SUPPORT FOR THE DEVELOPMENT OF A CWM TAF REGIONAL INTEGRATED SERVICE MODEL FOR CARERS

Report

for Cwm Taf Regional Partnership

Tony Garthwaite, Heulwen Blackmore and Mark Llewellyn

Welsh Institute for Health and Social Care · University of South Wales

December 2017

wihsc

University of South Wales
Prifysgol De Cymru

CONTENTS

EXECUTIVE SUMMARY

By exploring the national and local context, good practice from across the UK, interviewing key stakeholders and reviewing the commissioning needs of the Cwm Taf region, WIHSC was appointed to assist the Partnership to:

- Review the existing model of services for Carers
- Identify the most effective options for a regional integrated service model for Carers
- Complete a detailed option appraisal with clear recommendations for the consideration of the Partnership Board. Reference should specifically be made to Young Carers, Adult Carers and Respite services.
- Support the development of a detailed and costed implementation plan to pursue the agreed service option for the region.

This report and the associated Appendices are written to fulfil that brief.

Cwm Taf's population needs assessment, census data, and the region's own engagement exercises have provided a good understanding of the demographic of carers in the region and their need for support. Around 13% of Cwm Taf's population are carers and the region has a relatively high level of people with adverse long term health conditions. The region's strategies and plans indicate many of the actions and initiatives needed to ensure carers are effectively supported in line with their statutory rights under the Social Services and Well-being (Wales) Act 2014 and it has been decided to explore options for consideration by the Regional Partnership Board for the establishment of effective integrated service arrangements for carers across the region.

Through speaking directly with over 70 people, including front-line staff and senior and middle managers from the statutory agencies plus third sector providers and representatives, we have established a picture of how services for carers are currently arranged, and the gaps in provision. Furthermore, our discussions with young and adult carers have reinforced the issues raised in the population assessment and added detail to our understanding of how carers can be better supported in future. The emphasis of all our discussions has been on trying to identify what could make a difference in this regard.

We have also reviewed the key documents produced by Cwm Taf partner agencies regarding carers, undertaken a literature review, exploring existing good practice and a range of approaches to supporting carers across the UK and wider, and looked at what was happening more locally and in other parts of Wales.

Our analysis of the key messages emerging from our research suggests that the position in Cwm Taf currently is that:

1. There is good practice across Cwm Taf and some superb staff. Many specific services are probably at least punching their weight when measured against the resources available. However, services do not consistently meet the desired standards in terms of quantity, quality and equity across the region.

2. Carers are regarded as “everyone’s business” which is encouraging in terms of commitment but this can also mean “nobody’s business” when tested against clarity of accountability for service effectiveness and improvement. Carers’ services lack clear and visible leadership.
3. There are examples of collaborative partnership working, and strategies and plans display a good understanding of carers’ needs and priorities. However, this is not universally embedded in everyday practice and words and intentions are not consistently matched by actions.
4. Carers do not have a central point of accessing services and find it difficult to navigate the system. Establishing clearer pathways for carers would be a major shift in their profile and enable statutory responsibilities to be fully met.
5. Short term funding has had a negative effect on commissioning effective services and has stifled innovation and continuity of service. Third sector services can cease to exist at short notice leaving carers unsupported.

Additionally, our analysis has provided details of how the region is positioned in respect of:

- Identifying carers
- Giving good advice and assistance
- Assessing carers’ needs
- Seeing people as resources
- Providing respite and breaks
- Enabling carers to play a full part in society
- Working in partnership and collaboration

By researching literature and contacting other commissioners and providers of carers’ services, we have developed a blueprint of what a comprehensive offer for Cwm Taf’s carers could comprise which is described in Chapter 3. We suggest that this offer is best understood when considered as a framework containing five themes:

1 Access, Information, Advice and Assistance

2 Support Services

3 Employment Support Services, Education and Training

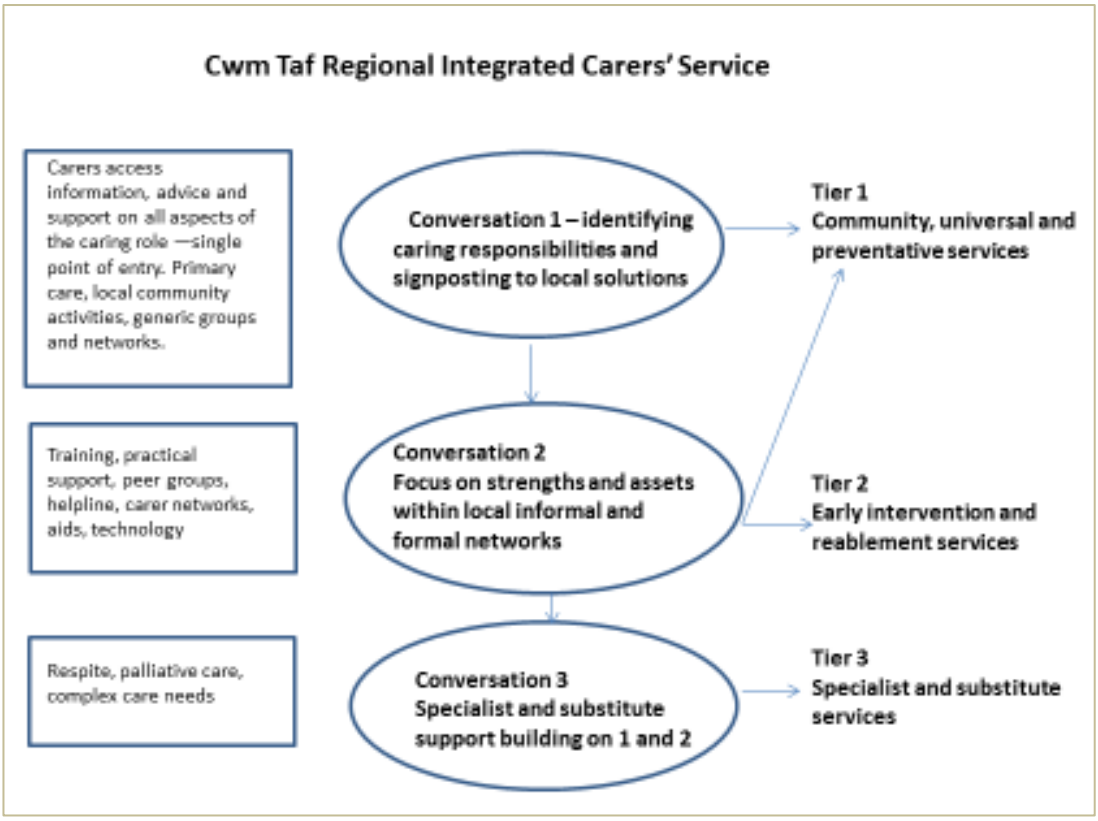
4 Respite and Breaks

5 Cross-cutting issues which facilitate the delivery of the offer

Each of these five elements is important in identifying a comprehensive offer, and feature in the table. The key question to address is the quantity of each – e.g. how many counselling sessions should be made available for carers – and this is a matter for the region to determine in the context of prioritisation and availability of resources. The situation is that whilst many of the individual elements referred to in the offer are currently provided, inevitably the provision falls short of the blueprint in terms of quantity, quality and equity across the region.

The offer should be useful in assisting the region to broadly assess the range and level of services it wishes to offer in the future in order to bridge any gaps and prioritise the use of resources. The total resources available for this purpose are not known at this time because a) final budgets have not been calculated; b) all grant funding is not yet known; and c) the way budgets are structured means that some financial provision is "hidden" in other care and support packages.

Any offer should be made within the context of an overarching strategic approach to meeting the needs of carers for care and support. The region has already determined three inter-related levels within its model of services for older people, namely community, universal and prevention services; early intervention and reablement services; and specialist and substitute services. Our discussions to date have found widespread approval and understanding of this approach, albeit that the precise terminology used by officers may vary on occasions and there are different operational arrangements in place in Rhondda Cynon Taf (RCT) and Merthyr Tydfil (MT) to deliver the model. We see no reason why the approach, which is in line with the provisions of the Social Services and Well-being (Wales) Act 2014, should not be applied in the context of services to carers, and feel it can be adapted to ensure a more precise fit. Determination of the viability of options must, therefore, take account of whether they can support the principles of this three tier model. We have inserted a few examples of our view of carers' services within each tier - as below.



This project may be the first time an opportunity has arisen to view expenditure across the region and how this varies per capita. Notwithstanding the caveats which must be acknowledged regarding these data, they enable consideration to be given not only to the possible total funds available for future service delivery but also, for example, to:

- How the potential spend on carers' services could be affected if any sizeable proportion of those carers not currently known to the authorities were deemed in future to be in need of support.

- Whether resources are targeted effectively currently.
- How funds relate specifically to the blueprint offer.

The key tables from the financial analysis are provided below. It should be noted that neither RCT nor MT charge for any carers' services.

	Discrete spend on carers	General spend on other services including carers	TOTAL
RCT adults	**£2,184,332**	£23,082,371	£25,266,703
RCT children	**£1,675,441**	£835,567	£2,511,008
SUB-TOTAL	**£3,859,773**	**£23,917,938**	**£27,777,711**
MT adults	£550,370	£3,774,590	£4,324,960
MT children	£205,750	£380,470	£586,220
SUB-TOTAL	**£756,120**	**£4,155,060**	**£4,911,180**
TOTAL	**£4,615,893**	**£28,072,998**	**£32,688,891**
RCT % spend	83.6	85.2	85.0
MT % spend	16.4	14.8	15.0

	n	%
RCT population	234410	79
MT population	63546	21
CT population	**297956**	**100**
RCT carers population (based on number in Census)	29640	80
MT carers population (based on number in Census)	7427	20
CT carers population (based on number in Census)	**37067**	**100**

RCT spend per capita (based on number in Census)	£130.22
MT spend per capita (based on number in Census)	£101.81
CT spend per capita (based on number in Census)	**£124.53**

RCT carers registered with project - adults	2690
RCT carers registered with project - young adults	55
RCT carers registered with project - children	356
RCT registered with the project	3101
RCT actual spend per capita on known carers[1]	**£1,244.69**

[1] NB Because there is not a carers project in MT, there is no comparable data available to complete this part of the table. However, we hold data for MT in respect of carers receiving assessments.

Based on an assumption that future funding will be at least similar to current levels, we identified four viable options for delivering the package of support for Cwm Taf carers in future. These are:

1. To seek a single external provider for delivery of the chosen package.
2. To deliver the chosen package in-house[2].
3. To seek multiple providers for delivery of the package.
4. To create a special purpose vehicle (SPV) for delivery of the package.

Chapter 4 provides details of a matrix containing details of these options, some of the change implications, and the implementation requirements of each option. Chapter 5 provides details of a matrix for evaluating the options which includes criteria against which each option has been appraised. It should be noted that these matrices also include additional options concerning a) the structure of delivering the offer (referred to as Domain 1) and b) how it could be packaged as a whole entity or as separate components (Domain 2). These are equally important considerations to the delivery model and help to build a logical thought process from the function (the offer) through to the form (the means of delivery).

Our detailed options appraisal against the identified criteria is provided within the matrix and the outcome of this appraisal is presented in Chapter 6. In short, it favours:

1. Creating a new dedicated interim staff team to deal with carers' issues across the region and coordinated by a regional manager, and multiple places where carers can receive elements of the offer.
2. Establishing clear accountability for carers' services at senior management level.

   These options appear to be most suited to maximising opportunities to meet most of the criteria through:

   - Enabling a higher profile for carers' services.
   - Facilitating stronger joint working.
   - Building a better platform for further service enhancements.
   - Establishing a critical mass of staff, improving expertise.
   - Building on qualities of existing staff.
   - Reinforcing regional identity.
3. Applying this structure model to all five aspects of carers' services contained in the offer to carers, thereby integrating assessments of carers needs for care and support with service provision.

   This option is favoured as it:

   - Integrates all functions relating to carers.

[2] It should be noted that the term, "in-house" has been used to describe the proposed interim team. In this context, "in-house" is meant to include those people currently involved in the organisation of delivery of services to carers whether they be employed in the statutory or third sectors.

- Improves coordination of carers' services.
- Facilitates joint working.
- Gives carers' services a clearer identity.
- Improves clarity of access for carers and ability to navigate the system.

4 Delivering this package in-house as an interim measure and creating a special purpose vehicle (SPV) independent of the statutory agencies, for delivery of the package on a permanent basis.

We concluded that creating a special purpose vehicle (SPV), independent of the statutory agencies, for delivery of the package was the most attractive permanent option, not least because of the degree of innovation it represents and, assuming it is based on the delivery models referred to in s16 of SS&WB Act, viz. social enterprises, cooperatives, user led organisations and the third sector, is the option most in line with the national strategic direction of travel. It is also likely to be the most financially sustainable option. However, the short-term benefits attached to an in-house option should not be ignored. A composite option where an in-house approach is adopted as an interim measure with the creation of an SPV being the permanent objective is considered to be the most expedient way forward.

An illustration of the key features of this composite option and the change implications and requirements is included in Chapter 6. A draft outline plan for implementing this option is included in Chapter 7.

CHAPTER 1 - INTRODUCTION AND STRATEGIC CONTEXT

By exploring the national and local context, good practice from across the UK, interviewing key stakeholders and reviewing the commissioning needs of the Cwm Taf Region, WIHSC was appointed to assist the Partnership to:

- Review the existing model of services for Carers
- Identify the most effective options for a regional integrated service model for Carers
- Complete a detailed option appraisal with clear recommendations for the consideration of the Partnership Board. Reference should specifically be made to Young Carers, Adult Carers and Respite services.
- Support the development of a detailed and costed implementation plan to pursue the agreed service option for the region.

This report and the associated Appendices are written to fulfil that brief.

In undertaking this project, we aimed to strike the right balance of information gathering, engagement, analysis, option appraisal and decision making. A considerable amount of work has already been done within Cwm Taf to identify need and establishing the framework of next steps for a regional integrated service to support carers. Cwm Taf's own population needs' assessment, census data, and the region's own engagement exercises have provided a good understanding of the demographic of carers in the region and their need for support.

Around 13% of Cwm Taf's population are carers and the region has relatively high levels of people with adverse long term health conditions. Therefore, while we used the information in the population needs assessment http://www.ourcwmtaf.wales/cwm-taf-well-being and in key documents developed by Cwm Taf, we did not attempt to duplicate this work. Rather we used it as a basis to drill down and identify any gaps in the needs analysis, to understand the adequacy of existing information systems and to explore how the region's existing service models (e.g. the three tier model) could be transferred to services which support carers.

Key initial elements of the work on developing options for a regional integrated service were to understand the existing strategy, policies and direction across Cwm Taf; understand the current offer to carers; and to explore best practice in supporting carers in the UK and wider. This was done by a review of Cwm Taf's own documentation, a literature review and by engaging with over 70 key stakeholders which included young and adult carers, staff in the three Cwm Taf statutory agencies and in nearby authorities, third sector representatives in the area, and carers' organisations. This provided us with a rich source of information and perspectives which enabled us to build a "blueprint" offer for carers which describes a wide range of support for carers both in their caring role, and in their lives beyond that role.

The review of Cwm Taf's own documentation was structured around six themes. We selected the themes based on the project – the regional integrated approach, and key requirements of the Social Services and Well-being (Wales) Act 2014 – i.e. co-production, prevention, alternative models of service. Commissioning was seen as important in respect of facilitating any regional and integrated

model. We reviewed the documents and were able to gain an informed opinion of how each document demonstrated:

- A regional approach for carers' services
- Integration between services and within services around carers
- A co-productive approach, designing and developing services with carers as partners in the process
- A preventative approach, supporting carers before the need for targeted interventions
- Its approach to commissioning, especially joint commissioning
- An indication of considering alternative models such as social enterprises, co-operatives, third sector or user led services

We were able to identify examples under each heading. There is a regional and integrated approach with a Carers' Partnership Board established and some regional support for carers (eg Interlink via Community Co-ordinators). Co-production is at an earlier stage of development. The documents showed understanding of carers' needs and priorities, however this is not universally embedded in everyday practice and words and intentions are not consistently matched by actions.

There is an element of co-production with carers, for example in the way that the young carers' activities are designed; however, overall this is at an early stage but we note the plans for further engaging with people in a co-productive way. Within various documents, we were able to identify a strategic direction based on increased early intervention, prevention, information, advice and assistance. An integrated approach to commissioning is identified within the Carers' Strategy and other documents, as is the recognition of the importance of the role of the third sector. Some documents recognise the opportunities that could be developed by developing alternative new models of service with carers at the centre.

Our opinion is that the existing documentation provides a sound basis for the future in so far as it indicates a clear commitment to working together in a regional integrated way. The region's strategies and plans indicate many of the actions and initiatives needed to ensure carers are effectively supported are in line with their statutory rights under the Social Services and Well-Being (Wales) Act 2014.

Our review of literature led us to explore existing good practice and a range of approaches to supporting carers across the UK and wider. We looked at strategies in Leeds, York and Warwickshire and New Zealand, for example, and at a range of authorities currently tendering for carers' support services such as Cheshire. We reviewed documentation such as Carers' Trust Wales Commissioning Guidance. We also looked at what was happening more locally in Bridgend, Monmouthshire, Powys and North Wales. This enabled us to build a picture of the sorts of support services that are in place currently and are planned in the future for carers.

The various approaches identified included a hub and spoke approach, a dedicated central resource for carers, carers identified and supported by client group, comprehensive and selective outsourcing of carers' support services. We were able to identify some interesting new ideas from exploring the literature which we have incorporated into Cwm Taf's offer for carers.

CHAPTER 2 - WHAT DID PEOPLE TELL US?

Listening to stakeholders was an essential part of enabling us to develop options for support for carers in Cwm Taf. This was done over a period of several weeks and we spoke directly to individuals and groups. In total we spoke to over 70 people, including young and older carers, front line staff and senior and middle managers from statutory agencies plus third sector providers and representatives and carers' organisations. This provided us with a rich source of information and perspectives enabling us to build up a picture of the current services for carers, how services are arranged and delivered and gaps in provision. At all times, our aim was to identify what worked well and what could work better to make a positive difference in services to support carers.

Our analysis of the key messages emerging from our research suggests that the position in Cwm Taf currently is as follow:

QUANTITY, QUALITY AND EQUITY

There is good practice across Cwm Taf and some superb staff. Many specific services are probably at least punching their weight when measured against the resources available. However services do not consistently meet the desired standards in terms of quantity, quality and equity across the region.

There are different approaches to the provision of Information, advice and assistance and assessment in Merthyr and RCT. This makes it more complex for carers to navigate the system. Within each council, there is a different approach to assessment for young carers and adult carers. This means a diversity of approach and potentially a lack of consistency in the assessment process itself.

Within local authority areas, there are challenges facing carers in having to travel some distance to access certain services. For example, one carer was travelling from Hirwaun to Rhydyfelin and another from Merthyr to Aberdare. Many have to use public transport taking several buses, and we did not identify access to, or an awareness of, voluntary transport services. Hospital appointments were identified as a challenge depending on where in the authority carers live.

In RCT the RCT Carers Project has a team which provides a service to young and adult carers. This team has a discrete identity, and once carers have either been referred or have self-referred to the project, they are able to access a range of services; information, advice and support, counselling and emotional support, training, respite, support groups and a range of leisure and cultural activities. There are separate young carer groups and activities/ breaks. Information is provided by way of a comprehensive newsletter, with on line and paper versions. The "offer" is well advertised, but support and activities are significantly oversubscribed. There is no similar central focus / resource in Merthyr Tydfil. Young carers in Merthyr Tydfil are assessed and supported by Barnardo's and access fortnightly activities and trips.

From interviews with adult carers accessing the RCT Carers Project and young carers in Merthyr Tydfil, it is clear that they place a high value on the services they receive. They expressed trust and confidence in the staff they came into contact with, and valued the continuity and opportunities for

support, including respite and peer support. One carer described the support received as “life changing”.

The need for carer focused training of front line staff was identified by several interviewees within the statutory sector. Cultural change in seeing carers as a central part of the care package and the use of the social model were also suggested as ways of heightening awareness and increasing quality and equity.

LEADERSHIP AND ACCOUNTABILITY

Carers are regarded as “everybody’s business” which is encouraging in terms of commitment but this can also mean “nobody’s business” when tested against clarity of accountability for service effectiveness and improvement. Carers’ services lack clear and visible leadership.

In RCT, the main focus for carers is the RCT Carers Project. At the time of interview, there was no one overarching co-ordinator or project manager. The member of staff responsible for supporting adult carers reported to a different line manager from the staff responsible for young carers. There was no senior manager responsible for carers. The team has found a way to work together to maximise resources and support gaps when staff are absent, but a dedicated role at a senior level and a project co-ordinator would provide strategic support and direction for the RCT Carers Project team members.

In Merthyr, there is a post dedicated for carers, but there has been no-one in post since March 2017. Barnardo’s is commissioned to assess and provide a level of support to young carers. We did not identify a senior lead for carers within the authority. Interviewees described the service in Merthyr as “bitty”, tending to fall in no man’s land with no clear responsibilities. Since the co-ordinator left, influenced by the short-term funding attached to her post, the carers’ network in MT had come to an end.

Within the health board, there is a Carers’ Champion co-ordinator who supports Champions in different settings such as schools and GP surgeries, ensuring they have the necessary training and information to support colleagues in their awareness of people undertaking a caring role. They are in the main at ward level in acute services. The majority of GP practices have Champions.

Stronger leadership and clearer lines of accountability would enhance the service for staff and carers, and would have a knock-on impact on delivering positive change and for carers in navigating the system.

COLLABORATIVE PARTNERSHIP

The specification set out a requirement for a regional integrated service to support carers so we sought to establish how far the documents set out a clear picture of a drive for a regional integrated service – one which is based on partnership and collaboration - and we then tested this within our engagement activity.

When we explored the stability of partnership working we found elements of misunderstanding between the roles of different agencies, and a degree of lack of confidence around working

together. However, interviewees felt that there was some collaborative and partnership working – for example the work with young carers and young adult carers around schools and Job Centre Plus.

It was felt by some that the Integrated Care Fund (ICF) had brought people closer together and there was now a stronger platform for integrated working across the region. An illustration of the ICF was the creation of community coordinators, third sector staff who work closely with health and local authorities acting as links between the agencies and the communities.

NAVIGATING THE SYSTEM

Carers do not have a central point for accessing services and find it difficult to navigate the system. Once in the system, RCT carers felt that they received an excellent "one stop shop" service from the RCT Carers project.

Interviewees from the statutory, third sector and carers talked about the fact that there was no one focal point for carers. In relation to front line community health staff, this was identified as posing a problem in early identification and signposting. In one situation, a senior member of staff in the authority had resolved what was described as a crisis situation by a carer, but it had taken some time and navigation and persistence to identify the appropriate person.

Several interviewees spoke of the need for a greater profile for carers. Given policy was to move people out of hospital to receive quite complex care in their own homes, there was an increasing number of carers and an increasing burden falling on carers. Supporting them became more important, as did supporting staff to recognise and signpost them.

Several interviewees commented on "carers needing permission to take a break" and "the culture being for people to take care of their own and not seek help". Some carers said they simply did not know where to go to get help, and some had sought help, but due to the quality of the support, had rejected it and managed without a package of care. One carer had a package of care withdrawn as it was deemed there was nothing suitable available for the cared for person, leading to a crisis situation and hospital admission.

Establishing clear pathways for carers to access support would be a major shift in their profile and enable statutory responsibilities to be fully met.

FUNDING

Short term funding was identified as a particular challenge by providers. Whilst recognising this is largely outside the control of partners because of the way Government grants are administered, a stronger mutual understanding amongst the partners of the effect of funding regimes on commissioning, provision and sustainability of services, and on third sector organisations, would assist in developing a clearer shared perspective to examine possible solutions.

It was also clear that this uncertainty is leading to key staff seeking alternative more secure employment, and innovation being stifled because of the lack of lead in time for new initiatives and the rapidity of exit time after they had been established.

We undertook an exercise to establish spend in respect of services supporting carers in Merthyr and RCT. The figures identified should be treated with caution because budget systems are not set up to

easily identify the costs of services to carers, particularly those who receive support alongside a cared for person; there is almost certainly additional spending on carers in this respect. Our research identified services which potentially could have been carer support services, but which were within the envelope of the care plan for the cared for person. Nonetheless, the total amount of spending capable of being identified is significant, albeit not proportionately distributed across the region.

Based on the likelihood of some grant funding continuing to be of a short term nature, ways of securing core funding for carers' services must be found if the offer to carers is to be delivered effectively. It is worth noting that the higher number of staff focusing on young carers working on the RCT Carers project appears to be a direct result of recognising the value of the staff's roles through core funding being found when grant funding came to an end.

CHAPTER 3 - THE OFFER FOR CWM TAF CARERS

We have described the range of information, advice and support available to carers who live in Cwm Taf as the "offer", and we describe a potential offer as a blueprint for the future. The well-being of carers is at the heart of the offer and we have identified well-being outcomes for carers in relation to each service heading. To support this visually, we have included an illustration of how the offer meets the "I" statements in the national outcomes framework.

It is important to note that our work is based on the fact that there is no **one** already identified model for support services for carers in Cwm Taf. While there will be a cost envelope available to any future service for carers, we have identified a blueprint of an ideal offer for carers as a basis for decisions on the future service.

Our review of literature identifying various approaches and strategies, together with the narrative information we collected from individuals and groups we met, has been instrumental in the design of the offer which sets out a potential range of services. We have grouped the offer into five themes or component parts which we see as essential in any future service. We describe the different elements of each service heading in the matrix below. We also include a brief opinion on the Cwm Taf position. This is intended to assist further exploration if required. We have also identified a number of services which are not currently happening in Cwm Taf. We are proposing that these should receive consideration, as these innovative practices offer an opportunity to tackle some of the issues challenging existing services. For example, we know that flexible respite opportunities are important to carers and staff and the take up of a voucher scheme could offer an element of the flexibility sought. The approach adopted by "team around the family" offers a holistic approach to supporting carers in our "team around the carer" proposition. Paying family members to provide respite has the power to support carers and provide continuity for the cared for person. The use of alternative models of service could enhance the quantity of services available significantly with its potential to attract volunteer hours and to generate income.

All of this, however, requires a fresh concerted approach to carers' services based ideally on an integrated regional model. A summary of our findings in relation to each of the five themes follows.

ACCESS, INFORMATION, ADVICE AND ASSISTANCE

Our own engagement and review of previous engagement told us how important it was to have very clear access points for carers – which benefitted carers themselves and staff seeking to assist carers to navigate the systems, sometimes at times of crisis. There were a lot of information sources available and examples were the regional community co-ordinators, the A-Z for carers and the regular RCT Carers Project newsletters which contained wide ranging information. However, knowledge and understanding of the resources and access points was not universal.

Many carers do not identify as carers when they seek information. Their first contact may be seeking help around a specific issue such as aids and adaptations. The importance of identifying carers at an early stage, and the challenge of doing that proactively was raised, with some positive work going on in schools and Job Centre Plus. However, more could be done if staff at all levels in all organisations had mandatory and consistent training and awareness specifically on carers. It was

also felt that staff needed support and training to identify and signpost carers proactively as a little support in a timely manner could avert the need for a crisis intervention further down the line.

The first contact with a person who has caring responsibilities is crucially important. Accepting that people don't always identify as carers, the subtlety of the first conversation requires skill in questioning to establish the caring role, before the "What matters?" conversation and the assessment process.

SUPPORT SERVICES

Carers themselves told us about the range of support available to them, particularly commending the work done by the RCT Carers Project, MIND and Barnardo's. In one example, the support offered in the shape of counselling and emotional support and respite was described as "life changing". They felt that this central focus offered something akin to a "one stop shop". However, it is evident that the approach is variable across Cwm Taf.

Supporting carers' physical, psychological and emotional well-being is important in order to ensure that carers do not experience "burn out". Many carers put their own well-being very much down their list of priorities, and while there are a range of services in place, again they are variable and sometimes have long waiting lists e.g. counselling.

EMPLOYMENT SUPPORT SERVICES, EDUCATION AND TRAINING

Enabling carers to lead a life in parallel to their caring role is an important part of promoting well-being. It is likely that the number of carers who are in employment and who also have caring responsibilities will increase as the demography changes. Supporting people to work and to lead their lives alongside their caring role is likely to become increasingly important. We found some evidence of support for people, notably through the work on young carers where there was outreach into schools and Job Centre Plus.

RESPITE/BREAKS

The need for respite was a priority for the people we met and in the extant strategy and other documentation. In discussion, some contacts said that more creativity around respite could be achieved with a more joined up approach to resources; however, notably over the last few years with increasing financial pressures for all three bodies, a more rigorous approach to "whose responsibility is it?" has been taken. This has not necessarily supported the well-being of carers.

We asked carers about respite, acknowledging that we had gained some insight into this subject by the scoping work undertaken by WIHSC in Cwm Taf earlier this year. They were clear that some of the opportunities offered enabled them to keep going as carers. Being supported to meet other carers was described as a "lifeline". Carers made it clear that choice around respite was fundamental; it should be flexible and should offer a range of approaches, including providing care and support away from home for the cared for person, care and support within the home, opportunities for carers to spend time away from the daily routine both with and away from the cared for person. The opportunity for carers to have an opportunity to "recharge their batteries" was seen as crucial. However, the difficulty in obtaining suitable respite was highlighted, and

specific challenges in finding respite tailored to individual needs was identified. Examples given were around dementia and Aspergers.

We also discussed “moving on” arrangements for the cared for person, both as a positive move for the person using care and support services, and for the carer. The lack of appropriate provision in Cwm Taf was flagged.

MAKING IT HAPPEN

It is evident that a number of factors that are regarded as direct services also act as facilitators for improving the offer to carers. For example, an advocacy service not only directly supports carers but also enables a better mutual understanding of carers' needs and the issues affecting the partner agencies' ability to meet those needs. Similarly, the availability of good, flexible transport is clearly a service in its own right but also leads to carers being able to access other services.

The importance of training has been consistently highlighted. We know that training is happening, but it could be improved through a more standardised approach, and involving carers routinely as experts in the design and delivery of training would build on the assets in the carer community and support co-production. Our understanding is that training is not mandatory nor is it consistent across the area.

There was a view that a clear point of contact to refer people with caring responsibilities was also a significant barrier at present.

THE BLUEPRINT OFFER

In order to fully meet the objectives of the current, and any future Cwm Taf Strategy for Carers, and ensure an appropriate balance of support for adults and children and young people, a regional integrated support service for carers should contain the range of opportunities identified in the matrix below. In addition to setting out the details under each service heading, we have included (in red) a very brief assessment of the position as we understand it across Cwm Taf.

FINANCIAL DATA

Further below the offer, the tables provide the financial data we have received on current spend patterns. This may be the first time an opportunity has arisen to view expenditure across the region and how this varies per capita. Notwithstanding the caveats which must be acknowledged regarding this data, they enable consideration to be given not only to the possible total funds available for future service delivery but also, for example, to:

- How the potential spend on carers’ services could be affected if any sizeable proportion of those carers not currently known to the authorities were deemed in future to be in need of care and support.
- Whether resources are targeted effectively currently.
- How funds relate specifically to the blueprint offer.

Blue print 'offer' for a Cwm Taf regional integrated support service for carers

Access, Information, Advice and Assistance	Support Services	Employment Support Services/ Education & Training	Respite/ Breaks	Making it happen
THE AIM				
- We will identify carers in need of care and support at the earliest possible stage. To prevent their needs escalating, we will work with communities and community networks, offering good quality information and advice and providing clear and uncomplicated means of carers contacting us. - We will ensure that our contact with carers is based on recognising their strengths and assets through a meaningful and sensitive conversation, at the same time supporting their right to a carers' assessment, and only intervening when necessary and appropriate. We will base our approach on ensuring that carers not only have a strong voice in determining how they are supported but also feel a sense of control over any intervention we agree with them.	- We will arrange and/or provide a wide range of direct support services for carers to alleviate the pressures they face and enable them to live as full and active lives as possible. We will work with carers to ensure that these services are relevant to their needs and as locally accessible as possible. - We will ensure that we adopt the social model, in that we accept that it is society which puts barriers in the way for people to access support. We will seek to remove barriers so carers can be supported to lead fulfilled lives as carers and in addition to their caring responsibilities.	- We will ensure that carers have every opportunity to take up and continue in education, employment and training without adversely affecting their support for those for whom they care. - We will encourage employers throughout the region to adopt carer friendly employment policies and arrange training and information on the needs of carers and ways of facilitating support for them. - We will work closely with schools to identify and support young carers.	- We will promote and support the well-being of carers by enabling them to have a break from caring through a range of services targeted at providing respite. We will engage with carers to ensure that these services are relevant to their needs, accessible and capable of being used in the most flexible manner possible. - We will promote and support the well-being of carers as part of families and groups by ensuring that respite for them with their families and their cared for is put in place.	- We will undertake a range of measures to ensure that our offer of care and support services to carers is formulated via a process of co-production, maximising the support of the wider community, utilising the most up to date facilities, skills and technologies, and adopting approaches which are relevant and flexible. - Our offer to carers will be regularly reviewed and involve carers in providing feedback and advice. - We will work together across all partner agencies to ensure that the services we provide for all our citizens support this offer through their focus on people's health and well-being.

Access, Information, Advice and Assistance	Support Services	Employment Support Services/ Education & Training	Respite/ Breaks	Making it happen
FULFILLING THIS AIM WILL CONTRIBUTE TO THESE WELL-BEING OUTCOMES				
My voice is heard and listened to. *My individual circumstances are considered.* *I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.*	*I am healthy and active and do things to keep myself healthy.* *I am happy and do the things that make me happy.*	*I can learn and develop to my full potential.* *I can do the things that matter to me*	*I contribute towards my social life and can be with the people that I choose.* *I get the help I need to be independent* *I belong* *I have safe and healthy relationships*	*I engage and make a contribution to my community.* *I feel valued in society.*
THESE ARE THE KEY ELEMENTS AND ACTIONS WE WILL ADOPT				
Basic information for carers through multiple media channels – paper leaflets and newsletters as well as digital media *Digital and paper versions of newsletter, Facebook presence for RCT carers project, information on websites* Carers points of contact to help them navigate their way to relevant points of support e.g. information in community settings such as libraries, leisure centres, GP surgeries, district nursing teams, hospitals, schools, school nurses, dentists, opticians	Counselling services for carers to help them when required in their caring role *Counselling available but with a waiting list* Emotional support services for carers to help them when required in their caring role, recognising different layers of support will be needed in different circumstances, e.g. age groups *Available through RCT Carers Project and through the third sector in Merthyr eg MIND, Barnardos*	Cwm Taf wide policies and procedures for staff carers *Policies are available* Role modelling and publicising carer supportive employer policies with local businesses *N/A* Training and awareness for employment service agencies eg Careers Wales, Job Centre Plus, Elite *Some links with organisations, availability of carers' newsletter* Promoting top tips for carer friendly employment	Voucher schemes which give carers a set amount of hours for a time period, and choice and availability of a range of options for breaks *Not available in Cwm Taf* Social, cultural and leisure activities e.g. pamper days, trips, events which offer all carers a set number of opportunities per time period *Available via RCT Carers Project. However, oversubscribed. Activities available for young carers in Merthyr via Barnardos project.*	Team around the carer which would provide an holistic multi-agency approach to supporting carers *Not the current model* Direct payments for carers and for the cared for person, which can enable increased flexibility about support, but recognising regulatory issues affecting the employment of personal assistants *Available but limited take up* Advocacy for carers and support connected with benefits tribunals

Access, Information, Advice and Assistance	Support Services	Employment Support Services/ Education & Training	Respite/ Breaks	Making it happen
Carer champions in majority of GP surgeries, staff awareness, on line information, A-Z Provide stakeholders with the necessary tools to identify carers – schools, school nurses, GPs, front line social care staff, district nursing teams, hospitals, third sector providers *SSWBA training (basic on carers); information circulated throughout Cwm Taf to key points. Links with schools and Job Centre Plus. Mandatory training not identified* Community connectors or co-ordinators to identify community resources at a very local level and disseminate the information. Ensuring that funding bids for these take account of the needs of carers Information, advice and assistance which will support the identification of caring roles and signpost accordingly (Conversation about caring at first contact) *IAA systems in Cwm Taf. Variability identified at first point of contact in contact*	Welfare benefits advice which can be a dedicated in team resource or effective signposting to a quality service *Carers signposted to CAB and Age Connects* Leisure discounts to promote access to facilities for carers *Available in RCT* Legal and financial advice which will be sensitive to pressures on and needs of, carers *Services identified which support carers and facilitate initial free advice opportunities* Support to access funding sources so carers can tap into grants for themselves or their cared for person(s) *Carers may receive support to access Carers' Trust grants* Aids and adaptations to enable independent living *Available in Cwm Taf* Reablement services *Available in Cwm Taf* Assistive Technology such as alarms and home monitoring systems	*See recent carers' newsletter but also see ADAS top tips* Young carer identity cards for schools – where young carers are reluctant to speak out but would show a card. For pharmacies where they need to collect prescriptions *Not available across Cwm Taf*	Sitter services which would provide a trusted sitter for a set time period when carers have eg appointments, need to go shopping etc *Some sitting available for carers* Community hospital respite where the cared for person can access appropriate levels of care for an agreed period *Available* Day services for cared for people such as day centres, community support groups, cafes, lunch clubs, day activities *Available* Crisis intervention *Available* Respite breaks within CHC packages *Available* Adult Placement Schemes which enable placements to be short-term *Possibly available in RCT* Paid family care schemes where family members can	*Some advocacy available identified through DEWIS CIL and MIND* Identified locations for carers to access services and meet as groups *Young carers meet at groups in locations in Merthyr and RCT. Some provision in RCT via RCT Carers' Project* Transport both special and regulated to ensure that carers are supported in their caring role *Transport identified as a challenge* A Carers' Charter developed for carers with carers *No* Carers' Champions at operational, strategic and political levels *Carers' champions in the main within teams and at ward level* Use of volunteers to expand capacity to support carers. This could be built into any contract and should recognise the resource implications involved *Not identified but anecdotally happening in some places*

Access, Information, Advice and Assistance	Support Services	Employment Support Services/ Education & Training	Respite/ Breaks	Making it happen
centre/helpline. Query training system Carers assessments as a right *Relatively low numbers of carers assessments in Cwm Taf* Regional carers helpline which is well known and easy to access *RCT helpline advertised on website* Carers newsletter highlighting the offer for carers, signposting carers to resources and current opportunities *Comprehensive newsletter produced by RCT Carers' Project*	*Available in Cwm Taf* Care and repair *Available in Cwm Taf* Safety at home *Available in Cwm Taf* Emergency cards for carers which identify the individual as a carer in case of eg admission to hospital *Available in Cwm Taf* Training for carers – practical such as manual handling, stress management, etc *Available – See RCT Carers' Project newsletter* Befriending schemes which target and support people in a caring role *Generic befriending schemes – community co-ordinators can sign post carers* Facilitation of peer support groups where carers (carers, parent/ carers, sibling/carers, past carers) can meet to share information, ideas, experiences and know that they are in an environment of understanding *Some groups and opportunities identified eg dementia friendly*		receive a payment to provide the relevant respite service *Not available* Breaks that are particularly suitable for young carers *Trips, activities across Cwm Taf*	Public venues for use by carers and carers services – for example, community centres, schools, libraries, council offices *These are being used but at cost* Awards and accreditation for carers, young carers and adult carers and for those who support them, e.g. school awards, to publicly recognise the important role carers play *Young carers recognition and social care awards* Time banking for carers. For example, provide credits for carers which they can use to fund social, leisure and cultural activities. The resource implications involved must be recognised *Not identified, although SPICE known to be active in some areas* Carers days and Carers week as an opportunity to identify hidden carers, provide information, signposting and a range of one off "taster" sessions *Available across Cwm Taf*

Access, Information, Advice and Assistance	Support Services	Employment Support Services/ Education & Training	Respite/ Breaks	Making it happen
	group in Merthyr, Chatterbox in RCT, carers' coffee mornings Health checks for carers from the GP and/or via other nominated health professionals with a particular focus on carers *Not within GP contract* Continence assessments and services *Available* Support for carers planning for change eg older parents of people with a learning disability who will want to plan for their child's future without them *Some support via RCT Carers' Project*			Training for professionals to help them in recognising and signposting carers *Training is available but not systematically* Direct advice support for professionals and carers in secondary and acute care *PALS potentially identifying issues but not directly available* Multi-media facilities enabling carers to access support online and in ways that meet their personal circumstances *There is free information on websites and Facebook* Media campaigns aimed at raising awareness of carers' issues and raising their profile *Carers' Day/ week* Charging *Carers are not currently charged for specific carer services but services provided for people in need of care and support which may benefit carers are*

Financial information regarding carers – for RCT and MT

	Discrete spend on carers	General spend on other services including carers	TOTAL
RCT adults	**£2,184,332**	£23,082,371	£25,266,703
RCT children	**£1,675,441**	£835,567	£2,511,008
SUB-TOTAL	**£3,859,773**	£23,917,938	£27,777,711
MT adults	£550,370	£3,774,590	£4,324,960
MT children	£205,750	£380,470	£586,220
SUB-TOTAL	**£756,120**	£4,155,060	£4,911,180
TOTAL	**£4,615,893**	**£28,072,998**	**£32,688,891**
RCT % spend	83.6	85.2	85.0
MT % spend	16.4	14.8	15.0

	n	%
RCT population	234410	79
MT population	63546	21
CT population	**297956**	**100**
RCT carers population (based on number in Census)	29640	80
MT carers population (based on number in Census)	7427	20
CT carers population (based on number in Census)	**37067**	**100**

RCT spend per capita (based on number in Census)	£130.22
MT spend per capita (based on number in Census)	£101.81
CT spend per capita (based on number in Census)	**£124.53**

RCT carers registered with project - adults	2690
RCT carers registered with project - young adults	55
RCT carers registered with project - children	356
RCT registered with the project	3101
RCT actual spend per capita on known carers[3]	**£1,244.69**

[3] NB Because there is not a carers project in MT, there is no comparable data available to complete this part of the table. However, we hold data for MT in respect of carers receiving assessments.

CHAPTER 4 - HOW WE ARRIVED AT THE VARIOUS OPTIONS AND THE CRITERIA FOR EVALUATING THEM

Appendix 1 provides details of the options we identified for structuring delivery of the offer, packaging its various components and choosing a delivery model. It also explains the key features of each offer and the main change implications and requirements for the option to become a reality. In this chapter, we explain the logic and reasoning for the range of options we identified and the criteria for evaluating them.

Having determined the potential range and level of services which might be included in an offer to carers, it was necessary to examine how that offer might be effectively delivered in practice. We recognised that the offer is a "blueprint" for a comprehensive response to meeting carers' needs and is unlikely to be met in totality in terms of quantity or quality. Nevertheless we considered the principles of delivering an effective offer to be unaffected by decisions on the range and level of service within it.

We therefore saw the delivery options within a framework moving from the "what" (the offer to carers) to the "how" (the method and means of delivering that offer) based on the key messages we had gleaned from our research. A central message was that carers' services needed a stronger and clearer focus which would lead to carers being easier to identify, and enable them to access support where and when they needed it, and obtain a response appropriate to their needs. Although the carers' project in RCT provides a central focus to some degree in that area, and demonstrates a clear commitment to bettering the lives of carers through its excellent staff, it has limited capacity, especially around older carers, and is in a somewhat "stand alone" position within the Authority's organisational structure, meaning it is unable to fulfil its potential and aspirations. Moreover, there is not a similar project in Merthyr and there is little if any evidence of any regional working currently. We identified one post focussing on carers in the UHB and this concentrated largely on a single, albeit important, function, of developing a cohort of carers' champions.

We believed the options for structuring delivery of the offer should focus on ways of bringing carers' services closer together to achieve greater integration and coordination and that the most appropriate way of structuring this was through the creation of a dedicated co-located staff team, coordinated by a regional manager. However, we acknowledged the potential difficulties in creating a single team so we also identified options that included more than one team, and in one option, not co-locating the team at all but relying instead on the regional manager providing the necessary coordination. Furthermore, we identified options which could enable carers to access services at the same location as the new team and/or at multiple locations that could be used for both the organisation and delivery of carers' services.

Coupled with these options around structure is the need to have a clear line of accountability and ownership for carers' issues across the region and in this respect we highlighted the need for a nominated person at senior management level to hold this brief.

Following consideration of the structure options we looked at options for applying the chosen structure to the offer. This task related to how the range of services for carers could be packaged as

a whole or in separate components prior to consideration of who might deliver them; the central choice here concerned the implications of separating different components of the package for delivery purposes. The proposed blueprint offer is designed around five themes so it was logical to explore the possibilities that these themes could be separated into single or multiple packages for delivery. The main intention of any separation would be to create specialisms within the service so, for example, the delivery of respite services could be managed separately from the delivery of other support services.

However, we felt the primary choice in regard to separating components of the offer probably related to whether the assessment of carers' needs for support should be included in a package of overall support services, i.e. whether both the assessment and provision functions could potentially be fulfilled by the same team of people. Our interviews had revealed that in Merthyr and RCT assessments for services for young carers were conducted mainly by the same people who were involved in the delivery of services, although we noted that the Multi Agency Safeguarding Hub in RCT and the Multiple Intervention and Assistance Panel in Merthyr also played a role. A different position applied to adult carers where social work and community care staff undertook the assessments, linked to either a form of intake team or IAA service. It was logical, therefore, to include options which packaged assessments either holistically and separately, recognising that there would be change implications for parts of the service whichever option was chosen.

The final part of our options appraisal framework involved consideration of the different delivery mechanisms for the chosen package emerging from the different packaging options. We wanted to ensure that the potential to build a delivery model based on the abilities of the existing in-house carers' project team in RCT was not lost, but also to recognise the policy direction enshrined in the SS&WB Act towards delivery models based on the strengths of user-led delivery methods, cooperatives, social enterprises and third sector organisations. We therefore identified four options, ranging from in-house to creating a new special purpose vehicle, which reflected these different perspectives. All four were considered viable options in terms of meeting the specification for a regional integrated service and it was clear that each would bring different challenges in terms of being implemented over particular timescales.

Our options appraisal matrix, therefore, was one containing seven options for structuring delivery of the offer, two for choosing the best way of packaging the offer, and four for the delivery mechanism. To evaluate these options, criteria was needed and we took a number of factors into account in deciding which criteria were most suitable.

The first criterion related to the primary aim of the specification, namely to provide the most effective options for a regional integrated service model for carers. We considered there to be two main factors to be taken into account in this respect: firstly, to what extent the option represented true integration whereby all the relevant partners were involved with good coordination of services across the region; and secondly, whether an equitable response to carers could be achieved both within the two local authority areas and across the Cwm Taf region as a whole.

The second criterion concerned the extent to which the option could be sustained over any reasonable period of time and whether any risks attached to it, either to partner agencies or carers,

could be managed effectively. The main factor to be taken into account in regard to this was bound to be financial sustainability and risk in the current economic climate.

The third criterion centred on the extent to which the option complied with the requirements of the SS&WB Act. There are, of course, many features within the Act, which directly or indirectly affect carers, notably the creation of a statutory basis for assessing carers' needs for support. All of these must be observed but we felt that three aspects of the Act were particularly relevant to the aims of this initiative, namely having an emphasis on services that prevented an escalation of need, adopting different models of service delivery and co-producing services with those who use them.

Our fourth criterion addressed the fundamental issue inherent in any change initiative, that people should see an improvement in outcomes and services. As we had included an illustration of how the offer met the "I" statements in the national outcomes framework, we felt it would be appropriate to evaluate the extent to which the options improved outcomes across the five headings in the blueprint offer document.

Finally, we wanted to acknowledge in our fifth and final criterion that any change needed to be capable of being implemented within a reasonable timeframe and that the change implications we had identified alongside our options had highlighted the dependencies on the availability of staff and premises in particular. We also included financial considerations within these criteria and, particularly recognising the political context of local government, the extent to which different options would be favoured by politicians and Board members.

The next chapter provides more information on the methodology we used to evaluate the options and explains the issues which influenced our conclusions.

CHAPTER 5 - THE EVALUATION OF THE OPTIONS

The evaluation matrix is attached as Appendix 2. It represents a cross section of the 13 options with the five thematic criteria, the latter being sub-divided into a total of 19 specific criteria. A colour coding system of red, amber, green was chosen as the simplest way of representing our conclusions on the extent to which each option enabled the criteria to me met within a short to medium term timeframe, i.e. within the next 3 years. A red assessment indicates the lowest level of extent and green the highest. The narrative following each component of the matrix provides information on some of the issues which emerged during our considerations and explains why, even in cases where assessment ratings are identical, a particular option is favoured in respect of meeting the criteria.

Studying the matrix in detail is the best way of gaining an appreciation of the factors which influenced the assessment but it is helpful to summarise here the main considerations which influenced our conclusions.

It should be noted that the term, "in-house" has been used to describe the proposed interim team. In this context, "in-house" is meant to include those people currently involved in the organisation of delivery of services to carers whether they are employed in the statutory or third sectors.

IN RESPECT OF STRUCTURING DELIVERY OF THE OFFER:

The notion of having **one co-located team** was considered to best support integration and coordination which should in turn lead to better outcomes for carers, even allowing for some concern about the potential loss of local identity. Oversight and coordination by that one team operating with a regional brief was felt to provide a better chance of ensuring equity across the whole region.

A single point of access for carers via one team was considered to be the most likely option to improve the chances of getting the initial contact with carers right, and it leading to the most appropriate form of advice and assistance. The opportunity to work in a single team dealing with carers' issues was also felt to be the most likely attractive option for current staff.

Having **multiple locations** for carers to receive elements of the offer was felt to provide the team with more flexibility to coordinate and integrate services across all services and across the region. This should also allow more scope for equitable distribution of services throughout the region and maximise the opportunity to identify carers' needs as early as possible, and prevent those needs escalating.

Multiple locations for carers to receive elements of the offer should maximise the opportunity to work with numerous third sector organisations and open up further opportunities to develop innovative service delivery models with that sector. The range of facilities for delivering services should be enhanced through the use of multiple locations.

However, multiple locations for carers to receive elements of the offer are probably more difficult to sustain financially and the options that do not involve the use of multiple sites are inevitably easiest to implement.

IN RESPECT OF PACKAGING THE OFFER:

Bringing all services together may be marginally more challenging than dividing them into packages but the argument that separating off services should lead to a more specialist and effective output was balanced by the benefits a single package has because of the opportunity it presents for a whole service approach. A single package provides the most holistic approach in terms of achieving better outcomes for carers and assisting the aim of ensuring equity. It should be easier for carers to identify with and should mean stronger links between assessment and provision. Current assessment processes were not felt to be effective enough currently so bringing all services together should lead to a more joined up approach to assessments and provision via a team with specialist skills and knowledge.

IN RESPECT OF THE DELIVERY MECHANISM:

Each option is viable, particularly bearing in mind they are all capable of achieving integration and a more equitable distribution of services. Financial instability in the current climate carries risks for all sectors and is a factor in all four options. However, operationally an SPV was thought to be better equipped to lever in additional grant funding and potentially cheaper to run in terms of overheads and staff costs. It should also be able to attract volunteers if it is established on a not for profit basis. All this suggests it could be the most likely option to improve services.

However, whilst the assessment of the financial risks marginally favours an SPV, the history of commissioning and providing services is that local authorities step in when providers become unsustainable. Carers may well perceive the risks of losing local authority safeguards if services are extensively outsourced.

An SPV is itself an example of innovative service delivery and the flexibility within its operations should allow it to further innovate. It is also likely to include a stronger carer element in its governance arrangements than other options.

Effective and improved first contact arrangements will be integral to any new delivery arrangements for improving services for carers. This was considered to be slightly more difficult to achieve with multiple providers or if a decision was made to retain assessments within the local authorities.

An in-house option should be relatively quick to implement whilst an SPV would need the longest preparatory lead in time. The nucleus of a future in-house team already exists and is a good basis to build future delivery models. Any outsourced model may have to include consideration of employment laws and regulations such as TUPE.

There are likely to be additional short-term costs in establishing an SPV in respect of legal, financial and consultancy advice. Tender processes also involve costs. It was felt that there was some evidence of a propensity to favour an in-house option as a political preference, taking account of historical reasons and the degree of relevant risk. However, this may be counterbalanced by a desire by elected Members and Board Members to be innovative, comply with the strategic direction in the SS&WB Act, and if it is perceived that external bodies can attract additional funding.

CHAPTER 6 - OPTION APPRAISAL AND CONCLUSION

Taking into account all considerations we concluded that a single co-located team was a stronger option in terms of achieving a fully integrated regional approach and enable coordination of services across the region than two teams. A single team enables the new arrangements to be built on the strong existing staff cohort and also provide an opportunity to utilise the benefits of the development around community hubs and community zones which could become the new co-located base referred to. These benefits would be maximised to greatest effect if carers could physically attend the hub and also be able to receive elements of the offer in multiple places throughout the region. The hub and the satellite sites need not be available 24/7 and could be used for other purposes.

Overall, therefore, creating a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager, and multiple places where carers can receive elements of the offer appears to be the option most suited to maximising opportunities to meet most of the criteria through:

- Enabling a higher profile for carers' services.
- Facilitating stronger joint working.
- Building a better platform for further service enhancements.
- Establishing a critical mass of staff, improving expertise.
- Building on qualities of existing staff.
- Reinforcing regional identity.

It will also be necessary to establish clear accountability for carers' services at senior management level so that the team can work successfully within a clear organisational structure.

We also concluded that delivering the offer in a single package was more likely to enable a fully integrated regional approach and coordination of all carer services across the region. Carers are likely to find it easier to navigate an arrangement where there is one route into services. This option is also likely to assist the development of new and innovative services because of a better understanding of how services interact. The integration of the assessment function with service provision seems to work well currently around young carers so the change referred to may not be as significant as suggested.

Overall, the attractions of a fully integrated service to carers means that applying the chosen structure model referred to above to all five aspects of carers services contained in the offer is preferred because it:

- Integrates all functions relating to carers.
- Improves coordination of carers' services.
- Facilitates joint working.
- Gives carers services a clearer identity.

- Improves clarity of access for carers and ability to navigate the system.
- Enhances the critical mass of expertise.

In terms of delivery mechanisms, all four options were considered to be viable and compliant with the SS&WB Act but had different strengths, particularly in terms of set-up time. All options met the overarching aim of enabling greater integration and being organised on a regional basis. We concluded that creating a special purpose vehicle (SPV), independent of the statutory agencies, for delivery of the package was the most attractive permanent option, not least because of the degree of innovation it represents and, assuming it is based on the delivery models referred to in s16 of SS&WB Act, viz. social enterprise, cooperatives, user led organisations and use of the third sector, is the option most in line with the national strategic direction of travel. It has all the benefits of delivering through an in-house team and the additional advantage of being established as a new venture and therefore avoiding any historical 'baggage'. It is also likely to be the most financially sustainable option. However, the short-term benefits attached to an in-house option should not be ignored. A composite option where an in-house approach is adopted as an interim measure with the creation of an SPV being the permanent objective is considered to be the most expedient way forward.

It should be noted that the term, "in-house" has been used to describe the proposed interim team. In this context, "in-house" is meant to include those people currently involved in the organisation of delivery of services to carers whether they are employed in the statutory or third sectors. This principle is reflected in the description provided in the "Key Features" column in the table below which summarises the suggested way forward resulting from our evaluation of the options.

The following chapter provides an outline plan for implementing these arrangements.

Preferred Option	Key Features	Requirements and change implications
Create a new dedicated interim staff team to deal with carers' issues across the region, coordinated by a regional manager, and multiple places where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.	A new bespoke office location for the organisation and commissioning of carers' services in the Cwm Taf region. Co-location of all staff dealing with carers issues, e.g. by co-locating all current staff from the 3 statutory agencies and the 2 CVCs those whose jobs currently contain at least 50% responsibility for carers. Coordination and leadership by a regional manager. Clear accountability and leadership at senior management level regardless of how the service is delivered.	Finding suitable premises. Identifying the total staff cohort. Could mean either integrating or separating off assessments from provision for all age groups. Requires change in current SPoA arrangements. Needs clear identification of available budget. New staff team structure with leader. Different staff plan needed if team is outsourced. Could utilise existing premises at various times for carers (Do not need to be available full-time). Ensure locations are clearly identifiable as places for carers. Could optimise opportunities presented by the development of community hubs and community zones.
Apply the chosen structure model cited above to all five aspects of carers services contained in the offer.	Retaining all five aspects of the offer of services for carers, from identification and assessment through to direct support in a single envelope and delivering it all via the chosen structure.	Integrating assessment and delivery into a unified system. This could mean significant change for adult services assessment processes where these are currently separate. Significant span of control for regional manager.
Identify a target date for implementation of the chosen options cited above to be delivered via a specially created SPV in the form of a cooperative or social enterprise. Meanwhile, identify early target date for interim application of the chosen options via an in-house regional team. **Begin work on detailed preparation for implementation of both interim and permanent plans.**	In short-term - A new interim in-house team with responsibility for delivering services to carers. In longer term – A new permanent cooperative or social enterprise.	Clarifying the content of the offer to carers. Identifying the available budget. Choosing the delivery structure. Identifying what is included in the package. Identifying the team and management structure. Likely to still mean giving in-house team facility to procure some external provision. Longer term provider would still probably need to sub-contract for some services. Begin market testing for potential providers beforehand. Would require detailed thinking about the design. The SPV could also procure elements of the package.

CHAPTER 7 - INDICATIVE IMPLEMENTATION PLAN

The following indicative implementation plan is a suggestion based on the key tasks implied in the previous chapters. It is of course within the gift of the partners to determine the extent of its implementation once it has gone through the relevant processes that are needed across the region.

THE SUGGESTION

The overall suggestion of this indicative implementation plan is to create interim arrangements for commissioning and delivering services to carers that are integrated across the Cwm Taf region. Specifically:

1. To create a new interim integrated and dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager, and multiple places where carers can receive elements of the offer to them within the Cwm Taf region.
2. To establish clear accountability for carers' services at senior management level.
3. To enable the new interim staff team to deliver and/or procure all five aspects of carers' services contained in the region's service offer.

This implementation plan is also designed to lay foundations for further work to begin work on a permanent plan for the commissioning and delivery of services to carers involving a Special Purpose Vehicle.[4]

SCHEDULING THE IMPLEMENTATION PLAN

The suggested plan would be implemented in three overlapping phases (designed to meet the three suggestions above) and a fourth phase, also overlapping, beginning the work referred to in respect of the longer-term objective of a permanent plan for carers' services.

IMMEDIATE PHASE – 1st JANUARY-31st MARCH 2018

This will involve attending to matters which can be relatively easily resolved at managerial level by the different agencies and sectors, e.g. nominating a lead person for dealing with carers' issues and an officer to hold accountability at senior management level for the immediate future. This phase will not attempt to resolve any systemic issues and will be concerned with matters of a local and informal nature.

INTERIM PHASE – 1st FEBRUARY-30th SEPTEMBER 2018

This phase will prepare the ground for the detailed implementation work in Phase 3. It will deal with establishing sound project management arrangements, ensuring the project works within a clear governance structure, and that the aims, objectives and progress of the project are communicated to all relevant parties.

The initial detailed work in this phase will be to:

[4] N.B. The following assumes that any RPB decision can be implemented without referral to host agencies. If not, approval by the two LAs and UHB will also need to be included in the plan.

1. Obtain agreement in principle from RPB for a way forward based on the chosen option.
2. Prepare a short strategic statement of intent containing ingredients of new approach in order to guide the implementation plan. Contents to include:
    a. Summary of needs and reasons for change – no more than a page of main headlines from population assessment with hyperlink to population assessment report.
    b. Strategic approach – to include a diagrammatic representation of the three-tier approach already favoured in the region for other services.
    c. The aspirational offer to carers – the range of services the new regional approach wants to achieve over the next five years. This is currently referred to as the "blueprint" offer.
    d. A summary statement of the way forward in the interim and longer-terms. This is essentially a statement relevant to the objectives above.
3. Prior to, simultaneously, or immediately after reporting to RPB (depending on local procedures), advise staff and managers currently involved in delivering carers' services of the recommendation being made to RPB.
4. Prior to, simultaneously, or immediately after reporting to RPB (depending on local procedures), advise Partnership Forum currently involved in delivering carers' services of the recommendation being made to RPB.
5. Engage with other relevant staff and managers about the proposed change.
6. Engage with HR about any potential employment implications and formal consultation requirements, e.g. redeployment or redundancies.
7. Engage Trade Unions and any other relevant staff representatives.
8. Engage procurement staff.
9. Set up an implementation team and lead project officer with a clear brief, starting with the creation of an effective project implementation plan based on this document and the strategic statement of intent. This implementation plan to include normal project management features, e.g. timelines, project sponsor.
10. Establish reporting procedures between the implementation team and senior accountable officers or group, e.g. TLG.
11. Identify target date for implementation of new arrangements.

This will be followed by more detailed work to:

1. Identify the total staff cohort potentially to be included in the new dedicated staff team to deal with carers' issues across the region.
2. Identify suitable premises for a new bespoke office location for the organisation and commissioning of carers' services in the Cwm Taf region.
3. Examine ways of improving access and assessment arrangements for carers.

Work in this phase will be to:

1. Identify staff to potentially be included in the interim team, based initially on the 50% threshold, i.e. all current staff from the three statutory agencies and the two CVCs those whose jobs currently contain at least 50% responsibility for carers.
2. Identify potential for other staff whose duties do not meet the 50% threshold to be included.
3. Ensure there are no contract and procurement rules inhibiting the inclusion of staff from provider agencies in the team.
4. Identify the available budget for staffing the interim team taking account of additional funding opportunities and possible redistribution of core funding.
5. Review roles and responsibilities in line with the priorities for delivering the offer.
6. Devise draft structure of new interim carers' service staff team, to include a regional manager.
7. Establish clear accountability for carers' services at senior management level and reporting lines for new team and regional manager.
8. Explore opportunities for the interim team to be co-located in existing settings, e.g. current office locations.
9. Explore opportunities presented by the development of community hubs and community zones.
10. Review current access arrangements for carers and consider initial new single point of access possibly to include helpline.
11. Discuss change implications with current IAA and assessment staff.

IMPLEMENTATION PHASE – 1st SEPTEMBER 2018-31st MARCH 2019

This phase will concern finalising decisions arising from the interim phase:

1. Finalise decisions on new access arrangements including SPoA and helpline.
2. Establish new assessment processes based on getting first conversation with carers right.
3. Devise new guidance for staff on conversations to be followed at point of referral.
4. Determine priorities within the offer based on assessment of need.
5. Identify the available budget for elements within the offer.
6. Review existing contracts/SLAs with outside bodies.
7. Begin market testing for potential service providers.

Further specific work in this phase will address:

Staffing

1. Finalise team structure and lines of accountability.
2. Make appointments to new team.

3 Complete HR processes.

4 Complete training on new arrangements with relevant staff.

Finance

1 Finalise available budget and allocate budget heads.

2 Clarify procurement powers for new team.

Premises

1 Finalise details of premises to be used and any contractual agreements for their use.

2 Ensure premises are clearly identifiable for use by carers.

The Offer

1 Determine the range and level of services within the offer to carers based on priorities and available budget.

2 Draw up service specification for externally procured services.

Launch and Publicity

1 Confirm start date for change.

2 Publicise and communicate new arrangthreements.

MOVING TOWARDS THE PERMANENT ARRANGEMENTS – 1st SEPTEMBER 2018 ONWARDS

This phase begins the work needed to implement the permanent arrangements for commissioning and delivering services to carers integrated across the Cwm Taf region and involving the creation of a Special Purpose Vehicle. The permanent arrangements should be in place as soon as is practicably possible and no later than 1st April 2021.

Details of the work involved in this phase will become clearer during the previous 3 phases and will be informed by the experience of implementing the interim arrangements and of developing new models of service delivery across other services. However, a start date for this phase which is prior to implementation of interim plans is important not only to save preparatory time but also to ensure that recognition of the need for a permanent, sustainable position for carers' services is maintained throughout the interim period.

APPENDIX 1 - THE FRAMEWORK OF OPTIONS

We see the delivery options within a framework moving from the “what” (the offer to carers) to the “how” (the method and means of delivering that offer). This paper develops that approach via consideration of options in three domains, presented at this stage in tables.

The first domain considers how the delivery structure for the offer should be identified. This introduces consideration of single or multiple locations for both the organisation and delivery of carers’ services. The options within this domain relate to different ways of bringing carers’ services closer together to achieve greater integration and coordination.

The second domain looks at options for applying the chosen structure model from the options in the first domain to the offer. The options within this second domain relate to how the range of services for carers could be packaged as a whole or in separate components prior to consideration of who might deliver them.

The third domain considers the different delivery mechanisms for the chosen package emerging from options identified in the second domain. The options in this third domain relate to how the chosen package could be procured, ranging from in-house to creating a new special purpose vehicle.

DOMAIN 1. IDENTIFYING THE DELIVERY STRUCTURE

These options relate to different ways of bringing carers' services closer together to achieve greater integration and coordination. The intended outcome is that carers' issues will have a stronger profile and focus with carers being able to identify much more clearly how they can access services and get the right response to their need for care and support. The central choice these options present relate to the notion of creating a new dedicated team with responsibility for carers' issues, with coordination by a regional manager and overall accountability and leadership at senior management level. The principle of having a dedicated team remains even if the chosen delivery method is one that includes outsourcing.

Option	Key Features	Requirements and change implications
.1 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager and clear accountability for carers' services at senior management level.	A new bespoke office location for the organisation and commissioning of carers' services in the Cwm Taf region. Co-location of all staff dealing with carers issues, e.g. by co-locating all current staff from the 3 statutory agencies and the 2 CVCs those whose jobs currently contain at least 50% responsibility for carers. Coordination and leadership by a regional manager. Clear accountability and leadership at senior management level regardless of how the service is delivered.	Finding suitable premises. Identifying the total staff cohort. Could mean either integrating or separating off assessments from provision for all age groups. Requires change in current SPoA arrangements. Needs clear identification of available budget. New staff team structure with leader needed. Different staff plan needed if team is outsourced.
.2 Create two new dedicated staff teams to deal with carers' issues, e.g. one in RCT and one in MT, coordinated by a regional manager, and clear accountability for carers' services at senior management level.	Create two separate office locations for the organisation and commissioning of carers' services, one each in MT and RCT. Co-location of all staff from the statutory agencies in RCT and MT in 2 locations. Coordination and leadership by a regional manager. Clear accountability and leadership at senior management level regardless of how the service is delivered.	As option 1 and would need additional premises and stronger coordination if regional approach is to be met.
.3 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional	As option 1 but including facilities, e.g. room(s), equipment for carers to receive elements of the offer	As option 1.

Option	Key Features	Requirements and change implications
manager, and co-locate it in a single physical location not only for the organisation of carers' services but also as a place where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.		Could utilise existing premises at various times for carers to receive elements of the offer (do not need to be available full-time).
.4 Create two new dedicated staff teams to deal with carers' issues coordinated by a regional manager, and co-locate them in two physical locations (e.g. in RCT and MT) not only for the organisation of carers' services but also as a place where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.	As option 2 but including facilities e.g. room(s), equipment for carers to receive elements of the offer.	As option 2 Could utilise existing premises at various times for carers to receive elements of the offer (do not need to be available full-time).
.5 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager, and multiple places where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.	As options 1 and 3 but with facilities in multiple locations for carers to receive elements of the offer.	As option 1 but with more premises needed. Could utilise existing premises at various times for carers to receive elements of the offer (do not need to be available full-time).
.6 Create two new dedicated staff teams to deal with carers' issues, e.g. one in RCT and one in MT, coordinated by a regional manager, and multiple place where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.	As options 2 and 4 but with facilities in multiple locations for carers to receive elements of the offer.	As option 5
.7 Create a coordinated organisation of carers' services through a single manager but dispersal of staff and services in multiple locations. **Establish clear accountability for carers' services at senior management level.**	Create a new team of identified staff but only co-locate staff when it is practical to do so. Change communication channels and information systems to enable a "virtual" co-located team.	Identifying the total staff cohort. Could mean either integrating or separating off assessments from provision for all age groups. Requires change in current SPoA arrangements. Needs clear identification of available budget. New staff team with leader needed. Much stronger coordination needed if regional approach is to be met.

DOMAIN 2. APPLYING THE CHOSEN STRUCTURE MODEL TO THE OFFER

These options relate to how the range of services for carers could be packaged. The central choice here concerns the implications of separating different components of the package for delivery purposes. The main intention of any separation would be to create specialisms within the service and the primary choice in this regard probably related to whether the assessment of carers' needs for care and support should not be included in a package of overall support services.

Option	Key Features	Requirements and change implications
.1 Apply the chosen structure model from the options in Domain 1 to all five aspects of carers services contained in the offer.	Retaining all five aspects of the offer of services for carers, from identification and assessment through to direct support in a single envelope and delivering it all via the chosen structure.	Integrating assessment and delivery into a unified system. This could mean significant change for adult services assessment processes where these are currently separate. There may be a significant span of control if all services are included.
.2 Apply the chosen structure model from the options in Domain 1 separately to selected components of the offer and arrange the remainder via a different approach.	Selecting those aspects of the offer which best suit the structure model. If not all five, determine other structural means of delivering those not included. Is likely to mean separation of assessment function.	Determining criteria for selecting which aspects suit the structure model. This could mean significant change for children's services assessment processes where assessments are currently integrated if assessments not carried out by carers' team.

DOMAIN 3. SELECTING THE BEST DELIVERY MECHANISM FOR THE CHOSEN PACKAGE

These options relate to how the chosen package could be procured. The four choices range from in-house through to different outsourced models.

Option	Key Features	Requirements and change implications
.1 Seek a single external provider for delivery of the chosen package.	Open tender for the delivery of services identified in the package.	Clarifying the content of the offer to carers. Identifying the available budget. Choosing the delivery structure. Identifying what is included in the package. Provider would still probably need to sub-contract for some services. Market test for potential providers beforehand. How coordination across the region is achieved would need further consideration.
.2 Deliver the chosen package in-house.	A new in-house team with responsibility for delivering services to carers.	Clarifying the content of the offer to carers. Identifying the available budget. Choosing the delivery structure. Identifying what is included in the package. Identifying the team and management structure. Likely to still mean giving in-house team facility to procure some external provision.
.3 Seek multiple providers for delivery of the package.	Either open tender for the delivery of different services identified in the package, or targeting of different providers to deliver different components.	Clarifying the content of the offer to carers. Identifying the available budget. Choosing the delivery structure. Identifying what is included in the package. Market test for potential providers beforehand. Provider would still probably need to sub-contract for some services. Would require clarifying how in-house and outsourced providers make up a coordinated team.
.4 Create a special purpose vehicle (SPV) independent of the statutory agencies, for delivery of the package.	SPV could be bespoke model designed by the region, a cooperative or social enterprise emerging from an open invitation.	Clarifying the content of the offer to carers. Identifying the available budget. Choosing the delivery structure. Identifying what is included in the package. Market test for potential providers beforehand. Would require detailed thinking about the design. The SPV could also procure elements of the package.

APPENDIX 2 - THE OPTIONS APPRAISAL MATRIX

In order to understand the matrix, the following list provides an explanation for the numbers used:

Domain 1. Identifying the delivery structure

1.1 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager and clear accountability for carers' services at senior management level.
1.2 Create two new dedicated staff teams to deal with carers' issues, e.g. one in RCT and one in MT, coordinated by a regional manager, and clear accountability for carers' services at senior management level.
1.3 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager, and co-locate it in a single physical location not only for the organisation of carers services but also as a place where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.
1.4 Create two new dedicated staff teams to deal with carers' issues, coordinated by a regional manager, and co-locate them in two physical locations (e.g. in RCT and MT) not only for the organisation of carers' services but also as a place where carers can receive elements of the offer.. Establish clear accountability for carers' services at senior management level.
1.5 Create a new dedicated staff team to deal with carers' issues across the region, coordinated by a regional manager, and multiple places where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.
1.6 Create two new dedicated staff teams to deal with carers' issues e.g. one in RCT and one in MT, coordinated by a regional manager, and multiple place where carers can receive elements of the offer. Establish clear accountability for carers' services at senior management level.
1.7 Create a coordinated organisation of carers' services through a single manager but dispersal of staff and services in multiple locations. Establish clear accountability for carers' services at senior management level.

Domain 2. Applying the chosen structure model to the offer

2.1 Apply the chosen structure model from the options in Domain 1 to all five aspects of carers services contained in the offer.
2.2 Apply the chosen structure model from the options in Domain 1 separately to selected components of the offer and arrange the remainder via a different approach.

Domain 3. Selecting the best delivery mechanism for the chosen package

3.1 Seek a single external provider for delivery of the chosen package.
3.2 Deliver the chosen package in-house.
3.3 Seek multiple providers for delivery of the package.
3.4 Create a special purpose vehicle (SPV), independent of the statutory agencies, for delivery of the package.

The use of colour codings in our appraisal is designed to give an indication of the extent to which each option enables the criteria to me met within a short to medium term timeframe, i.e. within the next 3 years. A red assessment indicates the lowest level of extent and green the highest. The narrative following each component of the matrix provides information on some of the issues which emerged during our considerations and explains why, even in cases where assessment ratings are identical, a particular option is favoured in respect of meeting the criteria.

	Domain 1. Identifying the delivery structure							Domain 2. Applying the chosen structure model to the offer		Domain 3. Selecting the best delivery mechanism for the chosen package			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	3.1	3.2	3.3	3.4
Criterion 1. ACHIEVING AN INTEGRATED REGIONAL SERVICE TO CARERS - to what extent does the option…													
Provide a carers' service that is integrated across all agencies?	G	A	G	A	**G**	A	R	**G**	G	G	G	G	G
Considerations:	*One team supports integration and coordination better than two because it avoids a further level of coordination. Having multiple locations for carers to receive elements of the offer provides the team with more flexibility to coordinate and integrate services across all services and across the region.*							*Both options achieve this aim. A single package is favoured because it provides the most holistic approach in terms of providing better outcomes for carers.*		*Each option is aimed at achieving integration which is a central condition of all four.*			
Provide an approach to carers' services that is equitable across the whole region?	G	A	G	A	**G**	A	R	**G**	A	G	G	G	G
Considerations:	*Oversight and coordination by one team operating across the region provides better chance of ensuring equity because it enables a whole region view. Having multiple locations for carers to for carers to receive elements of the offer allows more scope for equitable distribution of services across the region.*							*Ensuring equity is more challenging if elements of service are packaged separately.*		*Each option is aimed at achieving an equitable regional approach which is a central condition of all four.*			
Criterion 2. ACHIEVING SUSTAINABILITY AND MANAGING RISKS - to what extent does the option…													
Enable the offer to carers to be financially sustainable?	**G**	G	A	A	R	R	R	G	G	A	A	A	**G**
Considerations:	*Multiple locations for carers to receive elements of the offer are more difficult to sustain financially because of overhead costs.*							*Both options are considered to be equally financially sustainable.*		*Financial instability in the current climate carries risks for all sectors. However, operationally an SPV is better equipped to lever in additional grant funding and is potentially cheaper in terms of overheads and staff costs. It should also be able to attract volunteers if it is established on a not for profit basis.*			
Involve risks for carers that are challenging to manage in terms of long term sustainability?	**G**	G	A	A	R	R	R	**G**	G	A	**G**	A	A
Considerations:	*There are inherent risks in sustaining multiple locations for carers for carers to receive elements of the offer, especially if they are multi-purpose, because those other purposes may take priority and locations may also be subject to closures in the light of a fall in demand for their primary purpose or cuts in finance. The risk to carers would be a potential loss of service in these circumstances. One team is considered better than two.*							*Neither option is considered to have risks for carers that cannot be managed effectively. A single package should be easier for carers to identify with.*		*Although the assessment of the financial risks marginally favour an SPV, the history of commissioning and providing is that local authorities step in when provider become unsustainable. Carers may well perceive the risks of losing local authority safeguards if services are extensively outsourced.*			

	Domain 1. Identifying the delivery structure							Domain 2. Applying the chosen structure model to the offer		Domain 3. Selecting the best delivery mechanism for the chosen package			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	3.1	3.2	3.3	3.4
Involve risks for partner agencies that are challenging to manage in terms of long term sustainability?	**G**	G	A	A	R	R	R	**G**	G	A	A	A	A
Considerations:	*There are inherent risks in sustaining multiple locations for carers for carers to receive elements of the offer, especially if they are multi-purpose, because those other purposes may take priority and locations may also be subject to closures in the light of a fall in demand for their primary purpose or cuts in finance. The risk to partners would be a potential loss of service in these circumstances. One team is considered better than two.*							*Neither option is considered to have risks for partners that cannot be managed effectively. A single package should be easier for carers to identify with.*		*Austerity and uncertain funding regimes means the risks for partners apply to all four options.*			
Criterion 3. COMPLIANCE WITH THE SSWB ACT - to what extent does the option...													
Comply in respect of having an emphasis on services that prevent escalation of need?	G	A	G	A	**G**	A	R	**A**	A	A	A	A	A
Considerations:	*Having one team and multiple locations for carers to receive elements of the offer maximises the opportunity to identify carers' needs as early as possible and prevent those needs escalating because it increases the opportunity to create a specialist response as well as increasing the access routes for carers.*							*Both options present opportunities for developing preventative services. A single package should mean stronger links between assessment and provision.*		*No option is considered to be strongest in terms of achieving a preventative approach.*			
Comply in respect of having an emphasis on adopting different models of service delivery?	A	A	A	A	**G**	G	R	A	A	A	R	A	**G**
Considerations:	*Having one team and multiple locations for carers to receive elements of the offer maximises the opportunity to work with numerous third sector organisations and opens up further opportunities to develop innovative service delivery models with that sector.*							*Both options should assist the adoption of different models. As it is acknowledged that some procurement and sub contracting by the team is inevitable, both options are considered equally strong.*		*An SPV is itself an example of innovative service delivery and the flexibility within its operations should allow it to further innovate.*			
Comply in respect of having an emphasis on services that are co-produced with those who use them?	R	R	R	R	R	R	R	R	R	A	A	A	**G**
Considerations:	*None of these options is likely to enhance co-production with carers and people who use services to any great extent. More work is needed to meet requirement of a co-productive approach to service delivery.*							*As per comments on this criterion in Domain 1.*		*An SPV is likely to include a stronger carer element in its governance arrangements than other options.*			

	Domain 1. Identifying the delivery structure							Domain 2. Applying the chosen structure model to the offer		Domain 3. Selecting the best delivery mechanism for the chosen package			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	3.1	3.2	3.3	3.4
Criterion 4. IMPROVE OUTCOMES AND SERVICES - to what extent does the option...													
Lead to better outcomes for carers?	G	A	G	A	**G**	A	R	**G**	G	A	A	A	A
Considerations:	*Better coordination and integration of services should lead to better outcomes so having concluded that this is best served by Option 1.5 it is logical to conclude that this option is most beneficial here. Similarly, the argument supporting multiple locations for carers to receive elements of the offer also applies.*							*A single package is considered to be more beneficial because of the opportunity it presents for a whole service approach.*		*All options will need to fill a gap in terms of adopting an outcomes based approach.*			
Lead to more effective access, information, advice and assistance for carers?	G	A	G	A	**G**	A	R	**G**	A	A	A	A	A
Considerations:	*A single point of access for carers via one team is most likely to improve the chances of getting the initial contact with carers right, and it leading to the most appropriate form of advice and assistance, because that team will be able to most easily build up expertise and share experiences. Having multiple locations for carers to receive elements of the offer enhances the opportunities to effectively signpost carers to the right places.*							*Current assessment processes are not felt to be effective enough so bringing all services together should lead to a more joined up approach to assessments and provision via a team with specialist skills and knowledge.*		*Effective and improved first contact arrangements will be integral to the new delivery arrangements improving services for carers. This may be slightly more difficult to achieve with multiple providers or if a decision is made to retain assessments within the local authorities. However, assuming the recommended option is to present the offer in a single package the margins are not sufficient to differentiate between the options.*			
Lead to more effective support services for carers?	G	A	G	A	**G**	A	R	**G**	G	A	A	A	**A**
Considerations:	*Having multiple locations for carers to receive elements of the offer maximises the range of facilities for delivering support services. Those services can be coordinated and integrated to best effect via a single team.*							*A single package is considered to be more beneficial because of the opportunity it presents for a whole service approach.*		*All four options should be capable of delivering good support services. The ability of an SPV to lever in additional resources leads to it being the most likely to improve these services.*			
Lead to more effective employment support services, education and training?	G	A	G	A	**G**	A	R	**G**	G	A	A	A	**A**
Considerations:	*Having multiple locations for carers to receive elements of the offer maximises the range of facilities for delivering employment and education related services. Those services can be coordinated and integrated to best effect via a single team.*							*The argument that separating off a service such as this should lead to a more specialist and effective output is balanced by the benefits a single package has because of the opportunity it presents for a whole service approach.*		*All four options should be capable of delivering better services than are currently available. The ability of an SPV to lever in additional resources leads to it being the most likely to improve these services.*			

	Domain 1. Identifying the delivery structure							Domain 2. Applying the chosen structure model to the offer		Domain 3. Selecting the best delivery mechanism for the chosen package			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	3.1	3.2	3.3	3.4
Lead to more effective and flexible respite and breaks for carers?	G	A	G	A	**G**	A	R	**G**	A	A	A	A	A
Considerations:	*Having multiple locations for carers to receive elements of the offer maximises the range of facilities for delivering respite services. Those services can be coordinated and integrated to best effect via a single team.*							*Respite is a fundamental component of the offer and needs to link closely with other support services. A single package best achieves this.*		*All four options should be capable of delivering better and more flexible respite services than are currently available. The ability of an SPV to lever in additional resources leads to it being the most likely to improve these services.*			
Enable those issues which facilitate delivery of the offer to be achieved?	G	A	G	A	**G**	A	R	**G**	A	A	A	A	**G**
Considerations:	*The types of services in this category depend on strong coordination for maximum effect. They are cross cutting in nature so a single team is best suited to achieve this coordination. Having multiple locations for carers to receive elements of the offer enhances the opportunities to use cross cutting measures effectively.*							*By their nature, cross cutting issues need to be looked at holistically.*		*All four options should be capable of utilising cross cutting mechanisms to enhance their service delivery. The list within the offer contain many items where the operational flexibility of an SPV could be of benefit.*			

Criterion 5. IMPLEMENTATION CAPABILITIES - to what extent does the option...													
Enable implementation to be sufficiently early?	G	G	A	A	A	A	**G**	G	**G**	A	**G**	A	R
Considerations:	*The options that do not involve the use of multiple locations are easiest to implement.*							*Detailed work will need to be undertaken on both options. Bringing all services together is marginally more challenging.*		*An in-house option should be relatively quick to implement. An SPV would need the longest preparatory lead in time.*			
Enable staff with the right skills to be in place without unacceptable delay?	G	A	G	A	**G**	A	R	G	G	A	**G**	A	R
Considerations:	*The opportunity to work in a single team dealing with carers issues is likely to be the most attractive option for current staff so is also most likely to be accepted by staff as the best way forward. Having multiple locations for carers to receive elements of the offer enhances the attractiveness of this option because it gives staff the best chance of delivering an effective offer.*							*As current arrangements include elements of both options neither is more likely to lead to unacceptable delays in the creation of the staff team.*		*The nucleus of a future in-house team already exists. Any outsourced model may have to include consideration of employment laws and regulations such as TUPE.*			

	Domain 1. Identifying the delivery structure							Domain 2. Applying the chosen structure model to the offer		Domain 3. Selecting the best delivery mechanism for the chosen package			
	1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	3.1	3.2	3.3	3.4
Depend on the availability of finance which is not currently available?	G	G	A	A	A	A	**G**	G	G	A	**G**	A	R
Considerations:	*Simply appointing a coordinating manager rather than creating a new team is likely to be the least costly as it does not involve extensive restructuring or finding and funding premises inherent in the other options. Any options that do not involve the extensive use of premises is likely to be less costly than others. However, as it is assumed that changes would need to be met from existing resources the margins between the options in this case are very narrow.*							*Neither option is considered cheaper and it is assumed that changes would need to be met from existing resources.*		*There are likely to be additional short term costs in establishing an SPV in respect of legal, financial and consultancy advice. Tender processes also involve costs.*			
Depend on the availability of suitable buildings which are not currently available?	G	G	A	A	A	A	**G**	G	G	A	A	A	A
Considerations:	*Simply appointing a coordinating manager rather than creating a new team does not involve finding and funding premises inherent in the other options. Any options that do not involve the extensive use of premises is likely to be less costly than others. However, as it is assumed that changes would need to be met from existing resources the margins between the options in this case are very narrow.*							*This criterion should not impact on either option.*		*It is difficult to assess whether the degree of difficulty external organisations may have in accessing buildings is any greater than that of a local authority.*			
Meet the likely approval of politicians and Board members?	A	A	G	A	**G**	A	R	**G**	G	A	**G**	A	A
Considerations:	*There is an argument that locating teams in both RCT and MT may be more likely to find political approval if respective Members are concerned about a loss of identity for the new service. Members may also favour the cheapest option because of the current financial climate. However, we have assumed Member are more concerned with realising the benefits of a regional integrated approach and improving outcomes for carers so should favour the best options relating to those in Criteria 1 and 4. They are most likely to favour options which also provide facilities for carers. They should therefore support the option a single team with multiple locations for carers to receive elements of the offer.*							*Both options are politically acceptable. Board members may agree that bringing services together is more innovative and should lead to better outcomes for carers.*		*There is some evidence of a propensity to favour an in-house option because of political preference, historical reasons and the degree of relevant risk. However, this may be counterbalanced by a desire to be innovative, comply with the strategic direction in the SS and WB Act, and if it is perceived that external bodies can attract additional funding. The margins here may therefore may narrower than at first perceived.*			

CONCLUSION

DOMAIN 1

Options 1.1; 1.3 and 1.5 are stronger in terms of achieving a fully integrated regional approach and enable coordination of services across the region. They enable the new arrangements to be built on the strong existing staff cohort and also provide an opportunity to utilise the benefits of the development around community hubs and community zones which could become the new co-located base(s) referred to. These benefits would be maximised to greatest effect via Option 1.5 as carers would physically attend the hub and also be able to receive elements of the offer in multiple places. The hub and the satellite sites need not be available 24/7 and could be used for other purposes.

The suitable single location referred to in Options 1.1; 1.3 and 1.5 may be unpopular with other communities. This concern would be less of an issue if Option 1.5 were chosen as the satellite sites would alleviate this to some extent.

Options 1.2; 1.4 and 1.6 have some pragmatic attractions in the short-term but provide challenges for the coordination of services across the region. They too provide an opportunity to utilise the benefits of the development around community hubs which could become the new bases referred to. These benefits would be further enhanced via Options 1.4 and 1.6 as carers would physically attend the hubs and/or satellite sites which need not be available 24/7 and could be used for other purposes.

Option 1.7 avoids consideration of suitable locations and most resembles current arrangements. This is a strength in terms of the amount of change needed but a weakness given the identified need for change.

Overall, Option 1.5 appears to be most suited to maximising opportunities to meet most of the criteria through:

- Enabling a higher profile for carers' services.
- Facilitating stronger joint working.
- Building a better platform for further service enhancements.
- Establishing a critical mass of staff, improving expertise.
- Building on qualities of existing staff.
- Reinforcing regional identity.

DOMAIN 2

Option 2.1 enables a fully integrated regional approach and coordination of all carer services across the region. Carers are likely to find it easier to navigate an arrangement where all services are in one place. This option is likely to assist the development of new and innovative services because of a better understanding of how services interact.

Option 2.2 places some challenges for the coordination of services and may be less attractive to carers. However, it is an attractive option in terms of keeping the assessment function separate from service provision if this were felt to be important. Dividing the offer into separate components also enables specialist knowledge and skills to develop.

The integration of the assessment function with service provision seems to work well currently around young carers so the change referred to may not be as significant as suggested

Depending on how services are packaged, separating off functions could nullify a central attraction of the structure options, namely the notion of bringing carers' services together.

Overall, the attractions of a fully integrated service to carers means that Option 2.1 is preferred because it:

- Integrates all functions relating to carers.
- Improves coordination of carers' services.
- Facilitates joint working.
- Gives carers services a clearer identity.
- Improves clarity of access for carers and ability to navigate the system.
- Enhances critical mass of expertise.

DOMAIN 3

All four options are viable and compliant with the SS and WB Act but have different strengths in terms of set-up time (option 3.2 having an advantage here), innovation (3.1 and 3.4), and flexibility (3.3). All options meet the overarching aim of enabling greater integration and being organised on a regional basis.

Option 3.1 enables a single provider to be held to account against targets and budget identified at the beginning of process. Competition should lead to an economical result. However, it is not easy to calculate the budget for tender process and it might be difficult to attract one provider. Carers may be uncertain of the credibility of the provider.

Option 3.1 builds on the strengths and knowledge of existing staff and is likely to get off the ground quicker. It provides more flexibility in budget arrangements and may well be regarded as a 'safe' option for carers. However, flexibility in budget could mean too much wriggle room and possible overspends. This option may be less competitive and economical and it should be noted that there are weaknesses in the service currently provided internally.

Option 3.3 still allows service to be built around the in-house team and allows flexibility of approach. However, it may be less easy to achieve accountability through multiple providers and more difficult to retain focus on a central strategy. There are possibly hidden costs in management and coordination with this option.

Option 3.4 is probably the most innovative idea that is most in line with s16 of SS and WB Act. It has all the benefits of Option 3.1 and the additional advantage of being established as a new venture and therefore avoiding any historical 'baggage'. However, establishing an SPV could be a complex and time-consuming exercise especially as there is a lack of expertise and experience in designing these models within the statutory agencies. Consultancy costs may, therefore, be high. This option will either excite carers because it breaks free from tradition or alarm them because of lack of experience of this kind of model.

Overall, the longer term advantages of Option 3.4 in respect of compliance with the strategic direction of the Act and financial sustainability makes it the most attractive option. However, the short-term benefits attached to the in-house option (3.2) should not be ignored. A composite option where Option 3.2 is adopted in the short term with Option 3.4 being the longer term objective may be the most expedient way forward.

Welsh Institute for Health and Social Care

University of South Wales, Glyntaf Campus, Pontypridd, CF37 1DL
wihsc.southwales.ac.uk · wihsc@southwales.ac.uk · 01443 483070