



Mayor and Cabinet

**Report title: Permission to procure
Maximising Wellbeing for Carer Service and request to extend related
contracts by three months**

Date: 21 September 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors:

Executive Director of Community Services

Director of Law, Governance and Elections

Executive Director for Corporate Resources

Executive Director Children's Services

Outline and recommendations

This report seeks permission from Mayor and Cabinet to procure the Maximising Wellbeing of (unpaid) Carer service and extend the existing carer contracts for a period of three months. The overarching aim of the service will be to maximise the wellbeing of Carers by ensuring Carers are visible, valued and supported, in line with the aims of the Carer Implementation Plan (2022 – 2024) that went out to consultation for a seven week period, closing on 17th July 2022. The Maximising Wellbeing of (unpaid) Carer service will go live on 1st July 2023 for 3 years plus the option to extend by 2 further years. The estimated value of the contract across this period will be £1,602,285, an annual value of £320,457.

This new contract will bring together 4 carer related contracts currently commissioned:

- Adult Carer Information, Advice and Support Service (provided by Your Voice in Health and Social Care)
- Young Carer Support Service (provided by Carers Lewisham, a subsidiary of Your Voice in Health and Social Care)
- End of Life Carers' Advice and Support service (provided by Saint Christopher's)
- Family and Carer Support Service (provided by Stroke Association)

As the four contracts noted above expire on 31st March 2023, the report also seeks approval to extend these existing four contracts for a three month period until 30th June 2023.

Alongside the resource provided by the 4 carer related contracts listed above that the new service will draw from, the Maximising Wellbeing at Home service will also include five Solution-Focused Wellbeing coaching services that will be open to unpaid carers. These will be mobilised during the three month extension period and will cover the following areas:

- Solution-Focused Wellbeing Coaching - End of Life Care
- Solution-Focused Wellbeing Coaching - Effective management of individuals with advanced dementia including those presenting with behaviours that challenge
- Solution-Focused Wellbeing Coaching - Learning Disability and autism
- Solution-Focused Wellbeing Coaching – Mental Health
- Solution-Focused Wellbeing Coaching – Enabling and supporting clients into meaningful life roles

The report seeks the three month extension to the existing carer contracts as there is not sufficient staff capacity to mobilise the Maximising Wellbeing at Home Service and the Maximising Wellbeing of Carer service at the same time. Cost of extending the four existing carers contracts is £80,114 (full details are broken down in section 4.7).

Timeline of engagement and decision-making

Date	Engagement / decision-making
January 2022	Working group established to develop the Carer Implementation Plan (2022 – 2024)
March 2022	Working group established to oversee the procurement of the Maximising Wellbeing of Carer service
April 2022	Working group established to oversee the Carer Implementation Plan consultation
18 May 2022	Pre-consultation engagement event with Young Carers at the Carer Centre Lewisham
19 May 2022	Pre-consultation engagement event with Adult Carers and Professionals at the Ladywell Centre
May – July	Carer Implementation Plan consultation open
05 July 2022	Presentation to Corporate Procurement Board
14 July 2022	Presentation to Positive Ageing Council
Ongoing	Regular engagement with carers through Lewisham Carers

1. Summary

- 1.1 The Family Resources Survey¹ estimated that in 2020/21 around 4.2 million people in the UK were providing informal care. The survey defines informal caring as care that is not a paid job, and can occur for many, or only a few, hours a week². The figure represents around 6% of the UK population (approximately 1 in 8).
- 1.2 This report outlines the procurement strategy and seeks approval from Mayor and Cabinet to procure the Maximising Wellbeing of (unpaid) Carer service. The overarching aim of the service is to maximise the wellbeing of Carers through ensuring that Carers are visible, valued and supported, in line with the aims of the Carer Implementation Plan (2022 – 2024). A formal consultation on the Carer Implementation Plan ran from the 30th May 2022 until 17th July 2022.
- 1.3 This will be a new contract combining 4 current carer service contracts:
- Adult Carer Information, Advice and Support Service (Your Voice in Health and Social Care)
 - Young Carer Support Service (Your Voice in Health and Social Care)
 - End of Life Carers' Advice and Support service (Saint Christopher's)
 - Family and Carer Support Service (Stroke Association)
- 1.4 Maximising Wellbeing is the key outcome of the service. 'Wellbeing' is a broad concept and is described in the Care Act (2014) as relating to the following areas in particular:
- Personal dignity (including treatment of the individual with respect)
 - Physical and mental health and emotional wellbeing
 - Protection from abuse and neglect
 - Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
 - Participation in work, education, training or recreation
 - Social and economic wellbeing
 - Domestic, family and personal domains
 - Suitability of the individual's living accommodation
 - The individual's contribution to society

¹ [Family Resources Survey - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

² Department for Work and Pensions (DWP), Family resources survey, UK, 2019/20, Background note and methodology, March 2021, p9.

- 1.5 The Maximising Wellbeing of Carers service will ensure that all carers resident in Lewisham achieve the following outcomes:
- a. I am supported to provide care as I wish and do so in a way that takes into account my own access to education, employment, health and wellbeing.
 - b. I have a life outside of caring and I am able to remain connected to the people who matter to me.
 - c. I know my needs are equally recognised and my goals and aspirations are respected and fulfilled.
 - d. I have the right information and advice to be able to make informed decisions.
 - e. I have access to appropriate support that suits my needs including respite care and carers breaks.
 - f. I am able to navigate the health and care system with ease.
 - g. I understand the support that is available to me in my area to maintain my own health and wellbeing, and achieve the outcomes that matter to me.
 - h. I am provided with the necessary information and advice to make informed decisions about the care I provide.
 - i. I am provided with the tailored information and advice I need to support and meet the needs of the person I care for.

2. Recommendations

- 2.1 It is recommended that Mayor and Cabinet approve the procurement of the Maximising Wellbeing of (unpaid) Carer service. The contract will be for a period of 3 years with the option to extend for up to a further 2 years at an estimated cost £1,602,285 over the 5 year period.
- 2.2 It is recommended that Mayor and Cabinet extend the following contracts for a period of 3 months:
- Adult Carer Information, Advice and Support Service (provided by Your Voice in Health and Social Care) at a cost of £51,123.00.
 - Young Carer Support Service (provided by Your Voice in Health and Social Care) at a cost of £12,273.75.
 - End of Life Carers' Advice and Support service (provided by Saint Christopher's) at a cost of £6,926.00.
 - Family and Carer Support Service (provided by Stroke Association) at a cost of £9,792.00.

3. Policy Context

3.1 Care Act (2014), Children and Families Act (2014)

The Care Act (2014) put in statute for the first time the needs of carers and their right to be recognised for the work that they do. The Care Act (2014) and the Children and Families Act (2014) introduced significant and welcome measures to improve the rights of adult carers. These measures include:

- A duty on local authorities to promote the physical, mental and emotional wellbeing of carers and their participation in work, education and training;
- A duty on local authorities to provide information, advice and access to a range of preventative services which reduce carers' need for direct support;
- Assessments which put carers on an equal footing with the person they care for;
- Giving carers, for the first time, a clear right to receive services, via a direct payment if they choose;
- A national eligibility threshold, bringing greater clarity around entitlement for carers and those they care for;
- Processes in place to ease the transition between child and adult services.

3.2 2016 Consultation on a National Carers Strategy

In March 2016, the Government launched a call for evidence on what should be included in a planned Carers Strategy for England³. Six topics were subject to consultation:

- **Impact of caring** – respondents “*reported that caring had a significant effect on their physical and mental health, on their ability to pursue educational opportunities and to maintain full-time employment*”;
- **Identifying carers** – “*half of carers who responded to this question said they had not received any help to identify themselves*”, while “*most people agreed that there were things that health, care and educational organisations and workers could do to help identify people as unpaid carers*”;
- **Valuing carers** – while roughly half of carers felt valued and involved in the care for person’s care, “*most respondents felt strongly that it was important that services valued and involved carers more in future*”
- **Information and advice** – only half of carers said they had “*received information about caring and the support available to them*” and “*most people commented about things that they would like to see happen in future, rather than things that had worked well for them in the past*”;
- **Supporting adult carers** – “*individuals and organisations felt it was a priority to improve support*”, and, looking ahead, “*responses said that accessible and affordable respite care or sitting services would significantly improve their lives*”;
- **Supporting young carers** – “*most respondents on this theme said they had not received any services or other formal support for young carers and had not had help to maintain their education or balance life outside caring*”⁴.

Although the consultation closed in July 2016, the Government response was not published until June 2018. In it, the Government confirmed it would not publish a Carers Strategy but said carers would be included in a then proposed Green Paper on social care. The response said this presented “*an opportunity for a more fundamental approach to tackling the challenges carers face, by considering them alongside our strategy for social care*”⁵.

3.3 Carers Action Plan 2018 – 2020

In June 2018, the Government published a Carers Action Plan 2018–20 which “*set out a cross-government programme of work to improve support for carers over the next two years*”⁶.

The action plan was highlighted as ‘*an essential step towards realising the Government’s commitment to value, recognise and support carers to provide care in a way that supports their own health and wellbeing, employment and other life chances*’.

The plan set out a two-year programme of targeted work to support unpaid carers focusing on practical actions to support carers and give visibility to the work already underway or planned within government. These practical actions focused on five themes

- Services and systems that work for carers
- Employment and financial wellbeing
- Supporting young carers
- Recognising and supporting carers in the wider community and society
- Building evidence and research to improve outcomes for carers

³ Department of Health, How can we improve support for carers? 18 March 2016.

⁴ Department of Health and Social Care, How can we improve support for carers? Government response to the 2016 carers call for evidence, June 2018, pp7–12.

⁵ Department of Health and Social Care, How can we improve support for carers? Government response to the 2016 carers call for evidence, June 2018, pp5–6.

⁶ Department of Health and Social Care, Carers Action Plan 2018 – 2020: Supporting carers today, June 2018, p7.

Through implementing the plan, the Government sought to build accessible carer friendly communities and public services, promote innovative local projects and support carers

4. Background

4.1 Who provides informal care?

Carers UK and Age UK published a report in April 2015, *Caring into later life*⁷. The report drew on a range of data sources and concluded that there were 1.2 million people in England aged 65 and over providing unpaid care to a disabled, seriously ill or older relative or friend.

The report also found although carers were more likely to be female than male, this changed as carers get older, with 59% of carers aged 85 and over being male. The report concluded older carers are a very diverse group and consequently had different needs.

The report explored some of these differences, highlighting the varying health and support needs of male and female carers at different stages in later life. The report recommended providing a range of tailored support to better identify and support these different groups and highlighted particularly those over 85. The report noted that this cohort were especially in need of support, arguing that carers aged 85 and over (identified as a priority in the NHS Five Year Forward View) *'are more likely than other carers to be caring around the clock, to be suffering anxiety and depression and to be in poor physical health themselves'*.

A 2013 report from the Children's Society suggested young carers might be more prevalent among black, Asian or minority ethnic communities. They found young carers were 1.5 times more likely to be from black, Asian or minority ethnic groups and twice as likely not to speak English as a first language⁸.

4.2 Impact of the Covid-19 pandemic

Since the start of the pandemic, Carers UK estimate that the number of unpaid carers increased by around 4.5 million people⁹. Carers UK published the results of a survey in October 2020 which showed the impact of the pandemic on unpaid carers. The survey found since the start of the pandemic:

- 81% of carers are providing more care
- 38% of carers said the reason they were providing more care was due to reduced availability of local care and support services
- 78% of carers said the needs of the person they care for had increased, and 51% said this had impacted on their health and wellbeing.

4.3 Carers' employment, incomes, and earnings

The DWP's Family Resources Survey reports over half of adult informal carers were in employment in 2020/21 (including carers aged 65 and over). 36% of carers were working full-time and 16% were working part-time¹⁰.

20% of carers were retired while 25% were economically inactive (not in work and not looking for work) for other reasons. This highlights the challenges faced by those who combine work and caring, and how being an informal carer can affect incomes and increase the risk of poverty.

⁷ Carers UK, *Caring into later life*, April 2015.

⁸ Children's Society, *Hidden from view* (PDF), 2013, p5.

⁹ HC Deb Volume 690, National Carers Strategy, 12 March 2021, c1207; Carers UK, *Facts & figures* [accessed 25 May 2021].

¹⁰ DWP, *Family Resources Survey 2020/21*, Care data tables, Table 5.5.

4.4 Incomes and poverty

For over half of carers, their main source of income was earnings from employment (56% of carers in 2020/21). State or private pensions were the main source of income for just under a quarter of carers (23%), while around 18% of carers drew most of their income from other benefits or tax credits.

Half (49%) of adult carers had weekly disposable income (after taxes and benefits) below £300 per week. The Joseph Rowntree Foundation 2022 Poverty Report estimated in the UK in 2020/21, 24% (around million) of carers were living in relative poverty (this is the number of carers living in households with income below 60% of median household income, where income is measured after deducting housing costs)¹¹.

Working-age carers were more likely to be in poverty (25% of female carers and 26% of male carers) than pensioners (20% of female carers and 21% of male carers). Carers who spend more time caring have higher poverty rates: 44% of working-age adults caring 35+ hours a week are in poverty compared to 17% caring fewer than 20 hours a week.

4.5 Impact of the rise in the cost of living on carers

Carers tend to have additional costs such as equipment, travel and more food and energy. This means recent increases in the cost of living may have particularly affected carers.

Carers UK carried out a survey of carers in February 2022. 25% said they were unable to afford their monthly expenses, and 55% were worried about how they will manage bills in the months to September 2022. 75% of carers who were stressed and anxious about their finances in February 2022, up from 52% in September 2021¹².

4.6 Combining paid work with Carer's Allowance

Carers may experience difficulties trying to combine paid work with caring duties while also satisfying conditions for Carer's Allowance (covered in more detail in section 3.3). Carers can find that increases in the National Minimum Wage can push them above the Carer's Allowance earnings limit.

4.7 Current service provision

Service	Annual contract value	Contract duration	Total Contract Value	Extension Value (1 st April 2023 – 30 June 2023)
Adult Carer Information, Advice and Support Service	£204,492	1 April 2019 - 31 March 2021 with two annual extensions agreed	£817,968	£51,123.00 (Jointly funded by LBL and SEL ICB)
Young Carer Support Service	£49,095	9 March 2020 – 31 st March 2023	£147,285	£12,273.75 (Funded by LBL)
End of Life Carers' Advice and Support	£27,703	1 April 2018 – 31 March 2023	£138,515	£6,926.00 (Funded by SEL ICB)

¹¹ Joseph Rowntree Foundation, UK Poverty 2022: The essential guide to understanding poverty in the UK, 18 January 2022.

¹² Carers UK, Under Pressure: Caring and the cost of living crisis, 15 March 2022.

service				
Family and Carer Support Service (Stroke Association)	£39,167	01 April 2020 – 31 March 2022. Contract extended by 1 year until 31 March 2023	£117,501	£9,792.00 (Funded by SEL ICB)

4.8 Experience of current service provision – Young Carers

A pre-consultation workshop was held with Young Carers and professionals on 18 May 2022 to seek views on current service provision and proposed Carer Implementation Plan. Below is a summary of the comments received:

- Need to increase awareness of Young Carer role
 - Noted that at present, Young Carers are recognised through word of mouth or via referral to services.
 - Most likely individuals to currently recognise a Young Carers are: Parent, Teacher, Neighbour, Social worker, GP or mentor.
 - Agreed the need to improve number of Young Carers recognised in the school and GP setting
- Understand impact on Young Carers of undertaking caring tasks
 - Caring tasks undertaken included:
 - Give medication
 - Housework
 - Play game with their siblings to keep them company
 - Study with their siblings
 - Cleaning
 - Helping with the shopping
 - Dropping siblings to school
 - Taking the bins out
 - Cooking
 - Keeping sibling company and entertaining them
 - Shopping
 - Tidy after siblings
 - Variable understanding on the impact on Young Carers of undertaking these caring tasks
- Time to have a break from caring - activities that would support Young Carers to feel better in their caring role
 - Young Carers also wanted time to have a break from caring responsibilities through various activities
 - Activities included:
 - Fun trips
 - Making friends
 - Residential activities
 - More effective use of the Jack Petchey Foundation
<https://www.jackpetcheyfoundation.org.uk/>
 - Noted that the current range of activities offered needs to be broadened out and should aim to include:
 - Greater range and number of residential activities
 - Homework club
 - Vouchers
 - Awards
 - Study club & tutor
 - Young Carer discount badge / card - something not visible
 - Schools could do better to identify and support Young Carers to achieve their academic potential

- Range of proposed trips included:
 - Trips abroad
 - Disneyland Paris
 - Chessington / Thorpe Park
 - Central London
 - How to make a business / grow a business
 - Film making workshops
 - Movie nights
 - Get to know London trips (walk around)
 - National history museum
 - Science museum
 - Brighton / seaside
 - Go Ape
 - Havens residential /Pontins / Centre Parks

The draft Carer Implementation plan was amended prior to the formal consultation to take account of the findings raised above.

4.9 Experience of current service provision – Adult Carers and Professionals

A pre-consultation workshop was held with adult carers and professionals on 19 May 2022 to seek views on current service provision and proposed Carer Implementation Plan. Below is a summary of the comments received:

- One stop, joined up approach required
 - The lack of a cohesive, unifying pathway of support for both carers and cared for persons is essential as navigating large bureaucracies such as exists within Health and Social Care settings is overwhelming and needs streamlining.
 - Navigation of Health and Social Care Systems is complex, time-consuming and unnecessarily challenging
 - Greater coordination of cross-borough services was also illustrated with carers sharing their experiences of supporting cared for persons in other boroughs and the bureaucratic barriers and logistical challenges they face
 - Communication is key e.g. with other services and organisations across the statutory and charity sectors to ensure that carers/cared for persons are treated holistically to meet their presenting needs.
- Effective use of Primary Care to identify and support carers
 - GP's need to ask and identify carers needs and then act upon the information flagged
 - It is currently felt that the onus of responsibility falls on carers (as in so many other areas) and that GP's and surgery staff take the lead on this and have a system that identifies carers with appropriate actions and follow up taking place.
 - The availability of Case Management support from GP surgeries for GP's is vital and should be more frequently available to help ease some of the burden on carers e.g., with chasing appointments and referrals to create the head space for carers to consider their own wellbeing needs and personal ambitions.
- Need to demystify and simplify use of management language speak and terminology to improve communication.
 - Unnecessarily complex language hinders effective engagement and equitable partnership working between carers and statutory bodies such as Lewisham Council.
 - The use of highly convoluted language is seen as exclusionary, elitist and alienating for many carers who need the services most.
 - Tackling "Institutional Bias" - through the demystification of management language. Simple, easy-to-understand language should always be employed
 - Communication from council to persons once identified in the system as being a carer
- Financial support

- Financial restraints and impoverishment of carers were cited by carers as a clear obstacle to greater community engagement as well as time constraints imposed by the varying demands of caring roles e.g., travel costs, access costs, need for greater discounts and free access.
- The low level of Carers Allowance was also identified as a barrier to affordability in view of the rising cost of living crisis that society now faces.
- Access to initiatives to maximise wellbeing
 - Carers highlighted their lived experiences of engaging in creative educational courses that have been discontinued
 - A resource bank that is carer-led that can help carers link into one another and with courses, social events, opportunities and the like (in a similar vein to previous Time-Bank initiatives) suggested.
 - Exclusion from wellbeing services such as leisure centres' and recreational/social facilities
- Digital exclusion
 - Need to overcome digital exclusion must be tackled as this barrier can compound mental health distress and negatively impact wellbeing through social isolation
- Carer assessments
 - Carers must consider all the presenting needs of the cared for person as well as their own.
 - With people/carers from all backgrounds and walks of life, improving the carer offer is urgently needed.
 - Support with Carers Assessments - first time submissions, updates and reviews (in the same way that NHS services remind patients of key appointments), rather than the burden of responsibility falling on carers to contact the council.

The draft Carer Implementation plan was amended prior to the formal consultation to take account of the findings raised above.

4.10 Key findings from the Formal Consultation on Carer Implementation Plan

The formal consultation on the draft Carer Implementation Plan consisted of 5 questions and ran from the 30th May 2022 until 17th July 2022. 451 Responses were received. Responses demonstrated broad agreement with the title and priorities of the Carer Implementation Plan as seen in the table below.

Question	Response
Question 1: Title of the Implementation Plan: 'Ensuring You Are Visible, Valued and Supported' - Do you agree?	407 people agree (90.24%)
	30 do not agree (6.65%)
Question 2: Priority area 1: Visible: We want everyone who is an unpaid carer to be fully aware of this - Do you agree?	411 people agree (91.13%)
	23 do not agree (5.1%)
Question 3: Priority area 2: Valued: We value you as the key partner in supporting your loved one and your Contribution to our local economy - Do you agree?	393 people agree (87.14%)
	38 do not agree (8.43%)
Question 4: Priority area 3: Supported: We see you as a person in your own right and will support you to have a fulfilling and meaningful life. This includes transitioning out of being an unpaid carer if and when that occurs - Do you agree?	391 people agree (86.70%)
	39 do not agree (8.65%)
Question 5: Would you like to be kept informed as this work progresses?	178 people wish to be kept informed (39.47%)
	220 do not wish to be informed (48.78%)

5.0 Procurement options considered – route to market

5.1 The table below outlines the four main procurement options for the Service. Based on the options detailed below, the preferred option is Option 4. This report seeks approval from Mayor and Cabinet to take forward this approach.

Option	Pros	Cons
1. Decommission current carers service, and do not continue dedicate resource to funding a carer service.	<ul style="list-style-type: none"> Provides a savings envelope, freeing up resource to strengthen other services. 	<ul style="list-style-type: none"> The Council would not be compliant with duties outlined in the Care Act (2014) Without provision of any services to support carer wellbeing, carers are likely to continue to face unequal health and wellbeing outcomes, leading to an increased level need for costly acute services in health and social care.
2. Deliver the service in-house	<ul style="list-style-type: none"> Ensures the service shares Lewisham's vision and takes a strengths based approach to transform outcomes Ensures good terms and conditions for employees Guaranteed opportunities for development / progression Enables full utilisation of the council's local knowledge and relationships to improve community participation. Allows for improved integration with other services in Adult Social Care. Council controls service strategy and retains flexibility to change it. Ability to have greater control of social value. Council retains full control to drive efficiencies / economies of scale. 	<ul style="list-style-type: none"> Management capacity, expertise and specialisms could not be established quickly enough to maintain service quality and prevent disruption for residents. Cannot benefit to the same extent from the experience and connections of (largely) VCS carer specialist providers within the borough, across London and nationally. Would not be able to take advantage of benefits from social value. Cannot benefit from the innovation offered by the specialist providers in this area. In-house service delivery could alienate and stigmatise carers who have had negative experiences of the council or who may not wish to be perceived as council 'service users'. It would require high set-up and staff costs.
3. Re-procure the existing carer service contracts through tender procedure inviting organisations with previous experience in delivering Carer services	<ul style="list-style-type: none"> Low resource intensity from a procurement perspective, due to following standard approach rather than innovating. Decreases resource requirements, due to current low cost of a service equivalent to that currently delivered. 	<ul style="list-style-type: none"> Current service provision is fragmented No Single Point of Contact within current service provision for carers Would duplicate provision that will be delivered by the Solution-Focused Wellbeing Coaches Current service provision focuses on the needs of the cared for and as a result does not address: <ul style="list-style-type: none"> Increasing visibility of carers, and promoting their role. Proactively identifying carers Effectively use carer assessment and support plans to assess and meet needs identified Providing holistic, carer centred support to maximise carer wellbeing,
4. Procure an integrated service through focusing on the maximisation of carer wellbeing	<ul style="list-style-type: none"> Compliant with all Statutory requirements and best practice Development of an innovative Carer Service Model that has been coproduced with carers Improves Lewisham's reputation in 	<ul style="list-style-type: none"> Challenges and risks associated with implementing a new approach and model Additional work required during procurement to strengthen the market, and ensure true co-production with

Option	Pros	Cons
	delivering Carers Services <ul style="list-style-type: none"> • Ability to streamline the carer offer and achieve savings • Coproduced service with unpaid carers that is aligned with the key priorities 	carers.

5.2 It is recommended that Mayor and Cabinet approve Option 4 as the most innovative, efficient and effective approach to supporting carers within the borough. Option 4 will enable LBL and partners to achieve statutory compliance whilst streamlining the carer offer (as requested from carers within the borough). Following a review of six local systems, the Care Quality Commission (2022) reported that the experiences of older people using services is adversely impacted by fragmentation within the system. The report encouraged all *'system partners to have a clearly communicated health and social care offer that responds to people's local needs; to provide a stronger focus on wellbeing initiatives that can help people to stay out of hospital; and to address variation that can inhibit people's access and choice'*. Option 4 will address this challenge through ensuring carers within Lewisham are visible, valued and supported via the Lewisham Carers Hub.

5.3 Core elements of the Maximising Wellbeing for Carers service

#	Core element
1	Lewisham Carer Hub and spoke model - The integration of carers service through an 'Hub and Spoke' model would coordinate early help support for adult and young carers by providing: <ul style="list-style-type: none"> • A single point of access at any stage of a carers' journey. • Financial advice and support navigating the benefits system • Online carer assessments • Digital training courses • Peer Support, networking • Access to early help services • Enable referral for crisis support • Enable referral to community based support
2	Carer Primary Care Coordinator - The role will work across the 6 Primary Care Networks (PCN) in Lewisham to enable effective identification of Carers across all Lewisham based GP surgeries, whilst also promoting Carer Wellbeing and other relevant services available to Carers. <p>Key responsibilities will include:</p> <ul style="list-style-type: none"> • Supporting successful delivery of the Carer Implementation Plan across all GP surgeries in Lewisham and enabling all GP surgeries to become Carer Friendly practices. • Supporting identification of Carers in each GP surgery using the relevant database systems and working through the patients lists to engage with Carers around their wellbeing • Raising awareness of Carers within GP surgeries and delivering Carer Awareness sessions amongst all practice staff. • Promoting the Maximising Wellbeing for Carer service within GP surgeries and encouraging practices to refer all Carers identified, whilst also ensuring the relevant databases are updated.
3	Young Carer Schools Coordinator – the role will work across all schools within Lewisham and provide direct, individual and whole family support intervention to Young Carers and their families within school settings and through home based visits. With a focus on supporting young carers to increase educational outcomes and engagement and decrease caring role and negative impact caring role. The potential overrepresentation of BAME young people in the local population of young carers must also be considered in the planning and delivery of the service, giving consideration to the intersectionality of young carers and how the service may support and address any related stigma or challenges they face. <p>Key responsibilities will include:</p> <ul style="list-style-type: none"> • To deliver or organise training to school staff (teaching and non-teaching) in order to increase their knowledge and understanding of the impact of caring role and the needs of young carers within the school setting. • To raise awareness / identification with both pupils and staff, developing guidance, protocols and resources for schools with regards to identifying and supporting Young Carers and their families.

#	Core element
	<ul style="list-style-type: none"> To establish excellent working relationships within schools in order to facilitate successful interventions with Young Carers and their families. To deliver individual and small group work to students in schools as part of raising awareness and identification.
4	<p>Wellbeing Carer Coordinators – The role will work across the 4 Neighbourhoods in Lewisham, working within the Adult Social Care neighbourhood model, and will ensure the wellbeing outcomes set out at 1.5 are met for all carers.</p> <p>Wellbeing Carer Coordinators will carry out carer’s assessments with eligible carers, following the NICE guidance, and subsequently work with carers to deliver the outcomes set out in their Person Centred Support Plans, reviewing these regularly.</p> <p>Wellbeing Carer Coordinators will work collaboratively across Lewisham services to:</p> <ul style="list-style-type: none"> Provide support for carers on hospital admission /discharge, being a carer of a service user supported by the Community Virtual Ward Make referrals out to other relevant services, including counselling services and services within the Voluntary and Community Sector. Provide information and emotional / practical support to unpaid carers during transitional periods
5	<p>Carer Activities Coordinator – the role will be responsible for planning, delivering and promoting a programme of educational, fun, leisure and residential activities for young and adult carers. The core aim of the activity programme is to provide carers with a much needed break from their caring responsibilities, in a safe and social environment where they can meet other carers and focus on their wellbeing.</p> <p>The individual will plan a broad and exciting spectrum of activities that is appealing to carers and provides them with a crucial break from their caring role. Building and maintaining relationships, both within the Service and externally to develop and maintain the activities programme for adult carers is key to the role.</p>
6	<p>Specialist Wellbeing coaches</p> <p>Carers of individuals in receipt of a package of care from the Maximising Wellbeing at Home service will have direct accessing to specialist wellbeing coaching in the following areas:</p> <ul style="list-style-type: none"> End of Life Care Effective management of individuals with advanced dementia including those presenting with behaviours that challenge Learning Disability and autism Mental Health Enabling and supporting clients into meaningful life roles

5.4 Should agreement be given to procure the service via Option 4, officers will engage with a range key stakeholders (professionals, carers and service users) to develop the service specification and accompanying procurement documentation. This will build on engagement to date with carers as well as performance information captured through the quarterly contract performance meetings from existing contracts.

5.5 The recommended procurement process will be tendered via an open tender process in line with the Public Contract Regulations (2015) as per the Light Touch Regime and the Council’s Contract Procedure Rules.

5.6 Suppliers will be able to tender for this contract via the Pro-Contract Procurement Portal and will be assessed on a criteria of price, quality with a percentage of 50/50 split. The quality weighting will include between 5% - 10% Social Value in line with the Council’s procurement policies

5.7 There is a commitment to fully involve unpaid carers and their families in the tender evaluation process

5.8 Timetable

Activity	Proposed Timescale
Pre-consultation event with carers – seeking views on draft Carer Implementation Plan	19 May 2022
Online Consultation commences – Draft Carer Implementation Plan	30 May 2022
Corporate Procurement Board	05 July 2022

Online Consultation closes – Draft Carer Implementation Plan	17 July 2022
Paper submitted to EMT	29 July 2022
Mayor & Cabinet approval to Procure	14 September 2022
Tender Published	October 2022
Tender Closed	November 2022
Evaluation and Moderation	December 2022
Contract Award	February 2023
Contract Mobilisation	February 2023– June 2023
Service Live	01 July 2023

6. Extension to Current Contract

- 6.1. The Joint Commissioning Team will be mobilising the ‘Maximising Wellbeing at Home’ procurement from September 2022, which is scheduled to go live in April 2023.
- 6.2. The Team does not have sufficient staff resource to mobilise two large procurements concurrently, therefore the extension of three months to the four Carer contracts in question will ensure that adequate resource and attention is allocated to mobilising the ‘Maximising Wellbeing of Carers’ procurement.
- 6.3. The respective costs of the three month extensions required for the four contracts are set out at 4.7.

7. Financial Implications

- 7.1. The report seeks approval to tender the contract for the Lewisham Carer hub at £320,457 per annum for 3 years with the option of extending for an additional two years. There is sufficient budget provision to pay for the contract.

8. Legal Implications

- 8.1. The report firstly seeks approval to extend the four contracts as set out in the recommendation. The Council is obliged to comply with the procurement Regulations (Public Contracts Regulations 2015). Some variations to existing contracts may trigger a requirement to undertake a new competitive tender process. The Council’s Contract Procedure Rules set out which variations can be made without a new competitive process (Constitution Part IV I, paragraph 17 of Contract Procedure Rules). This report explains why this extension to the contracts are proposed.
- 8.2. Contract Procedure Rules say that where a contract variation is ‘not substantial’, the variation can be made (paragraph 17.5). The definition of ‘substantial’ takes into account matters including the nature and size of the proposed change relative to the original contract, and the likely market effect of the change (including the change to the scope and economic balance of the contract). There is a reasonable argument that the proposed extensions are not substantial. As such, the variation does not trigger a requirement to undertake a new procurement. On that basis, therefore, the proposed changes are allowable under the Council’s Contract Procedure Rules paragraph 17.
- 8.3. Secondly, the report seeks approval to future delivery of the Maximising Wellbeing of (unpaid) Carer service by an external provider. Given the potential spend on this contract (at a length of 3 + 2 years) this contract would be categorised by Contract Procedure Rules as a Category A contract. The report sets out the other options considered and explains why those are the recommended options.
- 8.4. Assuming that Mayor and Cabinet accepts the recommendation for future delivery by an external provider, Contract Procedure Rules place requirements on how that should happen. The Rules require that when letting contracts steps must be taken to secure value for money through a combination of cost, quality and competition, and that

competitive tenders or quotations must be sought depending on the size and nature of the contract (Rule 5). Given the potential spend on this contract the procurement regulations (Public Contracts Regulations 2015) will also apply. The requirements of both Contract Procedure Rules and the procurement regulations would be satisfied by use of an open tender procedure. The process for procurement and the award of the contract would have to be in accordance with the Contract Procedure Rules. As a Category A contract, it would be for Mayor and Cabinet to take a decision on the award of any contract.

9. Equalities implications

- 9.1. An Equalities Analysis Assessment was drafted in May 2022 for the Carer Implementation Plan, which can be found as Appendix 2. Key data for the relevant protected characteristics is provided below. It should be noted that the data on carers from the 2021 census has not yet been published.
 - 9.1.1. Age - The age group in Lewisham with the highest total number of carers is 35 to 49, but the most overrepresented age range is 50 to 64, at 17.2%. (2011 census). A 2013 report from the Children's Society found young carers were 1.5 times more likely to be from black, Asian or minority ethnic groups and twice as likely not to speak English as a first language.
 - 9.1.2. Ethnicity – According to the 2011 census, carers largely align with the wider population demographics for ethnicity. However, 'White: Total' as a combined ethnic group bracket were overrepresented by 5%.
 - 9.1.3. Gender - People identifying as female are also overrepresented amongst unpaid carers, as shown by census 2011 data (58.7%), and other local data sources including the Your Voice in Health and Social Care commissioned service figures.
 - 9.1.4. Disability – in the 2011 census, 7% of the Lewisham general population reported having a disability that limited their day to activities a little, compared to 9% of those providing unpaid care, and a further 7% of the general population reported having a disability that limited their day to day activities a lot, compared to 14% of the population providing unpaid care.
 - 9.1.5. Carer Status - In the 2011 census, 22,521 Lewisham residents reported providing some level of unpaid care every week. According to this data, unpaid carers are therefore underrepresented in Lewisham (8.9%), compared to the national proportion of the population who are unpaid carers (10.3%).
 - 9.1.6. Health -The 2018-19 Personal Social Services Survey of Adult Carers in England (SACE) results for Lewisham over 60% of respondents reported disturbed sleep, feelings of stress, and feeling tired as a result of their caring role. Over 40% also reported physical strain and feelings of depression
 - 9.1.7. Income & Socioeconomic - 65.3% of carers responding to 2018-19 SACE reported that their caring role had caused them financial difficulties over the last 12 months.
- 9.2. The Carers service will provide satisfactory details of their equal opportunities policies which demonstrate that they meet Council policy.

10. Climate change and environmental implications

- 10.1. The Service will be expected to comply with the Council's Environmental and Climate Change requirements, so as to minimise the environmental impact of the service.
- 10.2. The Service will also be expected to support the Council's commitment to making the borough carbon neutral by 2030

11. Crime and disorder implications

- 11.1. There are no crime or disorder implications.

12. Health and wellbeing implications

- 12.1 The literature¹³ reports the detrimental effect on some carers’ health and wellbeing, with older carers at higher risk than younger carers. Disabled carers also face particular challenges to their health and wellbeing that are often exacerbated by their caring role.
- 12.2 The Service will commit to improving the Wellbeing outcomes (as outlined in the Care Act, 2014) for all unpaid carers within the borough throughout the duration of the contract.

13. Social Value implications

- 13.1. Public Services (Social Value) Act 2012 requires that the council considers, before commencing a procurement process, how wider social, economic and environmental benefits that may improve the wellbeing of the local area can be secured.
- 13.2. The London Borough of Lewisham Social Value Policy for Procurement sets out the legal and strategic and policy context for social value and the approach the London Borough of Lewisham (LBL) will adopt to deliver social value through commissioning and procurement activities
<https://lewisham.gov.uk/myserVICES/business/tendersandcontracts/procurement/public-services--social-value--act-2012>
- 13.3. Social value refers to extra economic, social or environmental benefits that can be attached to a contract. It is about ensuring that for every pound the London Borough of Lewisham spends, as much value as possible is achieved for local people.
- 13.4. It is expected that the successful bidder will clearly identify the additional economic, social and environmental benefits that will be created in delivering the Service. The services commissioned will be required to show how they will meet the expected outcomes and ensure that all unpaid carers are visible, valued and supported. This will include a Social Values method statement question to evaluate what social value bidders can successfully deliver through the contract.

14. Background papers

- 14.1. [Award of Contract \(January 2019\)](#)

15. Glossary

EoLC	End of Life Care
SACE	Survey of Adult Carers in England

16. Appendices

- 16.1 Appendix 1 - Draft Carer Implementation Plan (v17)
- 16.2 Appendix 2 – Draft Carer Equalities Analysis Assessment (May 2022)

17. Report author and contact

- 17.1. Tristan Brice - Tristan.Brice@lewisham.gov.uk, Associate Director, Community Support and Care, Lewisham Integrated Commissioning Team

¹³ Welsh Government, 2021. Strategy for unpaid carers: equality impact assessment.

- 17.2. Abdul Kayoum - Abdul.Kayoum@lewisham.gov.uk, Strategic Finance Business Partner (Community Services), Financial Services
- 17.3. Mia Agnew - Mia.Agnew@lewisham.gov.uk, Senior Contracts Lawyer, For Director of Law, Governance & Elections