



**Author/Lead Officer of Report:**

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**Report of:** Executive Director of People Services John Macilwraith  
**Report to:** Cabinet Member for Adult Social Care George Lindars-Hammond  
**Date of Decision:** 17<sup>th</sup> March 2021  
**Subject:** Carers' Strategy Update and Commissioning Plan

Is this a Key Decision? If Yes, reason Key Decision: -	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Cabinet Member for Adult Social Care George Lindars-Hammond		
Which Scrutiny and Policy Development Committee does this relate to? Healthier communities and Adult Social Care Scrutiny and Policy Development Committee		
Has an Equality Impact Assessment (EIA) been undertaken? Number 903	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -		
<p><i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>		

**Purpose of Report:**

*(Outline the decision being sought or proposal being recommended for approval.)*

The purpose of the report is to note and approve:

- the proposed strategy update for carers.
- the proposed commissioning plan for carers.
- A proposal for the Council to tender for and award a contract for a service that supports adult/parent carers with information advice and guidance as well as support to take a break from caring. Adult carers will be able to get a Care Act (2014) section 10 carer's assessment.
- A proposal to have a grant agreement with Sheffield Young Carers which will contribute to a service that helps young carers achieve outcomes such as increased confidence, self-esteem, resilience and raised aspirations.

The contracts are currently provided by Sheffield Carers Centre and Sheffield Young Carers however, due to changes in the marketplace and COVID-19 the Council seeks to have new carers provision in place for January 2022.

The current contracts end on 31<sup>st</sup> December 2021.

Securing new services will provide support to young carers, parent carers and adult carers who care for someone who lives in Sheffield. This will support the Council to prevent, reduce and delay care and support needs developing within the carer population of Sheffield which is currently between 60,000-90,000.

**Recommendations:**

That Cabinet:

1. Approve the refreshed Young Carer, Parent and Adult carers strategy 'Principles'.
2. Approve the new 'Carers Commissioning Plan 2021-2025'.
3. Approve the proposed services as set out in this report and to procure such services in line with this report
4. Delegate authority to the Director of Strategy and Commissioning in consultation with the Director of Legal and Governance Services, Director of Finance and Commercial Services and the lead Cabinet Member for Health and Social Care that following such procurement exercise to award the contract and take such other necessary steps not covered by existing delegations to achieve the outcomes and objectives of this report.

**Background Papers:**

*(Insert details of any background papers used in the compilation of the report.)*

Link to the All-age carers strategy and the current adult carer commissioning plan

<https://www.sheffield.gov.uk/home/social-care/social-care-carers-strategy>

Lead Officer to complete:		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Helen Damon
		Legal: Henry Watmough-Cownie
		Equalities: Ed Sexton
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>EMT member who approved submission:</b>	<i>John Macilwraith</i>
3	<b>Cabinet Member consulted:</b>	<i>George Lindars-Hammond</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name: Emma Dickinson</b>	<b>Job Title:</b> <i>Strategic Commissioning Manager</i>
	<b>Date: 12/02/2021</b>	

## 1. PROPOSAL

### 1.1 The proposal is that Cabinet notes and approves:

- The refreshed strategy update for carers.
- The proposed Carers Commissioning Plan 2021-2025.
- The Council to tender for and award a contract for a service that supports adult/ parent carers from January 2022 to December 2026.
- A grant agreement with Sheffield Young Carers which will contribute to a service that helps young carers achieve outcomes from January 2022 to December 2026.

### 1.2 Current position

The existing Young Carer, Parent and Adult Carer strategy and Commissioning Plan for Adult and Parent Carers ran until 2020. They need refreshing, especially when considering the impact of Coronavirus on the carer population which is detailed in this proposal section.

The 'City-Wide Service for Carers' and the Young Carers and Hidden Harm Service' contracts expire in December 2021. It is critical we continue to support our carers and the evidence showing how important it is we do so, is in this proposal section. Strategy and Commissioning needs to progress our plans including getting Cabinet approval so we can seamlessly replace our existing carers services; This includes working with colleagues in Commercial Services to go through the necessary procurement process and Legal Services to get the grant agreement in place (for young carers).

### 1.3 Legal requirements/choosing to do

There are no legal requirements to have a strategy/commissioning plan for carers. It is however best practice and will help the Council make our position clear to the market, stakeholders and partners, including what our intentions are with the money we have available.

Carers often report that it is difficult moving through the health, education and social care systems. The Council wants to continue a preventative approach and improve how the broader system supports carers and one of the ways we can do this is by working in a multiagency way i.e. the Council working with health, education and internal (Council) stakeholders to join services/support up for carers and the person they care for. The current carers strategy has encouraged organisations to work together to support carers and we need to continue with this approach to build on progress made.

There are legal requirements in relation to the Council's 'City-Wide Service for Carers'. This in part is due to outsourcing our Care Act (2014) section 10 carer's assessment duty with the existing City-Wide Service for Carers contract. The Council also has a duty in Care Act section 2. These requirements are covered in more detail in the 'Legal Implications' section of this Form 2.

The 'Young Carer and Hidden Harm Service' supports the Council in achieving our

section 96 Children and Families Act duties including ‘a local authority in England must take reasonable steps to identify the extent to which there are young carers within their area who have needs for support.’

## 1.4 Introduction

### Who is a carer?

A carer is someone, of any age, who looks after a person (a family member, partner, or friend) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

this Cabinet paper includes support for:

- Young carers – A person under 18 who provides or intends to provide care for another person (adult or child)
- Adult carers – An adult who provides or intends to provide care for another adult (an adult, 18+ needing care)
- Parent carers – A person aged over 18 who provides or intends to provide care for a disabled child for whom the person has parental responsibility (NB this is different to parenting)

Throughout the Cabinet Paper, when the term ‘carer’ is used, it means adult, parent and young carers unless specified.

## 1.5 Background/impact of Coronavirus

There were 57,373 carers in Sheffield according to the Census 2001. Research in 2015 by Carers UK and the University of York found that the caring population changes regularly – it is not static. Pre-Coronavirus, in Sheffield, this meant around 20,000 people starting caring and 19,000 stopping caring. Without the pandemic, we would have anticipated a small growth in the carer population with approximately one in ten people in Sheffield being a carer; for more information on Sheffield’s carer demographics please look at the council’s Community Knowledge Profile on carers which can be found [here](#).

Carers UK research suggests that the numbers of carers has risen 49.5% since the beginning of COVID-19. If applied to Sheffield, this would mean we have **approximately 90,000 carers** (winter 2020). It is unclear what will happen to the numbers of carers over time.

Carers UK have speculated that *‘the level of carers will fluctuate according to the level of restrictions placed on society and the level of health, social care and community support.’* The Census 2021 should provide further clarity on the impact COVID-19 has had on the numbers of people providing unpaid care to someone living in Sheffield.

Carer levels in Sheffield will also change due to the development of potentially viable vaccines that will alleviate people of caring responsibilities/tasks. However, it is anticipated that there will still be additional demands placed on carers for some time. This will be due to factors such as:

- Deconditioning of older adults physically and mentally, due to lockdown restrictions of minimising social contact and people being less physically active. Deconditioning can lead to more difficulty completing daily living tasks.
- Long covid– For some people, COVID-19 can cause symptoms weeks and months after the infection has gone. The repercussions of long covid are still not fully understood. Symptoms (after the infection) may mean carers need to continue providing care and support over a longer period than anticipated.
- Mental health – the impact of lockdown on mental health is not yet fully understood. What is certain, is that people are reporting feeling more isolated, anxious, low in mood and lonely since the start of the pandemic. It may take time, for both carers and the person for whom they care to recover
- Fluctuating service levels – due to the impact of the pandemic, services, organisations and informal community support (e.g., lunch clubs or faith services) may be forced to reduce their offer or close. Many businesses have struggled with some (in Sheffield) already closing. This could mean carers have to continue filling gaps until health, social care and community service levels return to what they were pre-COVID-19. This could potentially take years and depend on the uptake/success of the vaccine(s).

The combination of additional people providing care plus carers increasing the amount of time they spend caring, will place increased pressure on organisations that support carers. If caring relationships break down due to COVID-19 eroding carer resilience, this will have a detrimental impact on the economy, health, and social care systems. From the beginning of the pandemic to November 2020, Carers UK (based on polling data) calculated that £135 billion of care had been provided by unpaid carers in the UK. This incredible contribution should be recognised; we need to value and support our carers throughout the pandemic and beyond.

In 2018 the Department of Health & Social Care produced the ‘Carers Action Plan 2018-2020’. The document said that ‘A sustainable social care system for the future is simply not possible without focusing on how our society supports carers’. Coronavirus has applied even more pressure to our health and social care systems in Sheffield; now more than ever, we need to care for our carers.

## **1.6 Seeking Cabinet approval - refresh the Young Carer, Parent and Adult Carer Strategy ‘Principles’**

The table below shows the six ‘Carers Principles’ which have been updated. These Principles have been co-produced with carers and professionals from organisations that typically interact with, or support carers. In 2019, 94% of carers and professionals voted to continue with the existing Strategy, rather than start from scratch in 2021. It was felt that good progress had been made on the Carer Action Plan that was created in response to the Carers Principles’. The Work on the Carers Action Plan will continue, using the updated ‘Carers Principles’ to maintain the momentum.

The Council is a key partner in delivering the Young Carer, Parent and Adult Carer Strategy in conjunction with other organisations/agencies. Strategy and Commissioning’s initial response to the refreshed ‘Carers Principles’ is detailed in the Carers Commissioning Plan 2021-2025.

If the Young Carer, Parent and Adult Carer Strategy is working:

Carers will say:	Organisations will:
<p><b>1. I have good quality information and advice which is relevant to me and the person I care for.</b></p>	<ul style="list-style-type: none"> <li>- Identify carers and understand that not all people in a caring role will recognise the term carer.</li> <li>- Link up carer registers across Sheffield to make carer identification more effective.</li> <li>- Be proactive, giving carers good quality information and advice when it is wanted or needed.</li> <li>- Give personalised information and advice that is specific to the carer and the person they care for.</li> </ul>
<p><b>2. I know what my rights are and how to enforce them.</b></p> <p>There are laws that help and protect me as a carer, and they cover things like:</p> <ul style="list-style-type: none"> <li>- Employment.</li> <li>- Protection from discrimination.</li> <li>- Right to education.</li> <li>- Social security benefits.</li> <li>- Assessment of my need(s).</li> </ul>	<ul style="list-style-type: none"> <li>- Make effective interventions at the right time to prevent, reduce or delay carers' needs developing/escalating.</li> <li>- Recognise carers' rights and support them to:</li> <li>- Balance caring with education/employment.</li> <li>- Avoid inappropriate caring.</li> <li>- Be involved in health/social care planning for the person they care for.</li> <li>- Arrange regular training for staff so they understand carers rights and know what support is available to carers.</li> <li>- Take a whole family approach to assessment and support. This will result in a holistic view of the needs of the cared-for person and their family/network of support.</li> </ul>
<p><b>3. The caring I do is valued and I am listened to.</b></p> <p>This includes:</p> <ul style="list-style-type: none"> <li>- My own needs, wants, opinions and feelings as a carer.</li> <li>- My needs want opinions and feelings when talking about the person I care for.</li> </ul>	<ul style="list-style-type: none"> <li>- Listen to carers and support them to participate in decision making with the person they care for.</li> <li>- Recognise and understand the importance of carers who are experts by experience.</li> <li>- Treat carers with dignity and respect.</li> <li>- Enable and empower carers to have a 'voice'.</li> <li>- Work with carers like they are partners in the delivery of health/social care.</li> <li>- Build relationships with carers, recognising that trust is earned. This is particularly important for organisations providing support to the cared-for person.</li> <li>- Help carers to reduce or stop their caring role when that is what the carer wants.</li> <li>- Consider different cultural and religious beliefs.</li> <li>- Co-design/co-produce support for carers with carers.</li> </ul>
<p><b>4. I have breaks from caring, meaning I have a life of my own and time for friends and family.</b></p>	<ul style="list-style-type: none"> <li>- Signpost or provide carer break support.</li> <li>- Take a personalised approach, asking carers 'what matters to you?'</li> <li>- Be flexible, allowing carers to make best use of their time to give more scope for breaks</li> <li>- Encourage carers to get replacement care via an assessment of the person they care for.</li> <li>- Support carers to be digitally included to help keep in touch with friends and family.</li> </ul>
<p><b>5. My prospects in life are not affected due to me being a carer. I can access education, employment, and training.</b></p>	<ul style="list-style-type: none"> <li>- Work together with the carer to raise aspirations and achieve the outcomes that matter to them in their lives. Recognising that this is especially important for young carers transitioning to adulthood.</li> <li>- Be carer aware with carer friendly policies/processes e.g., flexible working.</li> </ul>
<p><b>6. I am supported to look after my mental/physical health and wellbeing.</b></p>	<ul style="list-style-type: none"> <li>- Understand that caring can negatively impact on a person's health and wellbeing.</li> <li>- Promote self-care so carers are more actively interested in their</li> </ul>

Carers will say:	Organisations will:
	<p>own health.</p> <ul style="list-style-type: none"> <li>- Support carers to access services/groups that will promote health and wellbeing e.g., exercise groups/move more initiatives.</li> <li>- Proactively engage at risk groups including carers who are isolated or lonely.</li> </ul>

### 1.7 Seeking Cabinet approval - refreshed carers commissioning plan for 2021-2025.

*The Carers Commissioning Plan 2021-2025 is attached*

The main priorities from the Carers Commissioning Plan are listed in the table below. The priorities are either strategic or operational.

**Strategic** – these priorities will be in place until at least 2025; Strategy and Commissioning will need to work with internal and external stakeholders to make them happen e.g., Adult Social Care, Multi Agency Support Team (MAST), Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Learn Sheffield etc.

**Operational** – These are the upcoming priorities for Strategy and Commissioning in the next 12 months. Strategy and commissioning’s actions in accordance with the priorities below are listed in section 5 of the Carers Commissioning Plan.

Strategic Priorities	Operational Priorities
<ul style="list-style-type: none"> <li>• Prevent, reduce, or delay carers needs developing (as per section 2 of the Care Act (2014)).</li> <li>• Make provision and support for carers easy to find and access.</li> <li>• Work with partners such as health services, schools, Sheffield Clinical Commissioning Group to join up systems and services, creating a ‘no wrong doors’ approach in Sheffield.</li> <li>• Work to make Sheffield a carer friendly city.</li> </ul>	<ul style="list-style-type: none"> <li>• Commission the right support for carers at all levels of need.</li> <li>• Create services that provide support as early as possible.</li> <li>• Create high quality local provision that meets local needs.</li> <li>• Understand and respond to emerging needs caused by COVID-19.</li> </ul>

### 1.8 Seeking Cabinet approval – commissioning of Carer Services

**This Cabinet paper seeks approval to spend approximately £1,100,000 per year on two carer services as detailed in section 4 of the Carers Commissioning Plan and outlined in the ‘Financial and Commercial Implications section of this report.**

One of the ways the Council currently supports carers is by commissioning two services which are:

- **City-Wide Service for Carers, that supports adult/parent carers.**
- **Young Carers & Hidden Harm Service’ that supports young carers.**

These services provide support to thousands of carers across Sheffield. It is

imperative that we continue to provide support services for carers. Legally, morally, ethically, and economically speaking, helping carers is the right thing to do.

### **1.9 Re-procurement of support service for carers (adult/parent carers)**

In 2016, Commissioning and Strategy wanted to transform our carers services (for adults), switching to a more outcome focused approach and outsourcing our Care Act (2014) section 10 carer's assessments as part of the City-Wide Service for Carers. This way of working has been beneficial for carers, with 98% stating they were satisfied or very satisfied following a carers assessment. The focus on outcomes has seen significant improvements in several areas of performance, detailed in the contract extension request approved in 2019. There has also been good joined up working internally across the Council and with the Sheffield Carers Centre because of this approach.

The next service for adult/parent carers will have an increased focus on prevention. This will include a stronger emphasis on working with health services to identify, assess and support carers as early as possible. The next service will continue to focus on outcomes such as:

- Carers are actively sought (particularly those at risk of breakdown) and identified
- Carers have the right information to make appropriate choices for themselves and support the person they care for to make decisions
- Carers have an emergency plan and understand what will happen in the future
- Carers have a voice
- Carers can have a break
- Carers are supported to maintain or increase emotional wellbeing
- Carers consider and look after their own health
- Carers are supported to reduce financial hardship
- Carers gain or retain work (if appropriate or they wish to)
- Carers are supported through change points of their life, specifically:
  - transition from young carers services to adult carers services
  - life after caring

The intention is for section 10 carer's assessments to remain outsourced. This would mean we want Cabinet to agree spend of approximately £950,000 per year (over 5 years) so we can procure a new carers service for adult/parent carers.

### **1.10 Grant Funding for Sheffield Young Carers Service for young carers date**

It is critical we continue to support our young carers. Caring can impact a young person's health, education, and social outcomes, leading to inequalities when compared with peers who are not carers. For example, young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers.

This range of inequalities can be redressed through targeted interventions which recognise and support the child/young person in their role as a young carer and advocates on their behalf across a range of services and systems alongside building individual resilience and social capital within the context of the family.

Addressing stigma and promoting cultural change are also essential components of reducing the short term and long-term impact caring has on the lives of these children and young people.

The council wants to continue to provide a personalised service of intervention which will improve a range of health, education, and social outcomes for the child/young person within the context of the family and community. To do this, we want to grant Sheffield Young Carers approximately £150,000 per year (over five years). The money will help contribute towards outcomes such as:

- Increased confidence, self-esteem, and resilience.
- Raised life aspirations.
- Improved health and wellbeing, social and education outcomes.
- Actively identifying more young carers.

Cabinet approving the Carers Framework, will allow the Council to continue caring for our carers, who make a huge contribution to our communities and to our health and social care systems. The Sheffield Young Carer, Parent and Adult Carer Strategy 2016-2020 states:

‘Although caring for someone cannot be measured, research in 2015 by Carers UK and the University of Sheffield have estimated the value of the caring undertaken by carers in Sheffield to be £1,186 million (this is the estimated value cost of providing homecare for the number of hours unpaid carers provide).’

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

### **2.1 This proposal contributes to all 5 priorities in the Corporate Plan:**

#### *An in-touch organisation*

Approximately one in ten people in Sheffield are carers and this number is likely to be higher due to Coronavirus. Updating our Carer Framework is essential to understanding the needs our carers have and the outcomes they want to achieve. Carers are important to Sheffield’s health and social care systems; it is therefore essential that we continue to provide support. We know that carers really value the two existing carer support services and now more than ever need this help to continue caring.

#### *Strong economy*

Through supporting carers who need it the most we are reducing the likelihood of carer breakdown. This preventative approach is better for the local economy. This is because by meeting the needs of the cared-for person, the requirement for health/social care funded services reduces.

Evidence shows that caring can have an impact on educational attainment. By working with young carers and raising their aspirations, we are ultimately improving their life chances and the national/local economy.

### *Thriving neighbourhoods and communities*

Carers play a critical role in our communities, supporting some of the most vulnerable people in our society. Carers have also stepped in to provide additional support during the pandemic. It is essential we support carers so they can continue to care (if they want to).

### *Better health and wellbeing*

The updated Carer Framework continues to promote a preventative approach. Identifying carers early (i.e., within 6 months of them starting to care) and helping them achieve the outcomes they want from life, will be beneficial to their health and wellbeing. Evidence from the young carers and adult carers support services shows a positive impact on health and wellbeing outcome measures. Future services will continue to prioritise health and wellbeing outcomes.

### *Tackling inequalities*

The updated Carer Framework will continue to promote equity and inclusion. Diversity and equity of access will be key considerations of our new carer provision starting in January 2022. As with previous provision, monitoring will ensure this is scrutinised as part of our standard processes.

## **3. HAS THERE BEEN ANY CONSULTATION?**

**3.1** The Council's ability to do consultation has been hindered by Coronavirus. However, Strategy and Commissioning (via Zoom) has:

- Attended two carer support groups.
- Hosted four consultation sessions for any interested carers.
- Attended the Council's Staff Equality and Inclusion network meeting for staff who are carers.
- Hosted a consultation session with professionals who work with carers regularly so understand their needs/the outcomes they want to achieve.
- Hosted the Carer Voice Group and the Carers Action Plan Review session.

We will co-design future services with carers and involve carers in the procurement process to co-produce the outcome. Which will include a questionnaire for carers to complete to get more details feedback from carers to start developing the service specification.

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **4.1** Equality of Opportunity Implications

In the 2011 census, there were 57,373 carers in Sheffield. The carer population is not static, so of that 57,373, approximately 20,000 carers will start caring and 19,000 carers will stop caring each year. Therefore, the needs that carers have will

be broad ranging and different, dependent on criteria like when they started caring, what are the needs of the cared-for person, how many hours caring per week they do etc. This means the needs carers have and the outcomes they want are broad ranging and varied. There is also the impact of Coronavirus to consider. Updating our Carer Framework will not cause any adverse risk or implications in terms of equality of opportunity for carers. The overall impact of updating our Carers Framework should be positive for all groups with protected characteristics. The council will continue to provide equitable services that give support to carers. These services will help us deliver our broader strategic priorities.

The Council will continue to monitor indicators e.g., Black, Asian minority ethnic (BAME) engagement to ensure those accessing Council funded support are reflective of the diverse Sheffield population profile.

As a Public Authority, we have legal requirements under sections 149 and 158 of the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is connected to protected characteristics and prohibited by or under this Act.
- Advance equality of opportunity between those who share a relevant protected characteristic and those who do not.
- Foster good relations between those who share a relevant protected characteristic and those who do not.

The report sponsor has considered the Council's obligations under these statutory duties in this report and the Council is committed to ensuring that all citizens, particularly those who are most vulnerable or in need of support, have access to the information and support they need to access services and make decisions about their lives. The proposal submitted complies with the above aims/duties.

## **4.2 Financial and Commercial Implications**

**4.2.1** Strategy and Commissioning has had several meetings with Financial and Commercial Services in preparation for updating our Carers Framework. The Council recognises the importance of getting best value and delivering affordable services. To do so Finance and commercial services have developed a procurement strategy to ensure we have the best provision in place whilst minimising financial risk to the Council.

Re-procurement will be in line with public contract regulations (2015).

**Costs:** The Council will spend approximately 1,130,000 per year on supporting carers. This will include:

To support People Keeping Well Partnerships	Grant			200,000
Young Carers Services	Grant			150,000
Adult Carers Services	Contract for Services	Time for a Break fund	100,000	950,000
		Carers Assessments purchasing budget	150,000	
		Carers Services	700,000	
Campaign to raise awareness of Carers				30,000
<b>Total</b>				<b>1,330,000</b>

NB The People Keeping Well grant has already been approved by Cabinet so is not in scope for this proposal, other than for information.

### **4.3** Legal Implications

**4.3.1** The Council has a statutory duty to carry out what are described as ‘a carer’s assessment of need for support’ by virtue of section 10 of the Care Act 2014 in circumstances where it appears that i) a carer does have current needs for support or is likely to do so in the future; and ii) what those needs are both now and in the future. This statutory duty is currently outsourced to the Sheffield Carers Centre. Approving the updated Carers Framework will allow the Council to continue providing carer’s assessments via a commissioned service and reduce risks around not delivering these assessments in accordance with our duties when the existing contract ends in December 2021.

Approving the updated Carer Framework also ensures that the Council can discharge its section 2 Care Act 2014 duties regarding its ‘preventing needs for care and support’. Section 1(2) states that ‘A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will ... (b) contribute towards preventing or delaying the development by carers in its area of needs for support ... (d) reduce the needs for support of carers in its area’.

### **4.4** Other Implications

*(Refer to the Executive decision-making guidance and provide details of all relevant implications, e.g., HR, property, public health).*

## 5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Strategy and Commissioning recommends that Cabinet approves the carers strategy 'Principles' refresh. The Young Carer, Parent and Adult Carer Strategy ran until the end of 2020. In consultation carers and organisations/stakeholders that engage with carers voted to refresh the strategy rather than start with something new. This was because there had been significant progress made due to the Carers Action Plan. To maintain momentum partners will sign up to a refreshed version of the Carer Principles and this will be used to drive multiagency support of those caring for someone living in Sheffield. The alternative is to not have an updated strategy, and this wouldn't promote the message that the Council values the work unpaid carers do in our communities.

The existing Commissioning Plan 2016-2020 has recently ended. Strategy and Commissioning recommend that Cabinet approve the new Carers Commissioning Plan 2021-2025. It is important that the Council is clear about what it will do to support carers to set a positive example in the city. If providers and stakeholders are aware of our priorities and what we're trying to achieve, this will make multiagency/joined up working easier. The more aligned the Council is with other organisations (and vice versa) the better it will be for carers. Commissioning and Strategy wants to promote a 'no wrong doors' approach. As we're replacing our existing carer services, the Council needs to state what our commissioning intentions are too. The alternative would be to not update the current Commissioning Plan. This would not help encourage best practice and joined up working. It is very important that health and social care work together with carers services to identify new carers.

Strategy and Commissioning recommends that Cabinet approves five more years of expenditure on provision for carers. This will amount to approximately £1,130,000 per year or £ 5,650,000 over five years. Morally/ethically, it is more important than ever to support our carers due to the significant impact of Coronavirus. Legally we need to fulfil our local authority duties in relation to carers too. Continuing to fund provision for carers will benefit carers but it will also benefit the broader health and social care systems too. It will allow us to continue to raise the aspirations of young carers and improve their life chances and that will ultimately benefit the local economy. The alternative would be to not fund carer provision which would create legal and reputational risks as well as risks to our local economy, health, and social care systems. The Council would need to plan what to do with thousands of carers who currently receive support from existing provision.

NB Sheffield Young Carers (from January 2022) will receive grant funding rather than being paid via a commercial contract. The alternative would be to go through a competitive procurement process. This was ruled out as an option as:

- The Council only received one tender application the last time we went through procurement. Providing carer support is a niche market.
- Sheffield Young Carers make the young carers contract work as they draw down lots of additional funding and blend it with the Council's money. Without this added value, it is thought that no other provider could deliver the specification requirements for the price. The council would need to spend more

money.

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1** The preferred option is that Cabinet approve the Carers Framework update. This will allow the council to continue supporting carers who are fundamental to the success of our health and social care systems and communities. This is the preferred option because it reduces several risk factors for the Council (including legal, economic, and reputational) and means the council can continue to support carers in a prevention focused way. It is especially important that we do what we can to identify and support young carers. Their education, health and wellbeing and life opportunities/aspirations should not be negatively impacted due to their caring tasks/duties.

The intended outcomes are:

- Updated 'Carer Principles' that we can create actions against – April 2021
- Updated Carers Commissioning Plan 2021-2024 available on our website – April 2021.
- Updated carer provision in place for young carers, parent, and adult carers – January 2022.

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