

## **EAST SUSSEX JOINT COMMISSIONING STRATEGY FOR CARERS' SERVICES 2010 – 2015**

**A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.**

[Carers at the Heart of 21<sup>st</sup> Century Families and Communities, 2008]

This strategy has been agreed between East Sussex County Council Adults Social Care Department, NHS Hastings and Rother Primary Care Trust and NHS East Sussex, Downs and Weald Primary Care Trust for the support of adult carers in East Sussex over the next five years.

Separate, inter-linked strategies are being developed for the support of young carers and of parent carers of children with disabilities by East Sussex County Council Children's Services Department and the two NHS Primary Care Trusts.

The strategy to support adult carers has been discussed widely and many groups and individuals have made suggestions which we have tried to include in this final version of the plan (see Appendix A).

It sets out what sort of services we intend to provide ourselves or to commission from third sector organisations within the constraints of limited funding, according to the priorities identified from national and local research, including Carers UK and the Princess Royal Trust for Carers.

It builds on the services that we already provide and on what we have learned since we implemented our previous joint commissioning strategy for carers in 2007.

### **Why support carers?**

There are 6 million carers in the UK and every day over 6,000 people take on a caring role. The ageing population within which we live means that our chances of becoming a carer has increased, so it is therefore essential to have a system of responsible long term care planning.

23% of the population of East Sussex is over 65 (compared with 17% in the South East, and 16% in England overall). Trends predict that this percentage will increase to 25% by 2013, and that by 2015 over 10,000 people will have dementia (source: ESIF)

The number of carers in East Sussex is estimated to be 50,648 (approximately 10% of the population), the majority of whom are in the age range 50-64. This figure is based on the number of people who identified themselves as providing unpaid care to family or friends in the Census 2001, but it could be a lot more because of the fact that many people do not identify themselves as carers and may not have responded positively to the census question.

Research has shown that carers are more likely than the rest of the population to suffer depression and develop other health problems (Carers UK, 2004). This was reflected in the results of research carried out locally in 2006 by the University of Brighton.

Carers should be recognised and valued for the enormous contribution they make and for the hard job that they do every day. It is estimated that carers save the economy £87 billion per annum, or the equivalent of the cost of the entire NHS (Valuing Carers, Carers UK 2007). We should be looking after carers and supporting them in accessing a range of services and support. We should ensure that we look after the health and wellbeing of carers and enable them to take regular short breaks.

In 1998 the Kings Fund produced a “Carers Compass”, setting out the things that carers need. These are:

- a good quality of life for the person they care for and control of their own life.
- full information
- a voice
- financial security
- training and support to care
- emotional support
- time off
- a life of their own – quality services for the carer and the person cared for
- recognition
- their own health and well-being taken into account

This research has informed the development of carers’ services throughout the country ever since.

## **The vision**

The aim of this strategy is:

- To respond to what carers across all care groups have identified as the key issues now and in the future
- To comply with existing carers’ legislation giving carers the right to an assessment of their own needs, and in addition with the Carers (Equal Opportunities) Act 2004 and the Work and Families Act (2006) that should enable carers to access education, skills development and lifelong learning opportunities
- To ensure that consideration of carers’ needs is integral to all health and social care services in East Sussex, and that carers are not discriminated against because of their role, in line with the Equality Bill (2009).
- To respond to the document published by the Government in December 2007 entitled “Putting people first: a shared vision and commitment to the transformation of adult social care” which follows the White Paper published in 2006 “Our Health, Our Care, Our Say”, setting out its commitment to provide carers with better prevention services with earlier intervention, support to maintain mental health and emotional wellbeing and to give carers choice and diversity. Three levels of intervention are recognised. All need to be sensitive to the needs of all carers (see “Putting People First without putting carers second” published by the Princess Royal Trust for Carers, 2009). These are for:

- universal services – broadly community-based, such as leisure, lifelong learning, primary health care and preventative services
- targeted services aimed at the most vulnerable in our society – typically for carers include training to care, stress management, advocacy and health promotion
- personalised services to aid people whose needs have been assessed and are at risk – these services are usually provided by the local authority and include home care support and access to regular short breaks.

Putting People First maps out the transformation of adult social care services by 2011 by means of partnership working with the NHS and the third sector to bring about personalised, flexible services, responsive to individual need.

- To implement the key themes of the updated cross-departmental strategy for carers: “**Carers at the heart of 21<sup>st</sup> century families and communities**” which was published in June 2008, setting out a vision for the future care and support of carers for the next 10 years.

The main aims nationally for adult carers are set out as follows:

- Carers will be respected as expert care partners
- Carers will have access to the integrated and personalised services they need to support them in their caring role
- Carers will be able to have a life of their own alongside their caring role
- Carers will be supported so that they are not forced into financial hardship by their caring role
- Carers will be supported to stay mentally and physically well and treated with dignity.

This document was produced after extensive national consultation, and builds on the key needs identified in the Kings Fund Carers’ Compass.

It also updates the definition of a carer to include those caring for a relative, partner or friend with mental health or substance misuse problems.

## **What has been achieved so far**

The first national strategy for carers was produced by the Government in 1999, and a specific pot of funds was made available annually by the Department of Health to Local Authorities to spend on carers’ services.

Since 2003 this funding is no longer “ring-fenced” by the Government, but East Sussex County Council have continued to spend a significant proportion of its Adults Social Care budget on carers’ services year on year.

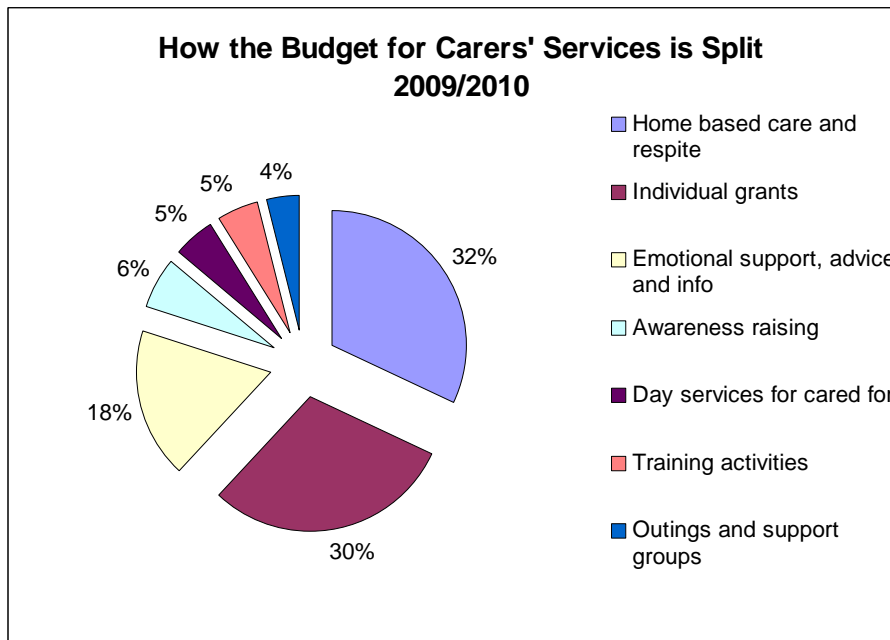
The two local Primary Care Trusts have committed funding to commissioned voluntary sector organisations to provide services to carers across the county.

East Sussex recognises the need to support carers. Its Sustainable Community Strategy "Pride of Place" 2008-11 incorporates key objectives to support carers across health and social care services. This includes a commitment to reach specific targets to increase the numbers of carers receiving a service, advice or information following an assessment of their needs.

### Current services for carers in East Sussex

East Sussex commissioned the University of Brighton to undertake some research in 2005-6 to look at the needs of local carers and whether existing services were adequate to support them. In 2007 East Sussex produced a Joint Commissioning Strategy for Carers Services 2007-2010, which was agreed after wide consultation with carers and the organisations that support them, as well as the University of Brighton research.

In 2009/10 East Sussex County Council and the local Primary Care Trusts are spending £2.25 million on funding services for adult carers. This is broken down as follows:-



In addition, substantial resources are invested by the Local Authority in ensuring that it is able to fulfil its statutory duty to undertake the assessment of individual carers' needs.

Operational guidelines for assessment and care management teams are regularly updated and ongoing training is provided for these staff. Carers' champions have been identified within each team across East Sussex, who have opportunities to share best practice at meetings and training events. Operational Managers are actively involved in the dissemination of information regarding carers' rights and their responsibilities towards them.

The county-wide Carers Strategy Group is the accountable body for all carers' services in East Sussex. This is a partnership of statutory and voluntary sector organisations who support carers, and carers themselves. Carers make up at least one-third of the membership of the Group and are from different areas of the county and care for people with a range of care needs.

## **The way forward**

East Sussex County Council and the local Primary Care Trusts are committed to providing funds to support carers' services as part of a partnership approach to addressing the health and social care needs of the local population.

It is clear from the consultation that the services currently provided are valued by local carers, but that there is a lack of equity and accessibility, particularly in terms of respite provision, that we need to address. Funding constraints mean that we will need to commission innovative services that reach out to the most carers possible. We will maximize opportunities to use the knowledge and added value that trusted voluntary sector organisations can contribute, including support for volunteers, but will also welcome other organisations who can play a part in delivering services.

We will strengthen the support provided to carers by statutory health and social care services, across all care groups and in all care settings. We will work pro-actively with countywide Partnership Boards (Older People, Mental Health, Learning Disabilities, Older People's Mental Health) to keep carers' issues on their agendas, and with commissioners to ensure that carers are considered in all commissioning strategies (as outlined in Commissioning for Carers, 2009), linking in with local housing and advice agencies, Job Centre Plus etc.

As part of the Putting People First agenda to enable people in contact with services to have greater choice and control over the services they receive, we need to maintain a balance of commissioned services and services that carers are able to access themselves through a Personal Budget or Direct Payment.

The system for overseeing the implementation, regulation and monitoring of the strategy will be strengthened in order to ensure clear lines of accountability and maximum opportunity for involvement of carers. Identified members of staff within Adults Social Care and the Primary Care Trusts will be charged with its implementation.

Allocation of funds available for services to carers will be made by Adults Social Care and the Primary Care Trusts in partnership with carers. Levels of accountability will be clear and transparent and proposals reviewed and monitored regularly through agreed channels. Plans will be brought back to the Carers Partnership Board regularly for ratification.

Services for carers provided by ESCC Adults Social Care directly to carers are currently exempt from financial eligibility criteria. Carers only need to demonstrate that they are offering "regular and substantial" care to someone who would qualify for community care support. A Resource Allocation System is being developed for service users, and we

are keen to develop this system further for carers' services, so that carers in the most need can be adequately supported.

In addition, we are conscious of the need to ensure that carers' contributions to service users' Resource Allocations are recognised and included in calculations made.

We will encourage carers to engage with the Local Authority and to participate in the process of their own needs assessment as well as that of the person they care for, in order to determine how they would like these needs met within the funding envelope available, and to receive advice and information targeted on their particular circumstances, including options to engage with services where a financial contribution is involved. This will ensure that services can be accessible to all carers.

In terms of allocation of funds, we believe in principle that in East Sussex we should focus available funds on three key areas that have been identified by the Government's strategy and as a result of the latest consultations with carers:

- 1. Respite/breaks**
- 2. Support to stay mentally/physically well**
- 3. Respect and involvement**

An Action Plan will be developed for each of these areas, and one or more action groups formed who will have responsibility for overseeing implementation and regularly reporting back on progress to the Carers Partnership Board. These action groups will focus on the following areas:-

- Respite (including CRESS and the Demonstrator Site work)
- Information, advice and training for carers
- Health (including Care Passports, and the GP and Hospital Liaison Demonstrator Site work)
- Working carers and employers
- Young Carers' Strategy Group – led by Children's Services
- Parent Carers – led by Children's Services.

Action Groups will consist of interested parties from the voluntary and statutory sectors and carers themselves. Links with other Partnership Boards will be established and other health and social care strategies will be encouraged to include the need to consider and support carers. These links will be regularly monitored by the Partnership Board.

## **1. RESPITE/BREAKS**

- A menu of flexible, individually tailored home-based respite care services supplied by local, trusted providers from the third sector; to include out-of-hours and specialist support will be available
- In order to ensure equity of access, respite can be accessed through the Council's care management system as part of the assessment process, and

funds allocated for carers to spend on respite by accredited providers or individuals.

- Advice and information will be given to carers who wish to purchase services outside this allocation.
- The Demonstrator Site project which has been funded separately by the Department of Health for providing flexible short breaks to carers of older people with mental health needs through the Older People's Mental Health Teams countywide will be evaluated when funding ends in March 2011 in order to inform future funding decisions.
- The programme of emergency respite care will be strengthened and publicised to all carers, ensuring that adequate provision is made to meet the requirements of those caring for someone with specific, challenging needs. The process will be simplified to ensure equitable access for all – consideration will be given to a system of making a minimal annual charge for the service if available funding is reduced
- Consideration also needs to be given to the use of residential respite and how to ensure that this is accessible and up to the high standards that carers should be entitled to expect.

## **2. SUPPORT TO STAY MENTALLY AND PHYSICALLY WELL**

- Emotional support, information and advocacy services will continue to be provided by the voluntary sector – both generic carer organisations and those supporting carers of people with specific needs, e.g. substance misusers, stroke survivors
- Funding will be provide in order to ensure that carers can readily access to training to help in the caring role and to reduce stress and isolation, peer support groups, outings and activities
- This will include consideration of alternative care and travel costs to enable carers to access the activities on offer
- The provision of information and advice needs to be enhanced and more accessible in a variety of media, through trained staff in the voluntary and statutory sectors, who can also signpost carers to appropriate sources of support, including the new National Carers Telephone Helpline set up by the Government.
- Support from GPs and other health professionals in all health care settings will be enhanced. The Demonstrator Site project for providing better liaison with GPs and hospitals, which has been funded separately by the Department of Health and which is being led by the Primary Care Trusts and delivered by Care for the Carers, will be evaluated when funding ends in March 2011 in order to inform future funding decisions.
- The system of individual Carer Support Grants will continue to be used for those whose needs cannot be met elsewhere and to ensure maximum choice and control for carers, including working carers.

## **3. RESPECT AND INVOLVEMENT**

- Staff training will be provided to ensure that carers are recognised and valued as equal partners in care by health and social care professionals:

- A Carers Charter will be implemented in health and social care settings, and service specifications for all organisations commissioned to work with all care groups will include an obligation to work better with carers – this work will be linked in with the various Partnership Boards across the county.
- We will ensure that as employers we recognise the needs of staff who are carers, and will work proactively with other employing organisations in the county to encourage the implementation of carers’ charters for staff, flexible working options and awareness-raising.
- Carers should be involved in hospital admission and discharge processes and Care Passports universally recognised
- Carers will be fully involved in assessment and review processes, both their own and of the person they care for
- Mechanisms for carer involvement in strategic planning, commissioning of services and engagement activities will be enhanced in order to maximise opportunities for carers to participate, with appropriate support, training and feedback. Carers will be entitled to recompense for their time and expertise through the jointly agreed Reward & Recognition policies of ESCC and the PCTs.
- We will explore opportunities for carers to be involved in the East Sussex LINK network.
- We also recognise that former carers have their own needs and may need support to move on, but also have valuable insights and can have a part to play in advising on the governance of this strategy.
- Voluntary organisations will be funded to arrange regular Carers Forums throughout the county to enable carers to speak directly to senior managers, commissioners and service providers. Outreach work will be undertaken in order to encourage attendance at these events by those who might not normally participate. Outcomes will be acted upon and fed back either to individuals directly from service managers if appropriate, and to the County wide Carers Partnership Board.

## Conclusion

We recognise that support for carers needs to be integral to service delivery in all areas, and will work towards this as a long term goal, including commissioning joint services for service users and carers together that value the needs and individual choices of both.

We recognise that carers should be involved at all levels of the commissioning cycle, not just in the assessment of their own needs. We intend to work within the aims and objectives of the document produced by a range of national agencies entitled “Commissioning for Carers” (2009).

To ensure that the needs of carers are recognised and prioritised by all services, we will ensure that the Equalities Impact Assessments that are carried out as part of the implementation of all new services include carers as a category.

We will implement the aims of Putting People First, and intend to provide choice and control for carers, responding flexibly to individual needs.

At the same time, we recognise that carers do not necessarily identify themselves as such, and we need to ensure that awareness-raising work continues with the general public as well as in community settings to ensure equity of access, and we will continue to invest in providing clear, accessible information to publicise services.

We wish to ensure that all carers in the county have equal access to the services available. An Equalities Impact Assessment has been undertaken for this strategy (see Appendix B) and its recommendations will be incorporated into the annual Action Plan and addressed by the sub-groups set up, who will report back to the Carers Partnership Board.

We are committed to providing adequate services for carers that respond to both government legislation and local need, and we recognise that carers have essential requirements in order to help them to carry out their role of caring. The vision will be challenging from a corporate perspective but will also create new opportunities for carers that have previously been denied. We recognise that financial constraints will mean that choices have to be made, and funds targeted where they will have most impact according to identified need.

This strategy and Action Plan will be reviewed annually by the Carers Partnership Board.

Agreed by Lead Member, Adults Social Care, ESCC on 16<sup>th</sup> November 2009

Agreed by NHS Hastings and Rother Primary Care Trust Board on 25<sup>th</sup> November 2009

Agreed by NHS East Sussex, Downs and Weald Primary Care Trust Board on 26<sup>th</sup> November 2009

## **APPENDICES**

*Appendix A: Consultation process for this strategy*

*Appendix B: Equalities Impact Assessment, 2009*

## References/Bibliography

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