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**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 26 November 2015  
**Subject:** Carers Redesign – Paper 2  
**Report of:** Nathan Atkinson, Interim Head of Commissioning

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**Summary**

Alongside, and in tandem to, the consultation work with carers a coproduction process has commenced in order to develop an action plan and redesign carers' services across the city. All providers of carers' services were invited to an initial meeting in August; representatives were subsequently appointed to attend a series of coproduction meetings with other stakeholders. This group was tasked with appraising commissioning options for delivering support to carers.

The coproduction group carried out an options appraisal for the different commissioning models. The coproduction group endorsed the option to move to a grants process for a Carers Network.

**Recommendations**

To consider and comment on information in the report

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**Wards Affected:** All

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**Background documents (available for public inspection):** none

## **1.0 Introduction**

- 1.1 In gathering views and intelligence from stakeholders and carers on what the 'Offer' for Carers should be and which delivery model would best deliver this, Council Officers wanted to ensure the continued involvement and input of stakeholders including carers, throughout the process. Working with MACC, the Council instigated the creation of a coproduction group.
- 1.2 Carers' services contracts have been carried over year on year and the specifications within the contracts are not as strongly aligned with the wider Council priorities of building self reliance and strengthening communities as the Council would like them to be. The current offer is inequitable in terms of place offer and needs to be revised to ensure Care Act 2014 compliance.
- 1.3 Alongside the consultation work with carers, all providers of carers' services were invited to an initial meeting and representatives were appointed to attend a series of coproduction meetings with other stakeholders, for example the CCGs and Social Care managers. This group was specifically tasked with appraising commissioning options for delivering support to carers.
- 1.4 The inaugural meeting of the coproduction group took place in August with 19 carers' organisations and interested stakeholders invited to start the co-design process. Subsequent meetings have looked at:
  - Good practice models of carers services elsewhere
  - What services we have across the city - started to identify gaps
  - Coproduced an action plan to meet the council's objectives for carers
  - Coproduced a preferred commissioning model

## **2.0 Background**

- 2.1 Existing Council funding for carers is split between commissioned services in the voluntary sector, amongst 19 different providers and a Carers Individual budget, an annual cash sum identified in a Care's assessment, which enables carers to decided how best to organise their own break.
- 2.2 The budget for Carer's Individual budgets in 2014 was £1.1 million; the Council spent £1.4 million on payments to carers, which equates to around 416 grants to individual carers a month totalling 5000 applications a year (2014/15). In 2014/15 the Council also spent £490,000 on commissioned services for carers (mainly support & information groups) to around 530 carers every month. The Council also spent £155,000 on young carers service and £50,000 on 'Time for Me' (a grant for parent carers) making the total spent on carers in 2014/15 over £2 million.
- 2.3 The content of Carers' services contracts are now out of date as they predate the Care Act 2014 requirements and also the whole Living Longer, Living Better health integration programme. Objectives within existing contracts are not personalised, outcomes focused or aligned to future integration intentions.

- 2.4 Taking into account those carers getting an individual budget and those carers accessing carers' services, the Council are still only meeting the needs of a tiny proportion of the 42,640 Manchester residents who identified themselves as a carer in the 2011 census.
- 2.5 A concern with the current model in commissioned services is that whilst there are some 'new' carers supported each month; there is also a fairly static core of carers. Whilst some carers will need ongoing support, a key requirement of the Care Act is that local authorities need to be far more proactive about identifying and supporting all carers, including those new to caring.
- 2.6 Further, although some carers support groups operate in areas outside where they are located, distribution is not an even spread across the city with the south and particularly Wythenshawe wards having low coverage.

### **3.0 Option Appraisal for Carers Services**

- 3.1 The co-design group, informed by the consultation findings as they emerged, identified in an action plan the following objectives they wanted to achieve for carers:
- Carers to be identified early on – including young carers / hidden carers
  - Support for carers to link with the 12 hubs for Living Longer Living Better (equal geographic spread across the city)
  - Improved coordination between carers services to support opportunities and joint funding bids
  - Improved connection of carers identified with support options across the city through improved communication
  - Improved communication between the Council and providers organisations providing support to carers.
  - To link carers' services with Manchester's vision for 2025 for economic growth and for all residents to feel safe, can inspire, be successful and live well.
- 3.2 The following commissioning options were appraised in deciding on a preferred commissioning model to achieve the objectives for carers.
1. No Change – extend existing contracts
  2. Create a contract for a Carers Hub with a lead provider who subcontracts to a number of smaller organisations.
  3. Change from contracts to 2 year grants funding for place based commissioning of carers services
  4. Change from contracts to 2 year grants funding for place based commissioning of carers services but also include £100k to fund a Carers Network function from 1 provider
- 3.3 The coproduction group carried out an options appraisal for each of the options. The group overwhelmingly endorsed option 4, which was seen to have more benefits than any of the other options put forward. This proposal includes a Network Coordinator role. It is proposed that this will be funded by

moving some of the funding for individual budgets to commissioned carers services. The Carers Network role would fulfil a number of functions that are missing from the existing support to carers and ensure the Council is compliant with duties in the Care Act to identify carers early on and to prevent the need for care.

- 3.4 The existing Carers Individual budget allocation also needs to be reformed. Receipt of a Carers individual budget has inadvertently led to an expectation that an assessment leads to a cash payment every year with little regard to how the cash would actually meet an identified need in the assessment. The assessment in future will focus far more on identifying carer's needs.

#### **4.0 What a proposed Carers Network will look like?**

- 4.1 It is proposed to use a grant process which sets out the objectives the Council would like the providers of carers' services to deliver. This will include carers' specific objectives, as well as a number of objectives from within Manchester's vision for 2025.

- 4.2 It is proposed to convert the current contracts for carers' services to grants. In addition to this activity there will be a separate grant process to establish the Carers' Network function. The total budget for the coordinator role is anticipated to be £100,000 per annum. The coproduction group are still working up the requirements of what the network coordinator role would be, but initial thoughts are that the role will:

- provide one central point that would ensure all carers were signposted to the right support at the right time
- deliver a community connector role and source of knowledge to ensure social care assessment staff know what is available in each of the 12 hubs for carers
- provide information/newsletter/twitter/social media to all carers organisations to keep them up to date with activity across the city for carers
- identify possible opportunities for consortium funding bids
- provide peer support and mentoring support to carers organisations on how to apply for funding bids
- make links with disability groups in the city so that they can ensure carers are identified
- arrange at least one annual event for carers that bring all other carers organisations together and further smaller events throughout the year.

- 4.3 The coproduction group is arranging to feedback to the wider group of all carers providers and stakeholders with options on how much of the Network coordinator role is facilitation of a Carers Network, and how much is delivery of the some of the objectives of the Network. For example in the 'delivery' model of a Carers' Network Coordinator role the Coordinator role would arrange and manage events for hidden carers and in the 'facilitation' model a Carers' Network Coordinator role would ensure providers in the Network delivered the events for hidden carers.

4.4 The implications of how much the Network Coordinator role will be actual delivery and how much will be facilitation will determine how much control is with the Network Coordinator and how much control is with the providers in the Network. Once this is decided by the wider group a recommendation will be made about what level of the funding is required for the Network Coordination role and depending on the model, whether some of the additional funding could be included in the wider grant for carers' services in the Network to co deliver some of the objectives.

## **5.0 Impact of transferring funding from Carer's individual budgets into the Carers Network**

5.1 The Transforming Adult Social Care work stream is developing an approach to assessment that concentrates primarily on what is important to people, what they want to do, and the strengths and nature of their social networks.

5.2 In the consultation with carers many carers wanted a personalised approach to assessments that involved them and identified what was important to them. Some carers also said that a phone call once a year that led to an individual budget, whilst welcome, did nothing to meet their needs or build resilience in their role to continue to care.

5.3 There will need to be a cultural shift in how carers and staff carrying out carers assessment view carer's assessments to move to a need led asset based assessment for carers.

5.4 This does not remove the council's responsibility to provide the option of a carer's individual budget. Local authorities need to be able to offer an alternative, when a carer's assessment identifies a need that cannot be met by a commissioned be a move from the existing unsustainable position of merely offering a small cash payment to a limited number of carers and offering support to more carers in different ways.

5.5 It is recommended that a shift of funding for £100,000 from the Individual Budget to develop a Carers Network in conjunction with Carers Organisations will ensure that there is the additional capacity within the system to work differently and support more carers in a place based model across the city.

## **6.0 Next Steps**

6.1 The co-design group will be discussing options with the wider carers' providers and stakeholders meeting about the level of delivery and facilitation the Carers Network Coordinator role will have.

6.2 The Co-design group will continue with a transition period of six months to coproduce a Carers Network.

6.3 The coproduction work has been a really positive example of working with providers and carers in partnership to develop a new model; however the time needed for involvement and coproduction needs to be factored into designing

the new model. It is anticipated that the new Carers Network Model will be operational by the 1<sup>st</sup> September 2016.