



Source: NOMIS, Office for National Statistics - DC3301EW

1.3 The majority of carers in Liverpool provide between 1 and 19 hours of unpaid care. The percentage of carers in the city providing greater than 20 hours of care (48%) is substantially above national levels, with the percentage providing more than 50 hours of care the highest among the core cities.



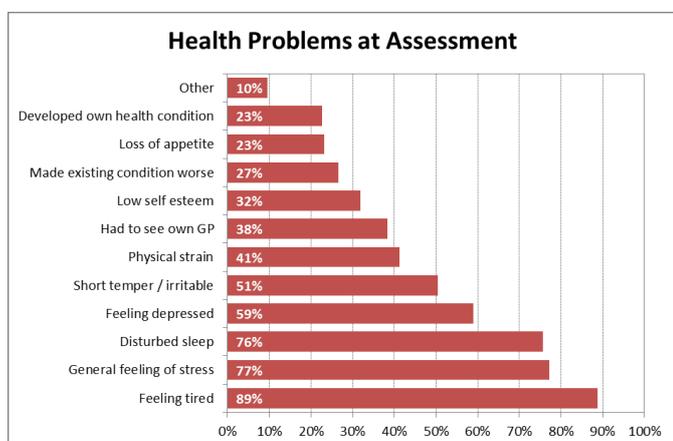
Source: NOMIS, Office for National Statistics - DC3301EW

1.4 A wealth of evidence identifies that there are significant risks associated with caring and keeping healthy and well. Results from the 2011 Census shows that the percentage of people with ‘Not Good’ general health was largely higher among those providing unpaid care compared with those not providing it, and that this percentage rose with greater

amounts of unpaid care provided. This pattern has been shown to be reflected among both adult and young carers.

1.5 The Carer, Employment and Services (2007) series of reports illustrate that in return for the massive contribution carers make to the social economy and to the well-being, independence and security of those they care for, they receive penalties rather than rewards. These ‘penalties’ can be grouped into three main categories: health problems, financial penalties, and social isolation.

1.6 Carers pay a significant health penalty for caring and there is now strong evidence to suggest that the longer you provide care and the more of it you give, the more likely you are to be in poor health yourself.



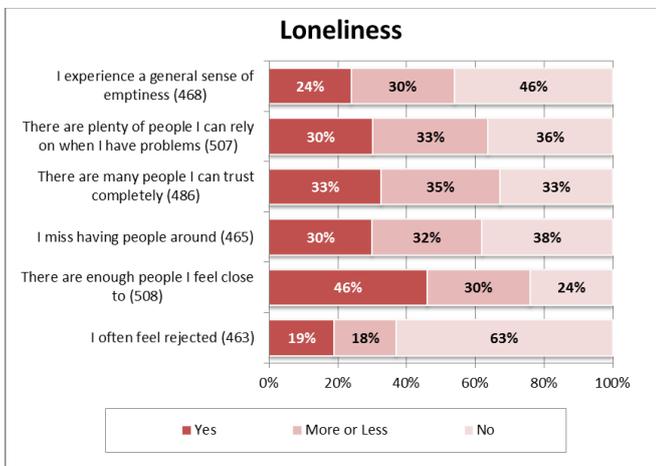
Source: Carer assessments 2012-13

1.7 Although local figures for 2012-13 indicate most carers rate their health as fair or good, of those who don't, caring has a significant impact on health. At the assessment stage, the most frequent health problems identified by carers in Liverpool included: feeling tired, stress, and having disturbed sleep.

1.8 Research shows financial penalties hit new carers quickly, which is related to giving up work or reducing working hours, as well as the cost associated with caring for someone who is ill or disabled. It is a problem that worsens as caring continues, and many carers will still suffer a financial penalty when they become pensionable age.

1.9 The Carers User Experience Survey (2012) shows that when examining quality of life for carers in Liverpool, the highest levels of unmet need were found in 'occupation' suggesting that carers require more support in this area is needed to ensure that they are able to participate in paid employment, voluntary or unpaid work.

1.10 Research shows that carers frequently feel isolated and lonely. Due to their caring responsibilities carers have difficulty in continuing with the life they led before – work, education, leisure and community participation. All were difficult to sustain as caring continued and most worried about this, feeling it damaged family relationships and personal life as well as preventing them from contributing to wider society.



Source: Carers User Experience Survey (2012)

1.11 A number of local questions were added to the Carers User Experience Survey (2012) including a 6 item scale which aimed to measure emotional and social loneliness amongst carers in Liverpool. The graph above shows the proportion of carers responding to each question.

1.12 Supporting carers is consistent with the following strategic priorities:-

Mayoral priorities:	This contract will support the Mayoral priority 'deliver a new sense of civic pride, making our city cleaner, greener and healthier'.
Council's vision and aims:	<p>This contract supports two of the Council's aims and priorities. It is in strong accordance with 'we will empower people to enjoy the best possible quality of life and reach their full potential' by...</p> <ul style="list-style-type: none"> • Reducing inequalities by improving life chances and protecting and promoting good health • Giving children the best possible start in life • Raising skills and educational attainment for all age groups • Promoting independence and independent living • Protecting and supporting our most vulnerable residents <p>And 'we will build strong, attractive and accessible neighbourhoods' by...</p> <ul style="list-style-type: none"> • Developing a shared sense of identity and community pride • Encouraging more engagement with local people and groups

Corporate Plan:	This contract supports Aim 3 of the Liverpool City Councils Corporate Plan 'Empower our residents: ensure safeguarding and inclusion of the most needy and excluded groups in the city providing equality and real opportunity for improvement and enhanced quality of life'.
Liverpool's Health and Wellbeing Strategy 2014-2019	Carers are a priority area within Liverpool's Health and Wellbeing Strategy and a specific work stream within Liverpool's Health and Wellbeing Board Transformation Programme and Healthy Ageing Programme.
Liverpool's Children and Young People's Plan	Young carers are a priority under 'Priority 2: Early Help and Intervention' which aims to ensure that for young carers, access to quality assessments that recognise and value their caring role and the contribution they make and support for the whole family.
Liverpool's Integrated Early Help Strategy:	<p>This contract supports Liverpool's ambition that families, particularly those with multiple and complex needs will have access to co-ordinated Early Help in accordance with need as soon as difficulties are identified. The offer is personalised, multi-agency, evidenced based and embedded within a Whole Family approach.</p> <p>Children and young people in those families will live safe, healthy and fulfilling lives and develop into responsible adult citizens, thereby breaking the intergenerational cycles of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems.</p> <p>The aim is to reduce demand for higher cost specialist services and achieve greater use of community based universal preventive services. Social capital and resilience within local communities will be identified and enhanced.</p>
Liverpool Supporting Carers Strategy 2008-11:	This contract fulfils Liverpool's vision for carers of all ages to be recognised and valued for the positive contribution that they make to our community. That they are enabled and empowered to take control of their own lives by identifying their own needs; through increased choice; high-quality, flexible support and services; improved information and advice.
Recognised, valued and supported: Next steps for the Carers Strategy:	<p>This service aims to deliver on the five objectives and four priority areas for carers outlined in the National Carers Strategy:</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Recognised and supported as an expert care

	<p>partner</p> <ul style="list-style-type: none"> • Enjoying a life outside caring; • Not financially disadvantaged; • Mentally and physically well; treated with dignity; • Children will be thriving, protected from inappropriate caring roles. <p>Priorities:</p> <ul style="list-style-type: none"> • Supporting early self-identification and involvement in local care planning and individual care planning; • Enabling carers to fulfil their educational and employment potential; • Personalised support for carers and those receiving care; • Support carers to remain healthy.
<p>The Care Act 2014:</p>	<p>For the first time, carers will have parity of esteem to those they care for and this contract will support the Council to fulfil its statutory duties in respect of carers' under the Care Act 2014.</p>
<p>The Children and Families Act 2014:</p>	<p>The Children and Families Act 2014 for the first time provides for a stand-alone right to an assessment for young carers. As with the adult assessment, a young carer now has the right to an assessment on the appearance of need. This contract will support the Council to fulfil its statutory duties in respect of carers' under the Children and Families Act 2014.</p>

CURRENT POSITION

1.13 In February 2012 Liverpool implemented a comprehensive care pathway for adult carers of other adults that ensures there is 'no wrong door' for carers accessing information, advice and support, including access to a break. These developments are based upon learning and good practice from Liverpool's Department of Health Carers Strategy Demonstrator Site: Breaks for Carers pilot project and involves working collaboratively with our partners to make the best use of our existing resources to ensure more carers are identified and easily directed to the most appropriate services to meet their needs.

1.14 The aim of the pathway is that carers are identified as early as possible and enabled to access the necessary information and support (including access to a break) via a carers assessment and carers support plan to enable them to continue caring for longer.



Comprehensive care pathway for all carers

1.15 The Carers Support Plan has

been developed using the model of comprehensive carers support (Commissioning for Carers,) and contains 16 outcomes which are measured at annual review. The WEMWBS scale is used to measure the impact of caring on the carers' health and well-being. Evidence already collected about the effectiveness of the carers assessment pathway suggests that for those carers who have personalised support in place, satisfaction is higher (Carers UES and Carers Process Survey results 2013), health and wellbeing is improved and outcomes are met more effectively (Carer Support Plan Reviews and Carers UES results 2013).

1.16 The Council currently contracts with a number of third sector organisations to deliver a range of support services for carers.

1.17 Liverpool City Council and Liverpool CCG are determined to ensure that all carers are able to access a range of personalised services to support them in their role and to help the people they care for remain independent and within their own homes and communities. Fundamental to this is ensuring that all carers are identified early and have access to a quality carers assessment and carers support plan that recognises and values their caring role and the contribution they make but which also identifies the outcomes that they need to meet to enable them to have a life outside of their caring role and manage their health and wellbeing.

1.18 Evidence strongly suggests that further developing the comprehensive care pathway and extending it to young carers and young adult carers to support early identification of carers and provide a seamless continuum of assessment and support as the needs of the carer and cared for change across the life course is required.

SCOPE

1.19 This contract applies to adult, young adult and young carers of other adults in Liverpool. This contract will also apply to carers who live in a different local authority but is caring for someone living in Liverpool.

2.0 AIMS AND OBJECTIVES OF CONTRACT

2.1 The aim is to procure a range of services for carers that support the Council to fulfil its statutory duties in respect of carers' under the Care Act 2014 and Children and Families Act 2014 by ensuring they are identified as early as possible and are able to access:

- information advice and support,
- a carers assessment and support plan,

- a range of personalised support and services.

2.2 There will be 4 Lots in the procurement process as follows:

Lot 1 – Adult Carers Service (18+) (Appendix One):

Community based service that will ensure adult carers of other adults in Liverpool are identified and can receive a carer's assessment under the statutory duty of the Council. The service will also ensure that adult carers who have been assessed have a support plan which is reviewed on at least an annual basis. In addition, the service will provide tailored information and advice to adult carers and support to access a range of support and services to meet identified needs. The service will operate on a city wide basis.

Lot 2 – Young Carers Service (up to and including 25 years of age) (Appendix Two):

Community based service that will ensure young carers and young adult carers in Liverpool are identified and can receive a carer's assessment under the statutory duty of the Council. The service will also ensure that young carers and young adult carers who have been assessed have a support plan which is reviewed on at least an annual basis. In addition, the service will provide tailored information and advice to young carers and young adult carers aged 0-25 and support to access a range of support and services to meet identified needs. The service will operate on a city wide basis.

Lot 3 - Carers Advocacy Service (Appendix Three):

Free, independent, professional advocacy service for adult carers. The service will operate on a city wide basis.

Lot 4 – Carers Health and Wellbeing Service (Appendix Four):

The Contractor will deliver a city wide community based programme of activities that will ensure a range of support is available to carers in Liverpool that reduces the negative impact of caring on them and that promotes their health and wellbeing. This will include working collaboratively with other businesses, service providers and organisations to:

- Promote the health and wellbeing of carers including mental wellbeing;
- Facilitate education and training sessions for carers;
- Facilitate self-managing carers' peer support groups and befriending opportunities;
- Support discharge from hospital and the reablement process;
- Provide opportunities for a break.

3.0 OUTCOMES

3.1 The Contractor will support the following outcome frameworks as appropriate:

ADULT SOCIAL CARE OUTCOMES FRAMEWORK 2014/15:

3.2 The Adult Social Care Outcomes Framework (ASCOF) has a clear focus on promoting people's independence, quality of life and experience of care. It encourages care and support that is both personalised and preventative serving as a key tool to track progress locally and nationally towards the transformation of care and support.

3.3 The Care and Support White Paper ‘*Caring for our Future: Reforming Care and Support*’ (DH, 2012) signalled the Government’s commitment to support active and inclusive communities, which support people to develop and maintain connections to friends and family. This included a commitment to include measures of loneliness and social isolation in the ASCOF and Public Health Outcomes Frameworks.

3.4 This Contractor will contribute towards meeting the ASCOF outcome measures:

Domain 1: Enhancing quality of life for people with care and support needs.

Domain 3: Ensuring that people have a positive experience of care and support.

Cohort	Ref	Description
ASCOF	1C(i)	The % of adults, older people and carers receiving self-directed support
ASCOF	1C(ii)	The % of adults, older people and carers receiving direct payments
ASCOF	1D	Carer-reported quality of life
ASCOF	1I(ii)	Proportion of carers who reported that they had as much social contact as they would like
ASCOF	3B	Overall satisfaction of carers with social services
ASCOF	3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for
ASCOF	3D(ii)	The proportion of carers who find it easy to find information about services

THE NHS OUTCOMES FRAMEWORK (2014/15)

3.5 The Contractor will contribute towards meeting the NHS Outcomes Framework (2014/15) which incorporates the following indicator under domain 2 ‘Enhancing quality of life for people with long-term conditions’ 2.4: Health-related quality of life for care.

3.6 The Contractor will contribute towards meeting the priorities within NHS England’s Commitment to Carers:

- Raising the profile of carers;
- Education, training and information;
- Service development;
- Person-centred, well-coordinated care;
- Primary care;
- Commissioning support;
- Partnership links; and
- NHS England as an employer

CHILDREN’S SERVICES OUTCOMES

3.7 The Contractor will contribute towards meeting the Children and Young Peoples Plan 2013-2017 and Integrated Early Help Strategy which incorporate the following outcome indicators in respect of young carers:

- For young carers, access to quality assessments that recognise and value their caring role and the contribution they make and support for the whole family;
- reduce the number of children and young people where caring is impacting negatively on their wellbeing

CAMHS OUTCOMES

3.8 The Contractor will contribute towards meeting Liverpool's Mental Health and Emotional Wellbeing Strategy outcome measures:

- Improved mental health of children, young people and their families;
- Improved environments so that children, young people and families can thrive;
- Increased Identification of children and young people with early indicators of distress and risk;
- Reduction in mild to moderate distress;
- Reduction in the development of moderate to severe distress;
- Reduction in life long distress.

3.9 In doing so the Contractor is expected to support carers to meet the following outcomes:

Health, Wellbeing and Home Life:

Carers are supported to:

- Look at ways to possibly reduce the hours of care that they currently provide
- Get more information about the condition of the person they care for
- Spend time doing things they value and enjoy or getting time to themselves
- Maintain relationships with others and balance other social responsibilities such as family commitments with caring
- Improve their physical and / or mental health and well-being
- Develop a plan for emergency situations
- Have peace of mind
- Find people they can talk to and discuss their feelings honestly
- Keep the house and garden clean and tidy
- Stay safe and warm in their home
- Find suitable equipment / adaptations to help them to carry out their caring role safely

Employment, Education and Finance:

Carers are supported to:

- Find employment, education or training
- Balance current employment, education or training with caring
- Get benefits advice or help to manage finances

Other:

Carers are supported to:

- Participate or get involved in improving services

3.10 The Contractor will agree with the Commissioner what tools will be used to measure outcomes; these should include but not be limited too:

- The Multidimensional Assessment of Caring Activities (MACA-YC18) Tool
- The Positive and Negative Outcomes of Caring (PANOC-YC20)
- Outcome Star
- The adult assessment framework and standard impact on well-being (Warwick-Edinburgh Mental Well-being Scale (WEMWS))

4.0 WHO THE SERVICE IS FOR AND ELIGABILITY CRITERIA

4.1 The Contractor will deliver a service for adult, young adult and young carers of other adults in Liverpool.

4.2 Broadly a carer is “somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer” (Care Act, 2014).

4.3 The Contractor will ensure the service is accessible to carers who live in a different local authority but are caring for someone living in Liverpool.

4.4 The Contractor will provide a service to the carer for no more than one year following their caring role coming to an end.

5.0 SERVICE DESCRIPTION AND SERVICE DELIVERY

5.1 Service description and service delivery for lots 1-4 can be found in appendices as follows:

- Lot 1 Adult Carers Service (18+) – Appendix One
- Lot 2 Young Carers Service (0-25) – Appendix Two
- Lot 3 Carers Advocacy Service – Appendix Three
- Lot 4 Carers Health and Wellbeing Service– Appendix Four

6.0 PERFORMANCE MEASURES

6.1 Performance measures for lots 1-4 can be found in appendices as follows:

- Lot 1 Adult Carers Service (18+) – Appendix One
- Lot 2 Young Carers Service (up to and including 25 years of age) – Appendix Two
- Lot 3 Carers Advocacy Service – Appendix Three
- Lot 4 Carers Health and Wellbeing Service– Appendix Four

7.0 CONTRACT MONITORING

7.1 The contract quality monitoring process will include identifying if the Contractor works within the boundaries of the Councils policies and procedures. These will include but not be limited to:

- Equal Opportunities Statement and Policy;
- Have Your Say Scheme;
- Adult Care and Health Customer Care Standards;
- Subject Access Request Policy;
- Data Protection Policy;
- Information Sharing Policy;
- Confidentiality Policy on use of Emails, Faxes and Phones;
- Procedure for use of Potentially Violent Warning Markers;
- Retention Policy;
- Clear Desk Policy;
- Confidential Waste policy;
- Data Security Policy Breach;
- Recruitment and Selection Policy;
- Whistle Blowing Policy;
- Risk Management Framework;
- Race and Diversity Policy;
- Templates and Brands

7.2 All service outcomes will be derived from, and related to the overall service aim of reducing the number of carers where caring is impacting negatively on their wellbeing.

7.3 The Contractor will be directly accountable for its operations and performance against the specification.

7.4 The Contractor will produce a progress report covering each full or part six month period ending 31st March and 30th September. The report will be submitted to the Commissioner on the third Friday of the following month and will cover but not be limited to:

- Number of carers supported and level of support needs that they have under the following headings
 - High Support Needs – 5 or more support actions
 - Moderate Support Needs – 2 – 5 support actions

- Low Support Needs – information / signposting
- Profile of carer by:
 - Age
 - Gender
 - Ethnicity
 - Employment status
 - Carer disability
 - Relationship to cared for person
 - Cared for person's primary condition
 - Cared for persons age
- Referral source
- A summary of the individual issues raised by carers and outcomes achieved
- A summary of any collective issues under the following headings:
 - Health, Wellbeing and Home Life
 - Employment, Education and Finance
 - Other
- Evidence of, and reflection on service achievements
- Risks
- Case studies

7.5 The Contractor will ensure that the progress report is presented in such a way that it is suitable for a variety of audiences (including children and young people, carers, professionals and representative organisations) and can be made public.

7.6 The progress report will be formally presented to the Carers Making it Happen Group, Advocacy Sub Group, Children's Trust Board and Mental Health and Emotional Wellbeing Partnership Board as appropriate.

7.7 There will be monthly meetings between the Contractor and Commissioner of lots one and two on the first Monday of each calendar month to discuss operational issues.

7.8 At each monthly meeting, the Contractor and Commissioner will discuss day-to-day operational issues to ensure the effective operation of the carer assessment and care management process.

7.9 For all lots there will be six monthly contract performance meetings between the Contractor and Commissioner.

7.10 At each six monthly meeting, the Contractor and Commissioner will discuss the contents of the progress report.

8.0 KEY RISKS

8.1 The Contractor should adopt robust and flexible business continuity arrangements, which will help, ensure that the impact of any disruption will be minimised.

8.2 The Contractor will have a risk management procedure in place, which identifies the risks relating to the delivery of this Contract, and will periodically review this and take action as necessary.

8.3 The Contractor's approach to identifying risk is detailed in their Method Statement and will be discussed with the Commissioner as part of the contract management process.

9.0 END OF CONTRACT

9.1 The Contractor will be expected to provide an Exit Strategy outlining all necessary concerns as part of their Method Statement and will be discussed with the Commissioner as part of the contract management process.

9.2 The description of the services in the specification prevails if there is any inconsistency between the Contractor's method statement and the specification.

APPENDIX ONE

LOT ONE

Service Specification for Adult Carers Service (18+)

LOT ONE Service Specification for Adult Carers Service (18+)

1.0 INTRODUCTION and OVERVIEW

BACKGROUND, POLICY CONTEXT AND EVIDENCE BASE

1.1 A carer is defined in law as “somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer” (Care Act, 2014).

1.2 Currently adult carers have rights to an assessment under the Carers and Disabled Children Act 2000. In April 2015, the Care Act 2014 will come into force which will change the way in which carers assessments need to be offered and provided.

1.3 Under the current law, a carer needs to be undertaking “regular and substantial caring” and needs to request an assessment in order to have a right to an assessment. This was problematic as the definitions of “regular” and “substantial” were unclear. Under the Care Act 2014, all carers should be offered an assessment, based on the appearance that they have a need for support.

1.4 A carer’s assessment performs two functions: firstly it is a gateway to support provided by a local authority, and secondly it is an opportunity for a carer to express whether they wish to continue caring, how their life is, and what would help them. If it is done well, it can also be a positive intervention in its own right, with carers feeling they have been listened to and valued, and that they know who to contact if they need help in the future.

CURRENT POSITION

1.5 In February 2012 Liverpool implemented a comprehensive care pathway for adult carers of other adults that ensures there is ‘no wrong door’ for carers accessing information, advice and support, including access to a break. These developments are based upon learning and good practice from Liverpool’s Department of Health Carers Strategy Demonstrator Site: Breaks for Carers pilot project and involves working collaboratively with our partners to make the best use of our existing resources to ensure more carers are identified and easily directed to the most appropriate services to meet their needs.

1.6 The aim of the pathway is that carers are identified as early as possible and enabled to access the necessary information and support (including access to a break) via a carers assessment and carers support plan to enable them to continue caring for longer.



Comprehensive care pathway for all carers

1.7 The Carers Support Plan has been developed using the model of comprehensive carers support (Commissioning for Carers,) and contains 16 outcomes (including access to work, education and leisure) which are measured at annual review. The WEMWBS scale is used to measure health and well-being outcomes. Evidence already collected about the effectiveness of the carers assessment pathway suggests that for those carers who have personalised support in place, satisfaction is higher (Carers UES and Carers Process Survey results 2013), health and wellbeing is improved and outcomes are met more effectively (Carer Support Plan Reviews and Carers UES results 2013).

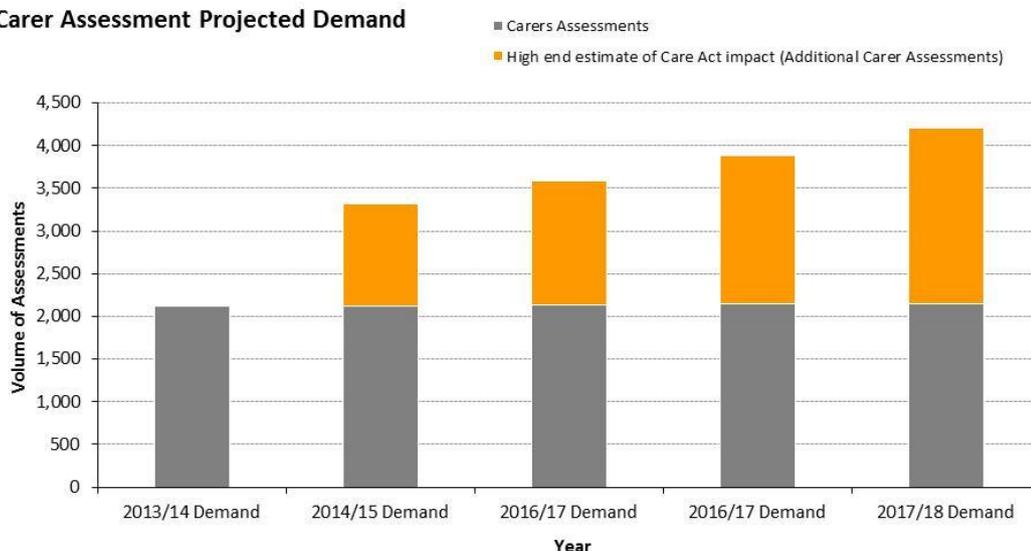
1.8 The Council currently contracts with Local Solutions (Liverpool Carers Centre) and Barnardos (Young Adult Carers Pilot Project) to undertake Carers Assessments and Carers Support Plans on its behalf.

1.9 There is likely to be a significant increase in demand for assessments when the Care Act (2014) comes into force on the 1st April 2015. Considerable work has been undertaken by Liverpool City Council to understand what the likely increase in demand for Carers Assessments might be following the implementation of the Care Act 2014.

1.20 The following table and graph illustrates the anticipated increase in the number of Carers Assessment should there be no change in legislation compared with the anticipated increase in the number of Carers Assessment following the implementation of the Care Act 2014.

	2013/14 Demand	2014/15 Demand	2016/17 Demand	2016/17 Demand	2017/18 Demand
Carers Assessments	2,115	2,124	2,133	2,142	2,151
High end estimate of Care Act impact (Additional Carer Assessments)	n/a	1,188	1,455	1,743	2,057

Carer Assessment Projected Demand



1.21 Liverpool City Council and Liverpool CCG are determined to ensure that all carers are able to access a range of personalised services to support them in their role and to help the people they care for remain independent and within their own homes and communities.

1.22 Liverpool City Council and Liverpool CCG wish to continue to commission a service to support adult carers of other adults to be identified early and have access to a quality carers assessment and carers support plan but recognises that it should extend this service to meet potential increase in demand as a result of the implementation of the Care Act 2014.

SCOPE

1.23 This contract applies to adult carers of other adults in Liverpool. This contract will also apply to carers who live in a different local authority but is caring for someone living in Liverpool.

2.0 AIMS AND OBJECTIVES OF CONTRACT

2.1 The Contractor will ensure that adult carers of other adults in Liverpool are identified and can receive a Carers Assessment under the statutory duty of the Council. The Contractor will also ensure that carers who have been assessed have a support plan which is reviewed at least annually. In addition, the Contractor will provide tailored information and advice to carers and one-to-one support to access a range of support and services to meet identified needs. The service will operate on a city wide basis.

2.2 The Contractor will fulfil Liverpool's vision for carers of all ages to be recognised and valued for the positive contribution that they make to our community. That they are enabled and empowered to take control of their own lives by identifying their own needs; through increased choice; high-quality, flexible support and services; improved information and advice.

2.3 The Contractor will support and enable the health and wellbeing of carers across the life course by ensuring carers:

- Are identified at an early stage particularly within primary and secondary health;
- Are supported to identify themselves as 'carers';
- Have access to a range of information they need to support them in their caring role;
- Have access to a statutory Carers Assessment and Support Plan;
- Have access to the integrated and personalised services they need to support them enabling them to have a family and community life alongside their caring role;
- Have access to appropriate personalised breaks;
- Are supported to remain mentally and physically well;
- Are supported to fulfil their educational and employment potential where appropriate.

2.4 The Contractor will ensure the service complies with the following key principles that matter to carers whilst undertaking a carer's assessment:

- Understanding what the purpose and process of an assessment is;
- Receiving follow up about what will happen next;
- The assessor having good local knowledge of services and support;
- Listening properly to what the carer is saying;
- Being respectful of the carers time – not cancelling at the last minute or being late, as they will often have to make arrangements to be able to attend the assessment;
- Taking account of everyone who cares – families are complex, so don't assume there is one carer and one person who is being cared for. Be aware of possible young carers.

3.0 OUTCOMES

3.1 The Contractor will support the following outcome frameworks:

- Adult Social Care Outcomes Framework
- The NHS Outcomes Framework

3.2 In doing so the Contractor is expected reduce the number of adult carers where caring is negatively impacting on their wellbeing and support them to meet the following outcomes:

Health, Wellbeing and Home Life:

Carers are supported to:

- Look at ways to possibly reduce the hours of care that they currently provide
- Get more information about the condition of the person they care for
- Spend time doing things they value and enjoy or getting time to themselves
- Maintain relationships with others and balance other social responsibilities such as family commitments with caring
- Improve their physical and / or mental health and well-being
- Develop a plan for emergency situations
- Have peace of mind
- Find people they can talk to and discuss their feelings honestly
- Keep the house and garden clean and tidy
- Stay safe and warm in their home
- Find suitable equipment / adaptations to help them to carry out their caring role safely

Employment, Education and Finance:

Carers are supported to:

- Find employment, education or training
- Balance current employment, education or training with caring
- Get benefits advice or help to manage finances

Other:

Carers are supported to:

- Participate or get involved in improving services

3.3 The Contractor will agree with the Commissioner what tools will be used to measure outcomes; these could include but not be limited to:

- Carers Outcome Star
- The adult assessment framework and standard impact on well-being Warwick-Edinburgh Mental Well-being (WEMWBS) Scale

4.0 WHO THE SERVICE IS FOR/ELIGABILITY CRITERIA

4.1 The Contractor will provide a service for adult carers who are undertaking a caring role for an adult who are residents of the Liverpool City Council area.

5.0 SERVICE DESCRIPTION AND SERVICE DELIVERY

5.1 The Contractor will ensure that adult carers are identified and can receive a Carers Assessment or re-assessment under the statutory duty of the Council.

5.2 The Contractor will ensure that adult carers who have been assessed have a support plan which is reviewed at least annually.

5.3 The Contractor will provide tailored information and advice to adult carers and one-to-one support to access a range of support and services (including direct payments for carers) to meet identified needs and in order to reduce the number of adult carers where caring is impacting negatively on their wellbeing.

5.4 The Contractor will recognise that young carers might remain in this role through adolescence and into adulthood. The Contractor will work in partnership with other organisations, agencies and in particular the Young Carers Service to ensure that the transition from one service to another takes place at the right time and pace for the young person should they require support beyond the age of 25.

5.5 The Contractor will do this in accordance with the following, but not limited to, Council policies, procedures and guidance:

- Adult Safeguarding Interagency Policy
- Levels of Need
- Adult's and Children's Family Assessment and EHAT Pathway

- Carers Self-Directed Assessment and Support Planning Guidance
- Carers Voucher Scheme
- Cross Border Assessments of Carers
- Transitions Policy

5.6 The Contractor will use the Councils documentation for the assessment and support planning of adult carers.

5.7 The Contractor will, where appropriate, undertake visits with adult carers at their home or other suitable setting as specified by the carer in order to assess their needs and discuss any potential support.

5.8 The Contractor will ensure that adult carers or any other people of significance to them are consulted and have the opportunity to actively participate in any decision making process affecting them.

5.9 The Contractor will adopt a 'whole family approach' when assessing the needs of adult carers. The level of service provided for each family member will be dependent on the assessment of needs within the family, their motivation to engage and will take into account other support and services already involved.

5.10 The Contractor will assist adult carers or any other people of significance to them in building support mechanisms by providing advice about potential support from a wide range of agencies and businesses and facilitating access to this support through the assessment process.

5.11 The Contractor will ensure that it meets the demands of adult carers seeking support during all working days excluding statutory bank holidays.

5.12 The Contractor is required to accept referrals from all sources for example:

- Self-referrals
- Family members
- GP's
- Hospitals
- Community Health
- Community Mental Health Teams
- Adult Services
- Housing providers

5.13 The accepted hours for making a referral to the service are 9am – 5pm. The Contractor will make an answer machine service available outside these hours to facilitate contact with the service.

5.14 The Contractor will, where appropriate, undertake visits with adult carers outside of usual office hours of 9am and 5pm.

5.15 The Contractor will establish a point of access, where adult carers can seek and be provided with information, advice and support either on an individual basis or as part of a group.

5.16 The Contractor will understand that the range of inequalities experienced by adult carers can be redressed through targeted interventions which recognise and support the adult in their role as a carer.

5.17 The Contractor will advocate on behalf of adult carers across a range of services and systems alongside building individual resilience and social capital within the context of the family and wider community.

5.18 Adult carers should have access to the same opportunities and life chances as other people not undertaking a caring role. The Contractor will ensure that the needs, views and voices of adult carers are represented through a variety of forums to ensure that their needs are identified, they have access to tailored information, advice and support and barriers to access and engage in everyday life are reduced.

5.19 The Contractor must be able to demonstrate a high level understanding of current rights of carers as well as keep abreast of new policies and legislation that will impact on them.

5.20 The Contractor will ensure that all employees that work within the Adult Carers Service shall be able to demonstrate the knowledge, skills, competence and attitude compatible with the role and responsibility designated to them, and are willing to undertake further training and development.

5.21 The Contractor will ensure that all of its staff undertake training in health, safety, security, and other areas as deemed necessary in order to work safely.

5.22 The Contractor will ensure that all relevant staff undergoes the necessary clearance checks, with the Disclosure and Barring Service. It will be a matter for the Contractor to decide whether any formal entries which appear on relevant checks will automatically act as a bar or disqualification to employment within the Adult Carers Service. The Contractor will be responsible for all actions of its staff and will have to demonstrate robust safeguarding policies.

5.23 The Contractor will provide the Council with a comprehensive staff development and training programme covering all levels of staff to operate over the period of the contract.

5.24 The Contractor will record and date the training undertaken by staff and make a record available to the Council inspection upon request.

5.25 Supervision and professional development are seen as an essential component of the Adult Carers Service. The Contractor will be expected to hold regular, not less than six weekly team meetings at which casework is shared and discussed.

5.26 The Contractor will ensure individual staff members receive not less than monthly management supervision with their line manager.

5.27 The Contractor will ensure individual staff members have a personal / professional development plan that is assessed, implemented, and evaluated on an annual cyclical basis.

5.28 Reporting on the delivery of supervision uptake by individual staff members and the generation of individual personal development plans will form part of the monitoring requirements.

5.29 The Contractor will use the Councils Adult Services and Health and Children and Young People's Service IT system, Liquidlogic, for recording all client data, assessment and support planning activity in relation to this service.

5.30 The Contractor will deliver the service in a location and venue within Liverpool City Council boundaries that are readily accessible and suitable for eligible service users and conducive to the activities of the service.

5.31 The Contractors customer feedback procedure will positively encourage adult carers to bring to the attention of the Contractor any aspects of the service they may have concerns about. It will be made known to adult carers, any other people of significance to them and advocates. The procedure will be subject to approval of the Council.

5.32 Every adult carer has the right to access the Council's own Have Your Say Scheme and Adult Care and Health Customer Care Standards at any stage.

5.33 The Contractor will inform the Council immediately of any complaints made in the provision of the service and how each case was resolved.

5.34 The agency will maintain a record of complaints that should include but not limited to:

- The nature of the complaint
- Name and address of adult carer
- Name and address of complainant
- Date and time the complaint was received
- Details of outcome including time and date of resolution
- Details of any action taken to prevent any future occurrence
- Names of all employees involved in the complaint and investigating officer

5.35 These records must be numbered and be available for inspection by the Council at any time.

6.0 PERFORMANCE MEASURES

6.1 The Contractor will report on the number of carers supported and level of support needs that they have under the following, but not limited to, headings:

- Number of carers where there has been an improvement in the impact of caring on their wellbeing;
- Number of carers that have had a carers assessment
- Number of carers that have had a reassessment;

- Number of carers that have had a carers support plan;
- Number of carers that have had a review;
- Profile of carer by:
 - Age
 - Gender
 - Ethnicity
 - Employment status
 - Carer disability
 - Relationship to cared for person
 - Cared for person's primary condition
 - Cared for persons age
- Referral source;
- Number of carers that have achieved their outcomes;
- Number of carers not achieving their outcomes;
- Number of carers that are no longer actively caring and reason their caring role have ceased.

7.0 CONTRACT MONITORING

7.1 The contract quality monitoring process will include identifying if the Contractor works within the boundaries of the Councils policies and procedures. These will include but not be limited to:

- Equal Opportunities Statement and Policy;
- Have Your Say;
- Adult Care and Health Customer Care Standards;
- Subject Access Request Policy;
- Data Protection Policy;
- Information Sharing Policy;
- Confidentiality Policy on use of Emails, Faxes and Phones;
- Procedure for use of Potentially Violent Warning Markers;
- Retention Policy;
- Clear Desk Policy;

- Confidential Waste policy;
- Data Security Policy Breach;
- Recruitment and Selection Policy;
- Whistle Blowing Policy;
- Risk Management Framework;
- Race and Diversity Policy;
- Templates and Brands

7.2 All service outcomes will be derived from, and related to the overall service aim of reducing the number of carers where caring is impacting negatively on their wellbeing.

7.3 The Contractor will be directly accountable for its operations and performance against the specification.

7.4 The Contractor will produce a progress report covering each full or part six month period ending 31st March and 30th September. The report will be submitted to the Commissioner on the third Friday of the following month and will cover but not be limited to:

- Number of carers supported and level of support needs that they have under the following headings
 - High Support Needs – 5 or more support actions
 - Moderate Support Needs – 2 – 5 support actions
 - Low Support Needs – information / signposting
- Profile of carer by:
 - Age
 - Gender
 - Ethnicity
 - Employment status
 - Carer disability
 - Relationship to cared for person
 - Cared for person's primary condition
 - Cared for persons age
- Referral source
- A summary of the individual issues raised by carers and outcomes achieved
- A summary of any collective issues under the following headings:
 - Health, Wellbeing and Home Life

- Employment, Education and Finance
- Other
- Evidence of, and reflection on service achievements
- Risks
- Case studies

7.5 The Contractor will ensure that the progress report is presented in such a way that it is suitable for a variety of audiences (including to children and young people, carers, professionals and representative organisations) and can be made public.

7.6 The progress report will be formally presented to the Carers Making it Happen Group.

7.7 The Contractor will attend meetings of the Carers Making It Happen Group and be part of the relevant work streams associated with the group.

7.8 There will be monthly meetings between the Contractor and Commissioner on the first Monday of each calendar month to discuss operational issues.

7.9 At each monthly meeting, the Contractor and Commissioner will discuss day-to-day operational issues to ensure the effective operation of the carer assessment and support planning process.

7.10 There will be six monthly contract performance meetings between the Contractor and Commissioner.

7.11 At each six monthly meeting, the Contractor and Commissioner will discuss the contents of the progress report.

