

Committee: **Adult Social Care Scrutiny Committee**

Date: **21 November 2006**

By: **Director of Adult Social Care**

Title of report: **Carers Commissioning Strategy**

Purpose of report: **To inform the Committee of progress in developing and implementing the Commissioning Strategy for Carers Services.**

RECOMMENDATIONS

The Adult Social Care Scrutiny Committee are recommended to endorse the draft Strategy and the process for consultation and implementation.

1. Financial Appraisal

1.1 The overall allocation of resources for supporting carers through the Commissioning Strategy in 2007-08 and beyond is not addressed in this report but will be addressed through the Reconciling Policy and Resources process and proposals drawn up in time for them to go to Lead Member in February 2007.

2. Background and Supporting Information

2.1 At the Adult Social Care Lead Member meeting on 10 July 2006, a process for re-commissioning services for carers was agreed, based on a new Carers' Services Commissioning Strategy. This report presents the draft Strategy (see Appendix 1) for information, together with the proposed process for consultation and implementation.

2.2 The Strategy has been produced by a group comprising carers and Primary Care Trust (PCT) representatives, as well as members of staff from the Adult Social Care (ASC) Department. The intention is that this will be adopted as a joint Strategy by the PCTs in due course.

2.3 The Strategy outlines an analysis of need and current service provision, based on the research undertaken by Brighton University during 2005. It sets out a number of principles that will underpin future commissioning of carers' services and describes broad commissioning intentions, covering the following:

- redressing geographical imbalance in provision;
- accessing services and catering for carers in minority groups;
- the allocation of 25% of available resources to forms of direct payments to carers (vouchers and Carers Support Grants);
- setting up a Development Fund to pump-prime new services (particularly in the rural areas of the county);
- respite care and other breaks from caring;
- providing information and advice;
- providing specialist support (such as back care advice);
- providing training for carers.

It also highlights an intention to monitor carers' services more closely and gather better management information. This information will also inform performance reporting to the Performance Assessment Framework (PAF).

2.4 The Strategy is based on an assumption that we will continue to work with most existing providers of carers' services, provided their services meet the requirements of the Strategy and demonstrate how they will do so. During the 3-year life of the Strategy, providers will be able to develop their services and become more able to compete equally in any future re-tendering exercise.

2.5 The proposed Development Fund will provide an opportunity for new or existing providers to enter the market and bid to set up new areas of service under the Strategy.

2.6 In making a distinction between 'direct' carers' services and community care services supplied to service users that also benefit carers, the Strategy will influence the commissioning and the direct provision of some community care services, such as residential respite care and day care.

2.7 The process of drafting the Strategy has been collaborative and consultative with carers and commissioning partners. The plan is now to consult with a wider audience - voluntary organisations which represent carers and which are also major providers of carers' services, the wider voluntary sector and other groups representing carers. This consultation period will last until the end of January 2007.

2.8 Provider organisations will be contacted and offered the opportunity to state their wish to continue as providers and outlining how they will meet any additional requirements of the Strategy.

2.9 There is a commitment to keeping the Strategy under review and formally reviewing it on an annual basis with reports to lead member on progress.

3. Conclusion and Reason for Recommendation

3.1 Carers perform a vital task in the community and support to carers is thought to be highly cost-effective in enabling vulnerable people to remain in the community rather than in hospitals, nursing homes or residential care. The draft Strategy will provide a basis for ensuring scarce resources are put to best effect and that services we commission (together with our commissioning partners in the NHS) are able to address the known needs of carers themselves.

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Local Members: All

Background Documents: None

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EAST SUSSEX 3-YEAR JOINT COMMISSIONING STRATEGY FOR CARERS' SERVICES

2007/08 TO 2009/10 INCLUSIVE

1. INTRODUCTION

This strategy recognises the essential role that 'informal' carers play in our society, that they are key partners of the statutory agencies in the task of enabling people to remain living at home and to feel cared for and supported and that there has never been a more important time to focus all available resources on ensuring that carers themselves feel supported.

The strategy recognises both the cost of 'informal' caring to carers themselves and also the degree to which tasks undertaken by carers prevent or reduce the need for intervention by the statutory sector (for example the Wanless Report, 2002 and the NHS White Paper, 'Our Health, Our Care, Our Say', 2006). Local NHS research has also shown that carer breakdown can be a major factor leading to a need for long-term care for vulnerable elderly people ('Windows of Opportunity', 2005).

In 2006, East Sussex County Council's Adult Social Care Department published, for the first time, a 3-Year Plan, setting out its intentions and commitment of available resources up to 2010. The plan recognises the central importance of carers and commits the department to a review of the level of funding available for carers' services from 2007 onwards. This strategy builds on the 3-Year Plan, setting out the department's intentions for carers' services over the next three years. It is also a joint strategy, developed with commissioning partners in the Primary Care Trusts and with a group of carers. The NHS Trusts are joining with Adult Social Care in committing resources and commissioning services for carers over the next three years.

2. PURPOSE OF THIS STRATEGY

The strategy sets out the 'commissioning intentions' for services to carers over the next three years of East Sussex County Council Adult Social Care Department and the East Sussex NHS Primary Care Trusts. It states how we plan to spend the money available for carers' services - central Government money available through Carers Grant, 'mainstream funding' from the general Adult Social Care (ASC) Budget and NHS funding, delivered through the local Primary Care Trusts (PCTs). It sets out what kind of services we intend to commission from the voluntary and independent sectors and where those services should be located. It also makes links with services provided through ASC Directly Provided Services (DPS) that indirectly support carers and clarifies expectations of those services in relation to carers' support. In respect of Crossroads Care only, it includes the commissioning intentions of East Sussex County Council Children's Services.

3. SCOPE AND DEFINITIONS

Throughout this document, the term 'carer' is as defined by the Carers and Disabled Children Act 2000. A carer is 'an individual aged 16 or over who provides a substantial amount of care on a regular basis for another individual aged 18 or over'. It rules out anyone employed as a carer or who provides care as a volunteer for a voluntary organisation.

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This strategy covers all services commissioned or directly provided to support carers of adults (aged 18 and over), and where the carer is aged 16 or over. It excludes young carers (aged under 16) and parent carers of disabled children. A separate commissioning strategy covering services for young carers and parent carers of disabled children will be developed within Children's Services.

Carers provide care and support to people of all ages and all 'client groups'. They do not fit neatly into our organisational distinctions between older people, disabled people, people with mental health issues and people with learning disabilities. Carers are affected by services that are provided in a variety of ways and by a variety of organisations – directly provided services by Adult Social Care and the NHS and commissioned services provided by many different voluntary organisations and independent sector providers. They are also affected by services provided by other departments of ESCC, by local councils and other organisations. Many services provided to people cared for (such as residential respite care and day care) have a significant impact on carers and their ability to care.

This strategy is therefore inevitably cross-cutting. It makes explicit our plans for commissioning services from resources (mainly Carers Grant) that have been identified as directly for carer support. It also sets out principles and intentions which will influence the commissioning (or direct provision) of other services.

The strategy therefore makes a distinction between 'carers' services', that directly support carers – information, advice, help with housework, purchase of equipment, attendance at training, community based support groups, 'sitting services' etc. and 'community care' services (involving 'intimate care') that benefit carers but can only legally be supplied to service users – such as residential respite care, day care and home care. It recognises that both are essential if carers are to feel adequately supported.

In the case of Directly Provided Services (DPS), the strategy will inform the ASC Department's review of these services and will subsequently form the basis of Service Level Agreements for the supply of carer support services.

The strategy will also inform the development of other commissioning strategies – for example in Learning Disability and Older People's Services.

Where the strategy addresses issues relating to mental health, a distinction needs to be made between issues predominantly affecting older people and those that are more common with people of working age.

For older people, the most common mental health issue and the most dominant in its impact on carers and service providers is dementia (or other forms of 'organic' mental ill health). The term 'EMI' (Elderly Mentally Infirm) is used in some places in this document to describe this group of people. The strategy makes the assumption that carers of older people with dementia will probably be best supported by a similar range of services to those required for carers of older people generally – i.e. a range of respite 'breaks', including residential and day care. However, services commissioned will need to be able to cope with the particular needs of this group of users.

People of working age with mental health issue will frequently not have carers at all and they will mostly be affected by 'functional' mental illnesses, such as schizophrenia. Where people do have carers, any need for respite breaks will require different resource provision than for older people.

4. RELEVANT LEGISLATION AND GUIDANCE

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The strategy is informed by government legislation on carers:

- The Carers (Recognition and Services) Act 1995, which gave carers the right to an assessment of their ability to continue caring;
- The Carers and Disabled Children Act 2000, which gave carers the right to a separate assessment from the person for whom they care and gave local authorities the power to provide some services direct to carers, including direct payments, as well as the power to charge for such services;
- The Carers (Equal Opportunities) Act 2004, which sought to ensure that carers are enabled to participate fully in society by addressing their needs for access to employment, learning and leisure activities, and giving local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support for carers.

It is also informed by government guidance:

- Policy Guidance on the Carers and Disabled Children Act 2000 (Department of Health);
- Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance (Department of Health);
- Carers Grant 2006/07 and 2007/08 Guidance (Department of Health).

The strategy is written in the context of the emerging direction of travel for community services set out in the government White Paper 'Our Health, Our Care, Our Say' (Department of Health, 2006), which establishes four main goals:

- Better prevention services with earlier intervention;
- Giving people more choice and a louder voice;
- Tackling inequalities and improving access;
- Providing more support to those with long-term needs.

5. ANALYSIS OF NEEDS

The strategy is based on research into carers' needs and views of current services undertaken by Brighton University during 2005 on behalf of the Carers Strategy Group (CSG). The research was published in March 2006 as 'Carers and Services for Carers in East Sussex' by Brighton University's Health and Social Policy Research Centre and is available on East Sussex County Council's (ESCC) website.

The Brighton report sets out the demographic and other data that underpins this commissioning strategy.

The key findings of the Brighton research that inform this strategy are:

- The estimated 51,000 carers in East Sussex (10% of the county population), contrasted with the 8236 carers (16% of all East Sussex carers) known to Adult Social Care as at October 2006¹;
- The overall figure of 10% hides pockets where the percentage of people caring is much higher;
- Wealden has the highest percentage of carers in the county as well as the highest percentage of people caring in excess of 50 hours per week;

¹ The estimate of 51,000 is drawn from the census and includes young carers and parent carers. The number of carers known to ASC needs to be seen in this context.

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- Rother has the highest number of wards where the caring population is in excess of the county average;
- Eastbourne has the smallest number and percentage of carers;
- There are large numbers of older carers (aged over 65) in the county and the percentage of older carers is likely to grow over the coming years²;
- 16% of older carers who care in excess of 20 hours per week report themselves as not being in good health and there is a correlation between age of carer and issues of ill health;
- Coping with dementia is a particularly significant factor for those caring for older people³;
- Most carers in the county are aged 50-64, except Hastings where most are 25-49 - they are therefore of working age, offering a challenge to meet the employment of carers issues covered by the 2004 Act;
- There are fewer carers in Hastings but the percentage of them reporting ill health is the highest in the county, correlating with higher levels of deprivation in the area;
- Black and minority ethnic (BME) carers represent only 4.3% of the caring population in the county and this can lead to their particular needs being overlooked, particularly given the large number of carers in this category who describe themselves as 'White Irish' (with this group removed, the proportion of BME carers is extremely small);
- There is no statistical data on the number of carers who are lesbian, gay, bisexual or transsexual (LGBT), but interviews with carers suggested same-sex couples had found previous contact with social services unhelpful;
- The county has a significant (but, by definition, fluctuating) population of people from travelling communities (Gypsies/Romanies, Irish Travellers, Travellers) who may have particular issues accessing appropriate services;
- 58% of carers are women.

The main demographic factor affecting future need is the anticipated growth in the elderly population of East Sussex, which is already very high. This includes a large population aged over 85 (although this population is not set to rise significantly over the life of this strategy). This will mean more elderly people requiring care and more elderly carers providing much of it. The known correlation between age of carer and issues of ill-health will mean an increase of elderly carers in poor health.

This needs data suggests the following direction of travel for the period covered by this strategy:

- Active work to identify and, where appropriate, assess the needs of a greater proportion of the estimated 51,000 carers in the county;
- Ensuring adequate provision of carer support services in the predominantly rural areas of Rother and Wealden, where there are large numbers and locally high densities of carers;

² People aged 65+ account for 29% of the county population in 2006 and this will rise to 31% by 2009 (and to 40% over the next 20 years). People aged 85+ represent 4% of the county population in 2006 and this will remain the same in 2009 (although rising to 6% over the next 20 years).

³ Dementia affects 1 in 20 of the population aged 65+ and 1 in 5 of the population aged 80+. There is an estimated 10,364 people with dementia in East Sussex in 2006.

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- Addressing the health needs of carers, particularly of older carers and generally of carers in the Hastings area;
- Facing the challenge of the large numbers of carers of working age who need support to remain in work or return to work;
- Addressing issues of service suitability and equity of access to services for all carers and particularly those from BME, LGBT and other 'minority' communities;
- Using all possible sources of new funding together with efficiency savings to increase the volume of service provision to reflect anticipated increase in demand.

6. ANALYSIS OF CURRENT RESOURCES AND HOW THEY MEET NEED

The Brighton report reveals the following key information about the adequacy or otherwise of current resources and services:

- We need to take a broad and not a narrow view of carers' services and include many Community Care services delivered to people who are cared for but where the service directly supports the carer;
- We need much better information about how current services are used and the outcomes they achieve for carers;
- Services are clustered around coastal towns, particularly Eastbourne and Hastings and to a lesser extent around Lewes, Hailsham and Crowborough and there are few services in Rother or the rural parts of Wealden – we need to ensure more even distribution of services across the county;
- Although some (directly provided) services seem to run at less than 100% occupancy, we should beware of interpreting this as indicating lack of demand;
- Residential respite for older people and for people with learning disabilities is not always provided in the areas of most need;
- Respite care is sometimes provided in establishments not suited to the needs and age of the person cared for;
- There is a general request for more flexible forms of respite care that are geared to the needs of individual service users and that can be accessed easily and readily when they are required;
- There is a lack of provision for adults of working age with mental health needs in North Wealden and Rother;
- The Short Break Voucher Scheme was used unevenly across the county, with a strong clustering around the coastal towns;
- Carers are still not able to access essential information about services;
- Day care and residential respite are highly valued by carers;
- Carers would like to see increased provision of all types of respite care;
- Crossroads was frequently valued as a service by carers, but the service does not fully cover the county;
- More out of hours and short-term respite services are required;
- Carers described gaps in some services, particularly a bathing service;

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- Carers wanted more help to assist them in maintaining both their role as a carer and their work. (Given the known issues of lower pay, etc. still affecting women generally in the workplace, this may raise particular issues for the 58% of carers who are women).

7. PRINCIPLES FOR SERVICE COMMISSIONING

Based on analysis of legislation and guidance, known need and discussion with local carers and their representatives, the following are regarded as broad statements of principle and good practice that need to underpin the more detailed commissioning intentions described in this strategy. They will shape and validate the commissioning:

- Carers must be recognised and valued for the important role they carry out in supporting vulnerable people and enabling them to remain living in the community;
- Carers must be able to access services appropriate to their needs without facing discrimination or prejudice;
- Carers accessing services should be able to do so confidentially (e.g carers of substance misusers or of people with HIV/AIDS);
- Carers need to be equipped with the skills, knowledge and information required to carry out their caring role;
- Carers need to be able to participate in society like any other citizens and their caring tasks may mean they require additional help and support to do this;
- Caring frequently reduces carers' ability to work and to earn a living and carers therefore need help and support to remain working or to re-enter employment;
- Many (particularly older) carers are in poor health themselves and the task of caring can pose risks to carers' health. It is therefore important for us to commission services (or link carers to existing services) that can support them to keep healthy and to maintain or improve their level of health;
- In commissioning services under this strategy, commissioners will strive to make the most effective possible use of resources available to them and to achieve Best Value from all services commissioned;
- Commissioning decisions will always have regard to the expected outcome of service provision for the carer and organisations supplying services will be required to demonstrate how their service is achieving a positive outcome for the carers who use them;
- Wherever possible, commissioners will seek to offer carers some degree of choice in the services available to them;
- Commissioners will seek continuing development and improvement in services they commission and will create opportunities for innovation in new and existing services;
- There is a need to ensure that carers have access to appropriate services in all parts of the county and commissioning will therefore seek to redress any 'geographical imbalances' in current service provision and to

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commission new resources that address the needs of carers in rural communities;

- Some carers may face additional difficulties in accessing appropriate services because they are from BME groups or other groups (such as carers from the LGBT community or the Travelling communities, or carers of substance misusers) that are numerically small in the local community or have particular needs that are not well catered for by current provision. This strategy will seek to better meet the needs of such groups of carers through improved commissioning of existing provision or new provision.

8. CURRENT AND ANTICIPATED FINANCIAL RESOURCES

This strategy is based on the financial resources made available to ESCC from central government through Carers Grant, through Adult Social Care Mainstream Funding and through the East Sussex NHS Trusts.

| | 2005/6 | 2006/7 | 2007/8 |
|----------------|-----------|-----------|--------|
| Carers Grant | 1,330,651 | 1,074,651 | |
| ASC Mainstream | | 227,000 | |
| NHS | | 428,000 | |

Carers Grant is no longer ring-fenced and may therefore be legitimately used by the Council for purposes other than the support of carers. However, Government guidance on the grant makes clear that the provision of services to carers will be monitored through the CSCI (Commission for Social Care Inspection) Delivery and Improvement Statement. New proposals (out for consultation) on the future structure of CSCI inspections and evaluations of local councils would see a 15% weighting given to carers' issues. Carers Grant forms part of the Government's strategy for carers ('Caring about Carers', February 1999) and is designed to stimulate diversity and flexibility in provision of breaks for carers or direct services to carers to support them in their caring role.

In 2006/07, the Council's difficult financial position required a saving of £350K from the Adult Social Care element of Carers Grant. This strategy is based on the assumption that the savings made in 2006/07 will be restored over the period 2007/08 to 2009/10, plus year on year inflation. It is also assumed that the 2006/07 level of Mainstream Funding will be maintained throughout the 3-year period, again plus year on year inflationary uplift.

Details of PCT funding to carers' organisations:-

| | 2005/6 | 2006/7 |
|-----------------------|---------|--------|
| Pooled Budget | 231,000 | |
| Crossroads | 159,000 | |
| Association of Carers | 32,000 | |

| | | |
|---------------------|-------|--|
| Youthability | 6,000 | |
|---------------------|-------|--|

This strategy assumes the NHS will maintain this level of funding for the coming three years, plus year on year inflationary uplift. We will explore opportunities to expand the use of Pooled Budgets, initially in respect of Crossroads services.

Many of the local Voluntary Sector organisations serving carers also fund-raise or obtain funding from other sources that is then drawn into the local economy for the support of carers. The East Sussex 'Compact' recognises the ability of the voluntary sector to attract funding not available to statutory agencies. Over the life of this strategy, this is seen as one of the major ways that overall resources could be increased. There will therefore be an emphasis in all contractual arrangements made with the Voluntary Sector under this strategy on organisations working actively to maximise all possible external funding opportunities.

We will also work with Voluntary Sector partners and other providers to maximise efficiency in order to release further money into the system for the support of more carers.

9. OTHER RESOURCES THAT SUPPORT CARERS

Besides resources available to commission services used to directly support carers, both ESCC and the NHS provide services to cared for people and patients that have the effect of also supporting carers. In particular, ESCC provides residential, short-break 'respite' care, day care and various forms of home care to many cared for people. In most cases, these services are provided to meet the needs of the cared for person but they may also be provided with the direct intention of supporting a carer, perhaps as a result of a carer's assessment. Even when they are provided to expressly support a carer, such services can legally only be provided with the agreement of the cared for person. They will mostly involve a degree of 'intimate care' (e.g. help going to the toilet, etc.) and this again means they cannot be regarded as 'carers' services'. The assumption of this strategy is that such services will be funded from community care budgets. This is supported by Government guidance on Carers Grant (Department of Health, 2006) which recognises that 'the results of a carer's assessment will usually be the provision of community care services for the service user'. However, their vital importance in supporting carers means that this strategy will be used to inform planning and commissioning of those services and used to inform Service Level Agreements with Directly Provided Services.

10. ELIGIBILITY AND CHARGING

- Recognising the role that carers play in helping prevent the need for vulnerable people to enter long-term care and/or hospital and the consequent reduction they make in demand for resources that would otherwise fall to the public sector agencies to provide, services provided directly to carers are currently free of any charges. However, we will review this position as part of an overall review of Fairer Charging policy, to ensure that best use is being made of scarce resources and to ensure we are not disadvantaging carers in greatest need;
- Services provided by ESCC Adult Social Care directly to carers will be exempt from Fair Access to Care Services (FACS) eligibility criteria. Carers will only need to demonstrate that they are offering 'regular and substantial' care (as defined by the 2000 Carers and Disabled Children Act) and caring for somebody who receives community care support or

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who would be likely to qualify to receive such support. (In this context 'regular' means 'an event that recurs at periodic intervals' and 'substantial' means 'when the impact of the caring role adversely affects the carer's own health and wellbeing and/or their ability to continue to care.')

- Services provided to people cared for under community care legislation that also support carers will be subject to ESCC FACS eligibility criteria and normal charging rules (subject to the overall review of Fairer Charging, as described above).

11. REDRESSING GEOGRAPHICAL IMBALANCE

The Brighton research highlighted a mis-match in some parts of the county between the number of carers in the population and the level of resources available in the area. In particular, it noted that there is a relatively lower density of carers in Eastbourne but that resource provision there is relatively high. It drew attention to the relative under provision of services in the rural areas of Wealden and Rother and to the fact that Hastings has relatively higher numbers of carers in poor health as well as pockets of high deprivation in the community.

Care needs to be taken in translating this data into commissioning decisions. The position has also been complicated since the Brighton research was completed by the closure of major day care provision in Peacehaven, Hastings and Eastbourne and other service reviews being undertaken in Learning Disability and Mental Health Services.

Account must also be taken of wider developments in ASC, particularly the 'Age Well' Project which will deliver new physical resources in some areas (that will include a degree of respite provision), as well as other services and resources that will benefit carers. (See Appendix 2). However, the 'Age Well' resources are not due to come on stream until 2010/11.

Overall, the intention of this strategy will be to:

- Undertake a specific review of current and future residential respite requirements across the county to determine the right level of provision that needs to be made by commissioning from the independent sector and direct provision from Directly Provided Services;
- Seek to ensure some replacement for the loss of Downlands Day Centre in Peacehaven and Pembury Road in Eastbourne;
- Look for opportunities to build up resources in the rural parts of the Wealden and Rother;
- Look for opportunities to build up services in the Hastings area and seek to ensure some replacement for the loss of Friary Day Centre.

12. ACCESS TO SERVICES

The Brighton University report draws attention to difficulties and inequalities in service provision and access to services, over and above those resulting from geographical imbalance. Some Black and minority ethnic (BME) communities and the Travelling Communities are numerically small in comparison with the county population. Along with the Lesbian, Gay, Bisexual and Transsexual (LGBT) Community, they may have specific needs that are not well catered for by existing provision and they may have experiences of discrimination that make them reluctant

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to access services. There may be particular communication issues that make information about services or access to services difficult for them.

The problem of geographical imbalance (see above) is partly explicable in terms of the difficulty of providing 'traditional' service models in large rural areas.

This strategy will seek to address these issues by:-

- Seeking more information about the needs of these groups of carers;
- Using improved monitoring data from contracts and from Carers' Assessments to build up a better understanding of need;
- Specifying requirements for these groups more clearly in existing contracts for services;
- Using the new Development Fund (see below) to encourage the development of specialist carers' services.

13. DIRECT PAYMENTS TO CARERS

The Brighton research highlighted carers' wishes for flexible services that would help meet their individual needs. In 2005/06 ASC piloted a direct payments scheme (Carers Support Grants), enabling carers to receive cash grants to purchase a variety of equipment, holidays, services, courses, complementary therapies, etc. The pilot was a great success. Evaluation revealed that carers often found that even comparatively small grants to purchase something that meant something to them individually had a huge and positive psychological impact on their 'felt' ability to cope. The grants added to, and subsequently partially replaced, money paid for services through the Short Break Voucher Scheme (SBVS).

It is intended to build up the money available for these 'Carers Support Grants' (CSGs) over the 3-year life of this strategy. In 2006/07 £240K was allocated for CSGs and SBVS combined. This represented approximately 25% of the ASC element of Carers Grant (after applying the £350K savings). This percentage will be at least maintained throughout the life of this strategy (with a proportional increase if all or part of ASC savings are restored in 2007/08).

In making this commitment, it is recognised that there needs to be a balance between putting money directly into the hands of carers and commissioning services on carers' behalf. It is likely to remain necessary to commission services that benefit carers as a whole (like the provision of information). It is also possible that bulk commissioning of some services may achieve better prices for the money available (or simply ensure that a service remains available) – e.g. with 'sitting' services. However, this is an emerging direction of travel and it may be that evidence will emerge in the period covered by this strategy that will suggest a much greater role for CSGs (and other forms of direct payments to carers) and a correspondingly smaller role for commissioning on carers' behalf, in subsequent developments of the strategy. We will therefore work with providers to help them become robust/'market fit' and able to compete for carers' spending power in the future.

14. DEVELOPMENT FUND

The Brighton research indicated significant gaps in our current provision for carers in some areas of the county or for carers in various minority groups. In particular, it highlighted under-provision in the rural parts of Wealden and Rother as well as the small numbers (and lack of any specialist provision) of carers in some BME communities or in the LGBT community. These are likely to be areas where the

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need for an innovative approach is at its highest. Certainly, there are no immediate 'off the peg' solutions to these needs that are available to commissioners. It is therefore the intention to allocate a minimum of £100K from the ASC element of Carers Grant in each of the 3 years of the strategy (with any under-spend rolled forward to the subsequent year), to 'pump-prime' new and innovative projects that seek to address some of these unmet needs. The money will be allocated along similar lines to the Council's grant funding mechanisms, with organisations being invited to bid for small grants (initially for up to 2 years) to help set up trial projects that meet one (or more) of the following criteria:

- Support to carers living in rural areas;
- Support to any group of carers who have particular difficulty accessing existing services or where existing services are inappropriate.

Organisations bidding for funding will have to demonstrate:

- That they have identified a group of carers who will benefit from the proposed service;
- That they have support from carers in putting forward their proposal;
- That they have discussed the proposal and obtained the support of the relevant Carers' Development Group (East or West);
- That the proposed service will achieve outcomes that will directly improve the ability of the target group to continue caring;
- That the proposed service in all other respects addresses the requirements of this strategy;
- That they have active plans to generate funding from other sources to maintain their project after an initial trial period.

15. BREAKS FROM CARING (RESPITE CARE)

The Brighton research confirmed the high priority that carers continue to place on being able to take short breaks from caring on a regular basis and at times of particular and unforeseen need. Carers interviewed for the research wanted flexibility to be able to take breaks at the times of their own choosing, for respite services to be appropriate to the needs of the cared for person and to be 'carer-friendly'. The research highlighted uneven distribution of some forms of respite across the county and under use of some block-contracted residential provision and some day care. It warned against interpreting under use as lack of need.

Breaks from caring can take a variety of forms, some of which can appropriately be commissioned as carers' services and some which can only be delivered to the cared for person and will be funded from Community Care. Broadly, the different forms of respite are:

- Short residential stays for the cared for person to give their carer a break – mostly these will be required on a regular basis but may sometimes be 'one-offs' (normally funded from Community Care);
- Regular day care for the cared for person (normally funded from Community Care);
- A home care package for the cared for person (normally funded from Community Care);

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- A 'sitting service' where somebody (often a volunteer) comes and sits with the cared for person while the carer goes out or has some time off (normally funded from Carers' Budget):
- A service from Crossroads, where some degree of 'intimate care' may be provided if required while an attendant is providing a respite break for the carer (normally funded from Carers Budget).

Substantial amounts of respite care are commissioned through the Community Care budget or are provided through ASC's Directly Provided Services (DPS). This strategy will seek to inform the commissioning or direct provision of these services by:

- Undertaking a specific review of the current and future need for residential respite care across the county, as described above, and using the outcome of this review to determine the right level of provision to commission from the independent sector and/or to provided directly from ASC's Directly Provided Services;
- Ensuring that ASC DPS day care remains committed to carer support (as well as offering other forms of day care, such as rehabilitation) and that any re-provisioning as a result of 2006 or other closures addresses the need for equivalent levels of carer support;
- Ensuring that ASC home care (both DPS and commissioned services) addresses the needs of carers;
- Ensuring that all commissioned or directly provided services address the principles contained in this strategy, particularly the need to ensure equitable access across the county and to be sensitive to the needs of carers as well as of the cared for person.

Residential respite care is not a carers' service and should be provided to the service user through the Community Care Budget. Resources will therefore not be allocated to this provision from Carers Grant in the future and the previous allocation will be diverted to services that directly support carers through the new Development Fund.

In terms of general respite provision, we will continue to use Carers Grant to commission respite break services from Crossroads, as well as 'sitting services' from other providers.

In the case of Crossroads, we will work with the current 3 branches across the county to increase efficiency, effectiveness and Best Value and to promote clear and helpful outcomes for carers. In doing this, we will recognise the established partnership we have with Crossroads and the esteem in which it is held by carers. However, the aim will be to help Crossroads move to a position where it is sufficiently robust to be able to compete with other possible providers and/or to compete for carers' custom.

We will maintain the current 'sitting service' in Hastings (provided by the Association of Carers) but seek to better understand how it interacts with and complements the activities of Hastings Crossroads. This may be a service model that can be extended to other parts of the county.

Older People

See Appendix 1 for details of residential and day care resources for older people and Appendix 3 for details of proposed new block contracting of residential respite care for older people.

Learning Disability

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Learning Disability Services are working to develop a 3-5-year joint (Health, Social Care and Housing) Learning Disability Commissioning Strategy for delivery by April 2007. The Commissioning Strategy will address all aspects of service delivery for people with learning disabilities and their carers (including the provision of respite care) and respond to the strategic service direction outlined in both Valuing People and the new Health and Social Care White Paper. This will incorporate the intentions set out in this Carers' Commissioning Strategy.

See Appendix 1 for details of LD day care provision.

Mental Health

See Appendix 1 for details of current Mental Health day care provision.

16. PROVISION OF INFORMATION, ADVICE AND GENERAL SUPPORT

The Brighton research confirmed the central importance to carers of being provided with timely, accurate and helpful information and advice.

A major way this will be provided will be through the continued improvement and development of the Carer's Assessment. Most assessments will continue to be carried out by ESCC staff but we are currently establishing a pilot project to test the viability of some Carer's Assessments being carried out by the Voluntary Sector. If the pilot is successful, we will be looking to formally commission these services at a later point in the 3-year life of this strategy.

We will continue to commission substantial levels of information and advice services from the Voluntary Sector – principally from Care for the Carers, through the Outreach Worker scheme and the publication of 'Careline' magazine and from Rethink. (The contract with Care for the Carers is jointly commissioned with the NHS through a Pooled Budget and this arrangement will continue). We will also address the issue of information and advice in all contracts with Voluntary Sector providers, making an explicit requirement to provide carers with general information and 'signposting' to other sources of help.

We will continue to commission the specialist mental health Carers Support Service provided by Rethink which offers information, advice and support to carers, including regular clinics in psychiatric outpatient wards, carers' support groups and carer training. The service also organises a quarterly news letter, a carers' information pack and special social events.

East Sussex Safer Communities Team will ensure all relevant agencies across the county are able to signpost and provide advice and information to carers of substance misusers and will publicise a new specialist carers' support group that has been set up with Care for the Carers. The team will also collect data to inform planning for the future needs of carers of substance misusers.

17. PROVISION OF 'SPECIALIST' SUPPORT

We will continue to jointly commission (with NHS partners) the Back Care Service from Care for the Carers.

We will work to identify areas where carers need help and advice in relation to specific conditions that affect either the person they care for or themselves and commission services where there is no available existing service that they could access.

We will investigate the need for and viability of providing a counselling service and a befriending scheme for carers.

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18. PROVISION OF TRAINING FOR CARERS

We will continue to commission training that aims to help carers cope with particular conditions (e.g. vision problems and dementia) and we will seek to broaden the scope of this type of training if appropriate and if need for it can be demonstrated.

Recognising the requirements of the 2004 Carers (Equal Opportunities) Act, we will seek to commission training that helps carers access employment or that generally enhances both their ability to care and their maintenance of a healthy lifestyle.

Rethink will be commissioned to provide a 10-week carers training course (CETP), planned to take place twice a year.

19. INFORMATION, MONITORING AND EVALUATION

The Brighton University report draws frequent attention to the inadequacy of present arrangements for collecting vital management information about need, levels of usage, costs etc. This strategy will address these issues by:-

- Establishing better monitoring of existing contracts, built on consistent and regular monitoring reports from providers (including the views of users of the service);
- Establishing routine monitoring reports on all areas of carer support – both direct carers' services and 'indirect' services provided to service users through Community Care – and including Directly Provided Services;
- Focus monitoring and evaluation on the outcomes being achieved for carers through service provision;
- Using data from Carers' Assessments to indicate levels of need;
- Aggregating available data on all service areas to evaluate the impact of service provision.

20. REVIEW OF THE STRATEGY

This Strategy will be formally reviewed on an annual basis by the Carers Strategy Group (through the Commissioning Sub Group) and amended and developed as necessary. It will also be available for review and revision at any point if significant issues arise that need to be taken account of within the Strategy.

21. WHO TO CONTACT

Any questions regarding this strategy should initially be addressed to:-

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