

Report to: **Adult Social Care Scrutiny Committee**

Date: **13 March 2006**

By: **Director of Adult Social Care**

Title of report: **Review of Respite Care Strategy**

Purpose of report: **To review the original Respite Care Strategy in the light of developments since May 1999 and the recent report by consultants from the University of Brighton, looking at the needs of carers and services provided for carers in East Sussex.**

RECOMMENDATIONS

The Scrutiny Committee is recommended to:

- 1. Note the progress made to implement the 1999 Respite Care Strategy;**
 - 2. Agree the proposal to develop a Commissioning Strategy for carers' services.**
-

1. Financial Appraisal

1.1 Respite services are funded in a variety of ways. Many of the 'mainstream' Community Care services such as home care and day care have the effect of providing 'respite' to carers, as well as support to the person being cared for. Some services are provided directly to carers through the Carers' Grant. Others are provided by the voluntary sector and may be fully or partly funded through Carers' or Community Partnership Grants. The NHS locally provides significant funding for some respite services, both through direct provision and through grants to voluntary sector organisations. Voluntary organisations also raise some money themselves which partly funds respite care.

1.2 The Council is facing a severe financial challenge in 2006/07 which will have an impact on the delivery of respite and other support to carers. Carers' Grant was significantly increased in 2005/06, but is no longer ring-fenced. In order to manage pressures on the adult social care budget and meet the needs of the most vulnerable, funding for adults respite services in 2006/07 will reduce. Other measures taken to deal with the budget shortfall in Adult Social Care will impact on both carers and those for whom they care, such as the closure of some day care centres. The proposals in this report will be contained within the 2006/07 budget for Adult Social Care. However, the continued development of respite care in future years, in line with the 1999 Strategy and the 2006 Brighton University report, will require increased investment.

2. Introduction and Supporting Information

2.1 With the separation of Adults and Children's social care services into two departments, this report only deals with respite care to adults. The Brighton research did include the needs of parent carers of disabled children. However, a separate review of services to young carers is underway and a report and recommendations to the Children's Scrutiny Committee will best deal with the needs of both young carers and parent carers.

2.2 As in 1999, this report takes a broad view of the term 'respite care'. It includes traditional short residential breaks for the person cared for, day care and the full range of domiciliary care, from personal care through to 'sitting services'. Increasingly, respite also involves providing a range of services directly to carers.

2.3 The key strategic objectives of the 1999 Respite Care Strategy are set out in **Appendix 1**. These have formed the basis of considerable development and improvement to respite services over the intervening years. Key developments have been:

- Inclusion of carers and carers' organisations in the planning and development of services - e.g. the county Carers' Strategy Group. (Objectives 4 and 5)
- Closer partnership with commissioning partners for carers' services – e.g. the Pooled Budget with all East Sussex PCTs, in respect of services provided by Care for the Carers. (Objective 5).
- Real progress over the last two years with increasing the number of carers' assessments being delivered and steps to improve the quality of those assessments. (Objective 6).
- Continued funding for some of the 1999 respite pilots – e.g. the Grangemead Rural Day Care project. (Objectives 1, 2 and 7).
- Re-commissioning some residential respite through block contracts and reconfiguring some in-house residential respite and providing a budget for 'spot purchase' of emergency respite. (Objectives 1 and 2).
- Considerable investment in and development of rehabilitative programmes – e.g. the 'Living at Home Programme' (Objectives 3 and 9).
- Development of the 'Carer's Passport' for when a cared for person enters hospital. (Objective 8).

2.4 In addition, there has been the development of the Short Break Voucher Scheme and this year, a Carers' Direct Payments scheme, both of which have sought to put money for short breaks into the hands of carers and the people for whom they care, to enable greater flexibility and choice.

2.5 In 2005, the Carers' Strategy Group commissioned research from Brighton University to review existing services for carers in the light of known need and of a developing policy and legislative framework (e.g. the Carers' Equal Opportunities Act 2004, implemented in 2005). The researchers were asked to find out what carers thought about the current range of services designed to support them and to identify gaps and directions for improvement. **Appendix 2** provides an Executive Summary of the report and **Appendix 3** provides a list of the recommendations.

2.6 The report reveals that many of the 1999 objectives still hold true. Carers still put a high value on residential breaks and day care, for example, and we need to do further work to develop services in the rural areas of Rother and Wealden. There is a new emphasis, however, on the provision of good quality information for carers and on issues of choice and flexibility.

3. Conclusion and Reasons for Recommendation

3.1 The 1999 Strategy has provided a foundation for real progress in the development of supportive respite to both carers and those for whom they care and increasingly this development has been in partnership with other organisations and with carers themselves. The Brighton University research reveals that we are doing some things right and need to continue with many of the services we currently commission or provide, but it also reveals some areas of weakness and some new emphases of which we need to take account. The proposal is to develop with partners and carers, through the Carers' Strategy Group, a new Commissioning Strategy for Carers' Services, to deliver the best outcomes for carers within available resources. Building on the Brighton research and other drivers and on a revised set of strategic objectives, it is proposed that this new strategy is developed by July 2006. Some re-shaping of current provision is required by the 2006/07 budget process and this is being informed by the Brighton research and other information, to ensure that it will be in harmony with the new Commissioning Strategy. The challenge for future years will be to ensure that sufficient resources are available to maintain the progress that has been made to date.

KEITH HINKLEY
Director of Adult Social Care

Contact Officer: Beverly Hone (Assistant Director, Strategy & Commissioning) Tel No. 01273 481378

BACKGROUND DOCUMENTS

Respite Care Strategy, May 1999, East Sussex Social Services Department
 Carers and Services for Carers in East Sussex, 2006, Brighton University