



# **Review of Carers Direct information and advice**

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# **Review of Carers Direct information and advice**

DH INFORMATION READER BOX		
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# Introduction

## Background

1. The 2001 Census showed that, in England and Wales, there are 5.2 million carers, this represents about one in ten of the population. Nearly 60% of carers are women, with the peak age for those identifying themselves as having a caring role being 50-59, while those over 65 years of age account for around a third of all carers providing higher levels of care (more than 50 hours of care a week). Carers providing substantial care are twice as likely to suffer ill-health themselves.
2. Looking forward, it is estimated that by 2026, 1.7 million more people will need care and support because they are living longer and need care and support for a longer period, and more children and young people are surviving with complex health conditions. The number of disabled older people receiving care from spouses or partners is projected to more than double between 2005 and 2041.
3. Carers have a particular and specific need for information and advice to both help them in their caring role and help them maintain their own best health. The Government has a continuing interest in providing the mechanisms through which information and advice can be easily accessed by carers.
4. Carers Direct was set up in 2009 to provide a focused information and advice service to carers. It comprises two separate, but interrelated, service components;
  - The Carers Direct information website<sup>1</sup>
  - The Carers Direct contact centre and telephone helpline.
5. These two distinct approaches to providing advice and information has been provided by two separate suppliers. The Carers Direct website is provided through NHS Choices and forms a component of their wider advice and information provision. The delivery of the Carers Direct helpline is contracted through bss (a charity that specialises in information provision for the statutory and third sectors). As part of its work to support the telephone helpline, bss also provides the maintenance and updating of the underpinning knowledge base and the local service directory that underpin the content of Carers Direct. The Carers Direct website on NHS Choices is reliant on bss for the provision of new material, regular updating of content and development / maintenance of the directory of local services for the website.
6. To inform future direction and development a review has been undertaken of the arrangements for the Carers Direct information and advice services. This has included an assessment of the current contractual arrangements, its delivery and consideration

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<sup>1</sup> <http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx>

of value for money it offers. This information would be used to underpin an appraisal and rationale for continuing the current arrangements as a national service and where appropriate to consider options for any alternative arrangements. The agreed terms of reference are at Appendix 1.

### Focus of the review

7. The review was asked to report on the objective performance of the Carers Direct services with respect to how far it has:
  - met the original policy objectives set for it
  - addressed the key themes in *Recognised, valued and supported: Next steps for the Carers Strategy*<sup>2</sup>, and the integration of information for carers' and support into wider policy and practice
  - achieved a sufficient penetration of the potential target audience, and
  - provided value for money compared with plans when the service was launched and the performance of equivalent advice and information services.
8. Rather than a research based evaluation, the review was asked to take account of the existing qualitative and quantitative information and the views from organisations with a particular interest in the provision of information and support for carers. The review was also asked to take account of:
  - current arrangements and assessments of the service undertaken to date
  - the views of carers' organisations and those with an interest
  - the views of relevant Government Departments.
9. Working to similar timescales, a wider internal review of all DH funded contact centres and helplines was commissioned through the Central Office of Information (COI). This looked across all the different contact centres/helplines commissioned by Department to advise on any potential for a rationalisation of their procurement and contracting arrangements. This wider review explicitly excluded NHS Choices web-services from its scope, but included the provision of the Carers Direct telephone helpline.
10. The review has therefore been undertaken within the context of wider policy developments and direction including:
  - the overall provision of advice and information to carers, by Government and by private, third and voluntary providers of services and/or information and advice

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<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077)

- the wider Government information agenda and the earlier consultation *Liberating the NHS: The Information Revolution*<sup>3</sup>
- the changes to the Department of Health's strategic role, and
- the recommendations from the Law Commission's review of Adult Social Care<sup>4</sup> and the Dilnot report on Fairer Care Funding<sup>5</sup>.

## Approach

11. Both as context for the Review and to assess the current use and performance of the Carers Direct services, a range of information has been used. This has included previous audits undertaken and regular statistical data on the use of the services. This included:

- service delivery options for advice line for carers (a report by the Telephone Helplines Association for the Department of Health, October 2007).
- initial scope of work as contracted and subsequent amendments
- Carers Direct; Quality Assurance and Contract Management review (an internal DH report, February 2010).
- Carers Direct Helpline Evaluation – the extent to which it is meeting the needs of carers, frontline staff and carer advice experts (a report by NHS Choices, June 2010).
- Carers Direct weekly contact overview figures
- Carers Direct monthly usage figures.

12. The main initial focus of the Review was to seek the views, opinions and experience from a range of organisations with a specific interest in the support of carers and families as well as carers, families and users of services themselves. Where possible this was undertaken through unstructured face-to-face interviews or by phone. Additionally, more formal approaches to obtaining views were made through the existing committee structures covering the interests of different groups of carers and across Government. Detailed discussions have also been held with the providers of the current

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<sup>3</sup> [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_120080](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080)

<sup>4</sup> <http://www.justice.gov.uk/lawcommission/publications/1460.htm>

<sup>5</sup> <https://www.wp.dh.gov.uk/carecommission/files/2011/07/Fairer-Care-Funding-Report.pdf>

services, bss and NHS Choices. A list of organisations contacted is attached at Appendix 2.

13. Working to a similar timescale as the review of the Carers Direct information service, the Central Office of Information (COI) was commissioned by the Department to undertake a wider review of the existing procurement arrangements of all phone contact centres/helplines funded by policy sections within the Department. The COI review included the Carers Direct helpline services provided by bss and a joint approach was taken to gather detailed information and appropriate discussions across the two Reviews. The Carers Direct information website provided by NHS Choices, not being a helpline, was out of the scope of the COI review.
14. An important aspect of the review has been to look at current information on the wider context of availability of IT and accessibility and use of the internet. Any recommendations about the future of the Carers Direct information services have taken account of the disparity of access amongst different groups of people to electronic based solutions providing information and advice.

# Main findings

## Current organisation of service provision

15. Carers Direct comprises two separate, but interrelated, services, an information website and a contact centre/telephone helpline. The two different services are provided through different contracting arrangements; the telephone helpline, through formal contracting arrangements with bss, awarded following procurement via the European Journal framework; and the information website through a Service Level Agreement with NHS Choices and an addition to wider NHS Choices contracting with Capita.
16. Although separate, the two areas of provision are interconnected and have had to work together closely. Formal arrangements are in place for common and interrelated matters to be discussed and through which issues are resolved. These are reported to have worked well, enhanced by both organisations' enthusiasm to co-operate and in turn allowing space for flexibility in the services approach and development. The table below shows the main breakdown in responsibilities, though in reality and operation there is much crossover and joint working across the organisations.

Organisation	Arrangements currently cover :
<b>bss</b>	<ul style="list-style-type: none"> <li>• Phone Helpline</li> <li>• Responses to Email contacts</li> <li>• Follow up by email or letter to callers (where appropriate)</li> <li>• Updating of info for website</li> <li>• Sign off of web-content (with DH policy lead)</li> <li>• Twitter / Facebook moderation</li> <li>• Web-chat</li> <li>• Local service directory – development &amp; updating</li> </ul>
<b>NHS Choices</b>	<ul style="list-style-type: none"> <li>• Website delivery</li> <li>• Website development</li> <li>• Website content eg Videos</li> <li>• Website Editorial &amp; Publishing</li> <li>• Stakeholder engagement</li> <li>• Syndication of content/pages</li> </ul>

17. This split of responsibilities and the flexibility between the organisations has been sited as both a strength and a weakness. While providing a good base for the services and allowing for the resources and space for new development to meet changing demands this has allowed scope of various elements to 'creep'. On occasions, these have reduced clarity of purpose particularly when viewed from outside the contractual arrangements, particularly by voluntary sector organisations with an interest in carers.

## Delivery and Quality of Carers Direct Information Services

### Overview

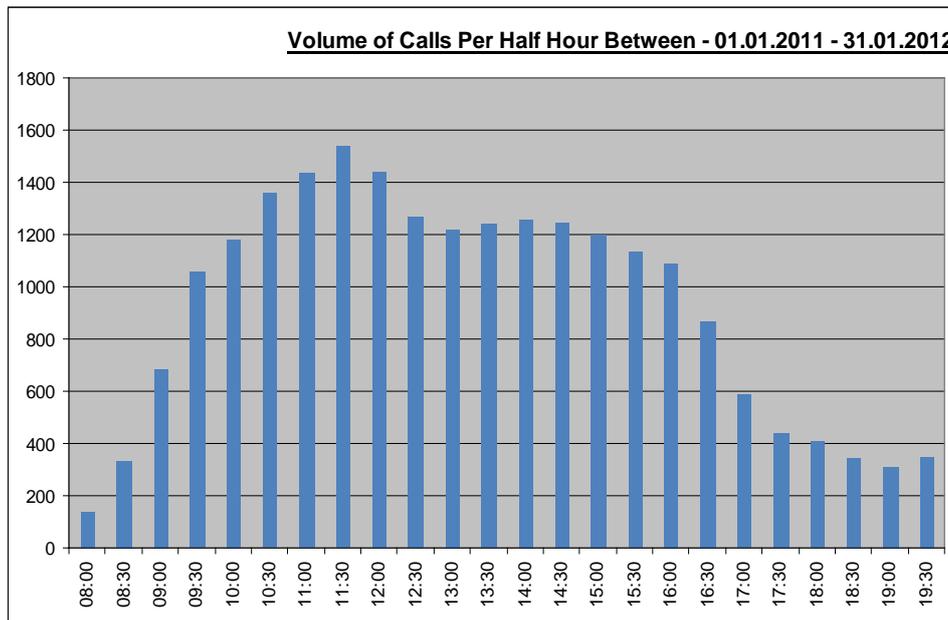
18. The number of telephone contacts at around 24,000 per year has been significantly fewer than had initially been anticipated. Contacts with the helpline service have been increased with the introduction of social media channels, Facebook, Twitter and more latterly webchat. The monthly level of calls has usually been within a range of 1,400 to 1,900 though it is noticeable that there have been a number of spikes over the period of operation. One of these coincided with a period in which there was direct marketing of the service, while the months of January, February and March each year show an increased level of use.

<b>Helpline</b>	Phone calls and emails:	24,000 per year
	Interactions via Twitter	156,000 per year
	Interactions via Facebook:	156,000 per year
	Interactions through webchat	up to 90 per month (service began July 2011)
<b>Website</b>	Website contacts/visits:	1,300,000 per year

19. With the consent of the individual callers to the Helpline, detailed records of the demographic make-up of callers has been collected. Over 60 percent of callers were between 40 and 69 years of age, and those aged 19 and under represented only 1 percent of those calling. 73 percent of callers were female and 27 percent male.
20. Of those who gave information on their ethnicity, 74% of callers to the helpline designated themselves as being white; 3 percent Asian or Asian British; 2 percent Black or Black British and; 1 percent as mixed race. The language and translation services were used infrequently, around twice a month with most of these callers wanting to converse in Gujarati or Portuguese.
21. The website has seen increasing use during the three years of its operation. Around 36% of visits to Carers Direct come from people who have been referred from other areas (web-pages) within NHS Choices site. This indicates the importance for carers of the linkages to and from condition-specific information and suggests that many carers do not recognise themselves as 'carers' specifically when looking for information for those who they are caring for. The links to and from carers' specific information within NHS Choices as a whole have been built up over time to respond to this need. Similarly to the telephone service, website contacts were seen to increase significantly during a period in which there was direct marketing.

Year	Average weekly website visits	Annual website visits
2011	25,000	1,300,000
2010	22,000	1,144,000
2009	13,411	697,372

22. The telephone helpline has been open from 8am to 9pm Monday to Friday, including Bank Holidays, and from 11am to 4pm at weekends. The chart below show the average spread of calls through opening times. The proportion of calls received at the weekend falls significantly being around 18 and 25 percent of the rate of week day numbers.



Subject of calls and outcomes

23. People call the helpline service on a very wide range of subjects. Overall, people calling want to know about welfare benefits for themselves (Carers Allowance) and those that they are caring for (disability and means tested benefits) as much as they want specific information on carers or community care assessments. The calls themselves last on average for around sixteen minutes, but can be short, to point a person in the right direction, or long and complex requiring detailed input. Call handlers are trained to ask a wide range of questions and, when appropriate to discuss some of the underlying reasons around the initial problem raised. A call initially about Carers Allowance may have been a persons own thoughts on a solution to problems their facing on accommodation or housing issues. The top six high level outcomes from calls reflect this diversity and complexity.

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Top six subjects for calls	Top six outcomes from call
<ul style="list-style-type: none"> <li>• Carers Allowance</li> <li>• Community care assessment</li> <li>• Disability benefit</li> <li>• Means tested benefits</li> <li>• Carers assessment</li> <li>• Help in the home</li> </ul>	<ul style="list-style-type: none"> <li>• Signposted to local organisations</li> <li>• Signposted to local authority</li> <li>• Signposted to national organisation</li> <li>• Information provided on assessments</li> <li>• Signposted to carers assessments</li> <li>• Directed to website</li> </ul>

## Quality of contact

24. While numbers of people calling the helpline have been fewer than expected, they have consistently received a high quality of service. 97 percent of calls are responded to within the timescales set by the contract, meaning that over 85 percent of calls have been answered with ten seconds. Assessments of the helpline's performance through direct follow up with callers and mystery shopping exercises have resulted in very high satisfaction rates and have confirmed the good quality of contacts and information given.

25. From recent Carers Direct Website User Satisfaction Survey we know:

- the majority of Carers Direct users are those who use the site for personal reasons (84%), compared with those who use it professionally (16%)
- 46% of carers tend to look for information on help, advice and support about being a carer and 35% look for information related to financial assistance
- the majority of Carers Direct users, 79%, agreed they found some or all of the information they wanted on Carers Direct.
- 81% of users thought the site was easy to use
- 76% of users thought information was clear and easy to use
- 68% of users thought the information was accurate and up to date
- 80% of users would use the service again
- 79% of users would recommend it.

## Costs

26. The identification of full costs for the Carers Direct website were difficult to distinguish from some of the wider costs associated with the whole NHS Choices service. Identified costs specifically for the Carers Direct website for the year 2011/12 were around £300,000.

27. Costs for the Helpline service were contracted separately. The overall costs for the services provided by bss for the year 2011/12 totalled £1.6m. As described earlier bss took on a range of roles beyond the direct provision of the Helpline. It was fundamental to providing content and updating the information on the website, and it took on

## Review of Carers Direct

considerable responsibilities in the development and updating of a service directory accessible through the website. Proactive work was also undertaken on social media and in regular contact with carers' organisations and events.

## Views from carers and interested organisations

28. The views, opinions and experience from a range of organisations with a specific interest in the support of carers and families as well as families and users of services was sought thorough, face-to-face interviews or by phone. The information obtained has not been attributed to individuals or individual organisations. Rather, the report draws out the commonalities in the view expressed.

## General

29. There was a clear recognition that the web-site (in part) filled a gap in provision. However, if it could not be a service that gave a definitive rights based view, then its major worth for the future should be in its connection with local services. It should be both a way into local services and a mechanism for marketing local organisations. It was felt that this would require increased local input and a much improved, more intuitive to use approach to a service directory and its search facility. It was suggested that the helpline could look to make referral to a local organisation automatic.

30. There were some general points of agreement amongst the organisations and people who have provided a view as part of the review:

- all interests have agreed that the more routes through which (accurate) information and advice is made available to carers the better
- there is a general view that there is a national role and space for the DH to fill in the area of information and advice to carers
- the numbers of phone callers and website visitors has highlighted questions of value for money.
- the national role of the Carers Direct Helpline service needs to be more clearly articulated and understood
- a good inter-relationship and effective referral mechanism with the voluntary sector nationally and (most importantly) locally is seen as a vital aspect of any continued service.

## Website

- filled some gaps in the information available to carers – had expected it to have concentrated more on providing a definitive (Government) view on 'rights'.

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- provided a good cross-Government coverage of information and good attempt at an overarching portal for access.
- carers are not a homogenous 'group' and their information requirements need to be met in a variety of ways – a web-based approach provided part of the picture only.
- early efforts at 'marketing' service had seemed to produce results in terms of increasing contacts but they were unclear if this had been kept up. The marketing of the site should be maintained.
- some criticism of the current service directory
  - too many results – not able to find what you need
  - Not enough local information for people to judge relevance
- had informal reports that it was used by professional audience.

## Helpline

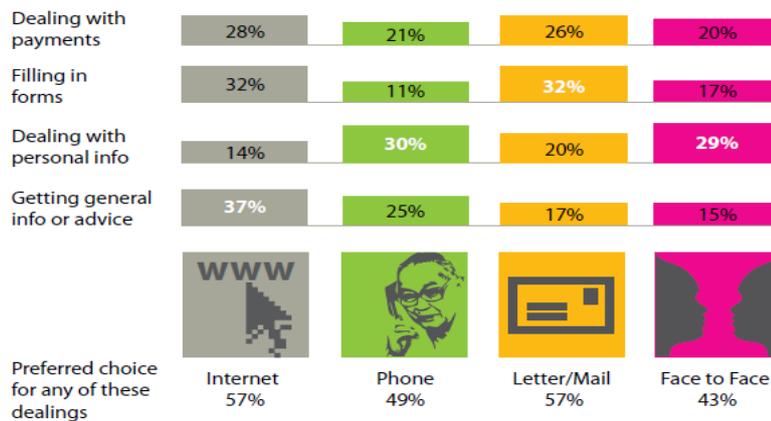
- the fit with other advice services was not clear, and seemed to have some concerns about its worth;
  - how many people it engaged with
  - how it linked to local organisations/support.
- a number of national organisations had monitored referrals to their local member organisations across the country. There had been concerns that locally they would get overwhelmed by an increase in contacts. This proved to be unfounded, but was replaced with a concern that not enough referrals were being made – reported as very occasional, only one or two a month.
- people were not clear about whether the initial focus on carers who were not in direct touch/contact with other organisations had been met.
- some of the above concerns about the service directory were raised as this is used by the helpline staff to enable them to direct people to local services. There was a view that to do this most effectively required a greater depth in local knowledge than was available.
- Whilst helpful, information and advice without provision of direct referral route could not guarantee that emotional support needs were being identified or met.

- noted that it provided longer contact service hours than many of the voluntary sector helplines.

### Citizen expectations / preferences

31. It is important to see both the telephone helpline, its associated social media, and the website within the wider context of people's use of information technology. As people's confidence in internet technology grows, online is becoming the primary response channel as it can be convenient and immediate and can make some tasks, eg form filling, easier. An online contact or response typically remains a 'low engagement' response than a telephone response. The response is often a more complex interaction for which a website is not always best suited. So, in many cases online services play an important role in an offline response, for example accessing the internet to look up phone number for response. This highlights the necessary connectivity between website information and a telephone helpline service, which for many people, will remain a preferred option for gaining advice.

Figure 4: Channel preferences for government transactions in 2009



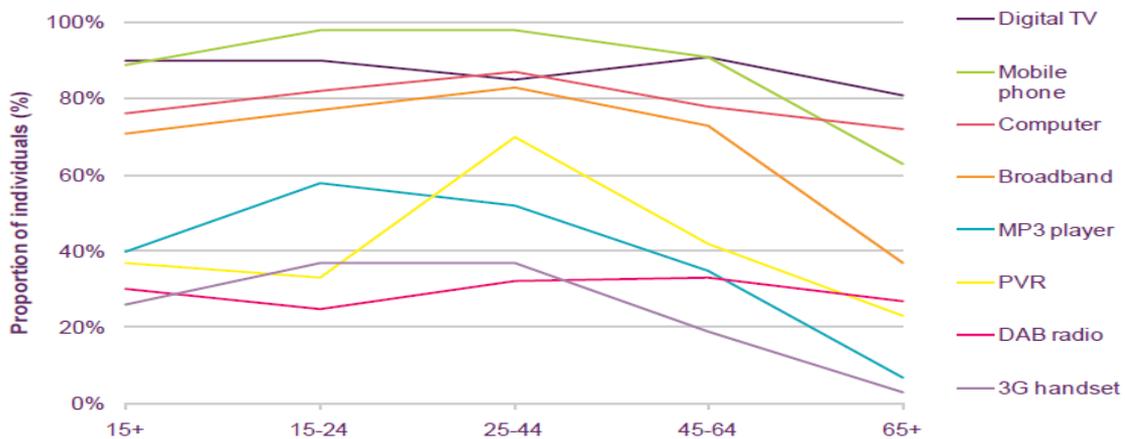
Source: BMRB FTF omnibus, April 2009, n=1001

32. Despite the growth in household Internet connections over recent years, there are still 5.7 million households without an Internet connection<sup>6</sup>. Some householders suggested that specific barriers were preventing them from investing in a household Internet connection; for example 19 per cent indicated that equipment costs were too high, while 21 per cent stated that lack of skills prevented them from getting the Internet. However, half of those without a household Internet connection said they did not have one because they “don't need the Internet”.

<sup>6</sup> ONS Opinions Survey 2011 [http://www.ons.gov.uk/ons/dcp171778\\_227158.pdf](http://www.ons.gov.uk/ons/dcp171778_227158.pdf)

- Those aged 65+ are much more likely to be offline than younger cohorts
  - 60% of adults aged 65+ have never accessed the internet<sup>7</sup>
- Adults in lower socio-economic groups are also less likely to access the internet<sup>8</sup>
  - Only 15% of people living in deprived areas used online government services in 2009
  - 40% of UK population do not use online channels, including websites such as Directgov and NHS Choices
- Some are digitally excluded by choice<sup>9</sup>
  - Of those who do not have the internet at home 55% say they have no interest/see no use for it, only 12% cite financial reasons
  - Some are aware that services exist online but choose to access them by other means

Figure 4: Adoption of new technologies, by age



Source: Ofcom research Q1 2010, based on claimed ownership of devices.

<sup>7</sup> ONS Opinions Survey 2010

<sup>8</sup> Ofcom Media Literacy Audit 2009

<sup>9</sup> Cabinet Office Channel Strategy Guidance 2009

# Discussion and conclusions

## Assessment of Services

### Policy objectives

33. The two services taken together have clearly met the initial policy objectives set for the improvement advice and information available to carers. The quality, reliability and manner in which that advice and information has been provided has received high praise from those who have used it. The breadth of that information, covering advice on a wide range of issues of particular interest to carers, provided through a single access point has enabled improved integration of advice and information to this group.
34. The website and phone line have succeeded in making links to information and advice from across Government Departments. The important linkages and inter-relationship between the website and helpline have improved the integration of general advice to carers with both general and condition specific health advice provided through NHS Choices. This is particularly important to reaching those who do not recognise or label themselves as a 'carer'. The services have been less successful in integrating and securing the linkages between the national and local perspective. This is the area that has received most criticism. Although callers and users of website are reported as having been told of and advised to contact local services, there is little corresponding evidence from carers organisations of people turning up at the door of the voluntary sector. The reasons for this discrepancy are unclear, but would appear to be much higher than might be expected from usual fall-off rates. The voluntary sector organisations have reported this as a particular issue.
35. Significant resource and effort has been put into developing and maintaining a directory of local services which can be searched on the Carers Website. The reports from and experience of local voluntary sector organisations has not shown any change in numbers of people declaring that they have been referred to them through this service. People have not found the website search facility and filtering mechanisms for the directory particularly easy to use and therefore the results have been less helpful. It has been argued that this is a facility best used by an adviser or professional. While there is no doubt that the telephone helpline advisers are more deft and experienced in its use, their referral to inappropriate local services was one particular issue found by the Mystery Shopping exercise.

### Penetration of the potential target audience

36. The number of callers to the Carers Helpline service were below expectations from the outset. The initial tender documents set out that it should initially be able to handle

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volumes of callers at approximately 100,000 per year, on the basis that the average talk time of calls answered was expected to be around 15 minutes. The rate of calls is currently around 24,000 per year, and remains significantly below the original expectations. However, the period has seen significant increase in the use and facilitation of social media, now over 300,000 contacts per year.

37. The use of the Carers Direct website has grown in each year of its operation. Current usage of around 1.3 million hits a year remains well below its potential target audience of all carers in England, which is judged to be around 5.2 million. It is recognised that many carers do not label themselves as such, so the linkage between Carers Direct and the wider NHS Choices information website remains crucial for many individuals who will begin looking at condition specific information and via that enquiry, be alerted to advice on carers.

## Value for money

38. On balance, the costs associated directly to the Carers Direct website and the level of its use by carers indicates that this is an effective approach to providing general information and advice. It has seen a continued increase in use over its operation and has relatively fixed costs. To date it has been supported by connected work undertaken as part of the contract for the telephone helpline service.

39. Compared to other DH run helplines and based on the current number of calls, the Carers Direct service looks to be more expensive. However, the overall costs cover a much wider range of services, including direct support to the website in terms of content, updating information and the data for the delivery of a national service directory. But overall the service has dealt with a lower than expected number of calls. This has been managed through the contract by increasing the quality of service and by extending the services, particularly developing the social media offered, rather than looking at reducing costs.

## Wider policy context

40. Access to information and advice has identified as a significant aspect of policy development in a number of publications over the past eighteen months.

- An information Revolution: consultation on proposals<sup>10</sup> set out the Department's agenda for giving people more information and control and greater choice about their care and support.
- The Government ICT Strategy<sup>11</sup> published March 2011 set out the context for enabling access to online transactional services, which makes life simpler and

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<sup>10</sup> [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_120080](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080)

more convenient for citizens and businesses and channels to collaborate and share information with citizens and business

- The Law Commission Report on Adult Social Care<sup>12</sup> published 11 May 2011 recommended that any new statute should maintain the existing duties on local authorities to provide information, advice services in their area.
- An information Revolution: summary of responses to the consultation<sup>13</sup> published August 2011
- Fairer Care Funding, The Report of the Commission on Funding of Care and Support<sup>14</sup> published July 2011. The Dilnot Commission received a high level of comments on information for citizens, families and carers, and detailed where it saw the balance of responsibilities nationally and locally.
- Caring for our future: shared ambitions for care and support<sup>15</sup> The Social Care engagement exercise has similarly raised a high level of interest in information. The different workstrands within the engagement process all identified information as an important component to underpin improved understanding, practice and delivery. To summarise, the key problems that information and advice needs to address are that people:
  - do not know or have a clear idea of what social care is
  - do not know how or where to access the information that would help them plan and prepare at key points in their lives or support them to make appropriate choices if they are in receipt of care or expect to need care in the near future
  - need access to a comprehensive range of help to navigate and support them to get the right 'personalised' care

The engagement groups concluded that a comprehensive, universal information, advice and support service is required to meet these needs.

41. The engagement exercise has fed directly in to the Care and Support White Paper, published in July 2012, and the consultation on the information revolution has fed into the DH Information Strategy<sup>16</sup>.

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<sup>11</sup> <http://www.cabinetoffice.gov.uk/content/government-ict-strategy>

<sup>12</sup> <http://lawcommission.justice.gov.uk/publications/1460.htm>

<sup>13</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_129405](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129405)

<sup>14</sup> <http://www.dilnotcommission.dh.gov.uk/our-report/>

<sup>15</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_129923](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129923)

<sup>16</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_134181](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134181)

## Conclusions

42. This report looks to draw together the details, opinion and views canvassed and suggest a way forward towards a coherent, cost effective approach that will better meet the needs of developing policy but continues to deliver a quality service to carers. This approach is designed to inform and fit with wider developments on information policy, which will include a wider analyses on equality of access. To support this:

- the Department should have a continuing role in supporting carers with advice and information at a national level
- subject to affordability, the Carers Direct website presence should continue but should be further integrated into arrangements for the wider NHS Choices website services and any further service developed in the light of the Information Strategy, published in May 2012.
- the demographics of carers, those who do not have access to the internet and those who show a preference for contact by phone coalesce around the older age group. This means access to information and advice by phone is imperative if the Department is to reach the right audience and to ensure equality of access.

43. Since this review began, the Department has continued to develop its website presence for carers and has reviewed the operation of DH funded helplines.

- The Carers Direct web presence has been maintained as part of NHS Choices with no outward difference for users. It has been included within current contractual arrangements and will form part of any future procurement of the service.
- The review of all DH funded Contact Centres and related services, which include the Carers Direct helpline, found that overall the current call centre infrastructure is not delivering best value for money. It found significant discrepancies in cost (overall cost, and cost per contact); the flexibility offered and the way in which the accounts are managed. It suggested that a greater degree of efficiency, flexibility and consistency could be achieved by consolidating contact centre contracts and reducing helpline services. Work has begun on a re-tender process incorporating all DH telephone helpline services, within one contractual arrangement, to take effect later in 2012.
- To ensure a consistency of service, the current bss contract for the Carers Helpline was extended from April to end of September 2012 (6 months) at reduced cost and with some reduction in services. This includes opening times, reduced expectation on pick-up times, updating work on the service directory and

## Review of Carers Direct

increasing the focus on information and advice, with reduced follow-up. This reflects the lower than expected use of the helpline.

- Between April and September 2012, the impact of the changes to the helpline are being monitored and will be evaluated. This will inform the new contracting arrangements for DH helpline services which will include Carers Direct.

# Appendix 1

## Terms of reference

[set out April 2011]

### Introduction

An information and advice point for carers was set up and funded directly by the DH in April 2009. The current arrangements for 'Carers Direct' have been contracted to March 2012 through two suppliers:

- i **bss** (a charity that specialises in information provision for the statutory and third sectors) and NHS Choices. In simple terms bss provides the helpline and all the research that underpins the advice and information provided by Carers Direct (helpline and website), and
- ii **NHS Choices** provides the web components of Carers Direct.

Management of contracting and performance arrangements for the service is planned to be transferred from SCLGCP wholly to NHS Connecting for Health (CFH) from April 2011.

After two years of operation and with several focused assessments made of its individual components, sufficient information is available to undertake a more strategic review to provide policy, operational and funding options for the future of Carers Direct.

Resources have been secured for Carers Direct 2011/12. No decisions have been taken about future years.

### Coverage and conduct of the Review

The review will be undertaken within the context of wider policy direction including:

- the overall provision of advice and information to carers, by Government and by private, third and voluntary providers of services and/or information and advice
- the recently completed consultation in respect of Liberating the NHS: The Information Revolution (DH response and Information Strategy publications are pending) and the wider Government information agenda
- the changing focus of the Department of Health's strategic role.

Within this context the review will report on the objective performance of Carers Direct with respect to:

- meeting its original policy objectives

## Review of Carers Direct

- addressing the key themes in *Recognised, valued and supported: Next steps for the Carers Strategy*, and the integration of information for carers' and support into wider policy and practice
- throughput and value for money compared with plans when the service was launched
- the performance of equivalent advice and information services

In undertaking the review account will be taken of:

- current arrangements and any service assessments undertaken to date
- the view of the Standing Commission on Carers
- the views of carers' organisations and those with an interest
- the views of relevant Government Departments

In discussion with stakeholders a range of options will be discussed ranging from maintenance of Carers Direct in its current form, adaptation of some or all aspects of the service, or stopping the service in its current form.

# Appendix 2

## Organisations and other interests consulted as part of the Review

- Carers UK
- Princess Royal Trust for Carers
- Crossroads
- Voluntary Organisations Disability Group (VODG)
- Age UK
- Afiya Trust
- Carers Together (independent Carers org covering Hampshire)
- The National Young Carers Festival organised by The Children's Society and YMCA
- Romsey Young Carers club
- Standing Commission on Carers (SCOC)
- bss (provider of the Carers Direct Helpline services)
- NHS Choices
- Central Office for Information
- Royal College of General Practitioners (through GP developments on GP training on carers)
- Government Departments through the Carers Strategy Cross-Government Board
- DH, Social Care Outcomes and Information Board, including Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA)

