

Recommendations

1	That Adult Social Care rationalise the entire range of terminology it uses in association with carers and respite provision to ensure that it is clear, concise and consistent across all teams in the department, Health professionals and voluntary and community organisations.	We will undertake a review of terminology across the board, particularly focusing on the difference between “short breaks” for the cared for person and “respite” for the carer. This will need to include updating CareFirst and all operational guidelines, as well as external communications. A project group will be set up to take this forward, to report back by March 2012.
2	Updated guidance on the Carers Personal Budget to be provided to assessors, carers and voluntary and community organisations so that it is clear how the scheme operates.	Updated guidance was provided to Carer Champions and rolled out to all operational staff in 2010 when the scheme was renamed. This guidance is now on the intranet and also is embedded within our e-learning course which is now mandatory for all operational staff and further specific workshops will be held to disseminate information to Carer Champions.
3	That the Carers' Partnership Board works in conjunction with health, perhaps via the Clinical Executive Group, to ensure that hospitals, health workers, GPs and other professionals that have contact with carers are able to recognise the needs of carers and provide better signposting as to where support is available.	The Carer Aware e-learning course is being promoted to GPs and health professionals in collaboration with voluntary sector colleagues, especially Care for the Carers, as part of their commissioned work. The Health and Wellbeing Board when it is formed will be invited to consider this issue, as well as the Clinical Executive Group.
4	That a cross county sample of carers are surveyed in 12 months to assess whether there has been an improvement with the way in which their contact with ASC has been established and maintained.	This has been initiated. A regular survey of carers in contact with ASC is being undertaken and the results will be fed back to the Carers Partnership Board on a quarterly basis. In addition, we are now contacting carers who may not be in contact with us themselves but whose cared for person may be receiving a service, to clarify their experience of ASC and how we might look at improvements in developing contact with

Appendix 1

		them.
5	Senior officers and appropriate Adult Social Care staff should attend carers' events to not only give formal presentations but also to have informal discussions with carers about their experiences.	Carers Forums have been specifically commissioned since 2010/11 to ensure that carers have the opportunity to speak to senior managers and those responsible for service delivery. This will continue to be taken forward in 2011/12 and involve the voluntary sector and carers themselves.
6	That prior to a telephone assessment being carried out the person being assessed is sent a brief outline of what will be covered in the assessment so that they can give it some thought and get together any paperwork they may need to aid the discussion.	We recognise that face to face assessments are the best way to support carers. However, this is not always possible in terms of resources. This suggestion is a practical alternative and will be an objective in the development of the new Self-Directed Support pathway, in order to mitigate the impact of the possible reduction in face to face assessments.
7	That the evaluation of the LEAN pilot is scrutinised by the Adult Social Care Scrutiny Committee, with particular focus on the way in which carers' assessments via the telephone have been carried out.	This will be incorporated into the evaluation of the Lean prototype which is being tested out in Hastings and Rother. The findings from this evaluation will influence how this work is to be taken forward.
8	That Adult Social Care should continue to maintain funding for respite services such as the sitting service and the Carers Breaks Project.	Respite for carers continues to be a priority for ASC, and funding for volunteer based services in East Sussex will be increased as a result of the commissioning prospectus from October 2011. We are working closely with the NHS to endeavour to sustain funding to the Carers Breaks project after March 2012, and are also continuing to pursue the issue of Government funding for carers breaks which has been provided to the NHS until 2014. In order to be able to spread the provision of home based respite as widely as possible to carers across the county we are looking at including this service in the Fairer Charging policy in due course.

Appendix 1

9	That Adult Social Care continues to make improvements to the system for booking rolling residential respite to ensure that carers are able to book beds in advance and, where possible, at a location of their choice.	<p>The Service Placement Team continues to make progress with private care home providers to ensure that respite stay beds are frequently available. A new Rolling Respite process has been established whereby funding for an agreed number of weeks respite is funded in advance, so that carers may call down this funding when required, or alternatively, take the funding as a Direct Payment.</p> <p>It is not always possible to book beds months in advance. This is not due to capacity issues, more that individual needs and circumstances change.</p> <p>Carers will be recommended to identify two or three preferred homes, so that they are able to manage their respite bookings with confidence.</p>
10	That funding to support carers should continue to be prioritised when Adult Social Care and Health are setting budgets.	<p>Cabinet have made it clear that ASC should continue funding levels for carers' services, and this will be maintained at least until 2013. It is understood that funding of preventative and supportive carers' services can actually reduce the need for intensive, crisis support to service users and carers, including nursing home and hospital admissions.</p>
11	That more support networks are developed across the county to empower carers to support themselves and others who carry out a similar caring role.	<p>The commissioning grants prospectus includes clear objectives for the voluntary sector to support the setting up of peer support groups and volunteer-led training, resulting in the funding of voluntary organisations to lead on this work across the county, in urban as well as rural areas, and directed towards carers of specific care groups (e.g. substance misusers, those with dementia etc.)</p>

These recommendations as a whole will be taken to the Respite Action Plan Sub-Group as specific action points, and exceptions reported back to the Carers Partnership Board on a regular basis.