

# **Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 25<sup>th</sup> October 2018**

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**Subject:**

**RE-COMMISSIONING OF CARERS SERVICES CONTRACT IN BRADFORD DISTRICT  
& CRAVEN**

**Summary statement:**

**Report for Projects over £2m providing details of the Health and Wellbeing - Adult Services, intention to re-commission of the Integrated Carers Services within the District**

**This report provides information for members on the forthcoming procurement of a contract with a value of in excess of £2million.**

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**Portfolio:**

**Healthy People and Places**

**Overview & Scrutiny Area:**

**Health and Social Care & Wellbeing**

## 1. SUMMARY

1.1 In line with Council Standing Order 4.7.1 all Contracts with an estimated value of over £2m must be reported to the relevant Overview and Scrutiny Committee before inviting tenders.

1.2 This document provides details of the Health and Wellbeing - Adult Services, intention to re-commission Carers Services within the Bradford and Craven District. This activity augments the Departments Home First Strategy working with people who choose to access support to remain happy, healthy and at home by extending the prevention model to Carers. This enables carers to continue to provide support to their relative or friend.

1.3 The activity undertaken accords with the plans as laid out in the departmental procurement plan in Health & Wellbeing and the joint procurement plans which operate between the districts three Clinical Commissioning Groups and Bradford Council.

1.4 This report includes details of the work undertaken by the multi-agency project team to better understand the needs in this service area, including working with a large range of stakeholders, providers and service users. The multi-agency team includes both Council and CCG commissioners and specialist engagement support from the voluntary sector.

## 2. BACKGROUND

2.1 The current Integrated Carers Service was created in 2014 when a decision was made to bring together a number of separate carer related funding streams from the City of Bradford Metropolitan District Council (CBMDC), the three Clinical Commissioning Groups (CCG's) and North Yorkshire County Council to form the budget for procurement of the integrated service. This service was procured in line with Contract Standing Orders and EU procurement legislation

2.2 The above contract comes to an end on 5<sup>th</sup> April 2019 and the value of the joint funded service is £1,013,841 per annum.

2.3 The commission of the new Carers service will also be a joint commissioning and funding arrangement. City of Bradford Metropolitan District Council (CBMDC) will act as lead commissioner for the Carers' Service on behalf of the three local NHS Clinical Commissioning Groups (CCGs) and North Yorkshire County Council.

2.4 This commission form part of the Better Care Fund.

The Better Care Fund (BCF) is a partnership programme that represents a collaboration between NHS England, Department of Health and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG), and the Local Government Association (LGA). BCF aims to break down **organisational** barriers so health and social care can deliver the right care, in the right place, at the right time, and **join-up services** so that people can:

- Manage their own health and wellbeing

- Live independently in their communities for as long as possible
- Be placed at the centre of their care and support to ensure improved experience and better quality of life.

### **3. REPORT ISSUES**

3.1 Evidence suggests that investing in support for carers can contribute significantly to the sustainability of health and social care. The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven.

3.2 Early intervention and targeted support for carers increases carer resilience and reduces avoidable primary and secondary health and social care. Investment in supporting carers in a systematic and transformative way can be a key enabler of prevention and of self-care which can in turn enable carers to stay in work, to the benefit of the wider local economy.

3.3 The purpose in re-commissioning a carers service is to promote, support and improve the mental, physical, emotional and economic well-being of adult carers so they can continue in their caring role and look after their own health and wellbeing as they support cared for people and contribute to the sustainability of health and social care. The service also needs to help identify carers and provide access into support and to work closely with the health and care system to support the integration agenda.

3.4 The procurement will be guided by local needs analysis and wide ranging engagement and will also refer to legislative changes, nationally planned actions (action plan 2018-20) and publications linked to the development of a national strategy.

3.5 To ensure carers and the people they care for, providers and other stakeholders are aware of and given the opportunity to influence commissioning plans, significant stakeholder engagement was undertaken to inform the proposed procurement. The outcome of this engagement will help shape the service specification for the procurement.

3.6 A comprehensive engagement with carers was carried out through June and July 2018, reaching a wide cross section of carers, including people who had not accessed carers support. The details of this engagement have been tabled in the previous report, "Consultation with Carers", by colleagues at the CCG.

3.7 A Market Briefing event took place in early September 2018 where consultation feedback and a Market Briefing for Carers service were presented to the market at an open event advertised on YORTender and through local networks. Slides of this event and the Market Briefing are attached at Appendix 1 and 2.

3.8 The planned procurement process and award timetable are set out below:

Indicative contract term: Three years with an option to extend for one further period of twelve months.

- Indicative tender publication date: October 2018
- Bids returned December 2018
- Evaluation: December 2018-January 2019
- Award: January 2019
- Implementation and handover: April 2019

3.9 It is recognised that any change to the services is likely to have TUPE and service transfer implications both for those in receipt of support and for staff employed by the current service provider.

3.10 TUPE may apply because as a result of the commissioning process there may be a service provision transfer. TUPE Regulations apply in service provision transfers in situations where a new contractor takes over activities from another contractor (known as re-tendering).

3.11 In order to avoid any impact on service users and to keep potential disruption to services at a minimum, it is proposed that the new contract start in April 2019 this gives an implementation period of 3 months for the new service to start.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

4.1 The total proposed contract value over 3 years is £3,401,400 and forms part of the Better Care Fund (BCF) agreements with the Local Authority. There will be an option to extend the contract by a further one year period.

4.2 The annual contribution from each of the partners is set out below:

- City of Bradford Metropolitan District Council - £441,000.00
- Combined Clinical Commissioning Groups - £665,394, this includes £120,000.00 currently allocated to carers Wellbeing Grants
- North Yorkshire County Council - £27,406.00

4.3 Carers Wellbeing grants are currently administered by the provider of the Integrated Carers Service under a separate ring fenced agreement. The intention is to continue to ring fence this money but include it in the new Carers Contract.

4.4 The value of the Carers Wellbeing grant is £120,000 per annum and is included in the above proposed contract value. Examples of the grants given may be for equipment to enhance the wellbeing of carers, therapeutic and educational activities.

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

5.1 The project is managed by a team including commissioners and appropriate operational staff, finance and legal. To manage activities and time scales there is a formal Project Plan, including risk register which is monitored by the Project team.

5.2 The project team reports progress to the Executive Commissioning Board (joint commissioning forum between the Local Authority and the Clinical

Commissioning Group/s) and internal management boards and senior officers in the council and the CCG's.

5.3 Once the contract is awarded the project team will oversee the implementation of the new contract and the on-going monitoring of the contract will be jointly managed by the Council and the CCG.

5.4 There are TUPE and service transfer implications for those in receipt of service will need to be fully accounted and provision/governance created in order to mitigate/minimise these.

## **6. LEGAL APPRAISAL**

6.1 The procurement of the Carers Service is to ensure the Council is meeting its statutory duties under the Care Act 2014. The Council must also have regard and be compliant with the principles of the Mental Capacity Act 2005 when commissioning such services.

6.2 The Local Authority must also have regard to its public sector equality duties under section 149 of the Equality Act 2010 when exercising its functions and making any decisions. The Local Authority must carry out an Equalities Impact Assessment to enable intelligent consideration of any equality and diversity implications when commissioning services.

6.3 S149 of the Equality Act 2010 (the Public Sector Equality Duty) provides as follows

A public authority must, in the exercise of its functions have due regard to the need to;

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.4 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;

- a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

6.5 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

6.6 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;

- a) tackle prejudice, and
- b) promote understanding.

6.7 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

6.8 The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. The Act applies to the pre - procurement stage of contracts for services. Commissioners should consider social value before the procurement starts because this can inform the whole shape of the procurement approach and the design of the services required

6.9 Commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could improve the social, environmental and economic well being of the area and also to consider how in conducting the process of procurement the commissioner might act with a view to securing that improvement.

6.10 TUPE refers to the "Transfer of Undertakings (Protection of Employment) Regulations 2006" as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014". The TUPE rules apply to organisations of all sizes and protect employees' rights when the organisation or service they work for transfers to a new employer. TUPE has impacts for the employer who is making the transfer (also known as the outgoing employer or the transferor) and the employer who is taking on the transfer (also known as the incoming employer, the 'new employer' or the transferee).

6.11 All procurement activity must be undertaken in accordance with Council's Contract Standing Orders and in line with internal governance requirements.

## **7. OTHER IMPLICATIONS**

### **7.1 SOCIAL VALUE**

7.1 In line with the Council's Social Value and Inclusive Growth Policy, the procurement for these services will include a 10% scored Social Value section, using the Social Value Toolkit to demonstrate that bidders will meet social value objectives for inclusive growth

## **7.2 EQUALITY & DIVERSITY**

The Department is in the process of compiling an Equality Impact Assessments as part of the re-commissioning of Carers Service where requirements necessitate which will be incorporated into the specific work/procurement plan. All work undertaken will address issues of equality and diversity as they apply to protected characteristics groups.

## **7.3 SUSTAINABILITY IMPLICATIONS**

The re-commissioning of the Carers Services in contributing to sustainability strategies will be considered as part of the process to ensure that the Departments functions and services maintain their capability and quality through the transition process and beyond.

## **7.4 GREENHOUSE GAS EMISSIONS IMPACTS**

The proposal to create specific small geographical localities will enable staff visiting people to reduce significantly the organisations carbon footprint and emissions from a reduction in the use of vehicles. Staff will be able and encouraged to walk between visits.

## **7.5 COMMUNITY SAFETY IMPLICATIONS**

There are no community safety implications arising from this report.

## **7.6 HUMAN RIGHTS ACT**

The Human Rights Act 1998 provides a legal basis for concepts fundamental to the well-being of older people and others who are in need of Home Support. The Act provides a legal framework for service providers to abide by and to empower service users to demand that they be treated with respect for their dignity

## **7.7 TRADE UNION**

The new specification may change the roles of staff and offer new and different opportunities to work together.

## **7.8 WARD IMPLICATIONS**

There are no direct implications in respect of any specific Ward.

## **7.9 IMPLICATIONS FOR CORPORATE PARENTING**

There are no Corporate Parenting issues arising from this proposal.

## **7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESSMENT**

A full Privacy Impact Assessment will be undertaken to determine specific areas of GDPR and information security as part of the process. It is recognised that the

potential for transfer of personal data may be significant.

There may be a need for partner agencies to share data however this would only be with the express permission of the service user in the full knowledge of why and what it would be used for. General Data Protection Regulation (GDPR) principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

**8. NOT FOR PUBLICATION DOCUMENTS**

None

**9. OPTIONS**

As this report is for information only there are no options which can be listed.

**10. RECOMMENDATIONS**

That the Committee discuss the contents of this report and consider any equality and diversity, TUPE and social value implications at this pre- procurement stage in accordance with Council Standing Orders in 4.7.1.

**11. APPENDICES**

Appendix 1 Carers Service Consultation Feedback and Market Briefing  
Appendix 2 Carers Market Briefing

**12. BACKGROUND DOCUMENTS**

Consultation with Carers



# Carers Service

## Consultation Feedback and Market Briefing

10<sup>th</sup> September 2018



# Purpose

- To share the results of recent engagement activity
- To share commissioning intentions for the Carers' Service in Bradford district and Craven
- To encourage and support providers to shape their services in accordance with the support needs of carers
- To stimulate innovative, collaborative and effective responses to the support needs of carers in Bradford district and Craven
- To share the indicative timeframe for the procurement



# Engagement with Carers

- Engagement carried out throughout June & July 2018
- Aimed to reach wide cross section of carers, including people who had not accessed carers support
- Supported by voluntary groups & partner organisations – thank you!
- Estimated 450 people took part, through face to face engagement or by completing surveys

**The role of unpaid carers is vital, and often undervalued. Recognition of their role and the right support is essential to keep carers going and sustain their significant contribution.**



# Experience of carers' support

- A quarter of respondents said they had experienced barriers in accessing carers' support
- Issues highlighted include:
  - Working carers
  - Lack of awareness of support
  - People from BME backgrounds
  - Location
  - Age
  - Diagnosis



# What helps carers keep going?

- Carers reported that having and finding time to themselves was hard, but vital in helping them keep going
- Support groups where they could get information and share experiences with peers made a positive difference
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences

# What challenges do carers face?

- Mental wellbeing is a significant challenge for many carers who report stress, anxiety and depression linked to their caring role
- Working carers reported problems in accessing support and the challenges of employers not understanding the demands of caring
- Carers from BME communities and some postcode areas reported finding it harder to access support
- Money and financial worries were a commonly occurring theme, particularly challenges with benefits and the assessment process
- Carers reported challenges in finding good quality private care providers and navigating the transitions between services



# What would help carers?

- Better information, a central resource where information is up to date on what's on offer, what, where and when
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District
- Help to navigate the system and practical advice
- Work place support for working carers
- Peer support between carers, potentially online or via social media



# What matters most?

- Being able to take breaks away from caring and have small amounts of time to themselves, knowing the person they care for is safe
- Training to help carers provide better care and to improve their skills and confidence
- Carers value local and community based support pointing to an increased demand for more outreach support for carers





Engagement Report is available on the Council's  
Commissioning Adult Health and Social Care webpage  
at;

<https://www.bradford.gov.uk/business/commissioning-adult-health-and-social-care-services/commissioning-adult-health-and-social-care-services/>



# Demographics

- With 534,300 people the Bradford District is the fifth largest local authority in England
- Asian/Asian British ethnic group forms nearly 27% of the total population
- People with a Pakistani heritage 20.4% the largest group
- 2004 - 2013 there was an increase in applications from nationals of Poland, Latvia, Lithuania and Slovakia
- Since 2013 there has been an increase in applications from Romanian and Spanish nationals



# Demographics

- The 2011 Census identified 50,026 carers in Bradford district
- Approximately 9.8% of residents providing unpaid care for someone with an illness or disability
- 24.1% of these were providing more than 50 hours of care per week



# Demographics

- Most carers fall into the 25-49 year age band
- 28% of carers providing 50 or more hours a week are over 65
- 11.9% state they are in bad or very bad health

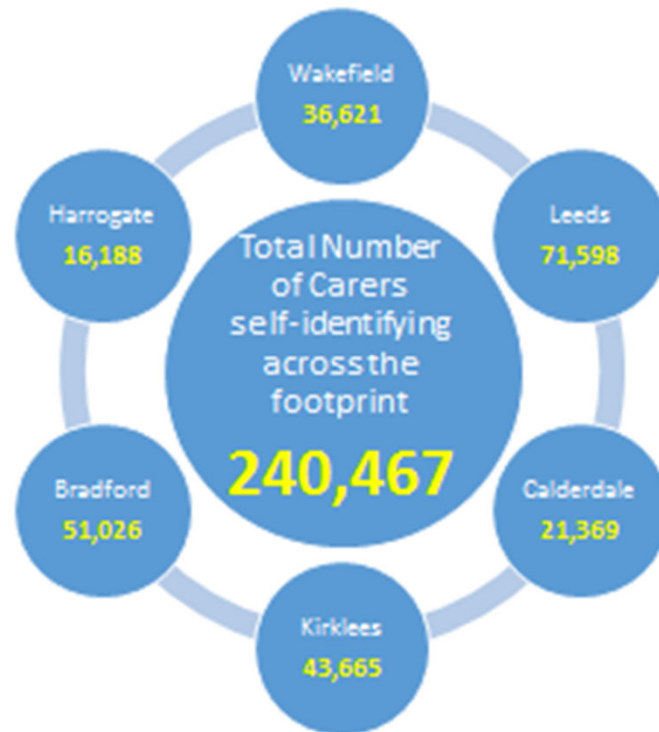
# Demographics

- The 2011 census recorded 56,600 people in the Craven district.

|          | Provides 1 to 19 hours unpaid care a week | Provides 20 to 49 hours unpaid care a week | Provides 50 or more hours unpaid care a week | Total  |
|----------|---|--|--|--------|
| Craven   | 4,759                                     | 674  | 1,178  | 6,611  |
| Bradford | 30,983                                    | 7,738                                      | 12,305                                       | 51,026 |



# Carers across WY&H

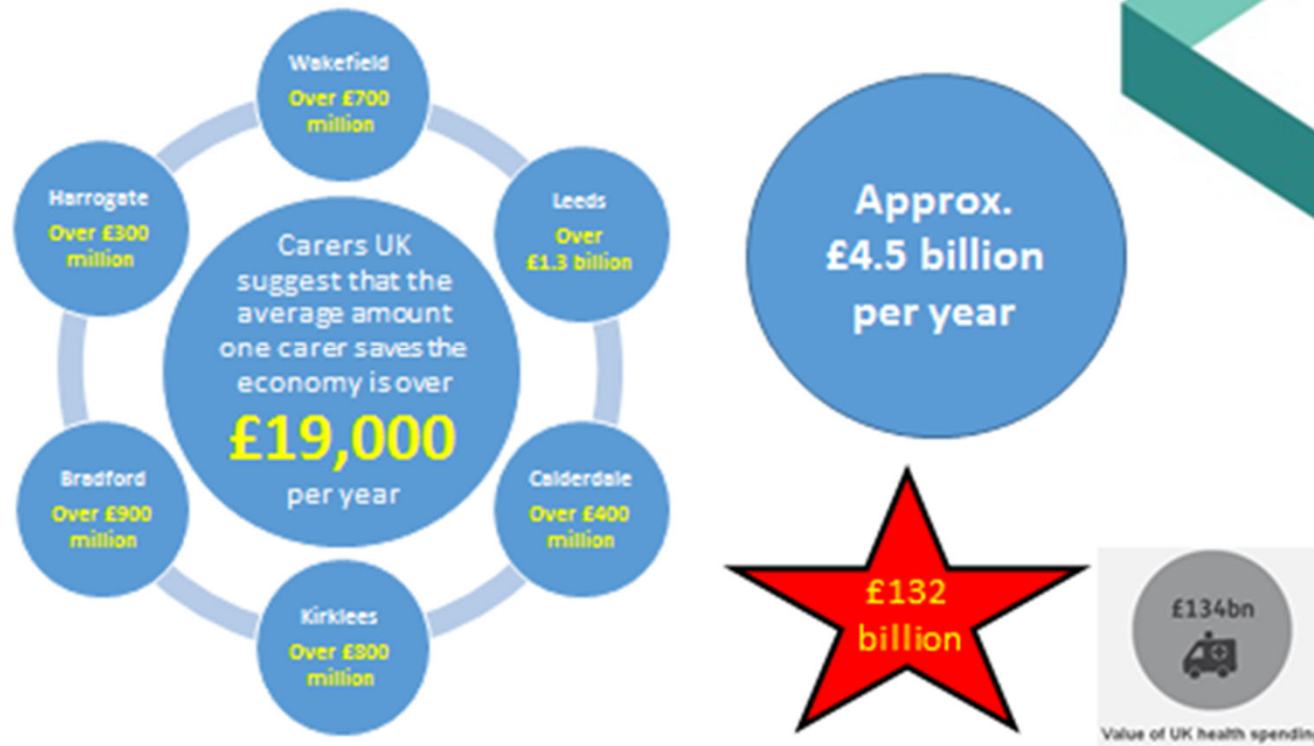


## UNDERESTIMATE?

1 in 8 adults  
1 in 12 children & young people  
are estimated to be carers

Census 2011

# The value of carers in WY&H



# Demographics and demand

- Numbers of people likely to be supported by a carer are predicted to increase
- ONS figures may underestimate numbers of carers



# National strategy

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



# Local strategy

- Creating choice and control
  - personalisation of services
- Joining up services
- Safeguarding children and adults
- Focus on resilience
- Involving carers as experts
- Mental and physical wellbeing
- Reaching out
  - responding to the full extent of people's needs



# Legislation

- Carers should be able to benefit fully from the support, information and advice they are entitled to under the;
  - 2014 Care Act
  - 2014 Children and Families Act



# Approach

## The Carers Journey

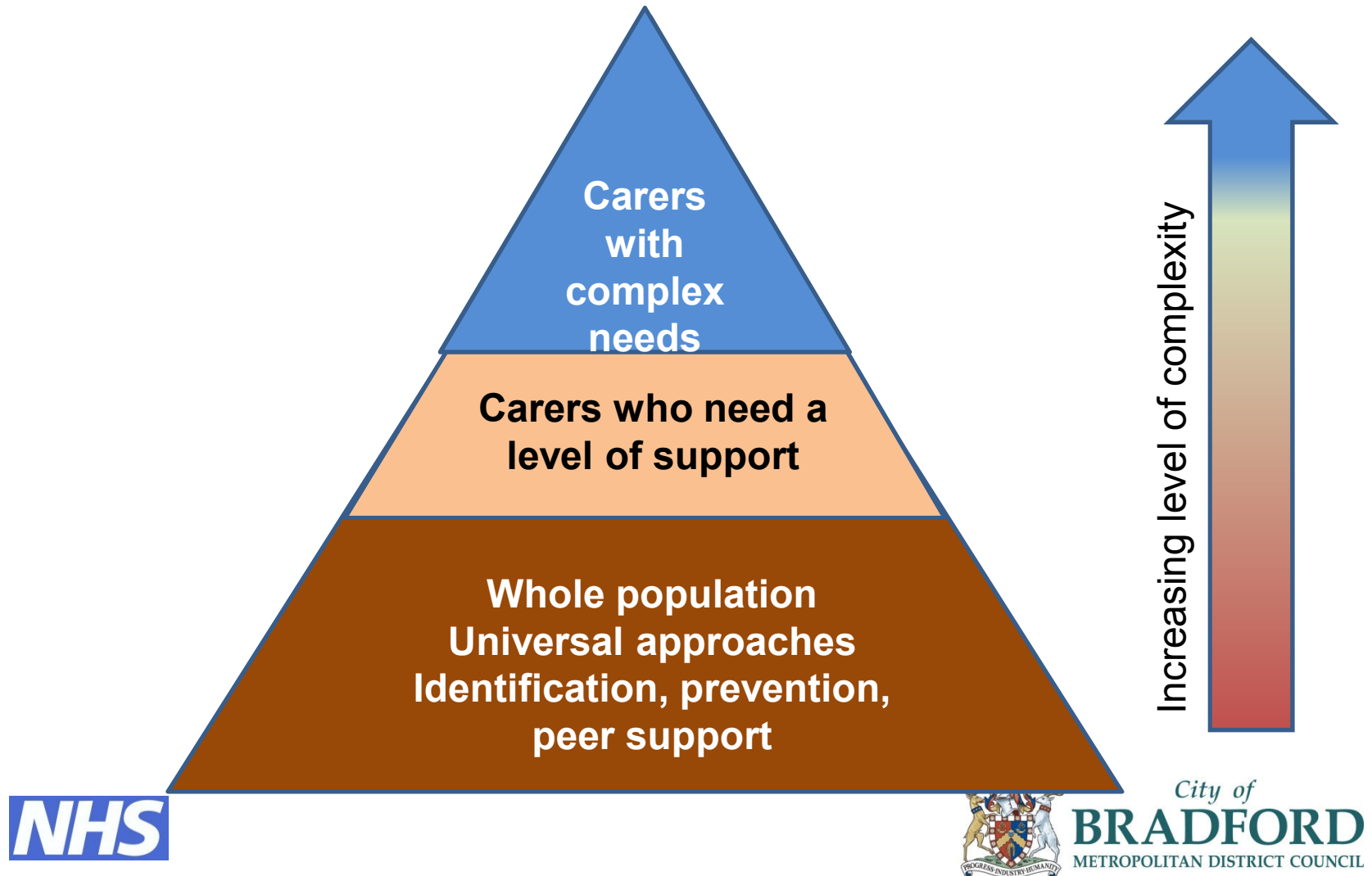


# Approach

- Focus originally on 'Care Act ' compliance & positively promoting wellbeing
- Widen the focus *to whole population* – universal approach
- *Prevention* is key – not all carer's need to travel the whole journey
- Equip carers' themselves to feel empowered



# Approach



# Geographical scope

- City of Bradford Metropolitan District
- Craven district of North Yorkshire



# Who is the Carers' Service for?

- Adult who looks after a family member, partner or friend because of illness including mental illness, frailty, disability or addiction
- Care is unpaid
- Separate service for young carers





# The Service

- Will cover carers of any age who are registered as a patient in the Bradford Metropolitan District and CCG areas
- Note that any young carers identified by the service are likely to be referred to specific services for young people
- The services will be for all carers including those with condition specific support needs e.g. Learning Disabilities, Dementia, Autism



# Purpose of Carers' Service

- To support carers to have control over their lives and how they spend their time, including support relating to employment
- To identify concerns over carers' personal safety and provide advice on addressing these concerns
- To identify concerns over finance and ensure that appropriate advice is accessible
- With the carer, to plan responses to anticipated changes in support needs
- To provide encouragement and support to the person in their caring role
- + additional objectives from Consultation



# Outcomes

- Carers report having a good quality of life
  - occupation / employment
  - control over daily life
  - personal care
  - personal safety
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs



# The Service

- Identifies carers
- Provides emotional and practical support
- Assesses carers' support needs
- Provides comprehensive, up to date information
- Enables carers to access other relevant services
- Where signposting is unlikely to meet carers' needs, engages directly with other services to enable access



# The Service

- Supports carers to plan for emergencies
- Provides advocacy and a voice for carers
- Helps people to have a positive experience of caring
- Supports professionals and raises awareness of carers' roles and varied support requirements



# Responsiveness

- Anticipate and respond to carers' changing support needs in order to maximise their wellbeing and prevent avoidable breakdown in the caring relationship.

# Alignment and interfaces

In order to achieve the best possible outcomes for service users, the Carers' Service will be expected to work collaboratively with partners including

- VCS organisations such as Alzheimer's Society, the Stroke Association, Citizen's Advice Bureau.
- Other community and volunteer organisations
- CBMDC and NYCC social care teams
- Services offering short breaks for carers (CBMDC 'Shared Lives' and 'Time Out', Carers' Short Breaks commissioned by NYCC)
- Statutory NHS services including GP practices
- Young Carers' Service



# Procurement

Brings together funding from the three local Clinical Commissioning Groups (CCGs), North Yorkshire County Council and Bradford Council.

- This will include a ring fenced amount for Carers Wellbeing Grants.
- The procurement will be for a single contracted service





# Procurement

- The contract is likely to be for three 3 - 4 years
- The procurement will be open to tenders from individual organisations, consortia or groups of organisation's in lead and sub-contractor arrangements.



# Procurement Process



- Administered online through the Yortender web based system  
<https://www.yortender.co.uk/>
- Organisations will need to be registered on Yortender in order to apply

# The Process

- This process is an open and competitive tender process
- Organisations making a submission will need to answer written questions relating to the service
- All submissions will be made via Yortender
- All correspondence, clarification questions, submission of tenders etc. will be via Yortender



<https://www.yortender.co.uk/>
yortender.co.uk

**Portal Links**

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- Supplier Help Guide
- Log In to ProContract

**Home**

## Welcome to YORTender

The Local authorities in the Yorkshire & Humber Region have a combined external spend of some £4.5 billion per annum. The Region has a single strategic procurement strategy, under the leadership of YORprocure, which aims to ensure that we have best practice procurement across the Region, are delivering tangible benefits and are promoting collaborative working with colleagues and suppliers.

A key element of our strategy is YORTender, the procurement portal for the Yorkshire & Humber Region. YORTender provides real benefits to all:

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- E-enabled for all to work smarter and to reduce procurement leadtimes
- Suppliers can register their capabilities and interests in opportunities
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- Click on Opportunities to view current contract opportunities advertised across the Region
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- Get access to tender information from **100's of other organisations** across England that use the ProContract platform
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### Feedback

We welcome any feedback regarding YORTender, if you have any general

**Authorities**

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- Barneslai Homes
- Calderdale Council
- City of Bradford Metropolitan District Council
- City of York Council
- Craven District Council
- Doncaster MBC
- East Riding of Yorkshire
- Hambleton District Council
- Harrogate Borough Council
- Hull City Council
- Kirklees Council
- Leeds City Council
- North East Lincolnshire Council
- North Lincolnshire Council
- North Yorkshire County Council
- Richmondshire District Council
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- South Yorkshire Fire and Rescue
- Wakefield Council

# Yortender is:

- The electronic tendering platform used by Local Authorities in Yorkshire and Humberside
- Good place to find out about other opportunities
- Easy to use, plus Due North helpdesk



# What makes a good submission?

- An accurate and compliant submission
  - Direct answers to the questions asked
  - Clear, relevant proposals for delivering the service
  - Clear financial information
- And, what should it not be
  - Made up of marketing and sales material

# What makes a good submission?

- Careful reading and following of instructions
- A full understanding of what is required
- Responses guided by the service specification
- Answers that address all aspects of the service specification
- Use the opportunity to seek clarifications
- Check, re-check, and ask someone else to check your tender!
- Check you have included all the information
- Submit your tender on time!



# Timescales

- Tender process starts: October 2018
- Tender closing date: December 2018
- Decision made : January 2019
- New Contract to start: April 2019





Thank You For  
Coming To This Briefing





## **Market Briefing: Carers' Service**

**September 2018**

### **The purpose of this briefing is to**

- Share commissioning intentions for the Carers' Service in Bradford district and Craven
- Encourage and support providers to shape their services in accordance with the support needs of carers
- Stimulate innovative, collaborative and effective responses to the support needs of carers in Bradford district and Craven

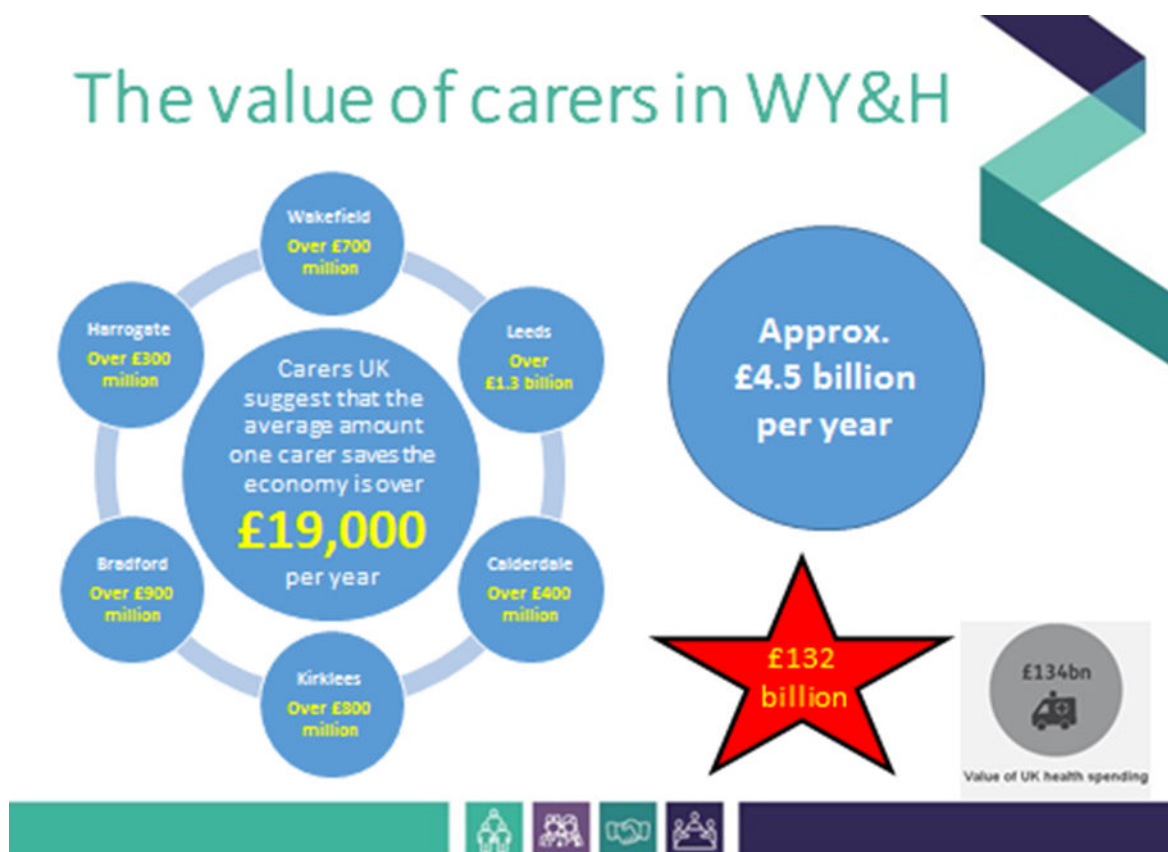
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## 1. The importance of carers in Bradford district and Craven

The role of unpaid carers is estimated to contribute over £900 million to the health and care economy in Bradford District and Craven. CBMDC and its commissioning partners have a statutory responsibility to respond to carers' needs.

Beyond this, commissioning effective support to carers is a key strategic priority as their unpaid work is indispensable to the functioning of the health and social care system.



# Carers across WY&H



## 2. Who is a carer?

A carer is anyone – child or adult - who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.<sup>1</sup>

Some people provide this level of care but would not apply the term 'carer' to themselves because they consider themselves to be fulfilling a family role. Because of this, the number of people reporting themselves to be carers in surveys such as the ONS Census is likely to be an underestimate.

### 2.1 Who is the Carers' Service for?

The Carers' Service is commissioned to meet the support needs of carers who are adults (aged 18 or over). This includes carers who are parents and provide care to a child with a disability or other support need.

### 2.2 Young Carers and transition

A separate service for young carers provides support to carers under the age of 18. The Carers' Service must have effective processes to enable transition from the Young Carers' Service to the Carers' Service at a point around the age of 18 years. The timing of this transition will be flexible and agreed between the young carer, the Young Carers' Service and the Carers' Service.

<sup>1</sup> <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

### **3. Purpose of the Carers' Service**

#### **3.1 Objectives**

- To support carers to have control over their lives and how they spend their time, including support relating to employment
- To identify concerns over carers' personal safety and provide advice on addressing these concerns
- To identify concerns over finance and ensure that appropriate advice is accessible
- With the carer, to plan responses to anticipated changes in support needs
- To provide encouragement and support to the person in their caring role

#### **3.2 Outcomes**

- Carers report having a good quality of life
- Carers report having the amount of social contact that they would like
- Carers are able to access support including support for their own personal and healthcare needs

### **4. Responsiveness**

Commissioners will expect the Carers' Service to anticipate and respond to carers' changing support needs in order to maximise their wellbeing and prevent avoidable breakdown in the caring relationship.

### **5. Scope of service**

#### **5.1 Service users**

Any adult who is a carer, except where the cared-for person is an adult of working age whose care need is for mental health alone. Commissioners expect the Carers' Service to work closely with the service which is commissioned for this group of people.

The scope of the Carers' Service includes adults caring for their adult children and parent carers caring for a disabled child or young person under the age of 18. The scope includes support to parents with children of any age on the autistic spectrum.

#### **5.2 Geographical area covered**

City of Bradford Metropolitan District and Craven district of North Yorkshire.

### **6. Alignment and interfaces**

In order to achieve the best possible outcomes for service users, the Carers' Service will be expected to work collaboratively with partners including those listed below to maintain effective communication and interfaces.

- VCS organisations such as Alzheimer's Society, the Stroke Association, Citizen's Advice Bureau.

- Other community and volunteer organisations
- CBMDC and NYCC social care teams
- Services offering short breaks for carers (CBMDC 'Shared Lives' and 'Time Out', Carers' Short Breaks commissioned by NYCC)
- Statutory NHS services including GP practices
- Young Carers' Service

## **7. Strategic priorities**

### **7.1 National priorities for adult carers<sup>2</sup>**

#### **Services and systems that work for carers**

There are national commitments to promote best practice amongst health professionals and to raise awareness amongst social workers. In addition, carers should be able to benefit fully from the support, information and advice they are entitled to under the 2014 Care Act and the 2014 Children and Families Act.

#### **Employment and financial wellbeing**

There is a national commitment to improve working practices so that carers can continue to work alongside their caring role. The Department for Work and Pensions is committed to ensuring that carers have access to financial support when they need it (Carer's Allowance, Universal Credit, information in Jobcentres).

#### **Transition for young adult carers**

A national project will seek to identify the types of practical and emotional support that can enable a young adult carer (16-24) to achieve positive transitions.

#### **Recognising and supporting carers in the wider community and society**

The government will work with partners in the wider community to raise awareness of caring and improve carers' everyday experiences.

#### **Building research and evidence to improve outcomes for carers**

The Department of Health and Social Care will fund research to improve the information available on carers and ensure that future strategies are informed by a strong evidence base.

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<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713781/carers-action-plan-2018-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf)

## **7.2 Local priorities for adult carers <sup>3</sup>**

### **Creating choice and control**

We want people to have as much choice and control as possible about the services they receive.

Increasingly this will mean individuals deciding what they want and having their own budget to make it happen. The personalisation of services is a national strategic priority as well as a local one.

### **Joining up services**

A person looking for services should not find it difficult to work out which way to turn. They just want to access what will work best for them. We will encourage providers to work together where this will improve outcomes for service users and use resources more effectively.

### **Safeguarding children and adults**

Work with families facing serious problems through early help and seamless support.

### **Focus on resilience**

We aim to intervene early to enable people to improve their wellbeing.

### **Involving carers as experts**

Carers have told us that they do not feel they are recognised as experts, and are not included in important decisions about diagnosis and treatment for the person they care for. The views of carers should be valued and listened to and considered in any plans made.

### **Mental and physical wellbeing**

Mental health and wellbeing is of equal importance with physical health. We would like services to meet social, mental and physical care needs with high quality, seamless care.

### **Reaching out**

We aim to work with service users and service providers recognising them as assets in responding to the full extent of people's needs.

## **7.3 Strategy development**

Local commissioning partners look forward to working with service users and a range of health and social care organisations from April 2019 to further define local strategy for carers and to implement agreed actions.

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<sup>3</sup> <https://www.bradford.gov.uk/media/3578/mental-wellbeing-strategy-in-bradford-district-craven.pdf>  
<https://www.bradford.gov.uk/media/3273/bradford-council-plan-2016-2020.pdf>  
<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Mental%20health%20strategy.pdf>  
<http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Caring%20for%20Carers%202017-2022.pdf>  
<https://www.bradford.gov.uk/media/3810/home-first-vision.pdf>  
<https://www.ndti.org.uk/resources/publications/what-works-in-community-led-support/>



## **8. Engagement**

The Council and the CCG's sought the views on services for carers through a number of consultation mechanisms; facilitated workshops, an online survey and focus groups. In addition to carers and cared for people, stakeholders involved included service providers and professionals from a range of health and social care backgrounds. We estimate that 450 people took part.

### **8.1 Service user feedback**

Consultation of service users through the online survey and through workgroups provided insights on the following themes.

#### **On what helps carers keep going**

- Carers reported that having and finding time to themselves was hard, but very important in helping them keep going.
- Carers valued support groups where they could get information and share experiences with peers.
- Carers expressed the importance of being able to maintain good social networks and having someone to talk to about their experiences.

#### **On the challenges carers experience**

- Working carers reported problems in accessing support, opening times of services and the challenges of employers not understanding the demands of caring.
- Carers from BME communities reported being unable to access support and culturally aware support.
- Money and financial worries were a commonly occurring theme, challenges with benefits e.g. changes to PIP and the assessment process.
- Finding good private care and culturally aware care.

#### **On what would help carers overcome challenges**

- Better information, a central resource where information is up to date on what's on offer, what, where and when.
- Support needs to be local, more easily accessible rather than having to travel to a single office covering the whole District.
- Work place support for working carers.

#### **On what's most important to carers**

- Breaks away from caring featured high on the list of priorities for carers.
- Training in order to provide better care and to improve their skills as a carer.
- Carers said they valued local and community based support pointing to an increased demand for more outreach support for carers.

## 8.2 Other partners

Having undertaken a number of engagement events with providers, professionals working with carers and other stakeholders, the following themes emerged.

- Identification of carers within primary and secondary health services is patchy and inconsistent, more awareness raising and training of professionals is required to improve this.
- Employers need to be more carer-aware (links to the service user feedback on working carers).
- The local authority access point is aimed at people in crisis and not people needing information or general advice, there needs to be a different approach to the provision of advice and information as a preventative measure.
- There are some gaps in available information e.g. for parents of young people in transition between children's and adult services, parents of adults with autism and carers supporting people with other condition specific needs.
- Information and advice for carers needs to be available locally, in the community e.g. community centres.
- Consider increased use of social media to develop online support forums to improve peer support for and between carers.
- It was acknowledged that the majority of carers don't get as far as a formal carer's assessment. However where they do, it's important that carers can choose where the assessment takes place. Where eligible needs are identified carers should be given a choice on who supports them.

## 9. Bradford District and Craven demographics and demand

### 9.1 Overview of population and demographics

With 534,300 people the Bradford District is the fifth largest local authority in England. It is the 'youngest' city outside London with a significant proportion of children and young people aged under 16, but in line with national trends it also has an increasing number of people over 65 years of age. This is accompanied by high levels of deprivation and a particularly wide gap between the most and least deprived parts of the district. All these features have significant implications for the future health and wellbeing of the district and therefore the provision of health and social care services, including services for carers.

[Appendix 1](#) contains projections for numbers of people most likely to be supported by a carer in Bradford District are all predicted to increase over the 2017- 2021 five year period.

The 2011 Census identified 50,914 carers in Bradford district, accounting for approximately 9.8% of residents providing unpaid care for someone with an illness or disability. 12,291 of those carers (24.1%) were providing more than 50 hours of care per week. Most carers fall into the 25-49 year age band, although 28% of carers providing 50 or more hours a week are over 65 and 11.9% state they are in bad or very bad health.

## 9.2 Ethnicity

Bradford district contains a rich mix of ethnic groups and cultures. The 2011 census indicates that the Asian/Asian British ethnic group forms nearly 27% of the total population, with people with a Pakistani heritage 20.4% by far the largest group. The table in Appendix 2 uses 2011 census data to show the ethnicity of people in the district. Immigration since 2011 can be estimated from applications for national insurance numbers. Between 2004 and 2013 there was an increase in applications from nationals of Poland, Latvia, Lithuania and Slovakia. Since 2013 there has been an increase in applications from Romanian and Spanish nationals, although the greatest number of applicants for national insurance numbers in Bradford continues to be from nationals of Pakistan.

Feedback from carers within BME communities indicates that we are not providing equitable access to support to some communities, culturally appropriate carers services are required to meet the needs of this varied population.

## 10. Commissioning

In October 2014 an Integrated Carers Service was jointly procured by Bradford Council's Adult and Community Services, in partnership with Airedale, Wharfedale and Craven Clinical Commissioning Group, Bradford City Clinical Commissioning Group, Bradford District Clinical Commissioning group and North Yorkshire County Council.

The contract awarded as a result of the procurement exercise is now due to end in April 2019.

### 10.1 Next Steps

The Local Authority and its partners have committed to continued joint commissioning of services for carers with agreed outcomes based on national and local strategic priorities.

During 2018 there will be a procurement process to ensure a carers' service is in place by April 2019. This service will reflect the existing and emerging needs of carers as identified through the recent engagement activity as described in Section 7 above.

### 10.2 Commissioning process and timeframe

We will be running an EU procurement process through Yortender. Procurement documents will be made available via Yortender to registered users only. Further information is available via

**Yortender:** <https://www.yortender.co.uk/>

If not already registered, Providers are advised to register on Yortender to ensure they receive notification of the procurement and the timetable in more detail.

The indicative timeframe for the procurement process is shown below.

| Process Stage                       | Indicative Target Date |
|-------------------------------------|------------------------|
| Tender process starts:              | Late October 2018      |
| Tender closing date:                | Early December 2018    |
| Decision made :                     | January 2019           |
| Implementation of the new contract: | April 2019             |

**We welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.**

**The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.**

**Bradford Metropolitan District Council  
Adult & Community Services  
Commissioning Team  
[Commissioninginbox@bradford.gov.uk](mailto:Commissioninginbox@bradford.gov.uk)**

**For further information, open the links below:**

**[Bradford Council commissioning page](#)**

**[Applying To Do Business with Bradford Council](#)**

**[Commissioning Adult Health and Social Care Services](#)**

**[YORtender](#)**

## Appendix 1: numbers of people most likely to be supported by a carer, 2017-2021 <sup>4</sup>

### CBMDC area

| <b>People predicted to have a longstanding health condition caused by a stroke</b>                            | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|---|--------------|--------------|--------------|--------------|--------------|
| People aged 18-44 predicted to have a longstanding health condition caused by a stroke                        | 95           | 95           | 95           | 95           | 95           |
| People aged 45-64 predicted to have a longstanding health condition caused by a stroke                        | 817          | 823          | 826          | 831          | 830          |
| <b>Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke</b>       | <b>912</b>   | <b>918</b>   | <b>921</b>   | <b>926</b>   | <b>925</b>   |
| People aged 65-74 predicted to have a longstanding health condition caused by a stroke                        | 848          | 868          | 886          | 904          | 927          |
| People aged 75 and over predicted to have a longstanding health condition caused by a stroke                  | 961          | 973          | 990          | 1,009        | 1,028        |
| <b>Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke</b> | <b>1,809</b> | <b>1,841</b> | <b>1,876</b> | <b>1,911</b> | <b>1,955</b> |

| <b>People aged 65 and over predicted to have dementia, by age, projected to 2021</b> | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 65-69 predicted to have dementia   | 298          | 296          | 297          | 298          | 304          |
| People aged 70-74 predicted to have dementia   | 520          | 552          | 574          | 596          | 613          |
| People aged 75-79 predicted to have dementia   | 828          | 822          | 839          | 845          | 873          |
| People aged 80-84 predicted to have dementia   | 1,344        | 1,381        | 1,378        | 1,401        | 1,378        |
| People aged 85-89 predicted to have dementia   | 1,350        | 1,372        | 1,428        | 1,444        | 1,483        |
| People aged 90 and over predicted to have dementia                                   | 1,164        | 1,164        | 1,192        | 1,250        | 1,281        |
| <b>Total population aged 65 and over predicted to have dementia</b>                  | <b>5,503</b> | <b>5,586</b> | <b>5,706</b> | <b>5,834</b> | <b>5,932</b> |

<sup>4</sup> Tables produced from PANSI (Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information).

| <b>People aged 18-64 predicted to have a mental health problem, projected to 2021</b> | <b>2017</b>   | <b>2018</b>   | <b>2019</b>   | <b>2020</b>   | <b>2021</b>   |
|---|---------------|---------------|---------------|---------------|---------------|
| People aged 18-64 predicted to have a common mental disorder                          | 51,191        | 51,372        | 51,416        | 51,506        | 51,511        |
| People aged 18-64 predicted to have a borderline personality disorder                 | 1,431         | 1,436         | 1,437         | 1,439         | 1,439         |
| People aged 18-64 predicted to have an antisocial personality disorder                | 1,114         | 1,117         | 1,118         | 1,121         | 1,122         |
| People aged 18-64 predicted to have psychotic disorder                                | 1,272         | 1,276         | 1,277         | 1,280         | 1,280         |
| <b>People aged 18-64 predicted to have two or more psychiatric disorders</b>          | <b>22,895</b> | <b>22,975</b> | <b>22,996</b> | <b>23,039</b> | <b>23,045</b> |

| <b>People aged 65 and over predicted to have severe depression</b>           | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 65-69 predicted to have severe depression                        | 598          | 590          | 595          | 595          | 608          |
| People aged 70-74 predicted to have severe depression                        | 304          | 323          | 336          | 349          | 358          |
| People aged 75-79 predicted to have severe depression                        | 490          | 490          | 501          | 504          | 522          |
| People aged 80-84 predicted to have severe depression                        | 336          | 345          | 345          | 348          | 345          |
| People aged 85 and over predicted to have severe depression                  | 413          | 421          | 433          | 445          | 456          |
| <b>Total population aged 65 and over predicted to have severe depression</b> | <b>2,141</b> | <b>2,169</b> | <b>2,209</b> | <b>2,240</b> | <b>2,289</b> |

| <b>People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services</b> | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 18-24 predicted to have a moderate or severe learning disability   | 304          | 304          | 303          | 303          | 302          |
| People aged 25-34 predicted to have a moderate or severe learning disability   | 394          | 393          | 392          | 390          | 391          |
| People aged 35-44 predicted to have a moderate or severe learning disability   | 432          | 433          | 436          | 438          | 441          |
| People aged 45-54 predicted to have a moderate or severe learning disability   | 361          | 362          | 360          | 358          | 355          |
| People aged 55-64 predicted to have a moderate or severe learning disability   | 285          | 289          | 294          | 298          | 300          |
| <b>Total population aged 18-64 predicted to have a moderate or severe learning disability</b>                                      | <b>1,776</b> | <b>1,781</b> | <b>1,787</b> | <b>1,787</b> | <b>1,789</b> |

| <b>People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|--|-------------|-------------|-------------|-------------|-------------|
| People aged 65-74 predicted to have a moderate or severe learning disability   | 151         | 154         | 157         | 160         | 164         |
| People aged 75-84 predicted to have a moderate or severe learning disability   | 52          | 53          | 54          | 54          | 55          |
| People aged 85 and over predicted to have a moderate or severe learning disability   | 19          | 19          | 20          | 21          | 21          |
| <b>Total population aged 65 and over predicted to have a moderate or severe learning disability</b>  | <b>210</b>  | <b>215</b>  | <b>219</b>  | <b>223</b>  | <b>227</b>  |

| <b>People aged 18-64 predicted to have a serious physical disability</b>           | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 18-24 predicted to have a serious physical disability                  | 387          | 386          | 388          | 420          | 415          |
| People aged 25-34 predicted to have a serious physical disability                  | 294          | 292          | 291          | 284          | 294          |
| People aged 35-44 predicted to have a serious physical disability                  | 1,188        | 1,204        | 1,214        | 1,202        | 1,193        |
| People aged 45-54 predicted to have a serious physical disability                  | 1,850        | 1,828        | 1,771        | 1,785        | 1,814        |
| People aged 55-64 predicted to have a serious physical disability                  | 3,341        | 3,503        | 3,654        | 3,642        | 3,526        |
| <b>Total population aged 18-64 predicted to have a serious physical disability</b> | <b>7,060</b> | <b>7,212</b> | <b>7,318</b> | <b>7,333</b> | <b>7,243</b> |

| <b>People predicted to have autistic spectrum disorders</b>                            | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 18-24 predicted to have autistic spectrum disorders                        | 497          | 497          | 495          | 493          | 491          |
| People aged 25-34 predicted to have autistic spectrum disorders                        | 728          | 729          | 730          | 730          | 735          |
| People aged 35-44 predicted to have autistic spectrum disorders                        | 709          | 710          | 710          | 711          | 714          |
| People aged 45-54 predicted to have autistic spectrum disorders                        | 678          | 681          | 679          | 680          | 673          |
| People aged 55-64 predicted to have autistic spectrum disorders                        | 570          | 575          | 581          | 590          | 594          |
| <b>Total population aged 18-64 predicted to have autistic spectrum disorders</b>       | <b>3,182</b> | <b>3,192</b> | <b>3,196</b> | <b>3,203</b> | <b>3,207</b> |
| People aged 65-74 predicted to have autistic spectrum disorders                        | 419          | 429          | 438          | 448          | 460          |
| People aged 75 and over predicted to have autistic spectrum disorders                  | 307          | 311          | 318          | 325          | 332          |
| <b>Total population aged 65 and over predicted to have autistic spectrum disorders</b> | <b>726</b>   | <b>740</b>   | <b>757</b>   | <b>773</b>   | <b>792</b>   |



## Craven District

| <b>People predicted to have a longstanding health condition caused by a stroke</b>                            | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|---|-------------|-------------|-------------|-------------|-------------|
| People aged 18-44 predicted to have a longstanding health condition caused by a stroke                        | 7           | 7           | 7           | 7           | 7           |
| People aged 45-64 predicted to have a longstanding health condition caused by a stroke                        | 110         | 110         | 108         | 108         | 107         |
| <b>Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke</b>       | <b>117</b>  | <b>117</b>  | <b>115</b>  | <b>115</b>  | <b>114</b>  |
| People aged 65-74 predicted to have a longstanding health condition caused by a stroke                        | 157         | 157         | 161         | 164         | 164         |
| People aged 75 and over predicted to have a longstanding health condition caused by a stroke                  | 182         | 192         | 194         | 199         | 209         |
| <b>Total population aged 18 and over predicted to have a longstanding health condition caused by a stroke</b> | <b>456</b>  | <b>465</b>  | <b>470</b>  | <b>478</b>  | <b>486</b>  |

| <b>People aged 65 and over predicted to have dementia, by age, projected to 2021</b> | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 65-69 predicted to have dementia   | 52           | 50           | 50           | 51           | 51           |
| People aged 70-74 predicted to have dementia   | 104          | 109          | 115          | 115          | 115          |
| People aged 75-79 predicted to have dementia   | 152          | 164          | 164          | 175          | 187          |
| People aged 80-84 predicted to have dementia   | 251          | 251          | 251          | 251          | 251          |
| People aged 85-89 predicted to have dementia   | 261          | 261          | 261          | 283          | 300          |
| People aged 90 and over predicted to have dementia                                   | 268          | 268          | 268          | 268          | 299          |
| <b>Total population aged 65 and over predicted to have dementia</b>                  | <b>1,088</b> | <b>1,103</b> | <b>1,109</b> | <b>1,144</b> | <b>1,203</b> |

| <b>People aged 18-64 predicted to have a mental health problem, by gender, projected to 202</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|---|-------------|-------------|-------------|-------------|-------------|
| People aged 18-64 predicted to have a common mental disorder                                    | 4,980       | 4,916       | 4,904       | 4,911       | 4,871       |
| People aged 18-64 predicted to have a borderline personality disorder                           | 140         | 138         | 137         | 138         | 137         |

|  |              |              |              |              |              |
|--|--------------|--------------|--------------|--------------|--------------|
| People aged 18-64 predicted to have an antisocial personality disorder       | 106          | 105          | 104          | 104          | 104          |
| People aged 18-64 predicted to have psychotic disorder                       | 124          | 122          | 122          | 122          | 121          |
| <b>People aged 18-64 predicted to have two or more psychiatric disorders</b> | <b>2,219</b> | <b>2,191</b> | <b>2,184</b> | <b>2,184</b> | <b>2,169</b> |

|   |              |              |              |              |              |
|---|--------------|--------------|--------------|--------------|--------------|
| <b>People aged 65 and over predicted to have severe depression.</b>   | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  |
| People aged 65-69 predicted to have depression                        | 356          | 339          | 339          | 345          | 345          |
| People aged 70-74 predicted to have depression                        | 314          | 331          | 347          | 347          | 347          |
| People aged 75-79 predicted to have depression                        | 221          | 237          | 237          | 254          | 270          |
| People aged 80-84 predicted to have depression                        | 198          | 198          | 198          | 198          | 198          |
| People aged 85 and over predicted to have depression                  | 191          | 196          | 207          | 207          | 212          |
| <b>Total population aged 65 and over predicted to have depression</b> | <b>1,279</b> | <b>1,301</b> | <b>1,328</b> | <b>1,351</b> | <b>1,372</b> |

|  |             |             |             |             |             |
|--|-------------|-------------|-------------|-------------|-------------|
| <b>People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
| People aged 18-24 predicted to have a moderate or severe learning disability   | 20          | 19          | 19          | 18          | 18          |
| People aged 25-34 predicted to have a moderate or severe learning disability   | 27          | 27          | 27          | 27          | 27          |
| People aged 35-44 predicted to have a moderate or severe learning disability   | 35          | 35          | 34          | 35          | 35          |
| People aged 45-54 predicted to have a moderate or severe learning disability   | 45          | 44          | 43          | 42          | 40          |
| People aged 55-64 predicted to have a moderate or severe learning disability   | 42          | 42          | 43          | 43          | 44          |
| <b>Total population aged 18-64 predicted to have a moderate or severe learning disability</b>                                      | <b>169</b>  | <b>167</b>  | <b>166</b>  | <b>165</b>  | <b>164</b>  |

| <b>People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|--|-------------|-------------|-------------|-------------|-------------|
| People aged 65-74 predicted to have a moderate or severe learning disability   | 28          | 29          | 29          | 29          | 29          |
| People aged 75-84 predicted to have a moderate or severe learning disability   | 10          | 10          | 10          | 11          | 11          |
| People aged 85 and over predicted to have a moderate or severe learning disability   | 4           | 4           | 4           | 4           | 4           |
| <b>Total population aged 18 and over predicted to have a moderate or severe learning disability</b>  | <b>210</b>  | <b>210</b>  | <b>208</b>  | <b>209</b>  | <b>208</b>  |

| <b>People aged 18-64 predicted to have a serious physical disability.</b>          | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|--|-------------|-------------|-------------|-------------|-------------|
| People aged 18-24 predicted to have a serious physical disability                  | 26          | 24          | 24          | 23          | 22          |
| People aged 25-34 predicted to have a serious physical disability                  | 20          | 20          | 20          | 20          | 20          |
| People aged 35-44 predicted to have a serious physical disability                  | 97          | 95          | 94          | 95          | 95          |
| People aged 45-54 predicted to have a serious physical disability                  | 230         | 227         | 219         | 213         | 208         |
| People aged 55-64 predicted to have a serious physical disability                  | 493         | 499         | 505         | 510         | 516         |
| <b>Total population aged 18-64 predicted to have a serious physical disability</b> | <b>865</b>  | <b>865</b>  | <b>861</b>  | <b>863</b>  | <b>862</b>  |

| <b>People aged 18-64 predicted to have autistic spectrum disorders</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> |
|--|-------------|-------------|-------------|-------------|-------------|
| People aged 18-24 predicted to have autistic spectrum disorders        | 32          | 32          | 32          | 30          | 30          |
| People aged 25-34 predicted to have autistic spectrum disorders        | 50          | 50          | 50          | 52          | 52          |
| People aged 35-44 predicted to have autistic spectrum disorders        | 55          | 53          | 53          | 53          | 54          |
| People aged 45-54 predicted to have autistic spectrum disorders        | 83          | 81          | 79          | 77          | 73          |

|  |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|
| People aged 55-64 predicted to have autistic spectrum disorders                        | 84         | 84         | 84         | 85         | 87         |
| <b>Total population aged 18-64 predicted to have autistic spectrum disorders</b>       | <b>303</b> | <b>299</b> | <b>297</b> | <b>296</b> | <b>295</b> |
| People aged 65-74 predicted to have autistic spectrum disorders                        | 77         | 77         | 79         | 81         | 81         |
| People aged 75 and over predicted to have autistic spectrum disorders                  | 58         | 62         | 62         | 64         | 68         |
| <b>Total population aged 65 and over predicted to have autistic spectrum disorders</b> | <b>135</b> | <b>139</b> | <b>141</b> | <b>145</b> | <b>149</b> |

**Appendix 2: Numbers of people identifying as carers in CBMDC area and Craven <sup>5</sup>**

|                 | <b>Provides 1 to 19<br/>hours unpaid care a<br/>week</b> | <b>Provides 20 to 49<br/>hours unpaid care a<br/>week</b> | <b>Provides 50 or<br/>more hours unpaid<br/>care a week</b> | <b>Total</b> |
|-----------------|--|---|---|--------------|
| <b>Craven</b>   | 4,759  | 674   | 1,178   | 6,611        |
| <b>Bradford</b> | 30,983   | 7,738   | 12,305  | 51,026       |

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<sup>5</sup> 2011 ONS Census

## Appendix 3: Ethnicity <sup>6</sup>

### CBMDC area

| Ethnic group                                  | Number of all usual residents | % of all usual residents |
|---|-------------------------------|--------------------------|
| All usual residents                           | 522,452                       | 100.0                    |
| White   | 352,317                       | 67.4                     |
| English/Welsh/Scottish/Northern Irish/British | 333,628                       | 63.9                     |
| Irish   | 2,541                         | 0.5                      |
| Gypsy or Irish Traveller                      | 433                           | 0.1                      |
| Other White                                   | 15,715                        | 3.0                      |
| Mixed/multiple ethnic groups                  | 12,979                        | 2.5                      |
| White and Black Caribbean                     | 4,663                         | 0.9                      |
| White and Black African                       | 875                           | 0.2                      |
| White and Asian                               | 5,677                         | 1.1                      |
| Other Mixed                                   | 1,764                         | 0.3                      |
| Asian/Asian British                           | 140,149                       | 26.8                     |
| Indian  | 13,555                        | 2.6                      |
| Pakistani                                     | 106,614                       | 20.4                     |
| Bangladeshi                                   | 9,863                         | 1.9                      |
| Chinese                                       | 2,086                         | 0.4                      |
| Other Asian                                   | 8,031                         | 1.5                      |
| Black/African/Caribbean/Black British         | 9,267                         | 1.8                      |
| African                                       | 4,993                         | 1.0                      |
| Caribbean                                     | 3,581                         | 0.7                      |
| Other Black                                   | 693                           | 0.1                      |
| Other ethnic group                            | 7,740                         | 1.5                      |
| Arab  | 3,714                         | 0.7                      |
| Any other ethnic group                        | 4,026                         | 0.8                      |

<sup>6</sup> 2011 ONS Census

## Craven District

| Ethnic group   | Number of people | % of all people |
|--|------------------|-----------------|
| All categories: Ethnic group                           | 55,409           |                 |
| White  | 53,964           | 97.39%          |
| White: English/Welsh/Scottish/Northern Irish/British   | 52,842           | 95.37%          |
| White: Irish   | 215              | 0.39%           |
| White: Gypsy or Irish Traveller                        | 54               | 0.10%           |
| White: Other White                                     | 853              | 1.54%           |
| Mixed  | 375              | 0.68%           |
| Mixed/multiple ethnic group: White and Black Caribbean | 94               | 0.17%           |
| Mixed/multiple ethnic group: White and Black African   | 59               | 0.11%           |
| Mixed/multiple ethnic group: White and Asian           | 141              | 0.25%           |
| Mixed/multiple ethnic group: Other Mixed               | 81               | 0.15%           |
| Asian  | 970              | 1.75%           |
| Asian/Asian British: Indian                            | 156              | 0.28%           |
| Asian/Asian British: Pakistani                         | 474              | 0.86%           |
| Asian/Asian British: Bangladeshi                       | 39               | 0.07%           |
| Asian/Asian British: Chinese                           | 118              | 0.21%           |
| Asian/Asian British: Other Asian                       | 183              | 0.33%           |
| Black  | 61               | 0.11%           |
| Black/African/Caribbean/Black British: African         | 48               | 0.09%           |
| Black/African/Caribbean/Black British: Caribbean       | 8                | 0.01%           |
| Black/African/Caribbean/Black British: Other Black     | 5                | 0.01%           |
| Other  | 39               | 0.07%           |
| Other ethnic group: Arab                               | 25               | 0.05%           |
| Other ethnic group: Any other ethnic group             | 14               | 0.03%           |