



**Brighton & Hove
City Council**

Overview & Scrutiny

Title:	Adult Social Care & Housing Overview & Scrutiny Committee
Date:	18 June 2009
Time:	4.00pm
Venue	Council Chamber, Hove Town Hall
Members:	Councillors: Meadows (Chairman), Wrighton (Deputy Chairman), Allen, Barnett, Hawkes, Janio, Pidgeon, Taylor and Wells
Contact:	Kath Vlcek Scrutiny Support Officer 290450 kath.vlcek@brighton-hove.gov.uk

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AGENDA

Part One

Page

1. PROCEDURAL BUSINESS

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- (a) Declaration of Substitutes – Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.
- (b) Declarations of Interest by all Members present of any personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- (c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

2. MINUTES OF THE PREVIOUS MEETING

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3. CHAIRMAN'S COMMUNICATIONS

4. PUBLIC QUESTIONS

No public questions have been received.

5. LETTERS FROM COUNCILLORS & NOTICES OF MOTION

No letters or Notices of Motion have been received.

6. MEMBER DEVELOPMENT SESSION ON SHORT-TERM SERVICES REVIEW

7. HOUSING ADAPTATIONS

11 - 28

Report of the Director of Adult Social Care and Housing.

Contact Officer: *Martin Reid*

Tel: 29-3321

Ward Affected: *All Wards*

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

8. EXTRA CARE HOUSING AND CHOICE BASED LETTINGS 29 - 34

Report of the Director of Adult Social Care and Housing.

Contact Officer: Joy Hollister Tel: 295030

Ward Affected: All Wards

9. REPORT ON THE CARERS' STRATEGY 35 - 84

Report of the Director of Adult Social Care and Housing.

Contact Officer: Joy Hollister Tel: 295030

Ward Affected: All Wards

10. OLDER PEOPLE'S DAY SERVICES REVIEW 85 - 94

Contact Officer: Brigid Day

Tel: 01273 295374

Ward Affected: All Wards

11. DEVELOPMENT OF THE WORKING AGE/ ADULTS' MENTAL HEALTH COMMISSIONING STRATEGY FOR 2010-2013 95 - 102

Contact Officer: Giles Rossington

Tel: 01273 291038

Ward Affected: All Wards

12. COUNCILLOR MARIA CAULFIELD, CABINET MEMBER FOR HOUSING

Presentation on Councillor Caulfield's role and her priorities.

13. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

To consider items to be submitted to the next available Cabinet or Cabinet Member Meeting.

14. ITEMS TO GO FORWARD TO COUNCIL

To consider items to be submitted to the next Council meeting for information.

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ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

For further details and general enquiries about this meeting contact Kath Vlcek, (290450, email kath.vlcek@brighton-hove.gov.uk) or email scrutiny@brighton-hove.gov.uk

Date of Publication - Wednesday, 10 June 2009

Agenda Item 1

To consider the following Procedural Business:

A. Declaration of Substitutes

Where a Member of the Committee is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Committee. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

- (1) To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.
- (2) A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at a meeting of that Committee where –
 - (a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and
 - (b) at the time the decision was made or action was taken the Member was
 - (i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
 - (ii) was present when the decision was made or action taken.
- (3) If the interest is a prejudicial interest, the Code requires the Member concerned:
 - (a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
 - (b) not to exercise executive functions in relation to that business and

(c) not to seek improperly to influence a decision about that business.

(4) The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:

- (a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence;
- (b) if the Member has obtained a dispensation from the Standards Committee; or
- (c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of Party Whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

BRIGHTON & HOVE CITY COUNCIL
ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY COMMITTEE

4.00PM 7 MAY 2009

BANQUETING SUITE, HOVE TOWN HALL

MINUTES

Present: Councillors Meadows (Chairman); Wrighton (Deputy Chairman), Hawkes, Janio, Pidgeon, Smart and Wells

PART ONE

77. PROCEDURAL BUSINESS

77A. Declarations of Substitutes

77.1 Councillor David Smart was substitute for Councillor Dawn Barnett.

77B. Declarations of Interest

77.2 There were none.

77C. Declarations of Party Whip

77.3 There were none.

77D. Exclusion of Press and Public

77.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

77.5 RESOLVED – That the press and public be not excluded from the meeting.

78. MINUTES OF THE PREVIOUS MEETING

78.1 **RESOLVED** - That the minutes of the meeting held on 5 March 2009 be approved and signed by the Chairman.

79. CHAIRMAN'S COMMUNICATIONS

- 79.1 The Chairman said that the Overview and Scrutiny Commission had approved the setting up of the proposed Select Committee into dementia services. The Select Committee would be a piece of joint working between the Adult Social Care and Housing Overview and Scrutiny Committee and the Health Overview and Scrutiny Committee. The membership of the Committee would be Councillors Dawn Barnett, Pat Hawkes, Averil Older and Georgia Wrighton, with a co-optee from the Local Involvement Network (LINK).
- 79.2 The Chairman explained the format of today's Committee, focussing on Learning Disabilities and the 'Valuing People Now' agenda. There would be a DVD explaining 'Valuing People Now' followed by the opportunity for Committee members to attend five themed stalls, each of which would explain a strand of work from 'Valuing People Now'.
- 79.3 The Chairman said that the catering for today's Committee had been provided by Feast, a service staffed by Buckingham Road Day Centre service users; refreshments included a wide array of homemade biscuits. Please contact Liz Evans at Buckingham Road Day Centre for further information. The Chairman thanked everyone for their work in providing the refreshments to the Committee.
- 79.4 At the end of the Committee meeting, the Chairman explained how the information that Members had gained in the Committee would be used. The Learning Disability Partnership Board's Action Plan would be ready for consultation in autumn. It would be added to the agenda for the September Adult Social Care and Housing Overview and Scrutiny Committee so that Members could feed their comments into the action plan.

80. PUBLIC QUESTIONS

- 80.1 There were no public questions.

81. LETTERS & NOTICES OF MOTION FROM COUNCILLORS

- 81.1 There were no letters or Notices of Motion from Councillors.

82. OVERVIEW OF LEARNING DISABILITY SERVICES & 'VALUING PEOPLE NOW' DVD

- 82.1 The Committee members viewed a DVD explaining 'Valuing People Now', central government's strategy for improving the lives of people with learning disabilities, their families and carers.

83. THEMED STALLS

- 83.1 The Committee attended five themed stalls:

83.2 Healthy Lives Sub-Group

- (a) Members heard that priorities for the group included:

- Implementing annual health checks and health action plans for people with a learning disability in the city
 - Improve the experience of using hospital services for people with a learning disability
 - Improve the collection of information about the health of people with a learning disability in the city
 - Making sure people with a learning disability have good access to health promotion information and services
 - Use the Green Light Toolkit to make sure people with a learning disability can use mental health services when they need them
 - Make sure that other primary care and community health services are accessible to people with a learning disability
 - Make sure people with a learning disability get good access to cancer screening services
 - Implement the health priorities from Valuing People Now
- (b) In terms of implementing Health Checks and Health Action Plans, members heard that
- 37 out of 47 GP practices can do health checks and health action plans for people with learning disabilities
 - 250 people that work in GP practices have had training about learning disabilities from the Health Facilitator
 - GP practices have been able to identify more people who are eligible for a health check: 697 in January 2008, 873 in January 2009
 - 93% of people with a learning disability known to a GP practice can access a health check and health action plan
 - The health checks have helped to identify new health needs in individuals with a learning disability e.g. continence problems, poor oral health, high blood pressure, poor foot health, weight problems, diabetes
 - Workshops are available for staff and family carers on 'Being a Health Supporter'
 - Local service users made a DVD that is used in the training for GP practices
 - Staff and service users have said they think their GP practice is getting better at meeting their needs e.g. more flexible with appointments, take more time with people
- (c) With regard to 'Green Light for Mental Health', members heard that:
- Funding has been agreed for a part time learning disability and mental health nurse to work in recovery services
 - A care pathway will be developed for people with a learning disability to access mainstream mental health services
 - There will be shared learning and training for nurses in mental health and learning disability teams
 - Information will be available for staff in mental health in-patient services to help them provide a good service.
- (d) With regard to Improving People's Experiences of Hospital Services, members heard that:
- A working group is in place, consisting of staff from the Brighton & Sussex University Hospitals Trust and staff from the Community Learning Disability Team.
 - A policy has been written that sets out what should happen when someone with a learning disability uses any of the Hospital Trust services.

- A team of two Learning Disability Liaison Nurses has been in place since January 2009 to work in Brighton & Sussex University Hospitals NHS Trust services (including Royal Sussex County, Eye Hospital, Royal Alexandra Children's Hospital, Princess Royal Hospital, Hurstwood Park, Brighton General and Hove Polyclinic)
- Their role includes education & training, providing specialist guidance and advice, supporting discharge planning & multi-disciplinary working, capacity to consent and holding a small community caseload of people with complex health needs.
- A network of Learning Disability Link Nurses is being set up. They will receive training from the liaison nurses and will share education with colleagues.
- The Hospital Communication Book - each ward in the hospital will be given one of these to use with people who have a learning disability.
- The Traffic Light Assessment - the booklet will be kept by people with a learning disability and brought into hospital at each visit, for staff at the hospital to see and use.
- The Brighton Food Book - a new book that local hospital dieticians and the Liaison Team are making together. It will have photos of all the different food and drinks people can have at the hospital to make choices easier.

83.3 Housing for People with Learning Disabilities

- (a) Members heard that the National Strategy – 'Valuing People Now' included a number of priorities:
- People should know about their housing rights
 - People should know the full range of housing options
 - We should promote home ownership and tenancies
 - We should collect better information about housing need
 - We should offer support to people to access housing
 - We should consider people's cultural needs in relation to housing
- (b) Members heard about the Brighton & Hove Learning Disability Commissioning Strategy, which includes:
- Increase the options people have, with more extra care, supported living, adult placements and floating support
 - All new services to have some accessible units
 - Improve information on housing options for people with learning disabilities, making key information available in accessible versions
 - Work with services to improve how they meet peoples needs and improve value for money
 - Develop the opportunities for people with learning disabilities to learn the skills they need to live more independently
 - Make sure that carers are involved in making plans and can access support and information
- (c) With regards to Brighton & Hove's local achievements in housing, members were told:
- There is a new Housing Options Officer to work solely with people with learning disabilities, providing better information, advice and support
 - New supported living services (6 units in 2008, 10 units in 2009)
 - Individual Budgets being used to increase people's housing choices
 - New services being commissioned for young people and complex needs, plus an Extra Care service in 2009-2010

- (d) Members heard about the work of the 'A Place to Live' sub-group. The sub-group were working to produce:
- Better Information – a local guide to housing for people with learning disabilities LD and accessible information, leaflets and tenancies
 - Fair access to housing – reviewing the equality of access for people with learning disabilities and ensuring peoples diverse needs are met
 - Working with others – with care managers and providers to help people move and learning from other authorities and organisations

83.4 Making It Happen & Personalisation

- (a) Members heard about the Learning Disability Partnership Board:
- Valuing People Now makes it clear that Learning Disability Partnership Boards have a vital role to play in the delivery of the strategy.
 - Brighton & Hove has an active Partnership Board in place for many years. The Partnership Board is supported by the council through the Integrated Learning Disability Services
 - The Partnership Board has a varied membership including people with learning disabilities, family carers and voluntary organisations.
 - Partnership Boards will have to report every year on how Valuing People Now is working locally.
 - Our Partnership Board has already been producing annual reports for Joint Commissioning Board and Housing Cabinet Members Meeting. Copies of the 2008 report were given to the councillors
 - Our Partnership Board is putting together an action plan to ensure all citizens of Brighton & Hove will benefit from the objectives of Valuing People Now.
 - More information can be found on the Partnership Board's website www.brightpart.org.
- (b) Members heard about personalisation of services. There was information available about self-directed support and the Learning Disability self-directed support project

Involving family Carers:

- The Carers Centre has recruited two new Carers representatives who are being supported and trained by the Carers' Centre to be involved in Partnership Board meetings and Subgroups over the coming financial year. They will join the two existing Carers Reps from Amaze.
- Councillors had the opportunity to talk to one of the representatives and to workers from the Carers Centre
- There were discussions about housing, eligibility criteria and other issues of concern to carers and members received information about the Centre's work.
- Carers and Carers Centre workers are members of the Partnership Board
- The Centre is hosting 'Listening Lunches' for carers of people with learning disabilities

83.5 Notes from Taking Part In The City Group & Work & Skills stall

- (a) Members heard about the Taking Part In The City Group, which has five major priorities:
- Leisure & Sports

- Travel
 - Adult Learning
 - Community Support
 - Community Safety
 - The main campaign for this coming year is around Hate Crime and Community Safety. This is being led by the City Council's Partnership Community Safety Team (PCST) and aims to achieve the following:
 - A strategy and action plan will be developed, agreed by the Learning Disability Partnership Board.
 - Increased awareness amongst citizens of Brighton & Hove about learning disability and hate crime and harassment and how to report incidents. This will include working with the Racial Harassment Forum and Refugee Forum.
 - Increased number of reports from people with learning disabilities (from current 0 reports) by setting up 6 reporting centres, increase awareness amongst people with learning disabilities and their carers and producing accessible information.
 - Increased number of people with learning disabilities receiving successful support services from PCST.
 - Successful case work through working with police, courts and produce regular reports on numbers, trends and outcomes.
 - Leisure and Sports are focussing on ensuring that public facilities use 'reasonable adjustments' to support individuals with learning disabilities to access the facilities. The sports club (Special Olympics) is mainly working towards the national games in Leicester in July 2009 where 23 athletes from Brighton & Hove are going. The club is also working towards increasing the number of people taking part in sports and leisure activities to 300 people (in line with general population). Current known participants are around 50 people taking part in any activities. A campaign for re-admittance of athletes with learning disabilities into Paralympics is underway and we are hoping to organise something for the International Day of Disabled in December on this theme. This area of work relies heavily on volunteers for their development.
 - Travel Buddy Project has received additional funding and is expanding the numbers of people who can be supported. The project works closely with the City Council's transport department and the Bus Company and has received awards for the 'accessible service' they provide. This is seen as a good practice example nationally and the project has been visited by other areas. The project also employs people with learning disabilities as co-ordinators. This area of work relies heavily on volunteers for their development.
 - Linking up community safety and safeguarding adults is highlighted in Valuing People Now. This will be explored through the Community Safety Board and the Safeguarding Board.
- (b) Members heard about the Work & Skills Group:
- This sub group particularly looks at increasing opportunities for people to gain both paid and voluntary employment. A 'Together Network' has been set up representing all organisations involved in delivering and supporting employment to take this work forward. Representation and leadership by people with learning disabilities is important to achieve the outcomes and will encourage joint working
 - A campaign to encourage major employers within Brighton & Hove to employ people with learning disabilities will be happening. The City Council, NHS organisations and

larger employers such as Amex and Legal & General will be approached. Best practice around 'reasonable adjustments' will be showcased.

- Working with adult learning organisations will be important in achieving skills that will help people get jobs. Particularly working with City College and Open College for accreditation of skills courses so that people can achieve qualifications.

83.6 Brighton and Hove Speak Out

- (a) Two Speak Out service users attended the committee, with support from a Speak Out worker. Members heard about the work of Speak Out, an advocacy charity for people with learning disabilities.
- (b) The service users explained that Speak Out work includes:
- Supporting a number of self advocacy groups where people with learning disabilities meet regularly in a friendly and supportive environment. They talk about issues that are important to them and try to find ways to improve their lives.
 - Supporting the Big Meeting which happens every 2 months. This meeting is open to all people with learning disabilities in Brighton and Hove. Particular issues are explored and the findings taken to the Partnership Board.
 - Making sure that the views of people with learning disabilities are included in how services are planned. The Link group attends the Learning Disability Partnership Board and represents the voices of people with learning disabilities. The Link group and all the advocacy groups also get involved in a range of consultations when the voices and experiences of people with learning disabilities are sought.
 - Supporting people through 1:1 advocacy. People with learning disabilities can get an advocate to help them with particular issues that need resolving or some people have a long term advocate called a citizen advocate.

84. ITEMS TO GO FORWARD TO CABINET OR THE RELEVANT CABINET MEMBER MEETING

84.1 There were none.

85. ITEMS TO GO FORWARD TO COUNCIL

85.1 There were none.

The meeting concluded at 6.00pm

Signed

Chair

Dated this

day of

Adult Social Care and Housing Overview and Scrutiny Committee

Agenda Item 07

Subject: Housing Adaptations Update
Date of Meeting: 18 June 2009
Report of: The Director of Adult Social Care & Housing
Contact Officer: Name: Martin Reid Tel: 29-3321
E-mail: Martin.Reid@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1. This paper is presented to update the committee on work being undertaken following Chairman's Tenant Focus Group on Adaptations and review of private sector Housing Renewal Assistance Policy to improve value for money and use of resources in housing adaptations for disabled people in both Council and private sector housing.
- 1.2 This report sets out current practice and performance with regard to the council's duty to provide minor and major adaptations.

2. RECOMMENDATIONS:

- 2.1 That the Overview and Scrutiny Committee comment and feed into the strategy.

3. BACKGROUND INFORMATION

Timely and appropriate adaptations are an essential part of enabling disabled and older people to live within their communities. They are a key part of the personalisation of Adult Social Care enabling people to have increased choice and control. Work is underway to improve the process and enable more people to have timely access to adapted properties through the various work streams of the modernisation programme.

The NHS and Community Care Act (1990) and the Children's Act (1989) place a duty on local authorities to provide assessment and assistance to vulnerable adults and children. This includes aids and adaptations to enable disabled people to remain in the community.

The assistance available covers private sector housing, owner/occupied and the council's own housing stock. With regard to the latter the funding for this is contained within the Housing Revenue Account (HRA). Private sector assistance covers assessment and advice as well as financial provision through means tested Disabled Facilities Grants (DFG's) and Disabled Facilities Assistance (DFA's). The Council's mainstream capital contribution to funding disabled facilities, in particular DFA funding, is provided as part of the Council's significant private sector renewal funding programme which includes grants to enable households in the private sector to remain in their homes or find suitable alternatives.

In Brighton and Hove minor adaptations are those costing under £1000 whilst major adaptations are those over £1000.

Lifetime homes, the government's strategy for housing in an ageing society sets out a commitment to increase levels of DFG funding and the capacity of the Home Improvement Agencies (HIAs).

3.1 Value for money - use of resources in housing adaptations.

The Council has sought to make best use of new and existing social and private sector housing adaptations resources through:

- i. Promoting early discussion of both social and private sector housing options to encourage consideration of a move to more appropriate housing as an alternative to disruption and cost of major adaptations.
- ii. Making the case for proactively funding adaptations to existing homes through use of mainstream Council procurement programmes and additional / alternative private sector renewal capital in addition to existing funding routes.
- iii. On-going development of our accessible housing register, continuing to fund an Accessible Housing Officer to identify and make best use of existing adapted and accessible Council and Housing Association housing stock in the City targeted at those who need it.
- iv. Best use of new build adapted housing opportunities through proactive involvement in development and implementation of the

City Council's Planning Advice Note – Lifetime Homes & Accessible Housing (PAN 03).

- v. Entering into new build nominations agreements with Registered Social Landlords (RSLs) to allow for early letting and finalisation of adapted homes to meet individual client needs.
- vi. Revising the Private Sector Renewal Strategy to allow for renewal assistance to private landlords who procure, adapt and lease properties to the Council to help meet the need for adapted homes.
- vii. Exploring options for private owners to be offered loans to assist moves to more suitable accommodation as an alternative to grant aiding adaptations to unsuitable properties.
- viii. Seeking to maximise funding available for adaptations. In particular increased capital funding through the BEST private sector renewal programme that has allowed the Council to double Disabled Facilities Assistance threshold from £25,000 to £50,000 for eligible households.

3.2 Demand projections in Brighton & Hove

Brighton and Hove is recognised for having higher levels of physical disability in its general population than the national average. Housing problems are compounded by much of the City being hilly preventing full wheelchair access. Many homes were built in the 19th Century and subsequently converted into flats, often with small rooms and narrow stairways making accessibility and adaptation difficult.

Projections show a rising demand for housing adaptations in the City. Key areas include:

- General growth in the number of households in the City.
- An ageing population, in particular, a projected growth of more vulnerable older households in the City.
- Applicants with disabilities, in particular children, are living longer and displaying more complex needs.
- More people requiring adaptations remaining at home rather than in residential care settings.

The 2005 Housing Needs Survey found that 19.8% of households in the City contain somebody with a long term illness or disability (around 22,362 households) of which 14% had two members affected. Over half of all household members were over 60 and 25.9% under 45.

The largest group affected by a named support need were those with a walking difficulty but who did not use a wheelchair, representing 52.3% of those with a support need. 8.1% of all households reported that they contained a member who was a wheelchair user, suggesting 1,765 households in the City as a whole.

There is a projected 15% increase in the retired population and 60% in the over 80 year old population up to 2026. Over a quarter of all people with a disability are over 75 and over half have a walking difficulty with likely requirements for adaptations.

11.7% of all dwellings in the City have been adapted to meet the needs of a disabled person. In terms of the nature of adaptations 46.9% of these have handrails / grab rails, 36.2% have bathroom adaptations and 41.8% have had adaptations to enable access to their property.

The Council rented sector has over double the average of households and people with a disability when compared with other main tenures in the City.

3.3 **Housing Adaptations Process**

Minor Adaptations

Minor adaptations are important in enabling people to live safely and independently at home. Making this support available will often postpone a person needing more intensive care at home or admission to a care home.

Assessments for minor adaptations are made by:

- Health Occupational Therapists in hospital or intermediate care settings.
- Occupational Therapists / Occupational Therapy Assistants (OTAs) within the Adult Social Care Access point, the Initial Response Service (IRS) and the Occupational Therapy Assessment Team (OTAT).
- For children, access to minor adaptations is through the Children's Disability Team (CDT); this report does not consider children's services.
- People may also access adaptations through referral from a private Occupational Therapist.

For owner/occupiers and private rented properties the process is that the prescription is faxed to the Integrated Community Equipment Store (ICES) who then place the order with their contractor.

For Council owned properties a prescription is submitted to the Home Improvement Officer (HIO) following assessment. This HIO then places

an order with the contractor using the schedule of rates. The works are then checked and signed off by the HIO.

Major adaptations.

Adaptations to Council homes and major adaptations to private and housing association homes are assessed and delivered via the integrated Housing Adaptations Team based within the Housing Strategy Division at Hove Town Hall.

This integrated service assists elderly, vulnerable and disabled people in acquiring and maintaining an independent, safe, and secure living environment. The team works with residents and their carers in finding the best housing solutions to meet their needs. This may be through identifying more suitable housing, adapting their home environment, or by finding other technological, housing solutions or therapeutic intervention.

The team consists of Occupational Therapists who confirm the need and recommend adaptation where appropriate and the adaptations technical team who oversee the delivery of any adaptation work required.

Properties requiring major adaptation fall into 2 main categories; those that are relatively simple such as stair lifts and level access showers and those that are complex. Within the council's own stock simple major adaptations follow the same process as minor adaptations. Where they are complex the Home Improvement Officer (HIO) works with the Housing Adaptations Occupational therapist (HAOT) to produce plans and costing. If considered feasible, the plans are then agreed with the client. If the costings are under £10k the HIO places the order as above; if over this ceiling the case is considered by the Adaptations Panel which meets bimonthly.

For Housing Association (HA) properties, if simple, the prescription is forwarded directly to the HA with a request to fund; if agreed the HA will organise the works and the prescriber will merely undertake a check visit on completion. Should the HA wish, they can submit a landlord's DFG application setting out the technical detail and if funding is approved they will organise the delivery of the works. Alternatively should the HA refuse to submit the landlord's application the tenant would have to be financially assessed in their own right and the HIO would then complete the specification and either they or the Home Improvement Agency (HIA) assist the tenant in ordering works. If the works are complex the process is the same but there would be the additional involvement of the HAOT. The financial issues remain the same as council-owned stock, with works over £10k being considered by the Adaptations Panel to ensure equitable use of resources.

In the private rented or owner-occupied sector, simple major adaptations are assessed and the prescriber passes to the HIO or HIA

for financial assessment and DFG application and works are ordered. For complex adaptations the process is as for Housing Associations.

Approximately 30% of all referrals require the involvement of the HAOT team due to their complexity.

3.4 **Housing Adaptations Investment**

Council Housing

The budget for Council Housing adaptation is £750K per year; this covers some minor and all major adaptations. This enables the Council to assist with around 400 adaptations a year.

Private Sector (non - Council)

The funding for all major adaptations apart from those within council-owned stock is made up of Disabled Facilities Grant and Private Sector Housing Renewal Assistance.

Brighton and Hove is a high performing Council in terms of bringing in investment for private sector housing. The Brighton and Hove and East Sussex Together (BEST) partnership we have forged with other district councils in East Sussex is in receipt of the highest private sector renewal grant in the South East for 2009/10 at just over £8m.

In 2009/10 of over £4.4m has been allocated to private sector renewal in the City, including adaptations. In addition to providing the Council capital contribution toward Disabled Facilities Grant, private sector renewal funding also supports Disabled Facilities Assistance (DFA's) of up to £50K per application and Minor Adaptations Grant (MAG) of up to £5k per application.

Disabled Facilities Grant

Disabled Facilities Grant (DFG) is a mandatory entitlement administered by local housing authorities to help fund the provision of adaptations to enable disabled people to live as comfortably and independently as possible in their homes.

Eligible work is wide-ranging, providing for access to the home and basic facilities within it, for example: providing ramps, door widening, stair lifts and level access showers. The grant, up to a maximum of £30k is subject to an assessment of need and a financial means test. Over the last 3 years the Housing Adaptations Team has doubled Disabled Facilities Grant expenditure on private sector housing adaptations, as can be seen in Table 1.

Table 1: Disabled Facilities Grants Awarded 2005-8

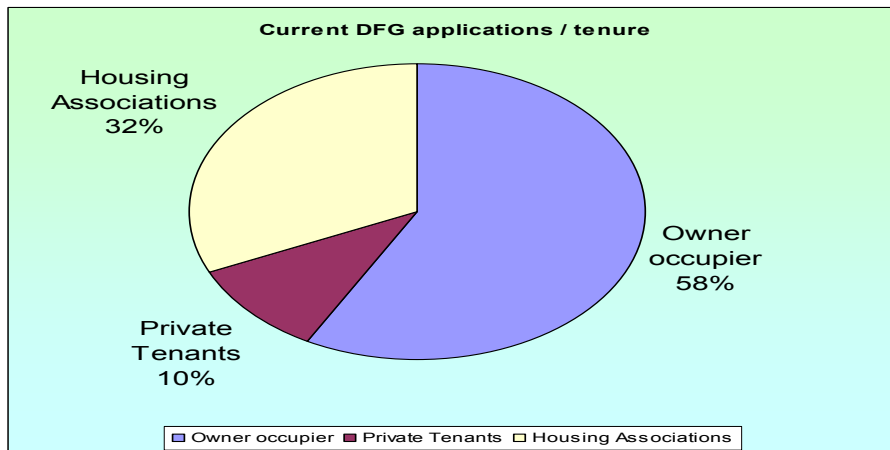
Year	Number of Disabled Facilities Grants awarded	Disabled Facilities Grant Expenditure
2005/6	48	£559K
2006/7	123	£989K
2007/8	124	£930K

The Council makes a 40% contribution to match fund the government’s 60% contribution toward Disabled Facilities Grants. This 40% match funding and considerable additional funding by way of additional Disabled Facilities Assistance is provided by the Council’s Private Sector Housing Renewal Grant allocation via the Housing Renewal Assistance Policy. As outlined above, this increased investment has been achieved through the Council securing higher private sector renewal grant settlements as a result of successful bids for regional funding.

Current situation relating to DFG’s

Of current cases going through the DFG process, the following graph shows the percentages of these cases broken down as:

- Owner occupiers
- Private tenants
- Housing Associations



Adaptations Waiting Times

In the November 2008 ASC&H Overview & Scrutiny report on adaptations the Committee were advised that there were 385 people waiting assessment by the Adult Social Care Occupational Therapy Assessment Team (OTAT) and that there were 137 cases awaiting completion of plans or schedule of works with the Home Improvement Agency (HIA). There are currently 100 cases with the Home Improvement Agency.

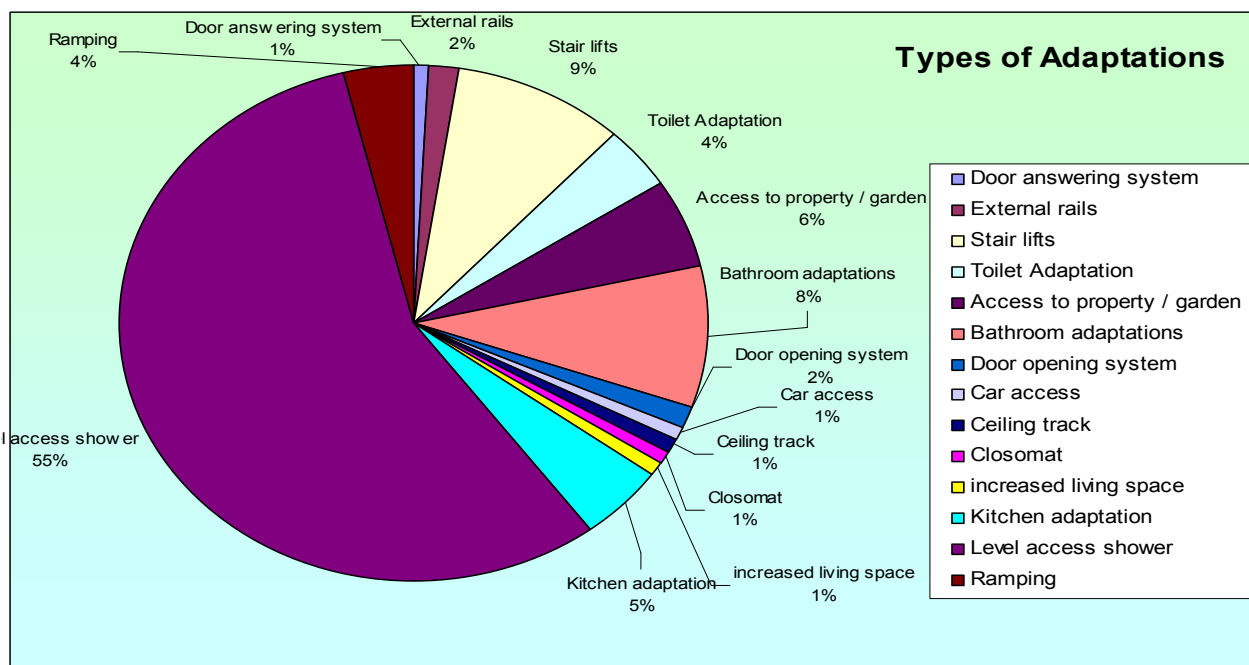
The Committee were advised that there were 120 cases awaiting allocation with the Housing Adaptations OT Team. There are currently 88 cases awaiting allocation with the HAOT team. Approximately 30 cases per month are added to the waiting list. The team is currently working toward clearing the waiting list.

National Performance Indicators

National performance indicators are collected by the Care Quality Commission (formerly Commission for Social Care Inspectorate). Performance figures for 08/09 against targets are outlined below.

National Performance indicators Figures used for Care Quality Commission (Formerly Commission for Social care Inspectorate)	2008-09 Outturn	2008-09 Target
Average length of time waiting for minor adaptations from assessment to work beginning.	2.8 weeks	4 weeks
Average length of time waiting for major adaptations from assessment to work beginning.	26.9 weeks	27 weeks
Number of those waiting for minor adaptations	3434	N/A
Definition: Councils are asked to report the total numbers of people in 2008-09 who waited for any period in the year for work on a major or minor adaptation to start.		
Number of those waiting for major adaptations	238	N/A
Definition: Councils are asked to report the total numbers of people in 2008-09 who waited for any period in the year for work on a major or minor adaptation to start.		

Types of Adaptations



Widening the Scope of the Housing Renewal Policy

We have recently amended our Private Sector Housing Renewal Assistance Policy to deliver more disabled assistance and to support adaptation of private housing stock to meet our need for adapted homes.

We have introduced a new temporary accommodation adaptations grant, created to provide assistance towards the cost of including wheelchair accessibility and / or other appropriate adaptations to private sector properties leased to the council for the accommodation of homeless households.

We have amended the disabled facilities assistance scheme to widen the scope of the assistance provided. The maximum limit on disabled facilities assistance has been increased from £25,000 to £50,000 (or 50% of the equity, whichever is the lesser). We have also amended the occupiers' minor adaptations grant to enable certain types of straightforward adaptations to be carried out under this scheme.

We also aim to explore options for private owners to be offered loans to assist moves to more suitable accommodation as an alternative to grant aiding adaptations to unsuitable properties.

Newly Built Homes

Brighton and Hove City Council and our partners were forerunners in adopting policies and working practices that support the needs of people who have a physical disability and their carers. In 2001 the City Council adopted the Lifetime Homes Standard to ensure that all new housing built is accessible and adaptable to changing housing needs. We are also ensuring that at least 10% of all new affordable homes are built to wheelchair standard.

During 2008-09 Registered Social Landlords working in partnership with the Council delivered 232 new affordable homes of which 31 (16%) were delivered to a fully wheelchair accessible standard as set out in the Planning Advice Note on Accessible & Lifetime Homes adopted January 2008 which sets standards higher than national requirements.

The Housing Adaptations and Housing Development teams were actively involved in the development and implementation of Planning Advice Note and the implementation of a new build nominations agreements with the partner RSLs to allow for 'off plan' allocation and finalisation of adapted homes to meet the individual's needs.

Council Homes

As outlined above the annual budget for investment in adaptations to Council homes is £750,000. In addition to this budget, the Council has worked closely with tenants and other stakeholders on best use of resources and housing options to meet adaptations need. This work was led by Chairman's Tenant Focus Group on adaptations. Details of this work and implementation of proposals are outlined below.

3.5 Housing Options for those Requiring Adaptations

Making best use of existing social housing, new build housing association homes, and the private sector are means by which we can maximise the benefit of limited adaptations resources available.

Improving access to social housing

Where it is not 'reasonable and practical' to adapt an applicants home it is often better to explore other housing options as an alternative to undertaking expensive and very disruptive major adaptations. The council has an Under Occupation Officer, who, as part of his role works with households requiring complex and expensive adaptations to

explore other options for moving, particularly into social housing in the City.

Matching Adapted Properties to those who need them

The Councils' Allocations Policy sets out the criteria under which all lettings to permanent council housing and nominations to housing association housing are made.

Applicants are given priority if they need to move for a medical reason that makes their current home unsuitable or does not provide adequate facilities. Priority may also be given where an applicant is releasing an adapted property or to make best use of adapted stock at the Council's discretion, where the tenant does not require adaptations or where the existing property cannot be adapted to meet the applicant's needs.

Properties are advertised openly in the Homemove Magazine, and on the website, www.homemove.org.uk. All homes adapted for use by disabled people are clearly labelled with a mobility classification and ring-fenced for those with a matching need to ensure that these properties are let to those who need them.

Details of mobility classification are outlined below.

Mobility Group 1 – Typically suitable for a person who uses a wheelchair full time i.e. indoors and outdoors. The property will provide full wheelchair access throughout.

Mobility Group 2 – Typically suitable for a person with restricted walking ability and for those that may need to use a wheelchair some of the time. The property will have internal and external level or ramped access, but some parts of the property may not be fully wheelchair accessible.

Mobility Group 3 – Typically suitable for a person able to manage two or three steps but unable to manage steep gradients. The property may have adaptations to assist people with limited mobility.

The figures below identify how many adapted homes became available for letting in 2008/09. The majority of wheelchair adapted homes were new build homes owned by housing association partners; very few council owned homes are suitably adapted for wheelchair users.

Table 2: General Needs Lettings to Property Adapted for those with mobility difficulties 2008/9 (Source : Locata)

	Mobility 1 (Fully wheelchair Adapted)	Mobility 2 (partially wheelchair adapted)	Mobility 3 (adapted for those with limited mobility)	TOTALS
One bedroom	11	8	87	106
Two bedrooms	6	3	41	50
Three bedrooms	0	3	10	13
Four bedrooms	2	0	3	5
TOTALS	19	14	141	174

Table 3: Applicants on the housing register waiting for adapted properties at 21 May 2009 (Source Locata)

	Applicants requiring Mobility 1 Properties	Applicants requiring Mobility 2 Properties	Applicants requiring Mobility 2 Properties	TOTALS
One bedroom	34	75	381	490
Two bedrooms	38	23	93	154
Three bedrooms	10	13	48	71
Four bedrooms	4	3	7	14
TOTALS	86	114	529	729

The highest need is for one bedroom properties (this includes those waiting for Adapted Sheltered Properties). As can be seen from the two tables, demand for adapted property far exceeds supply.

Newly Built Properties

These properties are also advertised through Homemove, Housing Associations must advertise these at least six months before they are completed, allowing applicants to have bespoke adaptations completed in partnership with their Occupational Therapist while the property is being built.

3.6 **Chairman's Tenant Focus Group on Adaptations**

This group was set up to work in consultation with tenant representatives and other stakeholders on the development of policy for those living in or seeking social housing to ensure that we are funding adaptations that make best use of available budget resources, social housing stock (both Council and RSL) and other options.

A. Key Themes from the Focus Group

A number of key themes emerged from the meetings which tenant representatives wished to see addressed. These are detailed below.

Use of resources

In addition to the existing budget the Group felt that pro-active investment in adaptations/accessible homes should be considered as part of the mainstream procurement process.

Allocations

Themes included the need for a detailed and up to date register of adapted and adaptable homes and more support with matching people with needs to suitable properties. In addition, more should be done to encourage agreement to moves where tenants live in adapted homes they don't need or require adaptations where homes aren't easily adaptable.

Assistance with moving

There was a strong feeling that more practical assistance be offered / provided with moving in order to assist people to find new property that meets their needs or can be quickly and easily adapted.

Other Themes

The Group felt more minor adaptations should be fitted as standard, for example lever taps and this should also be considered for some major adaptations such as level access showers. More planning ahead to anticipate demand was also seen as very important.

B. Focus group outcomes

As a direct result of consultation with the Chairman's Focus Group, an Accessible Housing Officer (AHO) was recruited in January of last year. Her remit is to improve the way in which Accessible and Adapted properties are advertised and let in the city. This is being achieved in three ways:

- improving our understanding of the access needs of everybody on the Joint Housing Register.
- undertaking an audit of all Council-owned housing stock in terms of their accessibility and feasibility for adaptation.
- providing a more equal service for disabled applicants within Homemove through more informative advertising and prioritised allocation for mobility properties.

Assessment

Since the recruitment of an Accessible Housing Officer all new applicants as well as existing applicants in Priority Bands A and B have been assessed for their mobility level and given one of four categories relating to their access requirements. These can be used to guide and advise disabled applicants as to which properties may be suitable for their needs, as indicated by corresponding mobility categories on the adverts. In total 2800 applicants have been individually reviewed for their needs. As a result, we have identified, in band A alone, 90 households that require wheelchair accessible housing and 69 households that require a property with easy access, to meet a mobility 3 standard. In addition, the Accessibility section of the Joint Housing Register application form has been re-written to encourage the provision of more relevant information for the Homemove officers to be able to assess how someone's disability is affecting their current housing.

Advertising and Allocation

The Accessible Housing Officer has spent a great deal of time working with Housing and Lettings Officers within the Council and the partner Housing Associations to ensure that relevant information and appropriate mobility categories are identified in the advert.

The AHO has attended meetings, accompanied on home visits and assisted in training sessions to ensure that information about steps, lifts, current adaptations, geography and the location of shops is now provided for all properties, wherever possible.

As a result, there has been a marked increase in the number of properties identified in the Homemove magazine as mobility homes, with full access details in the text of the advert and properties advertised as Mobility 1, 2 and 3 are now ring-fenced for those families that match the requirement for an adapted or accessible home.

Training

Accessible housing training was undertaken for representatives of our Homemove partners and the feedback was excellent. We

have now rolled out this training to all Housing Management staff within the Council and our partner RSLs. This training promotes a better understanding of the way in which housing impacts on the independence of disabled people. It will also assist the officers in carrying out an accurate audit of all properties to ascertain what level of access it can provide to the next tenant, thereby reducing empty property turnarounds and creating longer more secure tenancies in the long run.

Adaptations

With the success of the work that we're doing in the identification and allocation of properties that are either pre-adapted or would lend themselves to further adaptation, BHCC can look to utilising this knowledge to make better use of its limited adaptations budget. If adaptations are either not feasible, or not considered to be 'reasonable and practicable' then a dedicated officer from either Housing Options or the Under-Occupation Officer can work with the family to see what alternatives may be available to them, and makes the links with the supply of new affordable homes delivered in the city all built to Lifetime Homes, at least 10% fully wheelchair accessible from the start. If an adapted property was unable to be re-let to a disabled applicant due to external steps or other inaccessible feature, the AHO is working closely with the Adaptations team to ensure that the adaptations can then be recycled. We will endeavour to identify a person with a matching need and re-site the equipment.

Procurement

In addition to existing procurement of adaptations the Council's new framework contracts for long term procurement of works to Council homes will include capacity for provision of additional adaptations.

4. CONSULTATION

- 4.1 The Council's Housing Renewal Assistance Policy was established following a comprehensive consultation exercise conducted both within the Council and with external stakeholders.
- 4.2 The Chairman's Tenant Focus Group on adaptations consisted of nominees from tenant representative bodies and has reported its findings to Housing Management Sub-Committee.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 Adaptations is funding through the Disabled Facilities Grant and the Best Capital Allocation (£660k and ££440k respectively). There are no direct financial implications arising from the recommendations made in this report'

[Neil Smith, Accountant, 4 March 2009]

Legal Implications:

- 5.2 Since the introduction of The Housing Grants, Construction and Regeneration Act 1996 local authorities have had a statutory duty to provide grant aid to disabled people to adapt their homes in order to meet their needs. There are further relevant provisions in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 , and the Housing Act 2004 which govern assessing the conditions of dwellings. The strategy outlined in this report assists the Council to ensure those provisions are met fairly and reasonably.

[Elizabeth Culbert, Solicitor, 4 March 2009]

Equalities Implications:

- 5.3 As a result of the work outlined above we have sought to raise awareness and address the needs and issues faced by disabled applicants for housing and adaptations assistance from the Council. We have sought to improve understanding of the way in which housing impacts on the independence of disabled people in the City and improve use of resources to better meet the needs of people who use a wheelchair or have restricted mobility.

Sustainability Implications:

- 5.4 Housing is one of the key objectives in the Council's sustainability strategy which aims 'to ensure that everyone has access to decent affordable housing that meets their needs'.

- 5.5 The developments outlined in this report seek to make the best use of existing housing and budget resources and promote lifetime homes. Further sustainability implications will be kept under review.

Crime & Disorder Implications:

- 5.6 There are no direct implications arising from this report.

Risk and Opportunity Management Implications:

- 5.7 Policy development in this area is undertaken with due regard to appropriate risk assessment requirements.

Corporate / Citywide Implications:

- 5.8 The aims of the Focus Group and the improvements outlined in this report support the priorities and aims of the 2020 Community Strategy and Council strategic goals of improving housing in the City and ensuring that residents have a health living environment.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents in Members' Rooms:

None

Background Documents:

1. None

Subject:	Choice Based Lettings and Extra Care Housing		
Date of Meeting:	18th June 2009		
Report of:	Director of Adult Social Care and Housing		
Contact Officer:	Name:	Sylvia Peckham/Karin Divall	Tel: 293318
	E-mail:	Sylvia.peckham@brighton-hove.gov.uk	
		Karin.divall@brighton-hove.gov.uk	
Key Decision:	No		
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report explores how we could develop a model of allocation for extra care housing that provides transparency, addresses value for money, and meets the care and support needs of vulnerable people in the City within a framework of Choice Based Lettings.
- 1.2 Extra Care is a resource that meets the long term care needs of older and disabled people so that the assessment for and provision of social care is essential. However we also recognise the benefits of delivering extra care within Choice Based lettings, the approached adopted for the allocation of housing across the City.
- 1.3 Extra Care housing is funded through a mixture of housing, social care and supporting people funding streams and as such it is a specialist form of supported housing that is allocated based on social care needs. It is currently allocated following a social care; Fair Access to Care (FACS) assessment which is based on care and support needs rather than housing needs, although the person may be in housing need.
- 1.4 There are currently 33 extra care flats in the City managed by Hanover Housing that are available for rent, with a further 40 rented flats available at Patching Lodge from May 2009. Some of these properties are already committed to former tenants of Patching Lodge who were given an undertaking prior to decanting that they could return if they wished.

2. Recommendations

- 2.1 To endorse that Extra Care Housing should be allocated through Choice Base Lettings in line with the allocation of other affordable housing across the City
- 2.2 To endorse that all extra care vacancies are marked as such within the Homemove publications and are available only for people following an ASC assessment and confirmation that they meet ASC eligibility for extra care housing.

3.0 RELEVANT BACKGROUND INFORMATION

Choice Based Lettings

- 3.1 Choice Based Lettings (CBL) is the platform adopted by the Council through which to allocate properties based on housing need. Households are assessed under the Allocation policy and are awarded a Banding depending on their housing need and medical circumstances and a priority date depending on when they either applied to join the Housing Register or were re-assessed into a higher band.
- 3.2 Housing Management and partner RSLs advertise vacant properties and households bid for up to 3 each fortnight. The shortlist is drawn up on the basis of the household in the highest band with the earliest priority date having first been checked for eligibility i.e. if the property is for over 50s and a person under 50 bids on it.
- 3.3 We have explored whether Extra Care Housing could be incorporated into CBL in line with the legal framework for housing allocations. All authorities are required to introduce an element of choice in their allocations policy by 2010. This would provide improved transparency and is in line with increased choice and control for users of Adult Social Care services.

Extra Care Housing

- 3.4 Extra Care is a relatively new concept and has been promoted by the Department of Health as a more appropriate response to meeting the long term care needs of older and disabled people. What distinguishes it from sheltered or supported housing is the level of personal social care on site. The commissioning of the care and pathway have therefore been managed through Adult Social Care assessment and have come from all housing tenures. Extra Care housing is a “meeting point” for two historically different approaches.
- 3.5 Extra care Housing is currently allocated by Adult Social Care using the following criteria that tenants would usually:
 - be ordinarily resident in Brighton & Hove, and
 - be over 55 years of age, and
 - be assessed as requiring support to maintain independent living that cannot be provided within their own homes, or
 - be *at risk* of being admitted to residential care, or
 - be currently living in residential care but able to live more independently, or
 - be leading an unacceptably poor quality of life with no prospect of improvement so long as they continue to live at home.
 - Should be willing to accept support and have a care plan.

4 PROPOSAL

- 4.1 Housing Strategy are reviewing the way both Sheltered Accommodation and Adapted Properties are allocated and are proposing that such properties are advertised through Choice Based Lettings with bidding being restricted to those

households who have been assessed as needing that type of accommodation. This will safeguard households bidding for properties they do not need and will ensure better use is made of the stock.

- 4.2 Extra Care housing could also be allocated using the same procedures. When a unit becomes available it would be advertised with details as to the level of mobility and number of hours care that can be offered. Only those households who have been assessed as needing Extra Care accommodation* and need the level of care that matches that available unit, will be able to then bid for it. A shortlist will then be produced of all eligible households who have been assessed as needing that type of accommodation will be produced and the accommodation offered accordingly.

* meeting Fair Access to Care Services (FACS) substantial or critical eligibility criteria and the extra care criteria

- 4.3 The development of this approach would bring additional benefits:

- People would be able to apply for extra care within Choice Based Lettings and an appropriate Adult Social Care assessment could then be arranged.
- Appropriate Adult Social Care assessments could be arranged so that people are properly supported when they move into sheltered or supported housing.
- The assessment process could be developed to include other specialist and supported housing currently managed within Housing Services.
- Involvement of Adult Social Care in the housing process would improve knowledge and therefore appropriate access for Adult Social Care service users into housing.
- The allocation of specialist housing would be transparent with fair and equal access to those who needed it.
- The system of allocation by Adult Social Care would be set within a publicly accessible system of housing allocation.

5. ISSUES

5.1 Housing Register

In order to be eligible for Homemove, people have to first register on the transfer or joint housing register and they will be allocated within a band dependant upon their housing needs. Those households who need Extra Care housing will then be put forward to Adult Social Care for assessment if they have not already been assessed under the existing arrangements. The assessment will establish that

- they do need Extra Care
- the level of mobility and number of hours care that they require.

When a vacancy within extra care is identified the care provider will advise Homemove. This will then be advertised in Homemove, and people will be able to bid on those available Extra Care properties which meet their requirements. In this way, needs will be matched to accommodation. A shortlist will then be drawn up and the accommodation will be offered to the household with the highest housing need (who are in the highest housing band).

- 5.2 FACS.** In order to continue to maximise value for money and the appropriate use of extra care for people with levels of care and support that can best be met in extra care, prospective applicants will need to meet eligibility criteria for social care services and to have either had an assessment or for an assessment to be undertaken. This is unlikely to delay the letting of Extra Care flats as the assessment will need to be undertaken anyway before the flat can be offered.
- 5.3 Security of Tenure.** People in Extra Care Housing, have Assured Tenancies, the same as tenants in general needs permanent RSL housing. This means that the RSL are not able to move people on if the service user chooses not to move because they have security of tenure.
- 5.4 Other Benefits.** Other Local Authorities who have included Extra Care housing advertising in CBL have found that because they are able to more easily demonstrate the level of need for that type of accommodation, they have been successful in attracting additional funding to develop more units. It has assisted the whole planning and development process in being able to better identify need in the area.
- 5.6 Moving On.** When people are ready to move out of Extra Care Housing, which happens very rarely, they will apply to join the Housing Register and will be assessed according to their housing need. They will then bid on properties which are suitable for their need. In addition, their Housing options will be assessed so as to advise on the most appropriate option to enable them to move from Extra Care housing. If the providers of Extra Care become partners of CBL, then those tenants needing to move out can be treated as transfers.
- 5.7 Deposits.** Supporting People have recently agreed £100k set aside to be used as Deposit Guarantees to enable people ready to move on from supported housing to access private rented accommodation. It is confirmed that this would also cover those people ready to move on from Extra Care Housing.

6. CONSULTATION

- 6.1 None

7. FINANCIAL & OTHER IMPLICATIONS:

7.1 Financial Implications:

The proposed model of allocation of extra care housing should produce efficiencies in the process, be delivered within the budget and support value for money through the delivery of extra care support

Finance Officer Consulted: Anne Silley

Date: 25.02.09

Legal Implications:

- 7.2 Each local housing authority is statutorily required to have an allocation scheme for determining priorities and as to the procedure to be followed in allocating housing accommodation. The Council has an allocation scheme – Choice Based Lettings. Local housing authorities must not allocate accommodation otherwise than in accordance with their scheme. The Council must afford all registered social landlords with whom

they have nomination rights the opportunity to comment on changes to a scheme which constitutes a major change of policy. (section 167 (7) Housing Act 1996.) It is not considered that the proposed changes dealing with the allocation of extra care housing amount to a major change of policy.

The report recommends adopting a model of allocation for extra care housing which should enable the Council to meet the housing needs of older and disabled service users in a fair and transparent manner and utilising value for money principles. The allocation of such housing will be made in accordance with existing eligibility criteria which is a lawful and proper methodology for Councils to use in terms of meeting their statutory duties within available resources.

It may be necessary to ensure that appropriate support is given to vulnerable adults who are eligible for such housing in terms of using the bidding process to ensure that they do have unfettered access to this service. There are no other specific legal /human rights implications which arise from this report, in terms of community care legislation.

Lawyer Consulted: Liz Woodley/Hilary Priestley

Date: 25.02.09

Equalities Implications:

- 7.3 Extra Care Housing provides housing and care for some of the most vulnerable people in the City and enables people to live independently and securely with high levels of health and care needs.

Sustainability Implications:

- 7.4 Extra Care housing that has been newly developed in the City has been built to high standards of sustainability and in accordance with the City's policies.

Crime & Disorder Implications:

- 7.5 Extra Care housing provides a secure yet independent form of housing for vulnerable older and disabled people.

Risk and Opportunity Management Implications:

- 7.6 Failure to adopt the changes prescribed in the attached new Allocations Policy could render the Local Authority vulnerable to legal challenge.

Corporate / Citywide Implications:

- 7.7 This proposal will increase the choice of services available locally for people who need Extra Care Housing and so enable them to participate as equal citizens in the city of Brighton & Hove.

8. EVALUATION OF ANY ALTERNATIVE OPTION(S):

The alternative would be for the policy to remain as per the current policy. This however may leave the Local Authority open to legal challenge as Extra Care Housing would be allocated outside of the Council's adopted policy of Choice Based lettings.

Adult Social Care and Housing Overview and Scrutiny Committee

Agenda Item 09

Subject: *Carers' Joint Commissioning Strategy*
Date of Meeting: 18 June 2009
Report of: *Joy Hollister*
Contact Officer: Name: *Tamsin Peart* Tel: 29-5253
E-mail: tamsin.peart@brighton-hove.gov.uk
Key Decision: Yes Forward Plan No. (7 Digit Ref):
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The draft Carers' Development and Commissioning Strategy 2009 - 2012 sets out the vision for the future development and commissioning of services to support carers in Brighton and Hove for the next three years. It is a joint strategy across Brighton & Hove City Council and NHS Brighton and Hove.
- 1.2 Two draft strategies are attached. Appendix 1 is the draft consultation document that summarises the background information and suggested priorities for the strategy. Appendix 2 is the draft strategy document in full with more detailed priorities and commissioning implications set out.

2. RECOMMENDATIONS:

- 2.1 That members consider and contribute to the draft strategy.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Local Information

At the time of the 2001 Census 21,800 people identified themselves as carers in Brighton and Hove. This is 9% of the population and includes almost 500 young carers aged 8-17. Almost 4,000 carers (18%) are caring for more than one person and almost 10,000 (46%) have been caring for five or more years.

3.2 Strategy Development

The strategy has been developed by the Joint Commissioner for Carers Services working Brighton & Hove City Council and NHS Brighton and Hove together with the Carers Strategy Group. The key principles of the strategy reflect those in the National Carers Strategy published in June

2008. The strategy encompasses all carers including parent carers.

3.3 Objectives of Strategy

The overall objectives of the strategy are:

- *carers will be respected as expert care partners and 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;*
- *children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*

The key priorities and commissioning recommendations set out in the draft strategy propose how these objectives will be met.

4. CONSULTATION

4.1

The Carers Strategy Group is chaired by the Head of Partnerships and Public Engagement at the PCT and includes representatives from the following organisations: BSUH, SPFT, SDHT, CYPT, Amaze, the Alzheimers' Society, the Carers Centre, Crossroads and the universities.

The third sector stakeholder involvement brings a wide range of carers' views to the table through their work both with individual carers and with carers' support groups.

In addition there has been direct consultation with carers on the strategy to date with a focus group of older carers of people with mental health needs, discussion tables at the International Day of Disabled People (December 2008) and the Carers Forum (March 2009) and a meeting with young carers.

Comments obtained during consultation have been incorporated into the draft strategy.

4.2 The following consultation is planned for the future:

- A city-wide carers' survey has been commissioned from the Carers Centre and will be carried out in June during Carers Week.
- The consultation document is currently posted on the council and PCT websites.

Feedback obtained from future consultation will be used to shape service developments.

5. FINANCIAL & OTHER IMPLICATIONS:

5.1 The assumption is that future services will be delivered within the existing financial envelope. Current services will be re-designed where appropriate to optimise carer outcomes, meet policy requirements and deliver value for money. Any new resource allocation would be subject to business case development and approval.

The City Council's Carers Grant forms part of the Area Based Grant and for 2009/10 the funding available for Carers will be approximately £1 million.

A breakdown of the current allocation of funding for carers' services is detailed in the Strategy at 3.5 and 3.6, page 10.

The National Carers Strategy "***Carers at the heart of 21st-century families and communities***" contained a new funding commitment for the provision of breaks to carers. The money is allocated to PCTs to administer, although it is allocated in total at a national level. The amount provided to the PCT for funding is not ringfenced, or specifically identified in the 'general uplift' awarded to the PCT. However, Carers organisations have calculated the likely PCT 'allocation' and the PCT has agreed that the basis of these figures are reasonable. The suggested allocations for NHS Brighton and Hove are:

- £275K for 2009/10 and
- £546K for 2010/11.

PCTs are required to publish joint plans for the provision of breaks taking account of the new money allocated to PCTs and the existing Carers Grant allocated to local authorities. The additional funding can be used to provide a wide range of services from relief care, leisure services and breaks with the cared for person.

The PCT has set aside specific funding for Carers and Business Cases have been submitted against this. Once approved via the business case process, funding for Carers will be made available, although the PCT will also have to be mindful of the full range of pressures on resources as financial circumstances change moving into 2010/2011.

Finance Officer Consulted: Anne Silley
Jonathan Reid

Date: 07/04/09
01/06/09

5.2 Legal Implications:

This report provides details of the local strategy for carers and proposals for the implementation of the National Strategy within Brighton and Hove. The proposals are therefore in keeping with Central Government guidance. The local consultation process must ensure that all parties/organisations likely to have an interest in or be affected by the proposed implementation of the strategy are included in that process, that there is ample time for responses and measures are in place to enable those under disability to participate fully and equally in providing their views.

The proposals for implementation of the Strategy take account of carers and their families ECHR Article 8 Rights (Family Life) and the proposed consultation process ensures fairness in accordance with Article 6.

Layer Consulted: Sandra O'Brien

Date: 31/03/09

5.3 Equalities Implications:

One of the key priorities in the draft strategy is to develop equality of access to services for all carers including BME carers, LGBT carers, parent carers, young carers and older carers.

An Equalities Impact Assessment has been completed and is attached at Appendix 3. This will be published as part of the consultation process for the strategy. The actions arising from this will be integrated into the delivery plan for the strategy.

Sustainability Implications:

Carers belong to every community in the city. Therefore supporting carers is key to the development of sustainable communities.

5.5 Crime & Disorder Implications:

5.6 Risk and Opportunity Management Implications:

Implementation of the Carers Strategy is key to delivering the LAA target NI 135 which is one of the city's agreed top 35 stretch targets: **Carers receiving needs assessment or review and a specific carer's service, or advice and information**

5.7 Corporate / Citywide Implications:

6. **EVALUATION OF ANY ALTERNATIVE OPTION(S):**

7. **REASONS FOR REPORT RECOMMENDATIONS**

SUPPORTING DOCUMENTATION

Appendices:

1. draft consultation document
2. draft development and commissioning strategy document
3. Equalities Impact Assessment

Documents In Members' Rooms

- 1.
- 2.

Background Documents

1. ***Carers at the heart of 21st-century families and communities, Department of Health 2008***

Carers Strategy 2009 - 2012 Consultation Document

Introduction

Brighton & Hove City Council and NHS Brighton and Hove Primary Care Trust are developing a Carers Strategy for the city which will enable us to implement the key principles of the national strategy for carers as well as address local issues in the city. The document will inform decision making and expenditure on carers' services over the next few years. This consultation document outlines some of the key issues for carers in the city with suggested ways of addressing these needs. We welcome comments and contributions to the development of this strategy from carers, service users and professionals.

Definitions:

- A carer spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Parent carers are people with parental responsibilities (parents, grandparents, foster parents, adoptee parents and others) who also provide additional care, assistance and support to children with learning or physical disabilities, complex health needs or illness, or emotional behavioural difficulties.
- Young carers are children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult.
- Sibling carers are children and young people who contribute to the care of their siblings who have additional needs.

Who are carers - nationally?

- 1 in 6 of the population
- 3 in 5 of us at some point in our lives
- 42% of carers are men and 58% women

Who are carers in Brighton and Hove?

- 21,800 in Brighton & Hove
- 24% of people aged 50 to 64 are carers
- Almost 500 aged 8-17 years
- Almost 4,000 caring for more than one person
- Over 10,000 caring for 5+ years
- Over 1,000 carers in Brighton and Hove may sustain a physical injury through their caring role and over 1000 may be treated for a stress related illness
- More than 4,500 carers have been caring for at least 10 years and almost 10,000 for five years or more
- Nearly 4,000 carers look after more than one person

Health Issues

- More than 50% have sustained physical injuries
- 52% treated for stress related illnesses
- 94% manage medication
- 23% manage dressings
- 12% give injections

Who are they caring for in Brighton and Hove?

- One in five people over 65 say they do not have good health, compared to one in ten of the total population
- 18% of population have limiting long-term illness
- 400 adults with a learning disability living in the community
- Over 3,000 people with dementia
- 190 people with young onset dementia
- 2,500 problematic drug users
- 14,500 harmful drinkers
- 2,300 mental health service users aged under 65
- 3,900-5,900 people aged 65+ with depression
- 2,000 disabled under 16 year olds in Brighton and Hove

Key Principles

Integrated & personalised services

Vision: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role. **(Services that are joined up but also meet your needs and those of the person you care for on an individual basis)**

What have carers in Brighton and Hove already told us?
<ul style="list-style-type: none"> • Information and support provided within NHS settings including hospitals, mental health services and GP practices
<ul style="list-style-type: none"> • GPs are essential in encouraging their patients to recognise themselves as carers and signposting them to appropriate support
<ul style="list-style-type: none"> • Confidentiality is a barrier to communication between carers and professionals in mental health services. It needs to be flexible, discussed and negotiated.
<ul style="list-style-type: none"> • Poor communication between professionals can lead to a poor quality of service
<ul style="list-style-type: none"> • Dual diagnosis can lead to people falling between two services and not having their needs met
<ul style="list-style-type: none"> • Mental health service users would benefit from support in daily living skills but this is not always available
<ul style="list-style-type: none"> • Carers don't always want to manage services directly themselves and need choice and control over the delivery of services including the choice not to manage services themselves
<ul style="list-style-type: none"> • Carers need to be involved from the beginning of discussions

<p>about Individual</p> <ul style="list-style-type: none"> • Budgets and any impact on the carer as a result of changes to services needs to be taken into account
<ul style="list-style-type: none"> • Carers need information and advice about how to access services for the cared for person when that person is self-funding
<ul style="list-style-type: none"> • Better information about Carers Needs Assessments
<ul style="list-style-type: none"> • Training for NHS staff in hospitals, primary care and mental health services to increase their awareness of the issues facing carers
<ul style="list-style-type: none"> • Parent carers whose child has a severe learning disability feel that existing third sector providers are limited in what they can offer as this cohort is such a small minority of all parent carers
<ul style="list-style-type: none"> • There is no specific support for parent carers whose child has mental health needs
<ul style="list-style-type: none"> • Good communication between families and professionals is essential at point of diagnosis
<ul style="list-style-type: none"> • Professionals use too much jargon and language that can exclude users and carers
<ul style="list-style-type: none"> • Patients need to have all their needs met when in hospital, e.g. existing medication to be given at right time etc
<ul style="list-style-type: none"> • Services shouldn't be so dependent on one individual that they are unavailable when that individual is ill/leaves etc

<p>Proposed Priorities</p>
<p>1. Provide and further develop appropriate, good quality information</p>
<ul style="list-style-type: none"> • Information Prescriptions • Fund different media including websites, fact sheets, help lines • Map of Medicine is a web based reference guide for NHS staff to ensure best practice in delivering patient care – a local carers' pathway will be developed as part of this
<p>2. Information Sharing Policy Implementation</p>
<ul style="list-style-type: none"> ▪ Monitor implementation in Sussex Partnership Foundation Trust and develop practice in other areas including primary care and substance misuse services
<p>3. Develop equality of access to services for all carers through targeted information and outreach work across all communities underrepresented in statutory and provider services</p>
<ul style="list-style-type: none"> • Ensure needs of BME carers identified and addressed • Ensure needs of LGBT carers identified and addressed • Provider services to work towards promoting their services across all communities in the city and ensuring they are open and accessible to all carers • Ensure needs of carers of people with HIV/Aids identified and addressed • Ensure needs of parent carers identified and addressed • Take forward good practice from 50+ Project and ongoing work in East Brighton

<p>4. Offer good quality, timely and proportionate outcome focused carers' needs assessments and reviews</p>
<ul style="list-style-type: none"> • Increase in number of carers assessments • Increase access to carers' needs assessments/reviews through voluntary sector and NHS services and housing • Development of a self-assessment tool for carers will give carers more choice about how their needs are assessed and may offer facilitated assessments with third sector providers • Holistic joint assessments/reviews to complement development of personalised services e.g. Reablement and Individual Budgets • All services responsible for carers assessments/reviews to develop strategies to meet performance targets • Monitor outcomes of assessment/review through city-wide carers' survey and service specific surveys/evaluation tools
<p>5. Self Directed Support options available to carers</p>
<ul style="list-style-type: none"> • 30% of carers of adults access carers' services via Self Directed Support by March 2011 • Carers' needs taken account of in the development of self directed support with service users • Appropriate support to voluntary sector providers to ensure sustainability of universal services • Appropriate levels of funding available for direct payments to parent carers
<p>6. End of Life Care</p>
<ul style="list-style-type: none"> • Link with End of Life Care strategy for Brighton and Hove to ensure carers' needs are included • Provision of appropriate services to carers supporting cared for at end of life • Access to bereavement support services
<p>7. Carer involvement in the development and provision of services</p>
<ul style="list-style-type: none"> • City-wide carers' survey • Community Engagement Framework - ensure Gateway services are carer aware • Use of Amaze's Compass database • Inclusion of carers on key decision making boards
<p>8. Carers' needs and views taken into account on admission to, discharge from and during stays in hospital as well as in discussion and decisions about diagnosis, ongoing treatments, therapies and services</p>
<ul style="list-style-type: none"> ▪ Care Passports ▪ Support to carers at Millview Hospital ▪ Support to carers at the Nevill Hospital ▪ Support to carers at the Royal Sussex County Hospital ▪ Ongoing support to carers in the community following new diagnosis/hospital discharge
<p>9. Provision of key workers for children and young people with special needs and their carers to ensure services and care are well integrated</p>

A life of their own

Vision: Carers will be able to have a life of their own outside of their caring role.

What have carers in Brighton and Hove already told us?
<ul style="list-style-type: none"> • Parent carers would like funding for breaks for the whole family
<ul style="list-style-type: none"> • Carers benefit greatly from the opportunity to go on holiday, some with, others without, the cared for person
<ul style="list-style-type: none"> • Eligibility criteria for learning disability services means that some cared for people are receiving few or no services but carers are still undertaking regular and substantial caring roles
<ul style="list-style-type: none"> • Day services for people with dementia following diagnosis
<ul style="list-style-type: none"> • Assistance with transport to and from hospital
<ul style="list-style-type: none"> • Peer support
<ul style="list-style-type: none"> • Media representation of poor quality services can discourage users and put additional pressure on carers
<ul style="list-style-type: none"> • Some users and carers are reluctant to pay for services putting additional pressure on carers
<ul style="list-style-type: none"> • Care at home can be more appropriate for people with dementia but there is limited availability
<ul style="list-style-type: none"> • Support services available within local communities rather than everything being based in city centre
<ul style="list-style-type: none"> • Sustainability of support groups professional input withdrawn

Proposed Priorities
1. To extend the choice and accessibility of quality break opportunities for carers
<ul style="list-style-type: none"> • Support a range of voluntary and independent organisations to provide flexible breaks for carers • Use of self directed support to develop flexible breaks and services for carers • Explore need for home-based relief care for carers of people with functional mental health needs • Development of services to meet the needs of people under 65 with dementia including those whose condition has developed beyond early to moderate dementia and whose needs can not be met by the current day service provision. • Development of short breaks for children and young people with special needs to provide respite to parent carers • Accessible leisure opportunities for children and young people with special needs and their parent carers • Funding available for parent carers to increase choice and control through use of Direct Payments
2. Provision of carers' services that support carers in their caring role

<ul style="list-style-type: none"> • Through development of Self Directed Support • Explore use of Telecare in supporting carers
3. Support to carers wishing to access leisure activities
<ul style="list-style-type: none"> ▪ Extend benefits of Compass card for parent carers and their children
4. Support to carers to plan for the future
<ul style="list-style-type: none"> • Emergency Back Up Scheme

Income & employment

Vision: Carers will be financially supported so that they are not forced into financial hardship by their caring role.

What have carers in Brighton and Hove already told us?
<ul style="list-style-type: none"> • Concern about employer's perception if they request flexible working
<ul style="list-style-type: none"> • Caring responsibilities leading to poor health can be reflected in sickness records and impact on employment opportunities

Proposed Priorities
1. To work with partners and local employers to help carers take up and/or remain in employment.
<ul style="list-style-type: none"> ▪ Introduce target for local employers to have in place a carers policy ▪ Provide training (using the DVD) to local employers to increase understanding about the role of caring and their needs as employees. ▪ Working carers who have had an individual carer's assessment will be encouraged to share this assessment with their line manager as a first step in exploring how caring responsibilities impact on work patterns, and thereby providing an opportunity to begin a meaningful dialogue on what might be done to assist both the employee and the employer.
2. Partnership working with JobCentre Plus
<ul style="list-style-type: none"> • We will explore ways to engage and work with JobCentre Plus (exploring work opportunities with or without formal qualifications. Refresher course or preparation for work retaining programmes can often give confidence and help update and learn new skills for competing in the employment market)
3. Access to education and training.
<ul style="list-style-type: none"> ▪ Provision of alternate care to enable carers to take up education and training ▪ Develop links with the Learning and Skills Council to provide discounted/free access to courses for carers. ▪ Explore opportunities for working with Connexions (targeting young carers in supporting all 13 – 19 years old on learning,

training and work)

Health & well-being

Vision: Carers will be supported to stay mentally and physically well and treated with dignity.

What have carers in Brighton and Hove told us already?

- | |
|---|
| <ul style="list-style-type: none"> • Carers worry about how they would manage in a crisis |
| <ul style="list-style-type: none"> • Carers, particularly those caring for an adult son/daughter, would like plans to be put in place for the future with input from key professionals to address both care and financial issues |

Proposed Priorities

1. Access to support in primary care

- | |
|--|
| <ul style="list-style-type: none"> • Development of GP Link Worker scheme • Ensure PALS information service includes information relevant to carers • Develop a network of Carers' Advisers based across a range of NHS settings to include acute and community services and provide continuity of support to carers in their own homes following diagnosis/treatment/in-patient care. • Parent Carer Plus: a flexible specialist key worker approach built around informing, supporting and involving parent carers during and after the discharge process from RACH • GP Practices – Carers Advisers working within GP practices to offer a regular presence, advice to practice staff and direct support to carers |
|--|

2. Access to advice and training

- | |
|--|
| <ul style="list-style-type: none"> • Continue back care service for carers • "Looking After Me" courses • Pilot Mindfulness Based Cognitive Therapy course through Brighton Buddhist Centre • Dementia training for carers • Develop health care training, e.g. medications, wound management etc |
|--|

3. Access to emotional support

- | |
|---|
| <ul style="list-style-type: none"> • Provision of information, advice, support and advocacy • Provision of Insider Guide and Triple P courses to parent carers and development of Resilience Therapy techniques • Increased access to psychological therapies – monitor uptake of new counselling services accessed via GPs by carers and the outcomes for them • Develop transition services to support carers following bereavement/end of caring role and for parent carers during child's transition to adulthood with a focus on |
|---|

work/education/training and reduction in isolation

Young carers

Vision: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

What have young carers in Brighton & Hove said is important to them?

young carers top ten wishes...

The most helpful groups are ones where you can talk about difficult feelings with young people in a similar situation

Carers project worker to support us to engage in new activities and attend activities provided by the Young Carers Project would most help with the difficulties of getting out to do activities and meeting new friends

We don't want to have to do personal care

8-10 year olds

Someone to support us to go out as a family

Paid domestic help would most reduce the impact of our caring role in the home

16-25 year olds

1:1 confidential support so that we feel informed about our choices and options

People in authority should let us know they are working for us and speaking up for us

We enjoy cooking to help at home

In an emergency we would like to have a pre-prepared plan of action (made with young person and family) to follow; kept by the school, Young Carers Project etc containing names and phone numbers of people to contact

The best way to raise awareness in schools is in PSHE lessons and sessions for pupils and teachers to understand some of the difficulties faced by young carers

Proposed Priorities
1. Identification and recognition of young carers at point of assessment of cared for person
<ul style="list-style-type: none"> ▪ Appropriate services to cared for person to minimise impact on child(ren) ▪ Support for parents to be parents and family to be a family
2. Joint working between services for adults and services for children
<ul style="list-style-type: none"> • Joint protocol between adult services and CYPT • Jointly commission young carers assessment services • Family Pathfinder • Transitions Project

3. Ensure needs of young carers of substance misusing parents identified and addressed
<ul style="list-style-type: none"> ▪ Assessment services ▪ support services
4. Support for young carers in schools
<ul style="list-style-type: none"> • awareness raising in schools with teachers & other staff • awareness raising in schools with pupils • support in schools
5. NHS Services
<ul style="list-style-type: none"> • Ensure that the development of Carers' Advisers in NHS settings includes recognition of and support for young carers
6. Emergency Back-Up scheme
<ul style="list-style-type: none"> ▪ Expand existing scheme to meet needs of young carers

For further information or to contribute to this document please contact:

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Carers Strategy – draft outline

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5. Implementation

1. Foreword

1.1 Definitions:

- A carer spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.
- Parent carers are people with parental responsibilities (parents, grandparents, foster parents, adoptee parents and others) who also provide additional care, assistance and support to children with learning or physical disabilities, complex health needs or illness, or emotional behavioural difficulties.
- Young carers are children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult.
- Sibling carers are children and young people who contribute to the care of their siblings who have additional needs.

1.2 Vision

The National Strategy for carers says that by 2018:

- *carers will be respected as expert care partners and 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;*
- *children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*

1.3 Strategic Vision for B&H:

The Carers' Development and Commissioning Strategy 2009 - 2012 will set out the vision for the future development and commissioning of services to support carers in Brighton and Hove for the next three years. It is a joint strategy across Brighton & Hove City Council and NHS Brighton and Hove.

The Strategy recognises the importance of carers as expert care partners in supporting those with care needs to live independently in the

community and aims to reduce the social and health inequalities faced by carers and those they care for.

1.4 Personalisation

Ensuring that carers are an integral part of the Adult Social Care vision for Personalisation will go a long way to meeting the key priorities in the national strategy and the local priorities for carers in Brighton and Hove:

“Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals’ needs and aspirations and support them in leading fulfilled and healthy lives .Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect.”

To deliver this vision, we will re-design our service to offer:

- clear advice and information through multi-skilled contact point(s);
- self-assessment and easy access to simple services (e.g. equipment, community services, Telecare);
- identification of, and signposting to, partnership solutions to improved quality of life;
- self-directed support options at all stages for all social care users;
- an integrated approach to re-enablement for the majority of social care users;
- a robust care management service for those who need it; and
- a professional and effective process to safeguard vulnerable adults.

The new service will work to a set of key principles. It will be a service that:

- enables people to make decisions and choices wherever possible;
- facilitates independence whereby people can access the appropriate resource at the right time and move on;
- is flexible and designed to meet changing needs;
- listens to people’s views and is open to change;
- is fair for all parts of the community and does not discriminate on the basis of income or background; and
- represents good value for money for the community and the person using the service.

2. The National Picture

2.1 Facts and figures

- Every year 301,000 become carers

- The economic value of the contribution that carers make is estimated at £87 billion in the UK. This is equivalent to the cost of the NHS every year.
- 3 in 5 of us will become carers at some point in our lives
- More than 50% of carers in a Carers UK study had sustained a physical injury since becoming a carer and 52% had been treated for a stress related illness
- More than 80% of carers say that caring has damaged their health
- Nearly 21% of carers caring 50+ hours report that they are not in good health, compared with 11% of non-carers
- a third of carers (35%) without good social support suffered ill-health compared to those with good support (15%) – Office of National Statistics
- In 2000, one in six people aged 16 or over (16 per cent) was caring for a sick, disabled or older person and one in five households (21 per cent) contained a carer. These figures represent around 6.8 million adult carers in 5 million households
- Over 1 in 4 (28%) carers spend at least twenty hours per week on their caring responsibilities and 1 in 10 spent 50 hours or more.
- One in five carers (21%) have been caring for someone for at least 10 years and nearly half (45%) have been carers for 5 years or more.
- 10% of GP patients are carers
- 94% of carers manage medication, 23% manage dressings, and 12% give injections
- 175,000 carers are under the age of 18
- 13 million expect to become carers in the next decade
- 18% of carers look after more than one person
- 1.2 million care for more than 50 hours per week

2.2 Finances and Employment

Carers face a number of barriers to employment. These can be individual barriers, for example a lack of skills and confidence due to isolation in the home. Also they may face labour market barriers such as difficulty of accessing jobs that are sufficiently local or accessible to combine with caring roles. Furthermore, employers are not always attuned to carer needs or to provide flexible working arrangements to enable carers to combine work and caring responsibilities. Even after caring has ceased, former carers encounter problems getting re-employed due to gaps in their employment history.

Key facts to understand the multiple vulnerability of families of children with complex needs or disabilities.

- On average, it costs three times the amount to raise a disabled child compared to raising a child with no disabilities¹
- Family breakdown - in the general population of Brighton and Hove, 27% of households with children are single parent households (2001 Census), while single parent households form 36% of families on the Compass database. Single parent household nearly all headed by mums, looking after boys.
- Lower income
 - a) in the population of households with children in Brighton & Hove, 61% of mums and 86% of dads are in paid work, compared to the Compass families where 16% of mums and 63% of dads are in paid work.
 - b) 50% not claiming or unsuccessfully claiming Disability Living Allowance².
 - c) 55% of disabled children live in or on the margin of poverty
- Greater likelihood of disabled children experiencing neglect and abuse.

Of the under 16s on the Compass, 45% live in parts of B&H that rank in the most deprived 20% nationally (i.e. Super Output Areas among the most deprived 20% of all SOAs in the UK.).

2.3 Legislation

Work with carers is underpinned with three specific pieces of legislation:

- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Carers (Equal Opportunities) Act 2004

There is also wider legislation such as The Work and Families Act 2006 and case law.

Guidance relating to carers is included in the NHS Constitution handbook and the NHS Operating Framework 2009/10.

The new Section 242 'Duty to Involve' of the NHS Act 2006 provides the guidelines for involving service users in the design, delivery and monitoring of services.

Further details are outlined in Appendix 1.

3. Assessment of Need

3.1 Carers of adults in Brighton & Hove

- 21800 (9%) people identified themselves as carers in the 2001 Census. Of these, 71% care for between 1-19 hours per week, 10% between 20-49 hours per week and 19%, over 4,000 people, for 50 or more hours per week. However, this is likely to be an

¹ Disabled Children & Child Poverty: briefing paper from Every Disabled Child Matters, 2007

² as above

underestimate of the total number of carers across Brighton and Hove. A study for Carers UK (2006) found that 65% of people with a caring responsibility did not identify themselves as a carer in the first year of caring. For a third of them (32%) it took over 5 years before they recognised they were a carer.

- 24% of people aged 50 to 64 are carers.
- Carers Allowance figures provide an additional picture of the number of carers in the area. This is made payable to those who are not in employment or are on a low income providing at least 35 hours of care to a severely disabled person. Across Brighton and Hove there were 1,640 people receiving Carers Allowance in February 2007. This represents an increase of 20% since 2003 highlighting an increase in informal care across the city.
- The economic value of the contribution made by carers is estimated at £222.7 million within the city.
- Around 40% of the working age population providing unpaid care across Brighton and Hove are economically inactive, this figure rises to 70% for those providing care of more than 50 hours per week. People providing care make up 14% of all economically inactive people across the city.

Based on national figures we may expect the following in Brighton and Hove:

- Over 1,000 carers in Brighton and Hove may sustain a physical injury through their caring role and over 1000 may be treated for a stress related illness
- More than 4,500 carers have been caring for at least 10 years and almost 10,000 for five years or more
- Nearly 4,000 carers look after more than one person

3.2 Disabled children in Brighton and Hove

The proportion of children in the UK that are disabled is not known.

Current

estimates range from 5 to 7%. If we consider the conservative estimate of

5% then we would expect there to be just over 2,000 disabled under 16 year olds in Brighton and Hove.

Both nationally and locally, the numbers are increasing of children born with disabilities (for example following IVF treatment and multiple births), those who develop complex needs following injury or illness, and those surviving due to medical intervention not previously possible. NHS Brighton and Hove (in the Joint Assessment of Children's Services (Brighten Up 2008) acknowledges that there is only poor data about the numbers of such children in the city and wide variations in the quality and quantity of services available to their families.

There are just over 1,000 children with additional needs on the Compass Database held by Amaze, representing about 2% of all Brighton and Hove children (aged 0 to 19 years). Therefore if 5 -7% is the expected

proportion of disabled children, the 2006 data represents less a third of those with additional needs. Of those children we do have information about:-

- 72% of the children were male
- 10% of families have more than one child with special needs
- 50% of families where the main or sole carer does not usually get a night's sleep, rising to 60% where more than one child with SEN
- Disabled children more likely to be living in most deprived neighbourhoods
- 24% of parents think their housing is not adequate to meet the needs of their disabled children
- 50% receive no support from extended family, for example from grandparents
- In about a fifth of families with non-disabled siblings, these children share in care of the disabled child
- Only 4% get support from social services (compared to 15% of all families in Brighton and Hove who have any social services support)
- 55% of children on the Compass have been bullied, and 27% have been involved in bullying. Both these figures rise when related to the children who are excluded from schools.
- A child with special needs is seven times more likely to be temporarily excluded from school, and 13 times more likely to be permanently excluded.

3.3 Who are the carers caring for?

We do not know the exact numbers of carers in the city or who they are caring for. However, considering the numbers of people living in the community with disabilities, health or addiction needs, many of whom are supported by carers, gives an indication of caring roles undertaken in the city.

Older People

At the time of the 2001 Census there were a total of 51,058 people aged 60 years and older living in the city. However, in contrast to national and regional trends, the population of older people in the city reduced to 48,100 by 2008 and is expected to decrease further over the next few years. By 2013 the older population is expected to be at its lowest level with 47,600 people aged over 60 living in the city, a 1% reduction from 2008. We then see an expansion in the older population, and from 2013 to 2028 it is expected to increase by 21%, more than 4 times the rate of younger age groups, to 57,600 people.

Disabled People

The Census 2001 reported that 18% of the total population of Brighton & Hove, 44,600 people, reported having a limiting long-term illness. Of these, 21,500 are aged 18-64.

DWP reported in November 2007 that 5% of the population, 12,390 people, were in receipt of Disability Living Allowance. The PCT's Public Health report indicates that by 2010 9.6% (16,179) of adults aged 18-64 in Brighton and Hove will have a moderate to serious disability. The majority of these (77%, 12,458) will have a moderate disability, whereas a significantly smaller proportion (23%, 3,721) will have a serious disability. By 2010 there are predicted to be almost 19,000 adults aged 18-64 with some form of severe or moderate disability. It is likely that many of those with a serious disability

Disabled Children

- It is common for more than one member of a family to have a disability. The Brighton and Hove Compass database has 10% of families with more than one child with special needs and 2% with more than two children with special needs.
- 12% of children on the Compass have a main carer who is disabled themselves.
- Over 1,100 children in the city have statements of Special Educational Needs (SEN). Not all disabled children have a severe enough need to receive a statement e.g. only half the children on the Compass with severe juvenile arthritis have a statement.

HIV/Aids

There are over 1,300 people in Brighton and Hove living with HIV/Aids of whom 85% are gay men and the majority of others are African women. There is a year on year increase of 10% in the numbers of people in the city living with HIV/Aids and the highest increase is amongst African women.

Mental Health

- Brighton and Hove has up to 39% higher incidence of serious mental illness compared with England
- There are variations across the city with the highest indices of need in the eastern parts
- Brighton and Hove has nearly twice the national suicide rate and we are unlikely to meet the 2010 national target for reducing suicides
- There are above 30,000 who would be eligible for CBT or talking therapies support at any one time in the city
- We have over 12,000 people on incapacity benefit, of which 53% are classified as having mental health needs, 7% above the national average
- We have the 2nd highest percentage of alcohol related deaths in men in the country
- We have specific high risk groups in the city including the largest identified LGBT community in the UK
- We have the highest rate of problem drug users in the South East
- B&H spends proportionally more on mental health than another other PCT in the south East and is above the national average

At any one time in the city there are:

- Around 1,500 people receiving support from the recovery team because of a SMI
- 4000 discharged from the recovery team but living with a SMI
- Up to 3000+ carers
- 30,000+ who have a need for CBT because of anxiety or depression
- Between 700 and 1,500 people with schizophrenia
- 400 women with post natal depression
- Around 650 referrals from GP's per month into the single access point for mental health issues

	Number of people in Brighton and Hove aged over 65
With depressive symptoms	Between 3900 and 5900
Experiencing a depressive episode	Between 400 and 2000

Dementia

The expected number of people aged over 65 with some form of dementia in Brighton and Hove should be approximately 3261. Based on national research it is likely that at least 71% of these people have a carer which equates to over 2,300 carers of people with dementia or 10% of all carers in the city.

There are also almost 200 people under 65 with young onset dementia. In new research published in January 2009 in the British Medical Journal half of family carers of people with dementia reported some abusive behaviour towards the person they were caring for and one third report 'significant' levels of abuse.

The paper authors feel that this is unsurprising, as most people with dementia are being cared for by dedicated family or friends, often with little support placing them under enormous strain. The authors recommend giving carers access to respite, psychological support and financial security to help end mistreatment.

A YouGov survey commissioned in 2008 found that 19% of carers sometimes or often feel threatened by the person they care for. Two-thirds said they would like training.

Learning Disabilities

Over 400 adults with learning disabilities live in the community, the majority with, or supported by, family carers. There are 63 young people with learning disabilities who will be 18 in the next 3 years the majority of whom will continue to live at home with family. The national average age for leaving home for all young people is now 24 and it is likely to be that or higher for most people with learning disabilities some of whom will remain in the family home for the long term.

Substance Misuse

There are over 2,500 problematic drug users and over 14,500 harmful drinkers in Brighton and Hove. Supporting carers not only helps carers themselves, but also improves treatment take-up, retention and outcomes for drug users, while bolstering the support they may receive outside of formal treatment.

Cancer

The incidence of cancer in Sussex has remained very stable over the last decade, despite the increase in both population numbers due to further house building, and overall age. Nationally the incidence of cancer is expected to increase by up to a third over the next fifteen years. The impact in Sussex, where we already have such an elderly population, is unknown, but it is encouraging that here is no indication of a rising trend as yet. In 2006 there appeared to be slight increases in cancer deaths in both Brighton and Hastings, although the overall trend continues downwards.

3.4 Equalities and Inclusion

Number of people aged 50 and over providing unpaid care, 2001 Census data

Hours per week caring	All people aged 50 and over	50 to 64	% of carers	65 to 74	% of carers	75 to 84	% of carers	85 and over
1 to 19	7,639	5,215	24%	1,636	16%	685	10%	103
20-49	1,145	690		267		154		34
50 or more	2,598	1,241		667		551		139
Does not provide care	66,060	29,846		16,455		13,534		6,225

- This shows that 17% of the population aged 50 and over provide care compared with 9% of the overall population in the city.

Young Carers

Estimated number and proportion of children (aged 8-17) who are carers in Brighton and Hove, by age and hours caring per week³

	1-19 hours	20-49	50+ hours	Total	Total

³ Source: Calculated by Prof Saul Becker, University of Nottingham, from Office for National Statistics Census 2001 data.

		hours		number	%
8-11	77	3	6	86	17.5
12-15	215	15	9	239	50
16-17	128	20	8	156	32.5
All	420	38	23	481	100%
All as %	87%	8%	5%	100%	

Disability

In the Census 2001, 13% of carers of adults (?) in Brighton and Hove described themselves as not in good health.

Nationally, 5% of carers are permanently sick or disabled.

BME

The 2001 Census estimated that there were just over 14,200 people from non-white ethnic groups across Brighton and Hove - 5.7% of the city's population. However, the population profile of the city is changing:

- 15% of the city's residents were born outside England – well above national and regional levels
- BME groups were estimated to have increased in size by 35% over the period 2001 to 2004 (against a national increase of 13%)

LGBT Population in Brighton and Hove

The 2001 census did not collect information on sexual identity, but anecdotal evidence indicates that as many as 40,000 people identify as LGBT, or 21% of the total population, in Brighton and Hove. The Count Me in Too survey recommended further research in to the specific needs of LGBT carers and carers of LGBT people in the city.

Religion or belief

The 2001 census showed that over a quarter of the population of the city stated that they had no religion, the second highest percentage of any authority in England and Wales. 59% of the population stated that they were Christian and 1.36% of the population was Jewish. The Muslim population is around 1.4% and the Buddhist population 0.7%.

Financial impact on carers

Caring clearly has an impact on the life chances of carers, on their financial security in later life, and on their employment prospects. For a person in full time work who has to give up their job to care full-time, the current level of Carers Allowance - £48.65 per week - clearly does not provide financial compensation.

The key role played by carers and the £87 billion saving they make to the economy have not been fully recognized.

An Equalities Impact Assessment is attached at Appendix 2.

3.5 Current funding streams for carers of adults

A significant amount of funding for 2009/2010 is committed through ongoing contracts to third sector providers. These contracts will be reviewed during the coming months to consider how they might need to be changed to reflect the priorities in the strategy and address the personalisation agenda. Current expenditure reflects many of the priorities outlined in the strategy although there are areas of service that are not currently funded and will need new resources or a redistribution of existing resources once the key priorities in the strategy have been agreed. From 2010/2011 resource allocation will be more closely aligned to the agreed priorities in this strategy.

Breakdown of funders for carers of adults 2009/10

	£'000s	%
City Council	949	62
NHS Brighton and Hove	436	28
Sussex Partnership Foundation Trust	148	10
Total	1533	100

Breakdown of expenditure for carers of adults 2009/10

	£'000s	%
breaks and services	893	58
information, advice, support & advocacy	328	22
service development & assessments	281	18
Community Engagement	31	2
Total	1533	100

3.6 Current funding streams for parent carers

The Children and Young People's Trust have received Aiming High funding to transform short break services for disabled children. This amounts to £2.2m revenue and £450K capital over three years. The Carers Grant allocation for 2009/10 is approx £203K. The Disabled Children's Strategic Partnership Board meet regularly to discuss the needs of disabled children and their families in the city and inform decisions over expenditure.

4. Key Principles

4.1 Integrated & personalised services

Vision: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Key Priorities from National Strategy

- Key to achieving greater integration of services is the use of more effective holistic assessment which enables the person cared for and their carer to identify their needs, what matters to them and how their own outcomes will best be met. In some circumstances, it will also be important that carers have their own individual assessment, to ensure that specific needs around their own health and well-being are identified.

<ul style="list-style-type: none"> ▪ Training carers to enable them to strengthen them in their caring role and to empower them in their dealings with care professionals as expert care partners.
<ul style="list-style-type: none"> ▪ Training and awareness raising for key professionals from health to housing, to provide better services and support for carers and work with them as expert care partners.
<ul style="list-style-type: none"> ▪ Integrated, partnership working between the NHS, social care services and carers
<ul style="list-style-type: none"> ▪ Actively involving carers in diagnosis, care and discharge planning;
<ul style="list-style-type: none"> ▪ Providing greater support for carers at GP practices and acute trusts;
<ul style="list-style-type: none"> ▪ Personalised, targeted information provided to carers

<p>What have carers in Brighton and Hove said is important to them?</p>
<ul style="list-style-type: none"> • Information and support provided within NHS settings including hospitals, mental health services and GP practices
<ul style="list-style-type: none"> • GPs are essential in encouraging their patients to recognise themselves as carers and signposting them to appropriate support
<ul style="list-style-type: none"> • Confidentiality is a barrier to communication between carers and professionals in mental health services. It needs to be flexible, discussed and negotiated.
<ul style="list-style-type: none"> • Poor communication between professionals can lead to a poor quality of service
<ul style="list-style-type: none"> • Dual diagnosis can lead to people falling between two services and not having their needs met
<ul style="list-style-type: none"> • Mental health service users would benefit from support in daily living skills but this is not always available
<ul style="list-style-type: none"> • Carers don't always want to manage services directly themselves and need choice and control over the delivery of services including the choice not to manage services themselves
<ul style="list-style-type: none"> • Carers need to be involved from the beginning of discussions about Individual • Budgets and any impact on the carer as a result of changes to services needs to be taken into account
<ul style="list-style-type: none"> • Carers need information and advice about how to access services for the cared for person when that person is self-funding
<ul style="list-style-type: none"> • Better information about Carers Needs Assessments
<ul style="list-style-type: none"> • Training for NHS staff in hospitals, primary care and mental health services to increase their awareness of the issues facing carers
<ul style="list-style-type: none"> • Parent carers whose child has a severe learning disability feel that existing third sector providers are limited in what they can offer as this cohort is such a small minority of all parent carers
<ul style="list-style-type: none"> • There is no specific support for parent carers whose child has mental health needs
<ul style="list-style-type: none"> • Good communication between families and professionals is essential at point of diagnosis
<ul style="list-style-type: none"> • Professionals use too much jargon and language that can exclude users and carers
<ul style="list-style-type: none"> • Patients need to have all their needs met when in hospital, e.g. existing medication to be given at right time etc

- Services shouldn't be so dependent on one individual that they are unavailable when that individual is ill/leaves etc

How do we do this already?

- Specialist Carers' Needs Assessments and Reviews provided by the city council and NHS Trusts as well as with third sector providers
- Joint Commissioner for Carers' Services working across Adult Social Care and the PCT
- Joint contracts between Adult Social Care and the PCT with third sector providers for carers' services
- The Federation of Disabled People Direct Payments Advice Service can offer guidance to all carers and users regardless of who is paying for the care
- GP Link Worker – Carers Centre has three years funding to develop services in 15 GP practices with the aim of recognising patients' caring roles, addressing their physical and mental health needs and promoting both third sector and statutory services to further meet carers' needs
- Transition events for young people entering adult services
- Sussex Partnership Foundation Trust has information for carers and staff guidance on managing confidentiality
- Care Passports are used in hospitals and residential care settings. The bright yellow passports take the form of a notebook in which carers can note the special needs of those they care for and can write down questions they wish to ask nurses or consultants. The passport is then kept with the patient and referred to by hospital staff.
- Carers are involved in the selection and training of social work students at the local universities and in delivering carer awareness training in the city council and Sussex Partnership Foundation Trust

Priorities

1. Provide and further develop appropriate, good quality information
 - Information Prescriptions
 - Use of a range of media including websites, factsheets, help lines
 - Map of Medicine is a web based reference guide for NHS staff to ensure best practice in delivering patient care – a local carers' pathway will be developed as part of this
2. Information Sharing Policy Implementation
 - Monitor implementation in SPT and develop practice in other areas including primary care, acute services (Brighton and Sussex University Hospitals Trust), community services (Southdowns Health NHS Trust) and substance misuse services
3. Develop equality of access to services for all carers through targeted information and outreach work across all communities underrepresented in statutory and provider services
 - Ensure needs of BME carers identified and addressed
 - Ensure needs of LGBT carers identified and addressed
 - Ensure needs of carers of people with HIV/Aids identified and addressed

<ul style="list-style-type: none"> • Provider services to work towards promoting their services across all communities in the city and ensuring they are open and accessible to all carers • Ensure needs of parent carers identified and addressed • Take forward good practice from 50+ Project and ongoing work in East Brighton
<p>4. Offer good quality, timely and proportionate outcome focused carers' needs assessments and reviews to meet National Indicator 135</p>
<ul style="list-style-type: none"> • Increase in number of carers receiving a service following assessment/review from xxx to xx in 2009/10 and xxx in 2010/11. • Increase access to carers' needs assessments/reviews through voluntary sector and NHS services and housing • Development of a self-assessment tool for carers will give carers more choice about how their needs are assessed and may offer facilitated assessments with third sector providers • Holistic joint assessments/reviews to complement development of personalised services e.g. Reablement and Individual Budgets • All services responsible for carers assessments/reviews to develop strategies to meet performance targets through the delivery of both high quality assessments/reviews and services to meet the identified needs of carers • Monitor outcomes of assessment/review through city-wide carers' survey and service specific surveys/evaluation tools
<p>5. Self Directed Support options available to carers</p>
<ul style="list-style-type: none"> • 30% of carers of adults access carers' services via Self Directed Support by March 2011 • Carers' needs integral to the development of self directed support for service users • Appropriate support to voluntary sector providers to ensure sustainability of universal services • Appropriate levels of funding available for direct payments to parent carers
<p>6. End of Life Care</p>
<ul style="list-style-type: none"> • Link with End of Life Care strategy for Brighton and Hove to ensure carers' needs are included • Provision of appropriate services to carers supporting cared for at end of life • Access to bereavement support services
<p>7. Carer involvement in the development and provision of services</p>
<ul style="list-style-type: none"> • City-wide carers' survey • Community Engagement Framework - ensure Gateway services are carer aware • Use of Amaze's Compass database • Inclusion of carers on key decision making boards
<p>8. Carers' needs and views taken into account on admission to, discharge from and during stays in hospital as well as in discussion and decisions about diagnosis, ongoing treatments, therapies and services</p>
<ul style="list-style-type: none"> ▪ Care Passports – evaluate uptake and outcomes of current usage ▪ Support to carers at Millview ▪ Support to carers at the Royal Sussex County Hospital ▪ Ongoing support to carers in the community following new diagnosis/hospital

discharge
9. Provision of keyworkers for children and young people with special needs and their carers to ensure services and care are well integrated

Commissioning Implications
<ul style="list-style-type: none"> ▪ Monitor and evaluate the development of the Community Engagement framework and ensure that all Gateway organisations are carer aware and that the needs of BME and LGBT carers and those from other disadvantaged groups are identified consider ways of addressing needs appropriately
<ul style="list-style-type: none"> ▪ Meet National Indicator 135 by providing access to carers needs assessments/reviews through a range of means including development of provision in the voluntary sector, self assessment etc
<ul style="list-style-type: none"> ▪ Ensure carers are represented on decision making boards and panels and they are supported to contribute their knowledge and experience.
<ul style="list-style-type: none"> • Bereavement support
<ul style="list-style-type: none"> ▪ Contracting arrangements to be adapted to reflect move towards Self Directed Support
<ul style="list-style-type: none"> ▪ Survey of carers' needs
<ul style="list-style-type: none"> ▪ Key workers provided to children and young people with special needs and their parent carers
<ul style="list-style-type: none"> ▪ All services responsible for carers assessments/reviews to develop strategies to meet performance targets

4.2 A life of their own

Vision: Carers will be able to have a life of their own alongside their caring role.

Key Priorities from National Strategy
<ul style="list-style-type: none"> ▪ Carers should have the opportunities and space they need to participate in activities outside their caring role. They should be free to have an identity that is separate from that of the people they support. Carers have the right to expect these freedoms, which others take for granted, and to avoid the social exclusion that may result from having no life outside caring.
<ul style="list-style-type: none"> ▪ Greater emphasis on the provision of planned breaks, which will provide carers with the time to take up the same work, education, leisure and training opportunities as anyone else.

What have carers in Brighton and Hove said is important to them ?
<ul style="list-style-type: none"> • Parent carers would like funding for breaks for the whole family
<ul style="list-style-type: none"> • Carers benefit greatly from the opportunity to go on holiday, some with, others without, the cared for person
<ul style="list-style-type: none"> • Eligibility criteria for learning disability services means that some cared for people are receiving few or no services but carers are still undertaking regular and substantial caring roles

<ul style="list-style-type: none"> • Day services for people with dementia following diagnosis
<ul style="list-style-type: none"> • Assistance with transport to and from hospital
<ul style="list-style-type: none"> • Peer support
<ul style="list-style-type: none"> • Media representation of poor quality services can discourage users and put additional pressure on carers
<ul style="list-style-type: none"> • Some users and carers are reluctant to pay for services putting additional pressure on carers
<ul style="list-style-type: none"> • Care at home can be more appropriate for people with dementia but there is limited availability
<ul style="list-style-type: none"> • Support services available within local communities rather than everything being based in city centre
<ul style="list-style-type: none"> • Sustainability of support groups professional input withdrawn

<p>How do we do this already?</p>
<ul style="list-style-type: none"> ▪ Relief care in the home provided by third sector and independent providers
<ul style="list-style-type: none"> ▪ Day service for people under 65 with young onset dementia
<ul style="list-style-type: none"> ▪ Monthly Saturday day service for adults with learning disabilities specifically for carer relief
<ul style="list-style-type: none"> ▪ A wide range of generic, care group specific and neighbourhood based support groups for carers and former carers
<ul style="list-style-type: none"> ▪ Spot Purchase Budget - ring-fenced budget allocated to carers on an individual basis to meet identified need for a break or service following assessment or review.
<ul style="list-style-type: none"> ▪ Emergency Back Up Scheme

<p>Priorities</p>
<p>1. To extend the choice and accessibility of quality break opportunities for carers</p>
<ul style="list-style-type: none"> • Support a range of voluntary and independent organisations to provide flexible breaks for carers • Use of self directed support to develop flexible breaks and services for carers • Explore need for home-based relief care for carers of people with functional mental health needs • Development of services to meet the needs of people under 65 with dementia including those whose condition has developed beyond early to moderate dementia and whose needs can not be met by the current day service provision. • Development of short breaks for children and young people with special needs to provide respite to parent carers • Accessible leisure opportunities for children and young people with special needs and their parent carers • Funding available for parent carers to increase choice and control through use of Direct Payments
<p>2. Provision of carers' services that support carers in their caring role</p>
<ul style="list-style-type: none"> • Through development of Self Directed Support • Explore use of Telecare in supporting carers
<p>3. Support to carers wishing to access leisure activities</p>

<ul style="list-style-type: none"> ▪ Extend benefits of Compass card for parent carers and their children ▪ Appropriate transport is key to enabling carers and cared for to access leisure facilities
4. Support to carers to plan for the future
<ul style="list-style-type: none"> • Legal advice re discretionary wills and trusts • Emergency Back Up Scheme

Commissioning Implications
<ul style="list-style-type: none"> ▪ Consider equity of access to breaks services in relation to referral routes and charging policies
<ul style="list-style-type: none"> ▪ Consider the quality and cost-effectiveness of break provision
<ul style="list-style-type: none"> ▪ Increase capacity of relief care in the home to meet demand pressures through combination of current providers and Individual Budgets
<ul style="list-style-type: none"> ▪ Explore need for home-based relief care for carers of people with functional mental health needs through piloting of service
<ul style="list-style-type: none"> ▪ Use of Carers Grant and Aiming High monies to meet identified needs of parent carers for breaks and leisure opportunities with their children including through the use of direct payments with appropriate support

4.3 Income & employment

Vision: Carers will be financially supported so that they are not forced into financial hardship by their caring role.

Key Priorities from National Strategy
<ul style="list-style-type: none"> ▪ To ensure that carers have the opportunity to combine paid employment with their caring role through the provision of better services, increased break provision, easier access to training and skills and more flexible working opportunities
<ul style="list-style-type: none"> ▪ Access to good benefits advice
<ul style="list-style-type: none"> ▪ Jobcentre Plus improving the way they work with carers and can provide support to carers in returning to work
<ul style="list-style-type: none"> ▪ Awareness-raising with employers around the right to request flexible working and supporting carers

What have carers in Brighton and Hove said is important to them?
<ul style="list-style-type: none"> • Concern about employer's perception if they request flexible working • Caring responsibilities leading to poor health can be reflected in sickness records and impact on employment opportunities

How do we do this already?
<ul style="list-style-type: none"> • MACS Money Advice and Casework Service has Big Lottery reaching communities funding to provide assistance with financial issues including bank

accounts; debts - helping with financial statements and negotiating with creditors; benefits - carrying out benefit checks and applications; dealing with utility suppliers.
<ul style="list-style-type: none"> • Free legal advice surgeries at the Carers' Centre
<ul style="list-style-type: none"> • Adult Advancement and Careers Service is a pilot project that will offer information to residents and workers and direct delivery co-located advice services in three areas of the city

Priorities
1. To work with partners and local employers to help carers take up and/or remain in employment.
<ul style="list-style-type: none"> ▪ Develop a carers' policy template and promote with for local employers ▪ Provide training (using the DVD) to local employers to increase understanding about the role of caring and their needs as employees. ▪ Working carers who have had an individual carers assessment will be encouraged to share this assessment with their line manager as a first step in exploring how caring responsibilities impact on work patterns, and thereby providing an opportunity to begin a meaningful dialogue on what might be done to assist both the employee and the employer.
2. Access to benefits and money advice
3. Partnership working with JobCentre Plus
<ul style="list-style-type: none"> • Care Partnership Manager will be appointed April 2009 to the local Jobcentre Plus and we will explore ways to engage and work with them to consider employment opportunities for carers
4. Access to education and training.
<ul style="list-style-type: none"> ▪ Provision of alternate care to enable carers to take up education and training ▪ Develop links with the Learning and Skills Council and local universities to provide discounted/free access to courses for carers. ▪ Explore opportunities for working with Connexions (targeting young carers in supporting all 13 – 19 years old on learning, training and work)

Commissioning Implications
<ul style="list-style-type: none"> ▪ To support parent carers to make successful applications for DLA for their children

4.4. Health & well-being

Vision: Carers will be supported to stay mentally and physically well and treated with dignity.

Key Priorities from National Strategy
<ul style="list-style-type: none"> ▪ Every carer should be supported so that caring does not adversely affect their health. ▪ Services and support to carers should enable them to stay mentally and

physically well throughout their caring role
<ul style="list-style-type: none"> ▪ Short-term, home-based respite established for carers in crisis or emergency situations
<ul style="list-style-type: none"> ▪ The needs of carers should be built into the care planning process for people with long-term conditions
<ul style="list-style-type: none"> ▪ Psychological distress is experienced by many carers and needs to be recognised at an early stage
<ul style="list-style-type: none"> ▪ PCTs should aim to create a more personalised service that provides support for carers by recognising their need for breaks from caring.
<ul style="list-style-type: none"> ▪ Involvement of carers in all care planning from diagnosis to discharge and beyond
<ul style="list-style-type: none"> ▪ Take into account the health of the carer to ensure continuity of care for the person being cared for
<ul style="list-style-type: none"> ▪ Access to information relevant to the care and needs of the person being cared for

What have carers in Brighton and Hove said is important to them ?
<ul style="list-style-type: none"> • Carers worry about how they would manage in a crisis
<ul style="list-style-type: none"> • Carers, particularly those caring for an adult son/daughter, would like plans to be put in place for the future with input from key professionals to address both care and financial issues
<ul style="list-style-type: none"> • Health checks for carers
<ul style="list-style-type: none"> • Flexible booking arrangements at GP surgeries for carers

How do we do this already?
<ul style="list-style-type: none"> ▪ Good quality information, advice, support and advocacy provided by the third sector offered both as generic service and targeted at specific care groups
<ul style="list-style-type: none"> ▪ Back Care Service providing advice in safe moving and handling and the loan of equipment to all carers
<ul style="list-style-type: none"> ▪ Looking After Me course for carers
<ul style="list-style-type: none"> ▪ Free counselling from Relate for carers
<ul style="list-style-type: none"> • Access to low cost voluntary sector counselling, e.g. Federation of Disabled People, Age Concern,

Priorities
1. Access to support in NHS services
<ul style="list-style-type: none"> • Development of GP Link Worker scheme • Ensure PALS information service includes information relevant to carers • Develop a network of Carers' Advisers based across a range of NHS settings to include acute and community services and provide continuity of support to carers in their own homes following diagnosis/treatment/in-patient care. • Parent Carer Plus: a flexible specialist key worker approach built around informing, supporting and involving parent carers during and after the discharge process from RACH • GP Practices – Carers Advisers working within GP practices to offer a regular presence, advice to practice staff and direct support to carers

2. Access to advice and training
<ul style="list-style-type: none"> • Continue back care service for carers • “Looking After Me” courses • Pilot Mindfulness Based Cognitive Therapy course through Brighton Buddhist Centre • Dementia training for carers • Health care training, e.g. medications, wound management etc
3. Access to emotional support
<ul style="list-style-type: none"> • Provision of information, advice, support and advocacy • Provision of Insider Guide and Triple P courses to parent carers and development of Resilience Therapy techniques • Increased access to psychological therapies – monitor uptake of IAPT by carers and outcomes • Develop transition services to support carers following bereavement/end of caring role and for parent carers during child’s transition to adulthood with a focus on work/education/training and reduction in isolation

Commissioning Implications
<ul style="list-style-type: none"> ▪ Pilot service in RSCH 2009/10 ▪ Continuation of back care service ▪ Continue to fund and develop information, advice, support and advocacy ▪ Provide Resilience Therapy training for carers ▪ Develop transition services to support carers following bereavement/end of caring role and for parent carers during child's transition to adulthood with a focus on work/education/training and reduction in isolation

Young carers

Vision: Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

Key Priorities from National Strategy
<ul style="list-style-type: none"> ▪ Protecting young people from inappropriate caring ▪ High quality targeted support is accessible to young carers who need it ▪ Better joined-up, whole-family support to families affected by illness, disability or substance misuse who have young carers ▪ Universal services – schools, GPs, hospitals – have a vital role in providing support, understanding and practical guidance to young carers

What have young carers in Brighton & Hove said is important to them ?

young carers top ten wishes...

The most helpful groups are ones where you can talk about difficult feelings with young people in a similar situation

Carers project worker to support us to engage in new activities and attend activities provided by the Young Carers Project would most help with the difficulties of getting out to do activities and meeting new friends

We don't want to have to do personal care

8-10 year olds

Someone to support us to go out as a family

Paid domestic help would most reduce the impact of our caring role in the home

16-25 year olds

1:1 confidential support so that we feel informed about our choices and options

People in authority should let us know they are working for us and speaking up for us

We enjoy cooking to help at home

In an emergency we would like to have a pre-prepared plan of action (made with young person and family) to follow; kept by the school, Young Carers Project etc containing names and phone numbers of people to contact

The best way to raise awareness in schools is in PSHE lessons and sessions for pupils and teachers to understand some of the difficulties faced by young carers

How do we do this already?
<ul style="list-style-type: none"> ▪ Casework and assessments for 8-17 year old young carers
<ul style="list-style-type: none"> ▪ Transitions project for 16-25 year olds
<ul style="list-style-type: none"> ▪ Activities and group work
<ul style="list-style-type: none"> ▪ Targeted support for young carers of substance misusers

Priorities
1. Identification and recognition of young carers at point of assessment of cared for person
<ul style="list-style-type: none"> ▪ Appropriate services to cared for person to minimise impact on child(ren) ▪ Support for parents to be parents and family to be a family
2. Joint working between services for adults and services for children
<ul style="list-style-type: none"> • Joint protocol between adult services and CYPT • Jointly commission young carers assessment services • Family Pathfinder • Transitions Project
3. Ensure needs of young carers of substance misusing parents identified and addressed
<ul style="list-style-type: none"> ▪ Assessment services ▪ support services
4. Support for young carers in schools
<ul style="list-style-type: none"> • awareness raising in schools with teachers & other staff • awareness raising in schools with pupils • support in schools
5. NHS Services
<ul style="list-style-type: none"> • Ensure that the development of Carers' Advisers in NHS settings includes recognition of and support for young carers

6 . Emergency Back-Up scheme
<ul style="list-style-type: none"> ▪ Expand existing scheme to meet needs of young carers

Commissioning Implications
<ul style="list-style-type: none"> ▪ Jointly commission young carers assessment services with CYPT, consider future of this service from April 2010
<ul style="list-style-type: none"> ▪ Assessment and support needs of young carers of substance misusing parents
<ul style="list-style-type: none"> • Work in schools to raise awareness with both pupils and staff, contribute to PSHE (personal, social and health education) curriculum, develop guidance for schools, deliver casework to individual young carers and support transition between primary and secondary schools.
<ul style="list-style-type: none"> • Work in colleges and universities to raise awareness, deliver casework , develop links with student support services, embed young carer training into health and social science syllabi.
<ul style="list-style-type: none"> • Availability of funding for respite breaks, activities and support groups for young carers

Appendix 1.

Legislation

Carers (Recognition and Services) Act 1995

Where a carer is providing, or intends to provide, substantial care on a regular basis, they are entitled, on request, to an assessment when a local authority carries out an assessment of the person cared for in respect of community care services or services for children.

The results of the carer's assessment should be taken into account when the local authority is making decisions about services to be provided to the user.

Carers and Disabled Children Act 2000

Carers (aged 16 or over) of an Adult

- Right to a Carers Assessment (even if the person they care for refuses Social Services assessment or contact)
- Councils now have the power to provide services to carers
- Councils have the power to charge carers for services
- Direct Payments Schemes for carers
- Voucher schemes so person cared for can purchase services which allow the carers to get a break

People with Parental Responsibility for a Disabled Child

- Right to an assessment
- Direct Payments
- Short term break Voucher Schemes

Carers (Equal Opportunities) Act 2004

Clause 1 Duty to inform carers of their right to an assessment

This introduces new provisions to the 1995 and the 2000 Acts giving local authorities a duty to inform carers that they may have a right to an assessment.

Clause 2 Assessment of Carers

This builds on assessments undertaken through the above Acts so that councils have a duty to consider the wishes of carers concerning employment, training, education or leisure activities and take these into account when providing services.

Clause 3 Co-operation between Authorities

NHS organisations, local education authorities and local housing authorities must give 'due consideration' to requests by the local authority to become involved in planning services for carers or to provide assistance to individual carers.

The Work & Families Act 2006

The Work & Families Act 2006 came into effect in April 2007 and gives employees who are, or expect to be, caring for another adult, the right to request flexible working. As an employer, Brighton & Hove City Council, along with other major employers in the city, has a responsibility to its own employees who are also carers to ensure that it offers appropriate support and consideration in response to requests for flexible working. In policy terms the City Council and its partners have an opportunity to influence and promote best practice amongst employers in the local economic community.

Coleman Case

In November 2008 the Employment Tribunal in London ruled that protection for carers against discrimination “by association with disability” can be given under existing UK law. This means that employers will now have to ensure that carers in their workforce are not treated differently to other employees, and cannot refuse to employ someone because of their caring role. The Tribunal has ruled that the section defining the meaning of direct discrimination in Disability Discrimination Act 1995 should be read so that it says:

“A person directly discriminates against a disabled person or a person associated with a disabled person if, on the ground of the disabled person’s disability, he treats the disabled person or a person associated with the disabled person less favourably than he treats or would treat a person not having that particular disability or association (as the case may be) whose relevant circumstances, including his abilities, are the same as, or not materially different from, those of the disabled person or the person associated with the disabled person” (the words underlined being those that the Tribunal has added).

NHS Constitution

The new NHS Constitution (England) calls for the NHS to recognise the huge value of unpaid care given and gives carers prominence as partners in care.

The handbook accompanying the Constitution talks about the need to treat “family members and carers as experts and care partners” and that support mechanisms to enable carers to develop their skills and confidence are “particularly pertinent where carers participate in providing aspects of care such as rehabilitation exercises, wound or drug management and manual handling.”

NHS Operating Framework 2009/10

The NHS Operating Framework says:

“The carers’ strategy sets out how we can ensure that we support carers. One key requirement is that PCT’s should work with their local authority partners and publish joint plans on how their combined

funding will support breaks for carers, including short breaks, in a personalised way." It is understood that Strategic Health Authorities will be monitoring PCT performance with this.

Equalities Impact Assessment Template

<p>Aim of Policy / Scope of Service</p> <p>Joint Development and Commissioning Strategy for Carers: This Strategy sets out how we will be implementing the key principles of the national strategy in Brighton and Hove and addressing local challenges as well as those faced by carers throughout the UK. There will be a 3 year action plan to underpin the strategy and take forward the implementation of the key priorities.</p>				
Different Groups included in scope	Potential Impact on this group	Existing data/information inc. relevant legislation	Data/Information required	Potential actions to minimise negative impact and maximise positive impacts
<p>AGE Older People</p>	<p>Older people often see caring for a partner as integral to their relationship and do not recognise themselves as carers or seek help with this role until they reach a crisis.</p> <p>Older carers of an adult child with a learning disability may need increased support to</p>	<p>17% of the population aged 50 and over provide care compared with 9% of the overall population in the city.</p> <p>52% of carers in the city are aged 50+</p> <p>There are approx. 48,000 people in the city aged 60+</p> <p>1 in 5 people over 65 say they do not have good</p>		<p>When older people with health and/or social care needs come into contact with services ensure their carers are identified.</p> <p>Co-caring to be recognised and recorded and needs of individual as both user and carer to be identified and addressed appropriately.</p>

	<p>continue in their caring role and/or to plan for a time when they may no longer be able to provide care. These situations may lead to co-caring.</p>	<p>health, compared to one in ten of the total population</p>		
<p>AGE Young carers</p>	<p>There are almost 500 young carers in the city aged 8-17 years.</p>	<p>Young carers are at risk of under-achieving academically and of their physical and emotional health being affected.</p>	<p>Improve recognition and identification of young carers within both and universal services such as schools and primary care.</p>	<p>Specialist services e.g. substance misuse and mental health and other universal services such as schools and primary care to recognise and identify young carers and take appropriate action. Age specific young carers survey to be developed alongside city-wide survey.</p>
<p>Disability</p>	<p>Many carers also have their own disability and this needs to be taken into account when addressing their needs as well as those of the cared for. Through the Coleman Case and locally we know that</p>	<p>2,738 carers not in good health 18% of general population have a limiting long-term illness.</p>		<p>Develop disability monitoring in all commissioned carers' services and Carers Needs Assessments. Ensure disability monitoring included in carers survey currently in development to</p>

	<p>carers often experience discrimination and stigma by association with a disabled person.</p> <p>We know that some disabled people are in a co-caring situation and that some young carers will be caring for 2 disabled parents.</p>			<p>ensure specific needs of disabled carers are identified.</p> <p>Continue to provide back care service for carers.</p> <p>Monitor uptake and outcomes of IAPTs by carers.</p>
Ethnicity	<p>Caring varies between ethnic groups. Bangladeshi and Pakistani men and women are three times more likely to provide care compared with their white British counterparts (<i>Source: Who cares wins, statistical analysis of the Census Carers UK, 2001</i>).</p> <p>We know that many carers/family members visit hospital/residential care daily to provide culturally appropriate food, act as interpreters or just to enable</p>	<p>The 2001 Census estimated that there were just over 14,200 people from non-white ethnic groups across Brighton and Hove – 5.7% of the city’s population, just above the regional figure (4.9%) but well below the average for England (9.1%).</p> <p>No one group dominates the BME population.</p> <p>However, the population profile of the city is changing:</p> <ul style="list-style-type: none"> • 15% of the city’s residents were born outside the UK 	<p>How well does the city’s varied BME population find out about and access health and social care services?</p> <p>How and where should we be providing information and delivering services to meet the needs of BME carers?</p> <p>What changes may be required to existing services or new services developed/ commissioned?</p>	<p>Ensure ethnic monitoring included in carers survey currently in development to ensure specific needs of BME carers are identified.</p> <p>Work with BMECP to address identified needs of BME carers.</p> <p>Address inequity of cost of services.</p>

	<p>the service user to communicate in their own language.</p> <p>There is an existing inequity that some carers' services are free at the point of delivery whilst other services, accessed through Adult Social Care require that the user is financially assessed and may be charged for the service. We know that the uptake of some of these free services by BME carers is not representative of the local community. Therefore, we need to consider how best to address this inequity.</p>	<ul style="list-style-type: none"> • BME groups were estimated to have increased in size by 35% over the period 2001 to 2004 • 20% of all new births in 2005 were to mothers born outside the UK <p>Whilst a significant number of BME carers, reflecting the local BME population, access the Carers Centre, very few BME carers use other carers' services in the city such as Crossroads or the Alzheimer's Society.</p>		
LGBT population	<p>The LGBT population may experience additional discrimination which can include:</p> <ul style="list-style-type: none"> • Not identifying with the term carer 	<p>Anecdotal evidence indicates that as many as 40,000 people identify as LGBT, or 21% of the total population, in Brighton and Hove</p>	<p>Identify needs of LGBT carers</p>	<p>Ensure sexual orientation monitoring included in carers survey currently in development to ensure specific needs of LGBTcarers are identified.</p>

	<ul style="list-style-type: none"> • Living in “hidden” relationships • Feeling highly stigmatised • Leading secretive double lives causing isolation and fear • Being frightened to be open about their sexuality to service providers • Service providers being embarrassed and ill informed 			
Gender	There may be a greater expectation that women take on a caring role in a family. In turn, this could lead to male carers not being recognised.	Nationally, 42% of carers are men and 58% women. This is reflected in the figures for carers aged 50+ in the city, 43% of whom are men and 57% women. Less male carers than women access services in the city.	Ensure gender monitoring in all commissioned carers’ services.	Ensure gender monitoring included in carers survey currently in development to ensure specific needs of men and women carers are identified. Monitor uptake and evaluate outcomes for the male cancer carers’ service.
Religion or belief	The 2001 census showed that over a quarter of the	The Carers Grant may be accessed to support carers		Ensure carers are informed of services available that

	<p>population of the city stated that they had no religion, the second highest percentage of any authority in England and Wales. 59% of the population stated that they were Christian and 1.36% of the population was Jewish. The Muslim population is around 1.4% and the Buddhist population 0.7%.</p>	<p>practise their religion/belief e.g. transport to day service on Sunday morning to enable carer to attend church, increase in home care service during Ramadan. Spiritual support at End of Life is addressed in the End of Life Care Strategy currently in development.</p>		<p>may support them to take part in faith activities.</p>
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Agreed Action	Timescale	Lead Officer	Review Date
<p>Carers Survey – has been commissioned from the Carers Centre to be carried out through a variety of methods in June 2009. A separate survey will be designed for young carers. Funding for translations/interpreting/accessible formats is available. The survey will include equalities monitoring and will seek to identify key outcomes that would best meet carers' needs.</p>	<p>From June 2009</p>	<p>Tamsin Peart</p>	<p>October 2009</p>
<p>Community Engagement – Gateway Organisations – several third sector organisations have been commissioned to develop user and carer involvement in the development, monitoring and delivery of services. These organisations include the Carers Centre, Spectrum, Mind, the Black and Minority Ethnic Partnership, Age Concern and the Federation of Disabled People. It is expected that these organisations will work together to engage a wide range</p>	<p>January 2009 to March 2010</p>	<p>Martin Campbell</p>	<p>quarterly</p>

of communities and address issues such as carers' needs, mental health etc.	June 2009	Carers Development Manager	September 2009
Carers Needs Assessment Guidance – ensure this is updated to include reference to support available to address religion/belief activities and that co-caring is recognised and recorded and needs of individual as both user and carer are be identified and addressed appropriately	2009/10	Chris Lau, Director Carers Centre	October 2009
Male Cancer Carers' Support Service – monitor uptake and report back on outcomes	2009/2011	Chris Lau, Director Carers Centre	November 2009
Schools – work with schools to raise awareness of the issues facing young carers with pupils, teachers and other staff	2009-2012	Chris Lau, Director Carers Centre	November 2009
Primary Care – through GP Link Worker scheme encourage identification of carers and ensure signposting/referral to appropriate carers' services	June 2009	Tamsin Peart	October 2009
Charging for services – DMT to consider charging issues			

ADULT SOCIAL CARE AND HOUSING SCRUTINY COMMITTEE

Agenda Item 10

Brighton & Hove City Council

Subject:	Value for Money Review of Day Services for Older People		
Date of Meeting:	18 June 2009		
Report of:	Joy Hollister		
Contact Officer:	Name:	Anne Hagan, General Manager	Tel: 296370
		Marnie Naylor, Performance & Development Officer	295033
	E-mail:	anne.hagan@brighton-hove.gov.uk	
		marnie.naylor@brighton-hove.gov.uk	
Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 A report was presented to Cabinet Member Meeting on 13th September 2008, when the recommendations of the Value for Money Review of Day Services for Older People were approved.
- 1.2 This report gives an update on progress of the implementation of the recommendations of the Review.
- 1.3 The developments in day services are closely linked to the personalisation programme in Adult Social Care.
- 1.4 This report mainly relates to services provided for older people and does not include recommendations for specialist services for older people with mental health needs.
- 1.5 DMT approved the proposals in this progress report on 23rd April 2009. A further progress report will be presented to Adult Social Care & Housing Cabinet Member meeting on 19th October.

2. RECOMMENDATIONS:

- (1) Scrutiny Committee are asked to note and comment on the developments in day services for older people linked to recommendations of the Value for Money Review.

3. BACKGROUND INFORMATION

- 3.1 Day Services provide support to older people and older people with mental health needs from several establishments across the city. An overview and map of individual centres is included in **Appendix 1**. 47 staff in total work across all day centres.

3.2 **Key recommendations of the Value for Money Review of Day Services for Older People (2008)**

- Take forward and implement plans to modernise the service
- Target service in Adult Social Care at older people with a higher level of need
- As part of the wider Adult Social Care Personalisation agenda develop short-term reablement in day services
- Develop and implement voluntary sector/community provision for the Combined Day Services, with an initial focus on CDS West (Muriel House).
- Work with Housing Management and the third sector to build on the work taking place in the Local Area Agreement (LAA) areas and to develop alternative services
- Develop business case for future transport options

- 3.3 **Appendix 2** illustrates the vision for day services for older people and older people with mental health needs as recommended by the Value for Money review in September 2008.

3.4 **Progress to date on the VFM Review of Day Services**

- Combined Day Services (West) no longer operates from Muriel House (sheltered accommodation) – due to low occupancy.
- Work on modernising the service including outcome focused care plans, promotion of Direct Payments etc
- Proactive engagement with other stakeholders in the city

- Mental health focus group established with stakeholders to develop a model for day services for older people with mental health needs
- Volunteer pilot established, with services users at Montague House attending Tower House as volunteers
- Reablement focus: Examples of services users moving on from day services into community activities
- Work with colleagues from Learning Disability and Physical Disability in relation to developing “day options” for people.

4 CURRENT OPERATIONAL ISSUES

4.1 Occupancy

4.1.1 Following the Value for Money review each centre had an “overbooking” system, and despite this, occupancy remains low. The table below gives details on occupancy in centres in 08/09.

4.2 Unit Costs

There is a relationship between low occupancy in centres and high unit costs. The table below illustrates the unit costs for one day of day services.

	Days open	Total places per week	Costs 08/09	Average Occupancy 08/09	Unit cost 07/08	Unit cost 08/09
Wayfield Avenue	7	164	328,438	61.66%	54	62
Ireland Lodge	7	154	364,068	55.8%	73	81
Craven Vale	7	155	325,939	63%	67	64
Tower House	5	145	327,400	57.52%	91	75
Combined Day Services (East)	7	104	232,970	57.66%	72	75

Unit costs for one day of day care (rather than per morning or afternoon session as reported in PSS EX1)

*% occupancy based on actual attendance

4.3 Combined Day Services (East)

4.3.1 Combined Day Services (CDS) operate over 5 days from 3 sheltered Housing schemes in the East of the city.¹ There are 35 service users attending CDS over a 7 day period which equates to 59 places. 7 staff work in the service.

4.3.2 Occupancy remains low in Combined Day Services. In addition, as identified in the VFM review, the physical environment in these 3 schemes means that staff are unable to care for people with high levels of need.

4.3.3 Discussions have been held with colleagues in sheltered Housing to discuss the possibility of developing these schemes as "Community Hubs" as described in the Housing Strategy. However there is now an urgency to address the issue of low occupancy and high unit cost in the Combined Day Services operating from these 3 schemes.

4.4 Modernising the Service and the Personalisation agenda

4.4.1 Numerous examples exist of managers and staff starting to take new approaches to the provision of day services for older people, e.g. actively supporting Direct Payments, helping people move on from day services to community based activities.

4.5 The longer term future of Day Centres

4.5.1 The Value for Money review provided detailed information concerning the profile of services users; they are increasingly

¹ Jasmine Court, Laburnham Grove and Elwyn Jones Court. The services operate from Tower House at weekends.

older (with an average age of 85) and frailer. A different form of service may need to be considered to meet their needs.

4.5.2 Information will be required to help inform a needs assessment and future services.

4.5.3 Three Adult Social Care day centres exist in the city for older people, ² and given the changing needs of services users and carers, the personalisation agenda, the low occupancy and high cost of the service, an alternative model may need to be considered.

4.5.4 New developments may affect day centres in the East of the city. Patching Lodge, Craven Vale and Somerset day centre are located half a mile from each other, and this will lead to a question of how best resources for older people can be utilised.

5 PROPOSED DEVELOPMENTS

The following developments are in progress in response to the operational issues described in point 4 above:

5.1 The reprovision of Combined Day Services currently operating in 3 sheltered housing schemes

- Service users and their carers are currently being consulted on alternative services available.
- There are sufficient vacancies at Tower House and Craven Vale currently to accommodate services users if they so wish.
- Services users would also be offered direct payments and support to find alternative day activities in their local area.
- In relation to staff, the aim would be to achieve a suitable redeployment opportunity for employees of the Council.
- The schemes are: Jasmine Court, Laburnham Grove and Elwyn Jones Court.

5.2 To set up a Day Options Team linked with the developments in the Adult Social Care Personalisation agenda.

- The 'Day Options Team' would offer advice, guidance, signposting and act as "brokers" to maximise and develop

² This does not include two centres for people with mental health needs: Ireland Lodge and Wayfield Avenue

sustainable support and a broad range of activities and opportunities for older people.

- The team would develop over a period of time
- The development of such a team would enable more of a customer based approach to day services.

5.3 To develop a reabling function in day services

- To build on expertise in Adult Social Care to actively develop a reablement approach in day services.

5.4 To undertake a formal review of the contracts for day services with Somerset Day Centre and St John's Day Centre in the light of the Personalisation agenda

5.5 To develop a future model for day services for older people across the city

- To work with stakeholders to consider how day services across the city will be delivered in the future.

6 CONSULTATION

6.1 Consultation took place for the Value for Money Review of Day Services in 2008.

6.2 Further changes to services will require a full consultation with services users, carers, staff, and other stakeholders. User and carer involvement will help to redesign services for the future.

7 FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 All services in Adult Social Care have an efficiency saving for 2009/10.

Legal Implications:

7.2

Equalities Implications:

- 7.3 An initial Rapid Equalities Impact Assessment was undertaken as part of the VFM review. A full assessment council wide should be carried as part of the modernisation of services.

Sustainability Implications:

- 7.4 Any developments in Day Services should consider opportunities for reducing energy consumption. Improving efficiency in transport should reduce overall journey numbers and distance travelled.

Crime & Disorder Implications:

- 7.5 None

Risk and Opportunity Management Implications:

- 7.6 A risk workshop on the new model for day services will be conducted as part of the implementation process.

Corporate / Citywide Implications

- 7.7 The development of day services for older people is part of the wider Personalisation programme for Adult Social Care.

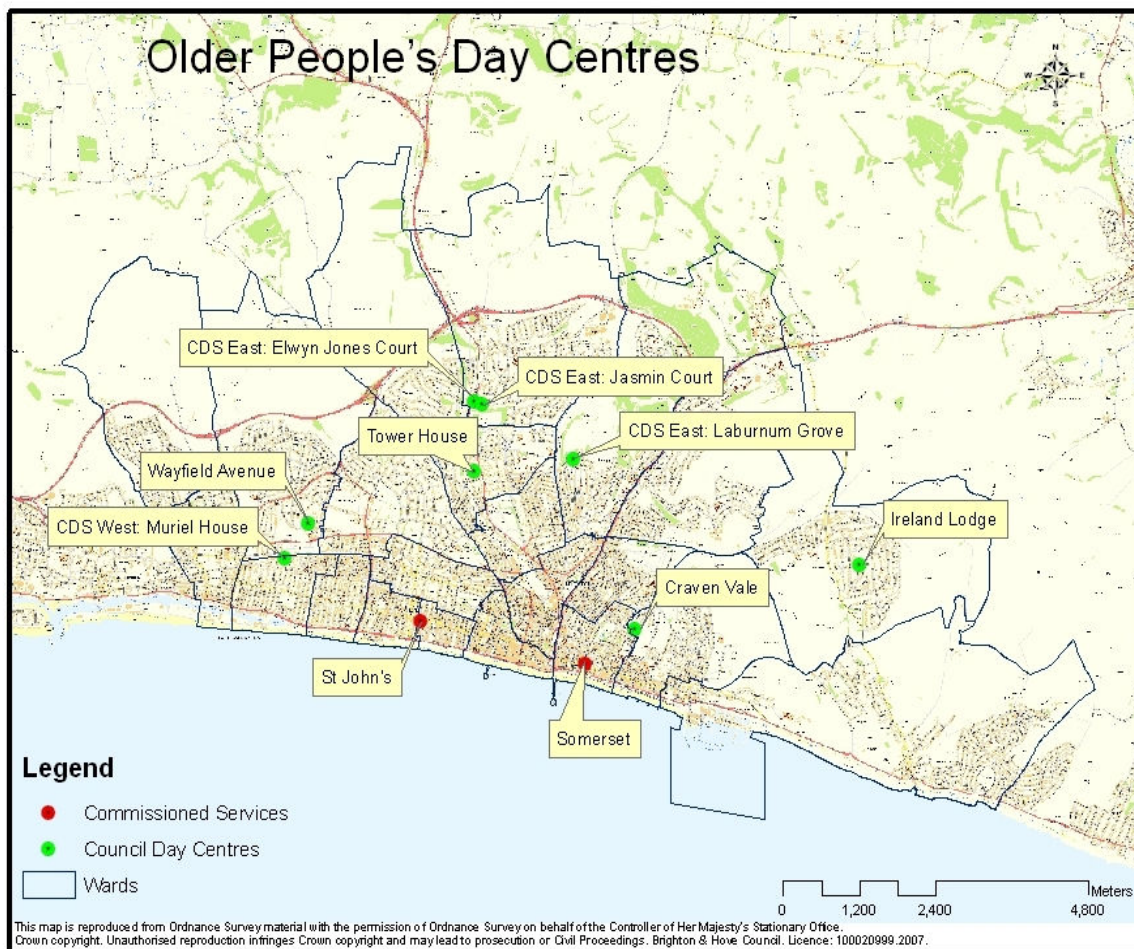
SUPPORTING DOCUMENTATION

- **Appendix 1:** Map of Day services provision
- **Appendix 2:** VFM review: Vision for day services for older people

Background Documents

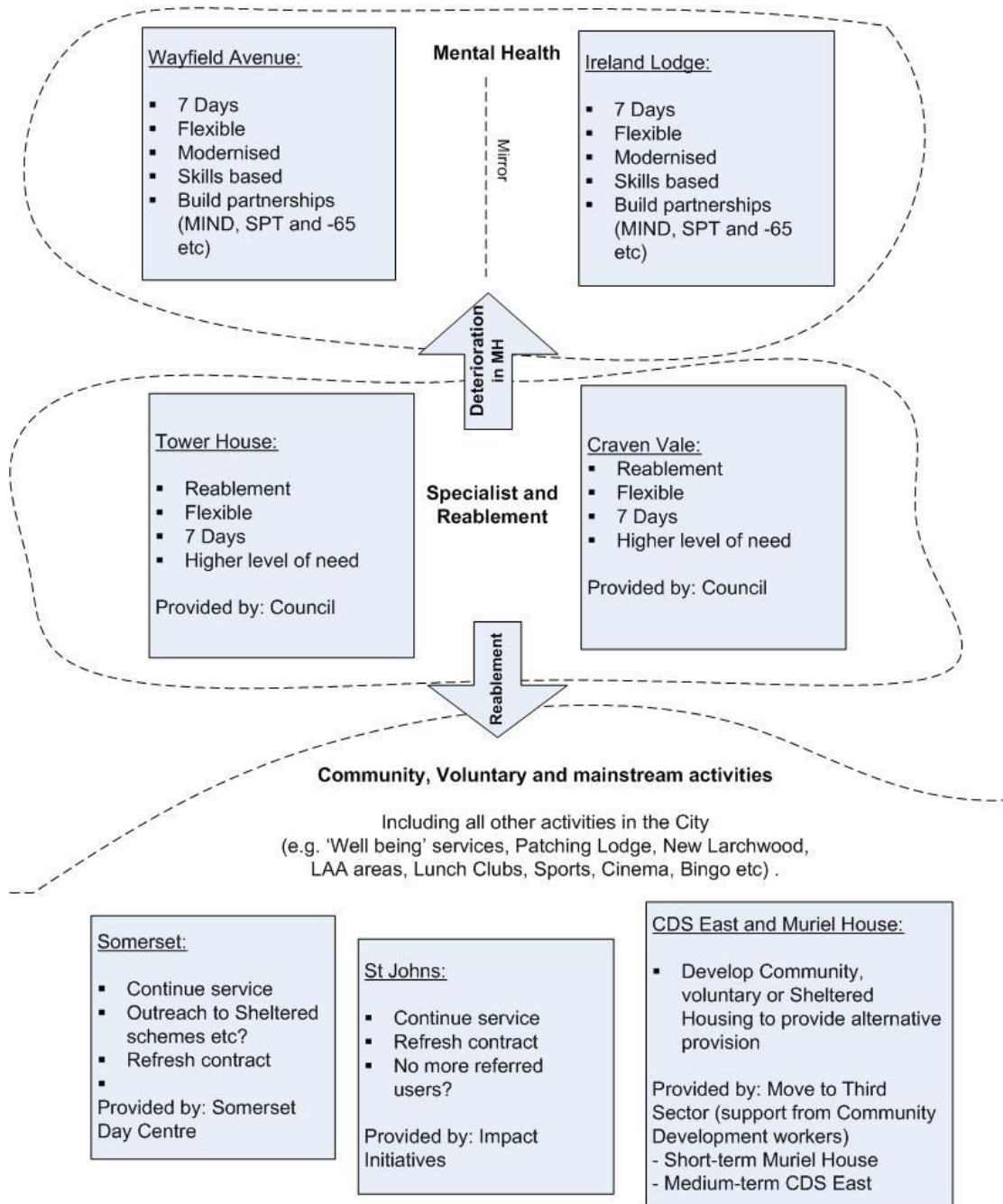
1. Value for Money Review of Day Services for Older People (Cabinet Member Meeting, 13th September 2008.)

Appendix 1: Map of Day services provision



Appendix 2: VFM review: Vision for Day Services for Older People

Future Vision for Older People's Day Services in Brighton & Hove



ADULT SOCIAL CARE AND HOUSING COMMITTEE

Agenda Item 11

Subject:	Agreement of the process for the development of the 2009-2013 Working Age Mental Health Commissioning Strategy.	
Date of Meeting:	18th June 2009	
Report of:	Joy Hollister	
Contact Officer:	Simon Scott: NHS Brighton and Hove Strategic Commissioner for Working Age Mental Health and Substance Misuse	Tel: 01273 545414
	E-mail: simon.scott@bhcpct.nhs.uk	
Wards Affected:	All	

1 SUMMARY AND POLICY CONTEXT

The City Council and NHS Brighton and Hove Commissioners are currently updating the Brighton and Hove Working Age Mental Health Commissioning Strategy for 2009-2013.

2 Recommendations

That the committee consider and agree, or otherwise comment on, the proposed process for the development of the Working Age Mental Health Commissioning Strategy as outlined in appendix 1 of this report. Including that the strategy be agreed at the January 2010 JCB meeting allowing for the New Horizons National plan to be integrated and for the consultation period to be extended into September 2009.

3 Relevant background information

Since 2002, working age mental health services has been jointly commissioned under a section 75 agreement between NHS Brighton and Hove and the City Council with the former appointed as the Lead Commissioner. The arrangement allows for pooled money between the PCT and the City Council.

The Working Age Mental Health Commissioning Strategy is the key strategic plan

underpinning the commissioning of mental health services for working age people in the city. It will refer to the children's and young persons and the older peoples mental health strategies and transitions stages and teams will be included.

The strategy will follow the process of developing strategy using World Class Commissioning guidelines as outlined in appendix 2.

The update will be a joint piece of work by PCT and City Council Commissioners as required under Section 75 agreements. Approval will be sought through the Joint Commissioning Board on the 25th January 2010.

4 Link to corporate objectives

The strategy will impact on the five PCT overarching Strategic Commissioning objectives:

- Adding Years to Life
- Maximising life chances for Children and families.
- Developing a healthy young city.
- Promoting independence.
- Commissioning nationally recognised best practice

It will impact on the following City Council corporate priorities

- reduce inequality by increasing opportunities
- open and effective city leadership
- better use of public money

The interagency steering group and the user, carer and voluntary sector reference groups support the requirements within the following WCC competencies of:

- Locally leading the NHS
- Working with community partners
- Engaging with patients and the public
- Collaborating with clinicians
- Managing knowledge and assess needs
- Prioritising investment
- Stimulating the market

5 Improving health and reduce health inequalities

The reviewed strategy is based on the local mental health needs assessment published in November 2007. It includes the policy drivers such as personalisation and self directed support and the move towards prevention and wellbeing in the government's new policy document, New Horizons for Mental Health, expected in October 2009.

6 Increase service quality and choice

The strategy will include a focus on quality and outcomes for users and on increasing choice and control where possible through innovative market development.

7 Increase people's confidence in, and engagement with, the NHS

The strategy will be consulted on widely including with the general public and with known user and carer and provider organisations.

8 Manage resources effectively

The strategy will outline the financial spend for the next 5 years including proposals for reinvestment in the prevention agenda.

9 Link to corporate considerations

The development of the strategy reflects the priority of leading local NHS and social care services and reducing inequalities through a joint approach to meeting local need. It supports the Strategic Commissioning Plans objectives and follows WCC principles for strategy development.

10 Governance and legal

Any significant changes to current commissioning will need to be agreed.

11 Equalities

There will be an EIA undertaken on the draft strategy.

12 Consultation

Engagement on the strategy will be through the user, carer and voluntary sector reference groups, gateway organisations and the strategy will be available on the NHS Brighton and Hove website.

13 Risk management

None identified

Appendices

Appendix 1 Working Age Mental Health Joint Commissioning Strategy; Development Steering Group Terms of Reference, membership, timeline for engagement and governance.

Appendix 2 The World Class Commissioning five phases to developing a commissioning strategy.

Appendix 1

Working Age Mental Health Joint Commissioning Strategy Development Steering Group Terms of Reference, membership, timeline for engagement and governance

1. To oversee the process of developing the joint commissioning strategy
2. To consider the implications of the any new national mental health strategy and the impact on local commissioning strategy
3. To ensure the relevant sections are completed by the relevant organisations and people within organisations
4. To oversee any verification process required within organisations
5. To ensure that drafts are consulted on appropriately within organisations
6. For the commissioners on the group to agree the strategy to be presented to the JCB on 25th January 2010
7. The group will meet as in the timeline below and support the communications plan

The responsibility for this strategy is joint between the City Council and the PCT.

It will contain an agreed:

- vision for the future based on outcomes
- plan for future commissioning
- financial investment
- initiatives for investment
- contracting arrangements
- performance management arrangements

Membership

PCT

Simon Scott (Mental Health and Substance Misuse Strategic Commissioner)

Claire Quigley (Director of Delivery)

Margaret Cooney (Project Manager)

Stephen Ingram (Primary Care Strategic Commissioner)

Geraldine Hoban (Deputy Director Commissioning)

Kathy Caley (Older Peoples Commissioner)

Matt Johnson (Elective Care Strategic Commissioner)

Jane Simmons (Head of Partnerships and Engagement)

Martin Campbell (Patient and Public Engagement Manager)

Kate Kedge (Contracts Manager)

City Council

Denise D'Souza (Director of Community Care)

Philip Letchfield (Interim Head of Adult Social Care)

Tamsin Peart (Commissioner for Carers)

Daniel Parsonage (Supporting People)

Andy Staniford (Housing Strategy Manager)

Sussex Partnership NHS Foundation Trust

John Rosser (Service Director, Adult Mental Health)

Tony Sharp (Head of Business Planning)

Terry Pegler (Associate Director – Social Care)

Third sector Sarah Danily (Director B&H MIND)

LINK representative Simon Hubbard


Carers Centre Sue Wallace (Carers Centre Chair)

Clinical Representatives

Dominic Osman Allu (Clinical Executive)

Rebecca Jarvis (PBC)

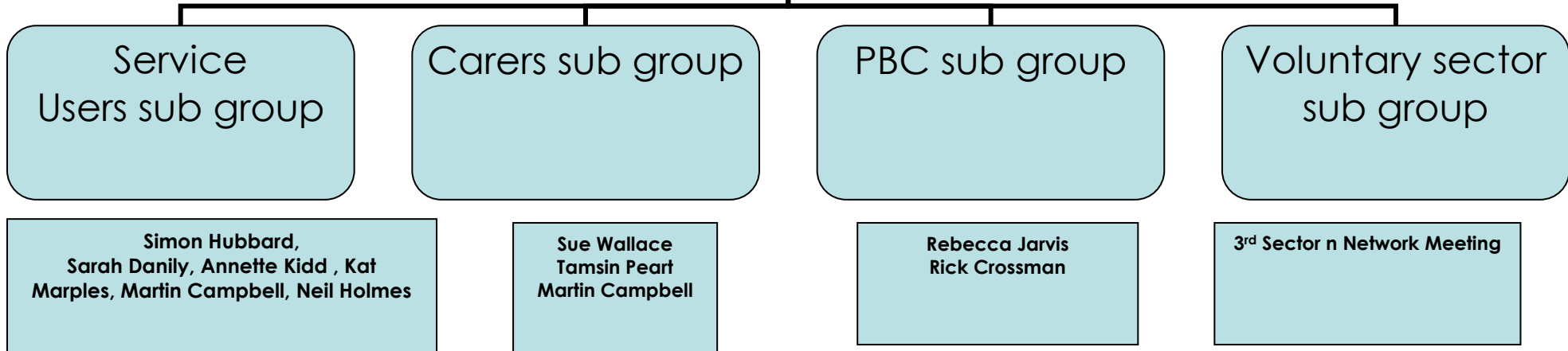
Timeline for development of the strategy including engagement and governance arrangements

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Steering group	16th										
Carer ref group		8 th									
User ref group		29 th									
LIT meeting		29 th									
Vol. sector network		30 th									
Vol. sector network			11 th								
Steering group			27 th								
ASC DMT				11 th							
ADC&H OSC				18 th							
PCT PEC					31 st						
HOSC					8 th						
User/carers ref groups				10 th							
Steering group				29 th							
Vol sector network					7 th						
User/carers reference groups					27 th						
Consultation period on website											
User/carers consultation meeting							7 th				
Steering group							7 th				
LIT meeting								tbc			
Steering group								30 th			
Presentation to the JCB										18 th	25 th

Model for engagement and governance for developing the strategy

Joint Commissioning Board

Multi agency Development Steering group



MIND LIVE GROUP

Appendix 2

The World Class Commissioning (WCC) five phases to developing a commissioning strategy

The Working Age Mental Health Strategy Development Group has agreed to apply the following five phases of development as outlined by the WCC Strategic Planning Guidance.

The 5 stages for developing the plan	What to include
Developing the project plan	Set the timeframes, scope, steering group membership, reference groups required and Terms of Reference for these groups. Agree the format for governance and approval. Develop the communication plan.
Phase 1 Understanding the context	<p>Include the needs assessment or mapping information, current baseline activity, financial activity</p> <p>Include the national and SEC agenda, local agenda, and the priorities in the SCP, the health outcomes, the vision of partners, public and patients.</p>
Phase 2 Developing the vision	Agree the five year vision that will address key issues outlined in phase 1.
Phase 3 Developing the prioritisation criteria and goals	<p>Use the vision to develop prioritisation criteria based on: community health needs, preferences of patients, impact on addressing the gaps, implementation challenges, financial impact.</p> <p>Include whether aligned with PCT SCP goals and whether achievable and realistic.</p>
Phase 4 Developing the strategic initiatives	Outline or develop a focused number of initiatives that clearly link to the priorities, goals and vision and outline the impact.
Phase 5 The plans for delivery	<p>Produce a detailed delivery plan for each initiative showing key activities and milestones, investment required, impact timeline, performance measures and outcomes.</p> <p>Outline the impact of the initiatives on providers and agree required changes and key risks.</p>