

Public Document Pack



BARRY KEEL
Chief Executive
Floor 1 - Civic Centre
Plymouth
PL1 2AA

www.plymouth.gov.uk/democracy

Date 12/07/10 Telephone Enquiries 01752 304469 Fax 01752 304819
Please ask for Ross Jago, Democratic Support Officer e-mail ross.jago@plymouth.gov.uk

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

DATE: TUESDAY 20 JULY 2010
TIME: 3.00 PM
PLACE: COUNCIL HOUSE, CIVIC CENTRE.

Committee Members–

Councillor Ricketts, Chair
Councillor Coker, Vice Chair
Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Viney

Co-opted Representatives: Margaret Schwarz, NHS Plymouth Hospitals Trust.
Chris Boote, LINK.

Substitutes–:

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance submitted by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. MINUTES

(Pages 1 - 14)

The panel will be asked to confirm the minutes of the meeting held on 9 June 2010 and the special meeting of the 21 June 2010.

4. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. TRACKING RESOLUTIONS

(Pages 15 - 20)

The Panel will consider its tracking resolutions.

6. CARERS STRATEGY

(Pages 21 - 68)

To consider the final draft of the carers strategy.

7. RESIDENTIAL CARE UPDATE ON MODERNISATION OF OLDER PEOPLES SERVICES

(Pages 69 - 78)

To receive a report on the modernisation of older peoples services.

8. FAIRER CONTRIBUTIONS POLICY, CHARGING WITH A PERSONALISED SYSTEM

(Pages 79 - 90)

To receive a report on the fairer contributions policy.

9. MODERNISATION OF SHORT BREAK SERVICES FOR PEOPLE WITH A LEARNING DISABILITY

(Pages 91 - 98)

To receive a report on the modernisation of short break services for people with a

learning disability.

10. WORK PROGRAMME

(Pages 99 - 100)

To consider the panels draft work programme.

11. TERMS OF REFERENCE

(Pages 101 - 102)

To consider draft terms of reference for the panel.

This page is intentionally left blank

Health and Adult Social Care Overview and Scrutiny Panel

Wednesday 9 June 2010

PRESENT:

Councillor Ricketts, in the Chair.

Councillor Coker, Vice Chair.

Councillors Bowie, Delbridge, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Thompson (Substitute).

Co-opted Representatives: Chris Boote, Local Involvement Network.

Margaret Schwarz, Plymouth Hospitals NHS Trusts

Apologies for absence: Councillors Viney

Also in attendance: Councillor Monahan - Portfolio Holder Adult Health and Social Care, Carole Burgoyne - Director Community Services, Pam Marsden - Assistant Director Adult Health and Social care, Dep Laphorn - Director for Public Health, Steve Waite - Director of Operations NHS Plymouth, Liz Cooney - Assistant Director of Governance NHS Plymouth, Sally Parker - Patient and Public Involvement Lead NHS Plymouth, David Macauley - Project Manager NHS Plymouth, Pauline Macdonald - Project Manager NHS Plymouth, Nigel Pluckrose - Assistant Director Business Development and Performance NHS Plymouth, Giles Perrit – Head of Policy Performance,.

The meeting started at 3.00 pm and finished at 5.15 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. APPOINTMENT OF CHAIR AND VICE-CHAIR

Agreed that;

1. Councillor Ricketts, was confirmed as Chair of the panel;
2. Councillor Coker, having been proposed by Councillor Bowie and seconded by Councillor Gordon, was confirmed as Vice-Chair of the panel.

2. DECLARATIONS OF INTEREST

Name	Minute No.	Reason	Interest
Cllr Dr Salter	8 Overview of priorities for community services (Adult Social Care)	Former Portfolio Holder for Adult Health and Social Care	Personal

3. **MINUTES**

Agreed that the minutes of the meetings of the 31 March 2010 and the 14 April 2010 were approved as a correct record.

4. **CHAIR'S URGENT BUSINESS**

The Chair thanked the former Chair, Councillor Mrs Watkins and Vice Chair Councillor Aspinall for their contribution to the panel.

Chair highlighted that some agenda items would be taken out of the published order.

5. **TERMS OF REFERENCE**

It was suggested by the Chair that the panel's terms of reference were in need of updating particularly in light of new statutory responsibilities. Giles Perritt reported that:

- a. the terms of reference could be changed to better reflect the panel's role in scrutinising the work of NHS partners;
- b. the Health Bill contained within the Queen's speech was likely to impact on health services within Plymouth and the panels terms of reference should be amended to reflect new legislation.

Agreed that Giles Perritt will review the terms of reference in conjunction with the Chair and Vice-Chair and present them at the next scheduled business meeting of the panel.

6. **TRACKING RESOLUTIONS AND FEEDBACK FROM THE OVERVIEW AND SCRUTINY MANAGEMENT BOARD**

The panel received updates on previous resolutions.

It was requested by the Chair that the Alcohol Strategy return to the panel in order for new members of the panel to review its content in light of new legislation arising from the Queen's speech.

A letter was circulated to Councillors in response to minute 90 (1) 14/04/2010 the issue of collecting key midwifery related questions in the annual health visitor survey. The letter outlined that this would not be the appropriate method of collecting the data for several reasons; particularly that the Health visitor survey is completed every two years and there would be a significant time lag between the collection of data and service improvement.

Agreed that;

1. the panel noted and endorsed the response and would continue to be informed of information coming from surveys of the service;
2. the chair of the Maternity Services Liaison committee would be contacted to discuss how scrutiny could help to improve data collection around maternity services;
3. the alcohol strategy return to the panel for further consideration.

7. **APPOINTMENT OF CO-OPTED REPRESENTATIVES**

Agreed that Chris Boote, Local Involvement Network representative, and Margaret Schwarz, Plymouth Hospitals NHS Trust Board member, be confirmed as co-opted members of the panel for the municipal year 2010-11.

8. **OVERVIEW OF PRIORITIES FOR COMMUNITY SERVICES (ADULT SOCIAL CARE)**

Councillor Grant Monahan, Portfolio Holder for Adult Health and Social Care, and Carole Burgoyne, Director for Community Services, detailed care services provided by the City Council, it was reported that:-

- a. The Adult Social Care service supported vulnerable adults over the age of 18 who meet the eligibility criteria for a service, including older people, people with mental health problems, those with a learning disability and those with physical and / or sensory disabilities;
- b. there were a number of in-house services including a domiciliary care service, three older people's residential homes, two respite units for learning disability, two day centres for learning disability and one day centre for people with a physical disability;
- c. there was approximately 400 - 500 staff (FTE), including care managers, occupational therapists, support workers, domiciliary care workers, care assistants and admin staff;

The priorities for adult social care were outlined as the following:-

- d. To maintain and, where possible, improve performance (performing well in all seven outcomes 2008/09) as measured by the Care Quality Commission (CQC);
- e. to implement the Savings Delivery Plans;
- f. to continue the implementation of the 'Putting People First' strategy;

- g. to progress plans around Health & Social Care Integration.

A number of areas that the panel may be interested in scrutinising were highlighted, these included:-

- h. a number of the Savings Delivery Plans which would require consultation with service users and other stakeholders. The Panel may wish to see the plans at relevant points;
- i. safeguarding service users;
- j. key milestones on the Putting People First Strategy; for example developing a Resource Allocation System (RAS) and a consultation on a Revised Charging Policy;
- k. a Joint Dementia Strategy and a Carer's Strategy had been developed. The Panel may wish to have regular updates on the implementation plans. Work is being undertaken on Learning Disability Services, both on providing and commissioning the Service. The Panel may wish to scrutinise these at relevant points;
- l. plans around Health & Social Care Integration are being developed. The Panel may wish to scrutinise these plans at appropriate points.

9. **NHS PLYMOUTH - QUALITY ACCOUNTS BRIEFING**

A briefing on the quality accounts process was provided by representatives of NHS Plymouth. It was reported that:-

- a. it was an annual report for public consumption;
- b. the aim was to enhance public accountability and engage the organisations leaders in their quality improvement agenda;
- c. the accounts have to be completed and placed on the NHS Choices web-site by close of play 30 June 2010;
- d. the period covered by the account was 2009-10.

Agreed that a special meeting of the panel would be convened to consider the draft quality accounts for NHS Plymouth Hospitals Trust and NHS Plymouth Mental Health Services, in order to provide the required statement by the 30 June deadline.

10. **NHS PLYMOUTH - GREENFIELDS CONSULTATION**

A consultation paper was provided to the committee by David Macauley on proposed changes to the Greenfields Inpatient Unit. It was reported that:-

- a. following a health care commission review of the Willows in 2008 it was clear that despite efforts to address key issues there were fundamental service design and quality issues which compromised the ability of the unit to meet the needs of individuals with learning disabilities and complex needs. It was agreed at the NHS Plymouth Provider Governance Committee and Trust Board that the current service model was unsustainable and a three month consultation should begin on the future of the inpatient service;
- b. the paper provided to the panel outlined the most viable options for the future of the service;
- c. option one would commit further investment to the service to ensure that it met the needs of individuals with a learning disability and range complex needs by providing a multi-disciplinary team approach;
- d. option two, the provider's preferred option, would be based on the decommissioning of the current Greenfields Unit. The resources would then be used to provide a community treatment / support service to enable individuals to remain in their current environments or placements with intensive treatment and support providing an alternative to hospital admission.

In response to questions from Councillors it was reported that:-

- e. positive aspects to option one included a high quality inpatient facility. An inpatient facility would provide four beds and would cost in the region of £800,000 if carried out correctly;
- f. hospital admissions for individuals with needs such as those that Greenfields currently catered for could be seen as a failure of the service and could lead to problems of institutionalisation;
- g. negatives to the preferred option two included, for a small number of users, the need for hospital admission and the challenge would be how that need was met;
- h. the Greenfield proposals had not been developed to realise efficiency savings, rather to improve services which would lead to better outcomes for users;
- i. there were a number of out of area placements currently required, mostly with private providers, with costs in the region of five million pounds a year;
- j. even with the current Greenfields provision individuals still required out of area placements. Existing services would be enhanced to cope with out of area placements and could build capacity in other units to replace the services currently provided by Greenfields;

- k. crisis intervention services had quick response times and would continue to do so;
- l. in relation to option two, the existing group of staff could work in a community focused model. Workforce planning would become a priority as the number of disability trained nursing staff was falling nationally;
- m. more detailed proposals would be available at the end of July.

Agreed that the Greenfields proposals would return to the panel for further consideration when further details become available.

11. **SUBSTANTIVE VARIATION PROPOSALS**

The panel received information regarding Substantive Variation Protocols, it was reported that:-

- a. NHS Plymouth had been working with the previous Health and Overview and Scrutiny panel to develop a protocol for the large number of possible agenda items that could come to the panel;
- b. the protocols were intended to ensure the panel was provided with the information it required;
- c. the process outlined service changes which may or may not be substantive;
- d. NHS Plymouth currently forwards a list of major projects to the South West Strategic Health Authority, the information was shared with the Chair and Vice-Chair of the panel and this would continue.

Agreed that:-

- 1. the principle of the substantive variation protocols was a good one;
- 2. the acronym HOSC should better reflect the panels title of Health and Adult Social Care overview and Scrutiny panel;
- 3. the lead officer for the panel would liaise with the patient and public involvement lead for further development of the protocols.

12. **NHS PLYMOUTH - GP-LED HEALTH CENTRE**

The panel received an update on the General Practitioner (GP) led health centre. It was reported that:-

- a. the centre located at Mount Gould was opened on the 1 April 2009 and registered patients from any part of the city;

- b. core GP services were provided from an accessible location and was open from 8.00am to 8.00pm seven days a week all year round. GP services were provided to registered and non-registered patients, the service provided bookable appointments and a walk- in service;
- c. the service included provision for hard to reach groups including the homeless, young people and offenders. The service has also provided a convenient alternative to commuters. Who find it difficult to attend a GP practice during working hours;
- d. preventative services were offered to non registered patients, including smoking cessation, alcohol screening and contraception;
- e. the service had 786 registered patients as of the 31 March 2010, there had been further steady growth and the service had the capacity to deal with more users;
- f. the centre worked with local voluntary and community based groups such as the Ship Hostel and Shekinah Mission to enable hard to reach groups to get referrals.

In response to questions from councillors, it was reported that:-

- g. maintaining a 'drop-in' service and appointments for registered patients can lead to difficulties in resource management, both registered and non registered patients were encouraged to call to make appointments;
- h. the procurement process had provided value for money and 7500 attendances to the clinic in its first year were seen as value for money. It had not yet been decided how the service would progress, there were in built inefficiencies in the service but the service provides excellent value for money when individuals who don't or can't access services were able to do so;
- i. although there had been excellent feedback from users of the service, many people did not know of its existence and there was a piece of work to be undertaken around communication.

13. **DRAFT WORK PROGRAMME 2010/11**

Agreed that:-

- 1. the lead officer would be tasked to review the work programme and provide a draft to the next scheduled business meeting of the panel;
- 2. a joint performance and budget monitoring report from Adult Social Care, NHS Plymouth Primary Care Trust and NHS Plymouth Hospitals trust would be included on the work programme.

14. **FUTURE DATES AND TIMES OF MEETINGS**

Agreed that the following meeting dates be noted by the panel;

Wednesday 9 June, 2010
Wednesday 7 July, 2010
Wednesday 1 September, 2010
Wednesday 13 October, 2010 (Provisional)
Wednesday 10 November, 2010
Wednesday 12 January, 2011
Wednesday 2 March, 2011
Wednesday 30 March, 2011 (Provisional)

Health and Adult Social Care Overview and Scrutiny Panel

Monday 21 June 2010

PRESENT:

Councillor Ricketts, in the Chair.
Councillor Coker, Vice Chair.
Councillors Berrow, Bowie and Delbridge.

Officers present: Paul Roberts, Dr Alex Mayor, Liz Cooney, Giles Perritt, Lisa Woodman, Ross Jago

Apologies for absence: Councillors Gordon, Dr. Mahony, Mrs Nicholson and Dr. Salter and Chris Boote and Margaret Schwarz.

The meeting started at 11.30 am and finished at 12.50 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

15. **CHAIR'S URGENT BUSINESS**

There were no items of chairs urgent business.

16. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

17. **NHS PLYMOUTH HOSPITALS TRUST - QUALITY ACCOUNTS**

Paul Roberts, Chief Executive of the Plymouth Hospitals Trust outlined the work of the Hospitals Trust and the key issues for the future.

- a. Plymouth Hospitals Trust served not only Plymouth but its travel to work area which was in excess of 450,000 users;
- b. the trust also provided specialist services to around two million users;
- c. the trust had a good reputation for its level of care and scored well in national indicators;
- d. the trust was concentrating on three key areas, patient safety, clinical effectiveness and customer experience.

Dr Alex Mayor, Head of Clinical Governance, provided a presentation on the Hospitals Trust Quality Accounts. It was reported that:-

- e. from the point of view of a clinician, the change of direction in strategic policy to a focus on customer experience was welcome;
- f. it was important that the trust demonstrated how it intended to improve quality, but the focus on patient experience was relatively new;
- g. Quality Accounts would enable the public to hold NHS Trusts to account for the quality of the NHS healthcare services and enabled Trust Boards to focus on quality improvement, the accounts would also assist patients and their carers to make fully informed choices about their healthcare;
- h. the Quality Accounts highlighted innovation in three key areas, patient safety, clinical effectiveness and patient experience.

In response to questions from members of the panel, it was reported that:-

- i. the increase in deaths related to Venous Thromboembolism (VTE) could be down to increased reporting. It could also be related to the number of more complex procedures which were being performed on an aging population. There were a number of processes in place to balance the risks involved with a hospital stay. There was no strong evidence to show that VTE has increased in Plymouth in particular and national lead for this area was based in Derriford Hospital;
- j. the global trigger tool highlighted high risk areas for patients. Patient's notes were reviewed by clinicians for triggers and appropriate action would be taken to address them. It was a well validated tool;
- k. waiting times, as referred to in the document, do not relate to the waiting time to see a medical professional it was the target time to get patients through the department either to a further referral or discharge. The needs of many patients who come through the accident and emergency department were complex, patients often needed to be stabilised which meant that the time through the department was greatly increased.

The Chair requested that any further questions from the panel on the general approach to producing Quality Accounts were put to both NHS Plymouth and NHS Hospitals Trust following the next presentation.

Agreed that reference to waiting times is changed to reflect the target of time through department.

18. **NHS PLYMOUTH MENTAL HEALTH SERVICES - QUALITY ACCOUNTS**

Liz Cooney, Assistant Director of Governance NHS Plymouth introduced the Quality Accounts. It was reported that:-

- a. the trust had experienced a steep learning curve in the preparation of the document;
- b. although all of the information within the report was relevant it was accepted that the authors had lost sight of the fact the document was for public consumption and not limited to health care professionals;
- c. further work would continue into patient experience including how to best introduce systems and processes in order to collect quality data from patients on their experience;
- d. the Quality Accounts show both the positive and negative results the trust had received;
- e. there had been very little notice from the Government and Department of Health that these documents would become statutory which had caused problems in their preparation.

In response to questions from members of the panel it was reported that:-

- f. it was a possibility that the current economic climate could contribute to the increase in section 136 referrals, although there was no significant evidence to support that. Further information could be provided on psychiatrists waiting times, transitional mental care for young people moving into adult mental health care;
- g. there had been a significant increase in the number of incidents of verbal abuse and physical violence towards staff. It was believed that this increase was due to better reporting from staff as previously they had not reported incidents of verbal abuse. There had been prosecutions and the increase was being addressed;
- h. there were problems with staff being able to access data or patient records out of hours or over the weekend. The issue is being worked on so that staff can have the information they require to assess at hand.

In reference to the format of the Quality Accounts from the NHS Hospitals Trust and NHS Plymouth Mental Health Services members of the panel commented that;

- i. both Quality Accounts were particularly difficult to understand and councillors felt as a document providing information to members of the public this was not acceptable;
- j. the documents made few references to Plymouth and do not mention

the Local Area Agreement, Local Strategic Partnership or vision for the City and lack a joined up approach;

- k. by receiving these reports nine days before the publication deadline the panel felt they would have very little impact on its content;
- l. a different title for the reports could allow people to better understand its content;
- m. it was clear from the format of the accounts that there had been little communication between authors at NHS Plymouth and NHS Plymouth Hospitals Trust;
- n. there were a number of strategies and documents which are seen by the Local Strategic Partnership and make up a portfolio of documents relating to the city, the Quality Accounts documents could be added to this.

In response to comments it was reported that:-

- o. Plymouth NHS Hospitals Trust had not been greatly involved in the Local Strategic Partnership but would welcome the opportunity;
- p. LINK had been consulted with, alongside patient forums and patient surveys;
- q. for next years report the NHS bodies in the city would work on a common format for the reports;
- r. scrutiny panels would have more involvement at an earlier stage in the preparation of quality accounts for next year.

Agreed that;

1. a plain English executive summary of reports would be published online by both bodies alongside their Quality Accounts, links from the City Council website would be made;
2. a change of headline title would be considered;
3. there would be communication between NHS bodies to create a common format for future Quality Accounts and there would be earlier consultation with scrutiny committees in order for them to have a greater impact on the Quality Accounts;
4. further information on the waiting times for referrals to mental health professionals and transitional mental health care for young people would be distributed to the panel;
5. the scrutiny lead officer and democratic support officer would

investigate a sub regional approach to signing off documents of this type with Devon County Council and Cornwall County Council.

This page is intentionally left blank

TRACKING RESOLUTIONS

Health and Adult Social Care Overview and Scrutiny Panel

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
27/01/10 54 (1) (2)	Service Improvement Proposal – Centralisation of Gynaecological Cancer Surgery <u>Recommended</u> that the findings of the independent clinical review could not be supported because the report fails to provide the assurances the panel would need in respect of – (1) evidence to demonstrate that a second centre at Truro would make a significant difference to clinical outcomes for patients from Plymouth; (2) addressing the issue of individual choice for women over where their surgery should take place.	Consideration of proposals to centralise gynaecological cancer surgery with a view to establishing two specialist centres at Exeter and Royal Cornwall Hospital, Truro.	NHS Plymouth	Recommendations passed on to NHS Plymouth. Further report to come back to panel.	July 2010 –
60 (2) (3)	Alcohol Harm <u>Recommended</u> that - the Assistant Director for Governance and Democracy be asked to look at whether licensing legislation allows for the impact on a neighbourhood's health to be taken into account when considering licence applications; the Alcohol Strategy be presented to the Licensing Committee for information;	Discussion on progress with production of an Alcohol Strategy for the City and alcohol-related problems in the City. (See also minute 69 below).		Recommendations approved by management board	

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
(4)	the Director for Community Services be requested to consider notifying ward councillors on receipt of licensing applications, similar to what is already in place for planning applications.			An online list of applications is produced and a briefing note on how to access this will be distributed amongst members W/C 05/07/10	12/07/10
61	Smoking – Performance Against LAA Stretch Targets <u>Recommended</u> that - the City Council lobbies the City's three MPs to support progress of the 2009 Health Bill – Tobacco Control - through Parliament.	Panel received a presentation providing an overview of the work of the Smoking Cessation Service in Plymouth, including details of how it was performing against the LAA stretch targets.		Recommendations approved at management board	
23/02/10 68 (3)	Annual Performance Assessment of Adult Social Care 2008/09 – Report from Care Quality Commission <u>Resolved</u> that – the results of the Adult Social Care User Satisfaction Survey be emailed to panel members on completion;	Panel received an update on how the Adult Social Care Service had performed following assessment by the Care Quality Commission	AD for Adult Health and Social Care / DSO	Results of survey awaited.	1 September 2010
69 (2)	Alcohol Strategy <u>Recommended</u> that - if a Night Time Economy Manager is appointed, with responsibility for the whole of the city and not just to city centre trade, this post would ideally be funded in the majority by Statutory Partners with a contribution from the trade.	Further to minute 60, the Panel received an update on progress with production of the Alcohol Strategy. Discussion took place on the role of the Night Time Economy Manager and whether this should be expanded to cover the whole of the City rather than just the City Centre.		Recommendations approved at management board	

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
31/03/10 73	Minutes <u>Resolved</u> that the minutes of the meetings held on 27 January and 23 February 2010 be confirmed, subject to the amendment of Minute 68(6) to reflect the fact that a briefing paper be circulated to panel members in the first instance and that only in the event of concerns being raised would a report be presented to a future meeting of the panel.	Report to panel not required in first instance so minute amended accordingly.		Briefing paper provided via email for panel members.	
14/14/10 90(2)	the City Centre Company be asked what it was doing to encourage businesses to participate in the Baby Friendly Initiative and become kite marked;			“Currently the City Centre company is not undertaking any activity in order to support Breastfeeding within the City Centre. In the past we have supported by auditing the facilities available to nursing mothers. We also are supporting an NHS booking at Frankfort Gate to promote breastfeeding. However, we would be happy to enter into discussions as to how we can support the development of the 'Baby Friendly Initiative' within the city in the future” Clint Jones, City Centre Manager	
(3)	the results of the Maternity Satisfaction Survey, Maternity Care Patient Survey and the Maternity Unit Audit of Practice be forwarded to panel members, along with an analysis of trends and benchmarking;			Analysis of survey results awaited.	1 Septemb er 2010

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
(4)	a copy of the results of the annual maternity survey be forwarded to panel members when available;			Results of Annual Maternity Survey awaited.	12/07/10 –
14/14/10 90(5)	a letter be sent to the National Institute of Health and Clinical Excellence (NICE) requesting that it considers including within its guidance a recommended length of postnatal stay for women who had delivered their babies by caesarean section.			Email response circulated to members	
09/06/10 5	<u>Agreed</u> that Giles Perritt will review the terms of reference in conjunction with the Chair and Vice-Chair and present them at the next scheduled business meeting of the panel.		Giles Perritt		
09/06/10 6 (2)	the chair of the Maternity Services Liaison committee would be contacted to discuss how scrutiny could help to improve data collection around maternity services;				
09/06/10 6 (3)	the alcohol strategy return to the panel for further consideration.				

Date / Minute number	Resolution	Explanation / Minute	Action	Progress	Target date
09/06/10 9	that a special meeting of the panel would be convened to consider the draft quality accounts for NHS Plymouth Hospitals Trust and NHS Plymouth Mental Health Services, in order to provide the required statement by the 30 June deadline.			Meeting completed on the 21 June 2010	
09/06/10 11 (3)	the lead officer for the panel would liaise with the patient and public involvement lead for further development of the protocols.			Added to work programme	
09/06/10 13 (1)	the lead officer would be tasked to review the work programme and provide a draft to the next scheduled business meeting of the panel;				20/07/10
09/06/10 13 (2)	a joint performance and budget monitoring report from Adult Social Care, NHS Plymouth Primary Care Trust and NHS Plymouth Hospitals trust would be included on the work programme.			Added to work programme	

Grey = Completed (once completed resolutions have been noted by the panel they will be removed from this document)

Red = Urgent – item not considered at last meeting or requires an urgent response

This page is intentionally left blank



Carers Strategy 2010-2013 - Report Summary

Department of adult social care services

**Produced by Lucy Yung
Adult Social Care Commissioning Team
July 2010**

Who is a carer?

A carer is an individual, an adult or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, illness or disability.

Why do we need a strategy?

There are over 5.2 million carers in England and Wales and 24,058 in Plymouth who identify themselves as unpaid carers - this includes 8970 stating that they provide more than 20 hours of caring per week to someone. They are referred to as the forgotten army of the health and social care system.

- The value of carer support is estimated as the same as the total of UK spending on health - over £87 billion
- In Plymouth there is a gap between levels of service for carers and the estimated need, with two thirds being older carers
- People providing high levels of care are twice as likely to be permanently sick or disabled
- 58% of carers are women and 42% are men (Carers UK 2007)

National Direction of Carers Support

“Our Health Our Care Our Say” (2006) sets out the future for the NHS and statutory social services. It includes the priorities needed for these sectors to support carers. Promising a new deal for carers it led to an update of the National Carers Strategy in 2008 “Carers at the heart of 21st Century Families”

Key commitments include improvements in the following areas:

- Information and advice services
- Additional breaks provision
- Better NHS support for carers through GP practices
- Employment and skills support
- Strengthening of emotional support services
- Greater support to young carers
- Emergency support to carers in their own home
- Listening to carers
- Training support to carers
- Training support to professional in contact with carers

The Putting People First agenda sets out the intention to introduce a more sustainable and person centred system for social care. This will require authorities to invest in early intervention and prevention to enable more people to live independent lives for longer and also to support individuals,

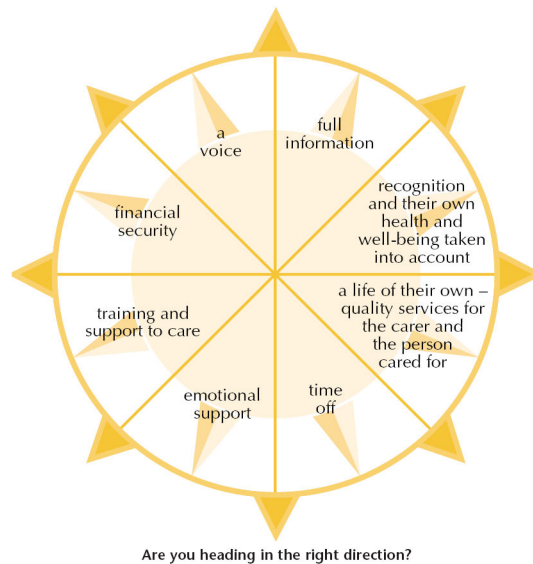
(service users and their carers), to take more control over the type of services they receive and how they are delivered.

The focus of support through this revision of Plymouth’s carers strategy will align our approach with that of Putting People First agenda.

Our strategy will deliver the following objectives:

- Reflect national policy and good practice
- Deliver person centred services for carers in line with Putting People First
- Support health colleagues in recognising and supporting carers in the city

The Carers Strategy key priorities are taken from The Carers Compass (King Fund 1998) sets out a framework based on research that reflects the priorities expressed by carers.



Under each of The Compass headings, this document highlights progress made since the publication of the Plymouth 2006-2008 Carers Strategy and proposes priorities for future development.

Carers Services from 2009/10

Service	No of Services provided	No Individual Carers Helped	Cost
Befriending Services	3370	208	£49,294
Carers Champions	1430	1041	£98,500
Simply Counselling	379	21	£10,000
Direct Services	888	966	£330,591
Carers Emergency Response Service	33	676	£100,000
Respite Breaks	215	197	£55,827

Short breaks to the cared for people are also provided through the care management teams.

Consultation Activities

The Carers Strategy has been consulted on throughout its development at the Carers Strategic Partnership and Planning Group (CSPPG). CSPPG is attended by adult social care commissioners, health commissioners, learning disability partnership, children's services, various carer organisations and individual carers.

Please note the membership of the CSPPG has been revised and is now called the Carers Strategic Partnership Board (CSPB). The first CSPB meeting is scheduled for beginning of September 2010.

The strategy was a regular item on the CSPPG agenda where comments and feedback were given and recorded. The strategy was amended as appropriate.

Once the strategy had been agreed by CSPPG it was put out for public consultation from 8th October 2009 for 12 weeks. The closing date for all comments and feedback was 28th February 2010. The public had a number of ways to provide feedback:

- Strategy and feedback questionnaire were loaded on the Plymouth City Council website
- Electronic copies of the strategy and questionnaire were circulate to all providers and staff with a vested interest in services being provided for carers in the city
- A copy of the strategy and questionnaire were also posted to selected carers via the carers team including carers who care for someone with a learning disability
- Specific events were held for carers who care for someone with a learning disability to provide comments and feedback as a group
- An article and information regarding the Carers Strategy was published in the local paper. Information was provided on how people could access the strategy and provide feedback.

A total of 18 individual carers provided feedback and comments on the strategy. Feedback was also received from groups via Plymouth LINK, Carers Champions, Learning Disability Carers Events and the Supporting People Team. Comments and feedback were collated and amendments were made to the strategy as appropriate.

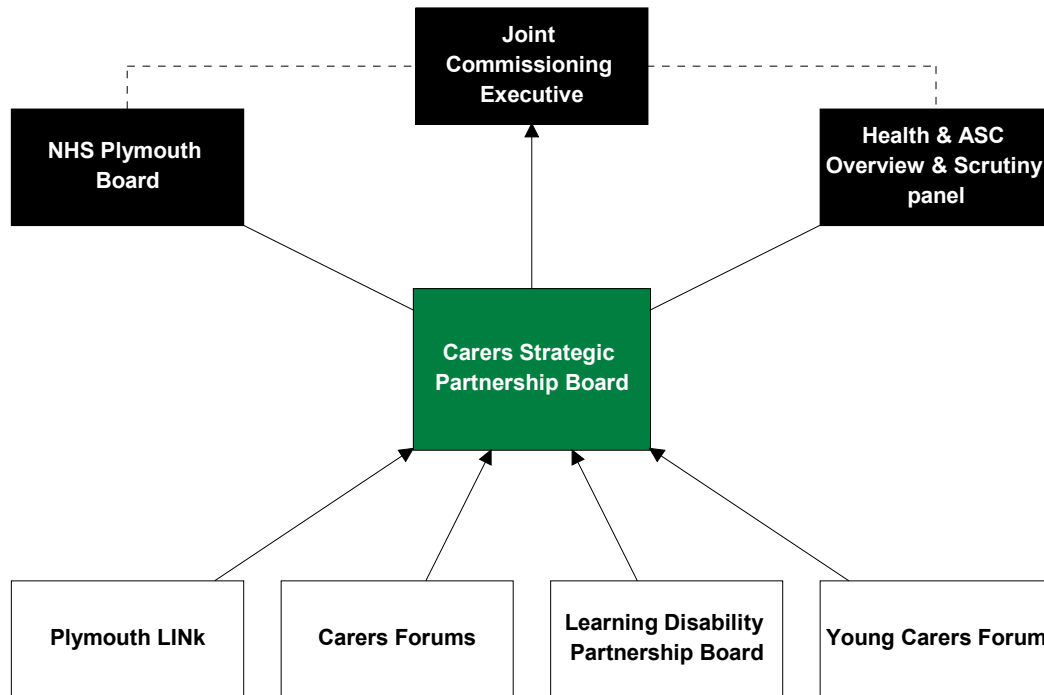
Carers Strategic Partnership Board

The CSPB will ultimately monitor progress of the Carers Strategy, engage carers and carer organisations in the strategic planning and development of carers services across the Plymouth with opportunities for joint working.

The group will strive to actively seek the participation from carers in policy making, planning and delivery of services via the Carers Forum.

The focus will be on services for adult carers of adults. However in order to address cross cutting themes links will be made with children services.

Governance framework overview



Membership

Name	Job Title	Organisation
Pam Marsden - Chair	Joint Director of Strategic Commissioning	PCC
Debbie Butcher	ASC Commissioning Manager	PCC
Lucy Yung	ASC Commissioning Assistant	PCC
Elaine Fitzsimmons	Assistant Director - Clinical Service Design	NHS
Julie Wilson	Mental Health Commissioning Manager	NHS
Angela MacBlain	Community Care Worker - LD Carers	LD Partnership
Sarah Newham	TBC	Job Centre Plus
TBC	Childrens service representative	PCC
Mary Partridge	Social Inclusion Manager	Carers Champions
Kay O'Shaughnessy	TBC	Carers UK
TBC	Carers Forum Representatives	Carers Forum

This page is intentionally left blank



CARERS STRATEGY 2010/13

Putting carers first in Plymouth



CONTENTS

Introduction	4
Who is a carer?	4
Why do we need a strategy?	5
Carers Legislation and Timeline of Support to Carers	5
Future Direction of Carers Support	5
Key priorities taken from the Compass	6
Carers in Plymouth	7
Services for Carers	9
Consultation and involvement	10
Identifying hidden carers	11
Providing information and advice	17
Recognition of carers	18
Life of their own – time away from caring	19
Providing emotional and practical support	21
Training and support to care	24
Financial security	26
A voice	27
Employment, learning and leisure	29
Young Carers	31
Transition from Children's to Adult services	36
Appendix One	
Recommendations for Commissioners following consultation with Carers	37
Appendix Two	
Older Carers in Plymouth	40

INTRODUCTION

Who is a carer?

A carer is an individual, an adult or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, illness or disability.

Carers are a diverse group and have a range of caring situations, some develop slowly over time e.g. with older age, others suddenly and unexpectedly or from the birth of a child with a disability.

Some people choose to become a carer, but others find themselves in this situation as a result of circumstances and without feeling that they have had this choice to make. This can occur at any age and taking on the responsibilities of caring can have a major effect on an individual's life, often leading to isolation and exhaustion.

For adult carers it can also impact on their ability to work, for parent carers this can be a dramatic effect on a family's lifestyle, and for young carers it can hold back their educational progress and limit their social life.

Carers are a diverse group and have a range of caring situations...

Why do we need a strategy?

There are over 5.2 million carers in England and Wales and 24,058 in Plymouth who identify themselves as unpaid carers - this includes 8970 stating that they provide more than 20 hours of caring per week to someone. They are referred to as the forgotten army of the health and social care system.

- The value of carer support is estimated as the same as the total of UK spending on health - over £87 billion
- In Plymouth there is a gap between levels of service for carers and the estimated need, with two thirds being older carers
- People providing high levels of care are twice as likely to be permanently sick or disabled
- 58% of carers are women and 42% are men (Carers UK 2007)

In recent years a considerable amount of work has been done to find ways to develop support for carers. The Carers Strategic Partnership Board is taking the carers agenda forward within the city. However, it will not be able to deliver the various services that carers require without each service within the statutory and voluntary sector determining its own direction, role with regards to carers, working in partnership with the other services throughout the city to provide a seamless and coherent support system. Without a clear and agreed strategy for carers this will be impossible to achieve.

Carers Legislation and Timeline of Support to Carers

Developments over the last 23 years in supporting carers nationally and locally:

1986 Section 8 of Disabled Persons (services consultation representation) Act – this requires local authorities to have regard to the carers ability to provide or continue to care.

1995 Carers (Recognition Services) Act gave carers a right to an assessment and required local authorities to take this into account when deciding which service to provide.

Carers and Disabled Children 2000 enhanced carers right to an assessment even when the cared for person refused an assessment or delivery of services. Carers should be able to access services in their own right.

In 1999 the government launched a National Strategy for carers 'Caring for Carers'. At the same time, standard 6 of the National Strategic Framework for Mental Health set down "all individuals who provide regular and substantive care for a person on Care Programme Approach should have an assessment of their caring physical and mental health needs".

Carers and Disabled Children's Act (2000) reinforced the right to an assessment for parent carers and 16 and 17 year old carers.

Carers Equal opportunities Act 2004 Carers assessments must consider the leisure training and work opportunities of all carers.

2006 Plymouth published its local carers strategy and 3 year priorities.

Future Direction of Carers Support

"Our Health Our Care Our Say" (2006) sets out the future for the NHS and statutory social services. It includes the priorities needed for these sectors to support carers. Promising a new deal for carers it led to an update of the National Carers Strategy in 2008 "Carers at the heart of 21st Century Families" which provides further reinforcement of the role of primary care, (GP and community services) in supporting carers. "Carers will be respected as expert care partners and will have access to integrated and personalised services they need to support them in their caring role" (Carers at the Heart of 21st Century families and Communities – DOH 2008).

Key commitments include improvements in the following areas:

- Information and advice services
- Additional breaks provision
- Better NHS support for carers through GP practices
- Employment and skills support
- Strengthening of emotional support services
- Greater support to young carers
- Emergency support to carers in their own home
- Listening to carers
- Training support to carers
- Training support to professional in contact with carers

In 2007 the government published its plans for the transformation of adult social care services across all departments called Putting People First. This document sets out the intention to introduce a more sustainable and person centred system for social care. This will require authorities to invest in early intervention and prevention to enable more people to live independent lives for longer and also

to support individuals, (service users and their carers), to take more control over the type of services they receive and how they are delivered. The focus of support through this revision of our carers strategy will align our approach with that of Putting People First agenda.

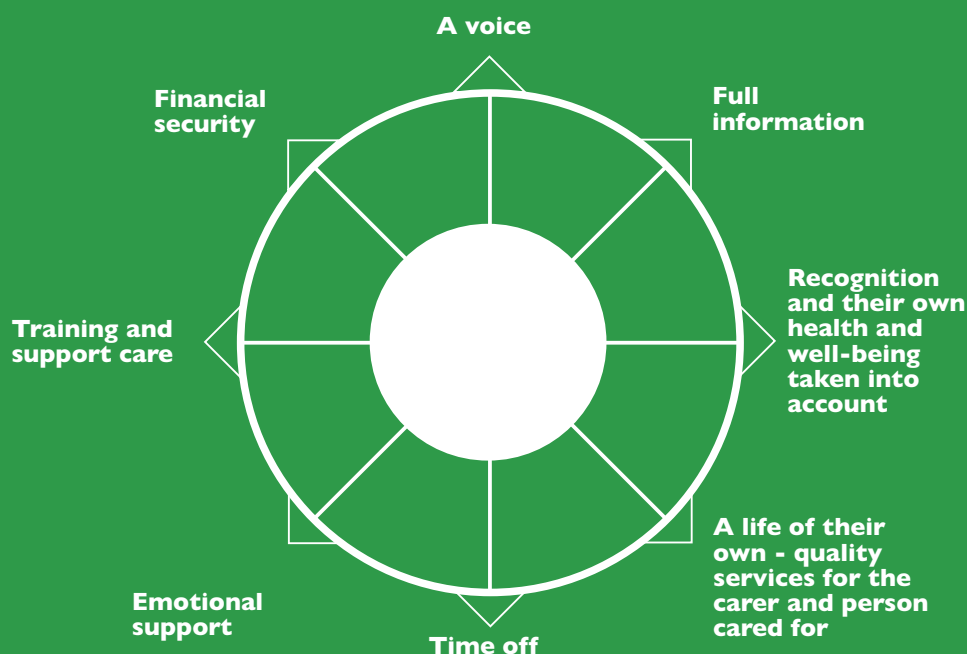
Our strategy will deliver the following objectives:

- Reflect national policy and good practice
- Deliver person centred services for carers in line with Putting People First
- Support health colleagues in recognising and supporting carers in the city

Key priorities taken from the Compass

The Carers Compass (King Fund 1998) sets out a framework based on research that reflects the priorities expressed by carers.

Under each of The Compass headings, this document highlights progress made since the publication of the Plymouth 2006-2008 Carers Strategy and proposes priorities for future development.



CARERS IN PLYMOUTH

Based on the national Census 2001 there are likely to be well over 23,000 carers in Plymouth and this fluctuates each year with people who are new to caring and those whose caring role ends.

The number and percentage of carers aged **16 plus** who provide 50 or more hours of care a week within each ward area of Plymouth (Census 2001).

Areas in Plymouth	Total number of people aged 16 +	Total number of carers	percentage of carers providing 50+ hrs a week
Budshead	9,583	1,259	26.37%
Compton	9,190	1,186	17.71%
Devonport	10,250	1,139	31.96%
Drake	6,438	490	24.29%
Efford & Lipson	10,359	1,240	28.15%
Eggbuckland	10,011	1,341	23.64%
Ham	10,097	1,369	32.94%
Honicknowle	10,584	1,541	35.89%
Moorview	9,622	1,267	26.05%
Peverell	10,133	1,341	19.54%
Plympton Chaddlewood	6,133	628	16.24%
Plympton Erle	6,875	893	21.28%
Plympton St Mary	9,574	1,368	18.93%
Plymstock Dunstone	9,970	1,376	19.91%
Plymstock Radford	9,366	1,388	21.54%
Southway	9,789	1,230	25.85%
St Budeaux	9,717	1,271	30.45%
St Peter & the Waterfront	9,892	996	26.31%
Stoke	9,494	1,057	24.60%
Sutton & Mount Gould	10,304	1,027	26.39%
Plymouth	187,381	23,407	25.24%

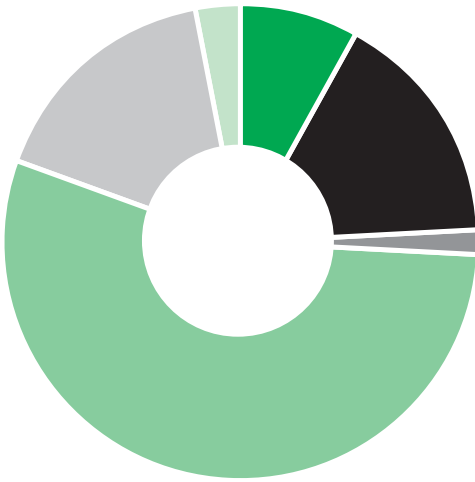
- There are 23,407 carers in Plymouth from a total population of people aged 16 plus of 187,381
- There are 213 young carers under the age of 18
- 12.5% of the total population aged 16 and over are carers
- 62% provide between 1 and 19 hours of care a week
- 13% provide between 20 and 49 hours of care a week
- 25% provide 50 or more hours of care a week

The number and percentage of carers aged **65 plus** who provide 50 or more hours of care a week within each ward area of Plymouth (Census 2001)

Areas in Plymouth	Total number of people aged 65 +	Total number of carers	Percentage of carers providing 50+ 50+ hrs a week
Budshead	1,953	240	38.75%
Compton	1,680	232	37.50%
Devonport	1,528	146	48.63%
Drake	710	76	51.32%
Efford & Lipson	1,740	189	36.51%
Eggbuckland	2,373	311	36.01%
Ham	2,271	258	43.80%
Honicknowle	2,410	292	53.77%
Moorview	1,616	192	46.35%
Peverell	2,103	278	35.25%
Plympton Chaddlewood	561	54	29.63%
Plympton Erle	1,393	174	33.91%
Plympton St Mary	2,004	275	38.18%
Plymstock Dunstone	2,401	325	35.69%
Plymstock Radford	2,325	312	33.65%
Southway	1,856	218	44.50%
St Budeaux	1,723	199	52.76%
St Peter & the Waterfront	2,218	179	40.22%
Stoke	1,661	172	45.93%
Sutton & Mount Gould	1,635	187	41.18%
Plymouth	36,161	4,309	40.82%

- There are 4,309 carers in Plymouth from a total population of people aged 65 plus of 36,161
- There are 39 carers over the age of 90
- 11.9% of the total population aged 65 and over are carers
- 47% provide between 1 and 19 hours of care a week
- 12% provide between 20 and 49 hours of care a week
- 41% provide 50 or more hours of care a week

SERVICES FOR CARERS



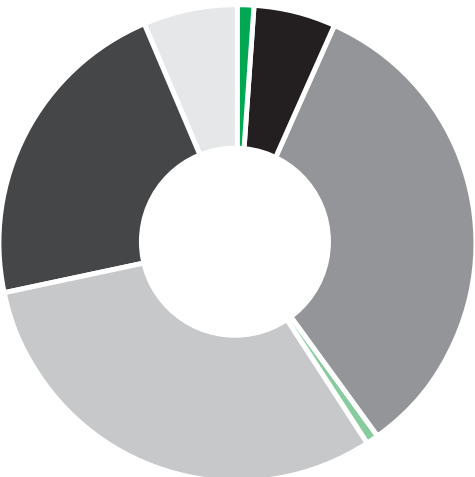
Percentage of spend from Carers Grant to provide services for carers throughout 2009/10

Befriending services	7.45%
Carers Champions	14.88%
Counselling services	1.51%
Direct services	49.96%
Emergency response service	15.11%
Grants to other organisations	2.65%



Percentage of break/services provided to carers throughout 2009/10

Befriending services (FAC eligible)	15.96%
Befriending services (Non FAC eligible)	37.40%
Carers Champions services	22.64%
Counselling service breaks	6.00%
Direct services	14.06%
Emergency response service	0.52%
Respite breaks	3.40%



Percentage of carers who have helped through these services throughout 2009/10

Befriending services (FAC eligible)	1.13%
Befriending services (Non FAC eligible)	5.56%
Carers Champions	33.48%
Counselling services	0.68%
Direct services	31.07%
Emergency response service	21.74%
Respite breaks	6.34%

CONSULTATION AND INVOLVEMENT LISTENING TO CARERS

National Carers Strategy

The government consulted widely during 2007 to develop the 2008 strategy Carers at the Heart of 21st Century Families. This was to make sure that carers had a say in how the national priorities were shaped. Carers prioritised the following issues as important to them:

- Practical and emotional help
- Increasing awareness of carers issues and the role they play
- Greater financial support
- Greater support for younger carers and former carers
- The need to address housing issues for themselves and the people they care for
- Better information and advice
- Increasing respite or short breaks
- To be understood and respected

Local involvement in developing the strategy for Plymouth

In the development of this strategy, there have been five consultation meetings with local carers, covering a broad spectrum of caring responsibilities from carers of people with dementia, parents of young

people with learning and physical disabilities to young carers caring for their parents.

These meetings were held with:

- Three carers support groups at Carers UK
- A carers support group at Carers Champions
- A carers support group at a local learning and physical disability day centre

In addition over 20 meetings were held with staff, from both statutory and non statutory agencies, providing valuable information and feedback on local services which has fed into this strategy.

On completion of this strategy a consultation event will be held providing carers with a further opportunity to comment and suggest changes.

One of the recommendations arising from developing the strategy is the need to review the framework for carers giving and receiving feedback.

Plymouth City Council has reviewed the membership of the Carers Strategic Partnership and Planning Group (CSPPG) and will be establishing a Carers Forum to influence service design and feed into the Carers Strategic Partnership Board which is at strategic level.

(Colour Key:
Green Progress so far,
Black Moving toward and
White Future Development)

The diagram below shows where we are in relation to carers feeling involved and influencing services in Plymouth. This strategy will help to ensure that carers are fully involved in shaping future services.

Empowerment Carers feeling more in control
Partnership and planning
Consult What's important to carers
Gathering information and feedback
Information sharing

IDENTIFYING HIDDEN CARERS

Carers can be a marginalised group, however there are groups of carers who may be even more excluded and additional effort is required to identify and reach out to those not in touch with services.

People with complex and limiting long term conditions

Putting People First includes the expectation that “family members and carers are to be treated as experts and care partners”. This means that comprehensive information and support should be readily available to carers at the point people take on the caring role and better support through primary care in identifying carers, providing support including health checks and making sure that carers access the services they need without being passed around the system.

Community Nurses and therapists are often in regular contact with carers and could support them to access services. Often carers are not seen as true partners and don't get the recognition they deserve by health and social care professionals. In Plymouth progress in developing a more integrated approach to supporting carers is limited, with pockets of good practice with health staff having a limited involvement in the assessment.

Older carers

Older carers can become more isolated and it's more likely that their health will suffer. Extra help may be needed to target older carers who are already disadvantaged and may find difficulty navigating and accessing services.

Carers of people with mental health issues and dementia

Carers of people with mental health issues may be reluctant to come forward and ask for support because of the stigma associated to the condition.

Black and minority ethnic carers

Carers face similar barriers in caring for someone but there are differences faced by carers in the black and minority ethnic communities such as:

Good practice

Carer Awareness training has recently been extended to Learning Disability Community Inclusion Workers to undertake carer reviews whilst reviewing peoples care plans.

Plymouth City Council fund Carers Champions who work closely with adult social care to find hidden carers, signpost to services and increase the take-up of carers assessments.

- Communication difficulties
- Need for interpretation and translation services
- People may not even see themselves as a carer

What do we do now?

We run Carer Awareness training for adult social care, Health and community and voluntary sector agencies. Training sessions have also been delivered to student nurses, social work community teams and to staff at Derriford hospital

- Each GP practice holds a register of carers and displays posters and carer identification forms in waiting areas to encourage patients to notify their GPs that they are a carer
- There are good links with The Plymouth Chamber of Commerce to raise awareness in the workplace
- Social care staff receive carer awareness training as part of their induction. This training is delivered through the community and voluntary sector commissioned service called Carers Champions
- Adult social care has a Carers Team and their primary role is to aid and facilitate other professionals to undertake carers assessments. They will also complete carers assessments where the carers situation is more complex. Also there are plans to expand the role to work more closely with the health staff in primary care teams. The carers team attend and organise events to publicise the services provided at events such as the Respect Festival and Plymouth Pride
- Plymouth City Councils Specialist Dementia Care Service identifies carers and has a nominated worker from the carers team who undertake carers assessments as part of their service
- The Alzheimer's Society and the Stroke Association offer home visits to carers for advice and support
- Sheltered Housing Officers are encouraged to think about carers and opportunities for referring them for advice or support
- Carers services team have promoted carers advice and service information at numerous events including the Plymouth Respect and Plymouth Pride festivals

Good practice

A cultural lunch was held during Carers Week to seek out new carers in local BME communities.

A women's health fair was attended by women from BME communities. This event was used as an opportunity to raise the profile of carers and seek out new carers.

What we aim to do

- Provide better NHS support for carers through the development of a comprehensive programme of carer awareness training across primary and community care to improve identification of carers and access to support
- Nominate an individual in each GP practice as a Carers Champion to ensure that services offer support to carers at the earliest possible stage before they reach crisis point and that they are referred to support services
- Develop a Carers Charter for all GP practices
- Establish a Carer Officer presence in Derriford hospital and in the Community Memory Service to work with hospital staff on identifying new carers
- Establish better links with the Racial Equality Council and organisations representing people from minority ethnic backgrounds in order to develop joint training in the areas of equality, diversity and identifying carers issues
- Undertake a review of unmet need in the city in respect of carers from minority ethnic backgrounds. This will be used for future planning of services



PROVIDING INFORMATION AND ADVICE

It is essential that information and advice is accessible, up to date, consistent and free from jargon. Through consultation carers have reinforced some of the barriers they face in accessing information to help them navigate through services.

- Carers may not recognise themselves as carers so information about what is available needs to be clear
- Some carers may not understand the benefits system
- Carers may also have disabilities including learning disabilities
- A consistent approach to advice and information to carers needs to be adopted by all agencies
- Information and advice for carers should be co-ordinated through a central resource centre
- Carers may not speak English as their first language

What do we do now?

Plymouth City Council has an information strategy for carers and provides information and advice through literature and the Council's website raise awareness of carers' rights to a carers assessment. A review and updating of the Carers website has also been completed.

A carer's protocol has been developed for GP practices which include a referral pathway to DIAC (Disability Information and Advice Centre). There is also a dedicated area in each GP practice waiting room with a notice board displaying carer's information and leaflets.

An outreach benefits advice service is available at Mount Gould Hospital. A total of 230 benefit claim forms for carers allowance were completed during the last quarter of 2008, 34 of the referrals coming from Mount Gould staff.

Plymouth Age Concern have launched 'Starting Point', an information and advice service run by Plymouth Age Concerns' Supporting Independence Team.

Starting Point is funded by Plymouth City Council through the Putting People First programme and is designed to encourage people aged 50 and over to maintain their independence and offers support and guidance to people wanting to take control and make choices about their lives.

Good practice

Plymouth City Council has established and recruited a Policy and Information Project Officer post to undertake a full review of all information for carers and to develop a comprehensive Carers Handbook. This work is being supported by an Information Strategy Group.



Joint delivery of training sessions with St John's Ambulance

- First Aid
- Medicine
- Managing stress
- Moving and handling
- Preventing falls
- Coping with dementia
- Financial and benefits advice

The Learning Disability Partnership has developed a newsletter for both service users and clients. The service also provides an information resource of leaflets, the website and a comprehensive booklet.

Carers services team have developed an adult social care, 'carers up date' newsletter for professionals linking to carers

An information and signposting service is being developed by Children's Services as part of its Disability Service. This work has been assisted by young carers.

Good practice

Community Memory Service

All patients diagnosed with dementia are invited, with their carer or family, to a consultation three to four weeks from diagnosis where they are offered information and advice and an opportunity to access counselling and a memory strategy group, providing advice on diet, exercise and coping strategies.



Good practice

A Dementia DVD has been developed by carers, describing the causes of dementia and coping strategies for those with challenging behaviours. The DVD has been circulated to Plymouth Age Concern and Carers Champions for their resource libraries and is given to individual carers where appropriate.

What we aim to do

- Develop an information strategy which will deliver a joint approach to providing information and advice to carers in Plymouth including a publicity campaign to raise awareness of carers
- Develop a comprehensive Carers Handbook in partnership with carers and the community and voluntary sector
- Jobcentre Plus offers a whole range of employment support and advice for carers. This includes working through partnerships with other organisations including the community and voluntary sector and the Department of Work and Pensions working with specialist benefits advisors to support carers in claiming the benefits they are eligible for, challenge incorrect decisions and ensure that the cared for persons benefits are in place
- Increase resources to offer more carers income maximisation and benefits checks
- Develop information that is understandable and describes the choices available to people with learning disabilities and their carers
- Strengthen Information points such as GP practices and hospitals
- Co-ordinate information through one point

Good practice

In 2008 a Carers Rights Day was held by Carers Champions providing advice and information covering age, disability, legal advice, health and wellbeing, counselling, carers assessments and specific medical conditions.

A Carers Resource Library has been developed by Carers Champions with printed leaflets translated into seven foreign languages.

RECOGNITION OF CARERS

We need to make sure that carers feel valued and respected. Professionals, employers, health staff should be aware of the role of carers in society.

What do we do now?

- We raise public awareness of carers and the role they play by providing funding to support community and voluntary sector involvement in Carers Week and throughout the year
- Through Carers Champions we have delivered time-limited emotional support and outreach (six weeks) to 154 carers this year
- Two new Carers Advice & Outreach support workers have been appointed to expand outreach work
- Community and voluntary sector partners play a valuable role in supporting carers
- The community and voluntary sector in partnership with carers services team provide carers awareness training for professionals
- A carers newsletter is distributed to known carers
- We have developed a carers supported self assessment which will be developed further in 2010

Carers Assessments

Carers Assessments are promoted and offer time for carers to meet with professionals on a one to one basis to look at how carers needs can be best supported. A carers assessment carried out by the local authority and health partners includes:

- Carer and professional exploring whether the carer wants to continue in their role
- Finding out what help the carer needs to help them to carry on, this may include providing short breaks for the 'cared for' person extra support in the home, equipment or direct payments for an activity or leisure break for themselves
- Making a plan that will cover an emergency situation
- Ascertaining the carers aspirations to return to work (more information is available from Jobcentre Plus or Direct Gov), access leisure or opportunities to learn new skills

Good practice

Additional learning disability staff have been trained to undertake carer assessments. Daytime and evening outreach appointments are offered to give carers more flexibility on their time.

A Carers Emergency Response Service has been set up to provide an emergency contingency plans information and support – over 500 carers are registered.

- Helping carers access services they have identified such as benefits advice, counselling or general sign posting

What we aim to do

- “Checking Out” services will be a work stream that will give reassurance to carers that services are quality assured and that feedback from carers will be essential in improving standards
- Carers assessments are key to feeling recognised by professionals. However carers have told us that the word “assessment” is not helpful and carers can feel scrutinised. We will revisit carers who have previously declined a carers assessment to highlight the positive outcomes that can be achieved
- Provide more universal information services and support to carers about the opportunities available to them locally
- Provide better support services for individuals and carers who choose to use a direct payment to purchase support
- In partnership with health we plan to expand the Carers team so that a Carers Adviser is linked to specialist nursing teams across Plymouth. The adviser would support carers of people with long term conditions and complex needs including those with dementia, with a view to integrating assessment and support planning into mainstream practice
- Develop a Carers Resource Pack and a toolkit offering advice on healthy eating, exercise and maintaining social networks
- Develop a carers newsletter targeting professionals and employers in Plymouth

Supporting People

The Supporting People team is currently consulting with neighbourhoods across Plymouth to identify opportunities for sharing resources through linking sheltered and extra care housing schemes and identifying unused communal space to invite the community in to share activities.

Carers have expressed concerns about the process and choice of housing options for their ‘cared for’ person. These included:

- Very few carers were aware that there might be a choice
- Querying who should be able to make the final decision on choice Often the cared for needs more support to understand what is being offered
- Concern that there are barriers to older carers involvement in consultations about housing choices
- Although a choice of supported housing or residential care might be offered there was practically no choice within those options

What we aim to do

- Having looked at best practice for working with carers on housing options staff will now be offered training to assist with communicating options more effectively
- We will improve information and advice on future housing options to help carers in supporting the ‘cared for’ in making decisions about their housing options

LIFE OF THEIR OWN - TIME AWAY FROM CARING

“Carers should have the opportunity and space they need to participate in activities outside of their caring role” (Carers at the heart of 21st century families-2008). Putting People First sets out the framework for providing everyone, including carers, with choice and control over services impacting on their lives.

Consultation about this strategy has reinforced the importance that carers place on care breaks. Over the next few years health and adult social care will be transformed with the introduction of personal budgets and self directed support.

What do we do now?

- We have developed a voucher scheme for people to access short breaks/respite care and have control over when and how these are used
- All carers who are eligible for services receive a ‘carers card’ which enables them to access free swimming and other sporting and fitness sessions at any council leisure facility. This also has contact details for the Carers Emergency Response Service should this be needed
- We have identified a local care home which will shortly join the voucher scheme and will result in the provision of an evening sitting service so that service users can stay on after day care, freeing up carers time for a whole or half day and into the evening
- Direct Payments: Since April 2008, Plymouth City Council has received over 160 requests for direct services, mostly for carers breaks
- Community and voluntary sector partners are funded to provide a range of activities to attend trips, take breaks and have pamper sessions
- Respite breaks are provided through a carers assessment
- The Learning Disability Partnership offers a range of options for short breaks including day centres and work-based placements
- The Alzheimer’s Society holds a number of events each year for both service users and carers

What we aim to do

- To develop a needs based Resource Allocation System that will determine an upfront allocation of money for a person to meet their assessed social care needs. This will enable people and their carers to know how much money is available to meet their needs and to have more choice and control over how the money is spent
- Review the Adult Placement Scheme so that it can provide short breaks and short term support
- Develop specialist short break services for carers of people with complex needs such dementia and complex learning disability
- Extend the availability of evening and weekend breaks as well as residential breaks and include some access to nursing care. Consultation with carers highlighted the lack of both planned and emergency care
- Address the gap for carers of older children who cannot access short breaks until the child reaches 18. This can be particularly difficult for carers of young people with autistic spectrum disorders
- Provide more social opportunities for young service users. It is important to expand opportunities for young people to access more leisure activities in order to support their carers
- Develop a focussed project to ensure that older carers of people with learning disabilities have made plans for the future of the cared for
- Offer funding to the community and voluntary sector to involve carers in prioritising the support they need and to expand the range of social activities available
- Develop sitting services that allow the carers to be free to attend educational or vocational training and access leisure opportunities



PROVIDING EMOTIONAL AND PRACTICAL SUPPORT

Carers have told us that it is easy to feel cut off from the community and that the caring role can cause anxiety and stress. Through the community and voluntary sector there are various groups and support networks to alleviate this sense of isolation.

What do we do now?

Support groups

The community and voluntary sector provide a significant number of support groups across the city which includes those run by:

- Carers UK
- Plymouth Age Concern
- Alzheimer's Society
- Learning Disability Partnership
- Carers Champions – Support carers from Cantonese and Spanish backgrounds
- Stroke Association

There are drop-in sessions in city wide locations for practical and emotional support.

Carers UK run weekly support groups for a range of carers.

A computer room allows carers to access the internet and develop their computer skills.

Befriending

The Befriending Consortium, funded by Supporting People and Carers Grant, supports older people and carers through one to one befriending and lunch clubs and activities.

They work closely with the Elder Tree Befriending Group which has been asked to promote carers work and encourage them to have a carers assessment.

Plymouth Advocacy Network

Plymouth City Council has a contract with Plymouth Highbury Trust for providing an advocacy service to people with learning disabilities. Most referrals come via The Learning Disability Partnership. Although the service is specifically for the clients there are benefits for the carers especially where support is provided to access benefits.

Advocacy is also provided by Carers Champions and DIAC. Other initiatives in place include:

- The adoption of the Advocacy Charter
- Formation of the Plymouth Advocacy Network – made up of Advocacy Providers across Plymouth
- Development of promotional literature and service directory
- The Carers Officers within the council will also provide informal advocacy or support at a case conference if requested

Carers services team

Offer practical support in the form of grants for equipment such as washing machines, mobile phones which may aid in the caring role. A local out of hours dedicated carers worker is available for telephone support if carers who find it difficult to access services during normal office hours.

Counselling

'Simply counselling' is a counselling service specifically for carers. The service provides approximately 200 counselling sessions per year. Each carer is offered up to six sessions, which can be in the form of one to one work or groups such as families and relationship support.

Good practice

Plymouth Age Concern operates a Care Call system "phone friends" as part of the Starting Point Service for older people who may feel isolated. The service takes around 90 calls per week. In addition the service will offer telephone contact to older people whilst the carer is on holiday.

Riverview operates an informal call system where carers of people with dementia who use the service are contacted regularly by a named senior member of the care team and provided with support and advice.



What we aim to do

- Co-ordination of carer support groups. Currently access to advice and support is patchy. There are a number of excellent carer support groups across the city but they are not co-ordinated. The plan is to bring them all together to ensure that they are co-ordinated centrally, achieving equity of access for all Plymouth residents
- Through the Plymouth Advocacy Network develop a carers advocacy service. There is a particular gap in the provision of advocacy for carers of people with long term conditions and dementia. Older carers of adults with learning disabilities need to have their voice heard and advocacy provision increased to ensure there are plans in place for the future of the cared for person. There will be an additional service for Older Carers. This is being achieved by developing and extending the service presently commissioned through Plymouth Age Concern in order to meet demographic changes and in response to the Dementia Strategy
- Develop longer term emotional support for some people who use services and their carers. There is a particular need for longer term floating support for clients in supported housing schemes. Many are forced to move back with family when their tenancy fails adding to the carers stress. Longer term support would help clients to maintain their independence and support family members
- More support time needed for working with BME carers groups. A South West regional project will be established to take this forward
- Develop referral pathways in primary care to direct carers to support services e.g. counselling service

TRAINING AND SUPPORT TO CARE

Being a carer is a skilled task, particularly where the illness or disability is complex and eventually the carer becomes the expert. Support and guidance at the early stages of becoming a carer, or as the role becomes more demanding as things change, could be valuable. National Government has announced additional funding to undertake the Caring with Confidence programme on the back of the Expert Patient Programme Schemes.

What do we do now?

Under the Expert Patient Programme (EPP), which is run by Plymouth Guild, the 'Looking after me' courses for carers of people with long term conditions has not been successful. Only one person attended the last course. It is likely that many carers find it too difficult to arrange respite for the cared for person for six half day sessions.

Carers Champions run a number of skills workshops that include:

- "What About Me"
- Stress management
- Cookery skills (Indian) at Drop In
- Cookery skills (Chinese Community)
- First Aid
- Finance

A total of 278 carers have benefitted from these courses.

DIAC run a Care Navigation pilot aimed at helping people with disabilities to access the help they need although the benefits are felt by carers.

Good practice

The Learning Disability Partnership runs a six week programme on 'Letting Go' for carers of people wishing to attain some form of independence. The course is led by a Clinical Psychologist.

Good practice

A learning, education and outreach service has been developed and funded by Plymouth Age Concern to help carers of people with dementia gain better knowledge and understanding of dementia and to provide educational support relating to their caring role. There are a number of components to the service:

A 12 week Carers Education Course is held twice a year. Topics include: Benefits advice, Difficulties of caring for someone with dementia and behaviour problems, Medication, Carers experience, How to choose a care home, Legal aspects (power of attorney), Services and how to access them

Outreach service offering practical and emotional support that will include information, advice, signposting and advocacy

Transport and a buffet lunch are also provided at no cost.

Each course caters for between 12-15 carers who all receive a certificate at the end of the course.

What we aim to do

- Once fully implemented, the proposed Community Memory Service will run Memory Strategy groups, providing carers of people with dementia education and training opportunities on coping strategies and managing difficult and challenging behaviours
- Provide condition-specific workshops particularly around Alzheimer's, Asperger's syndrome and Autism. This has been highlighted as a need by carers and ensure that courses are available at venues and times suitable for carers
- Consideration should be given to inviting the cared for on to the "looking after me" EPP. There is a benefit in both patient and carer hearing the same message and having a shared understanding of the appropriate management of the condition
- Increase the number of carers identified and offered support through their GP by developing a training guide for GP's and practice managers in Plymouth. This includes identifying young carers
- Increase the availability of flexible services for the cared for person to attend training courses and further education.

Good practice

A training programme for carers has been developed by St John's Ambulance Service. Sessions are funded jointly by Plymouth City Council and St John's Ambulance.



FINANCIAL SECURITY

Plymouth has a comprehensive income maximisation strategy. The previous Carers Strategic Partnership and Planning Group identified that financial security for carers is a priority. There is a six week waiting list for carers to have access to outreach support to access support to check benefits entitlement.

What do we do now?

- Provide benefits advice through DIAC and the Outreach Service at Mount Gould Hospital
- Plymouth City Councils new Housing Outreach Service aims to support people whose financial difficulties are affecting their housing situation. A Housing Worker, Benefits Maximiser and Housing Benefits Officer work together on the team to promote financial well-being and maintain people in their tenancies. The service is open to private rented tenants and homeowners.
- We assist carers to find or return to employment. There are currently between 200-220 placements in services provided by Plus, a mixture of full-time and part-time work
- Connexions help 16-19 year olds into education or work
- Carers are able to access education courses free of charge
- Pathways to Work will accept referrals where a carer has a health issue or a lack of confidence

- Carers Champions offer benefits and money advice to carers. An unmet need has been identified in relation to training and assistance to deal with debt as this is recognised as a major cause of stress. A carers relief fund for carers experiencing short term difficulties is also available
- Citizens Advice Bureau offers financial security help and support for Carers
- Jobcentre Plus advisers are able to offer and provide "better off in work" calculation which could be valuable to carers thinking of returning to work.

What we aim to do

- In partnership with the Department of Work and Pensions, prioritise an income maximisation project to identify carers of people receiving disability benefits and offer those people benefit checks, information and advice
- As we identify more carers we will need to provide more support to help them access the benefits and services they are entitled to. This strategy proposes a review of outreach support to help people access benefit entitlements
- As part of transformation there will be more information and advice about benefits and charging much earlier in the assessment process to enable people to plan more effectively

A VOICE

Carers should be key partners in deciding what support and services are delivered locally. Strategies and plans need to be based on what carers say is important to them.

What do we do now?

- Articles are included in the learning disability newsletter to encourage carer participation in service development
- Carers Champions involve carers in decisions on spend when discussing social opportunities, outings etc
- The Learning Disability Partnership supports carers to participate in consultation and service development. There are eight consultation groups, facilitated by the Carer Officer, where they discuss current services, identify gaps and make recommendations for change
- Support and expenses are available for carers to attend Learning Disability Partnership Board meetings. Their role includes attending service theme groups, consulting with family carers, giving and receiving feedback on behalf of others and advising the board on a range of issues

What carers have told us

- Training and skills development is needed to help carers attend meetings and engage in planning services
- Carers should have roles in forums and committees
- Involvement should be rewarded and valued
- Use a variety of ways to engage carers depending on their situation

Good practice

Carer representation on The Learning Disability Partnership Board has now been increased from one to four representatives.

A quality assurance group has been established in The Learning Disability Partnership which includes parent/carer representatives. The group offers advice about quality standards so that the success of services can be measured against them.

What we aim to do

- Develop a framework for effective giving and receiving of feedback which includes setting up a Carers Forum
- Review the membership of the Carers Strategic Partnership Planning Group so that the views of carers are fully represented at all levels
- Offer training to carers to get involved in planning groups and design of services
- Complete a yearly satisfaction survey of all carers who have received an assessment

Local Involvement Networks (LINKs)

LINKs replace the Public and Patient Involvement Networks and have been developed to support individuals and communities to have a voice on all health and social care issues that affect them. Carers and people they care for will have opportunities to share their opinions and LINKs will be a route to achieving this.



EMPLOYMENT, LEARNING AND LEISURE

2001 Census reported that there approximately 6 million carers in the UK and 80%, 4.4 million are of working age. 1 in 5 carers have left or turned down a job due to caring responsibilities. Analysis of the 2001 Census shows strong correlation between caring and being in a workless household.

Studies have provided evidence that there are a significant proportion of carers who would like to work but the opportunities available to them are restricted or they are unable to finance replacement care whilst they take the necessary steps back into employment.

As a result of the National Carers Strategy Jobcentre Plus has a key commitment to improve the help and advice available to carers wishing to enter or re-enter the labour market.

Jobcentre Plus commitment to carers:

- Ensuring carers have access to employment support
- Making combining paid work with caring responsibilities a real choice for carers
- Reducing financial hardship for carers
- Ensuring that the rising demand for care does not reduce the number of people active in the labour market.

To meet its commitments to the UK National Carers Strategy Jobcentre Plus has introduced from 7 December 2009:

- Care Partnership Managers in every Jobcentre Plus District throughout the UK
- Specialist training for Jobcentre Plus Advisers who work with carers
- The introduction of Work Focused Support for carers to provide carers with access to appropriate employment support
- Funding for replacement care for those carers participating in Jobcentre Plus approved activities as part of a work plan.

Carers are often out of the labour market for long periods of time and many will need support to overcome the challenges they face combining their caring role and returning to work. Lack of confidence, self esteem and skills can add to the barriers experienced by carers

looking to return to work. With the right support, advice and multi agency approach carers can engage with employment related activities and progress towards or into work.

Jobcentre Plus works with a large number of employers across the county and is able to offer a range of support to employers who recruit from disadvantaged groups.

Carers who access employment support from Jobcentre Plus can do so on a voluntary basis (unless they are on a mandatory support programme due to other circumstances).

The Carers Equal Opportunities Act (2004) has made it a duty for local authorities to take carers needs into consideration. Carers have told us that they need regular breaks to help them access employment leisure and training opportunities.

What we do now

- Provide direct payments to help carers access training and materials to help them get back to work

- We help carers with course fees to attend courses
- Provide regular breaks through a carers assessment to enable people to attend training, access leisure breaks and maintain the balance between caring and employment
- We offer free swimming fitness and gym memberships to carers through a carers assessment

What we aim to do

- Undertake a more detailed review of the barriers carers experience in accessing training to get back into employment when their caring role ends. Involving relevant services e.g. Job Centre Plus and Department of Work and Pensions, to identify a joint plan to improve support to carers and raise awareness of pathways into employment
- Increase the opportunities for discounted access to leisure services



YOUNG CARERS

Young carers are the children and young people who take on the responsibility of caring for a family member, a parent or sibling.

The commitment of young carers to their families means that their needs as children often come second. They may find it hard to socialise with their peers or to find people who understand their worries, concerns and the practical difficulties of their daily life. It is important to recognise the needs of young carers and their right to be children as well as carers.

Young Carers in Plymouth

The total number of children and young people aged 18 years and younger in Plymouth is 56,1503.

Using the national estimate that 1.5% of young people are carers, the profile for Plymouth suggest there are at least 840 children and young people with caring responsibilities in the city.

Age Range	Numbers	% of Young Carers	Estimate at 1.5% of population
0 – 10 yrs old	30098	54%	451
11-16 yrs old	18862	34%	283
17-18 yrs old	7195	12%	108
Totals	56155		842

The Zone is Plymouth's largest and most diverse service provider for young people aged 13-25 years.

The focus of its work is on early intervention, achieved through the provision of positive peer activities to improve self confidence and prevent social isolation.

There are eleven projects operating within The Zone, one of which is the Young Carers Service. There are 79 young carers on their database plus a further 20 waiting for assessment.

Referrals come mostly from Plymouth City Council Children's Services, the Harbour Drug and Alcohol Service and schools. The Zone received a total of 122 referrals last year from young carers whose ages ranged from 8 to 17 years.

What do we do now?

The Young Carers Service Carer awareness

As part of this project, The Zone runs carer awareness sessions for a number of professionals including teachers, support staff, health professionals, social care staff, youth workers and drug workers etc.

Support and advocacy

All carers are allocated a named worker who:

- Identifies their support network
- Helps them to write their own plan which includes what to do in an emergency
- Offers one to one help to implement the plan
- Acts as advocate with school issues
- Supports them to write a quarterly newsletter for other carers on The Zone database

Among the general issues addressed through casework are:

- Providing age appropriate information and to support them to explore their worries about the person they are caring for
- Initiating ways for young carers to communicate with their teachers so that they can be linked into school counsellors, learning mentors or The Zone's own counsellors
- Researching and providing information on activities designed for young carers, accessing additional support and activities based in the young carers own community

There are good links with the Harbour Drug and Alcohol Service and with adult social care where it is felt that the needs of the parent or guardian of the young carer are not being met.

Providing groups and promoting inclusion in mainstream provision

Young carers are able to access a number of activities run by The Zone, aimed at helping to build confidence, having fun, meeting other young carers and learning ways to manage difficult situations.

There are weekly groups for 8–11 years and 11–14 years, providing support, food, games and activities. These activities are limited to a six week programme. The focus for the younger group is on fun and for the older group personal development. At the end of the six week period the aim is to integrate them back into normal daily activities e.g. football.

Good practice

Carer awareness training has been delivered to GP practices and a referral pathway has been established to The Zone for support or to Efford Community Centre for activities.

There are good links with the Plymouth Youth Service with carers able to access a weekly group at Efford Community Centre and the Fun & Freedom Group under the umbrella of Friends and Families, which provides activities and low level care for siblings of the young carer.

Young Carers may also be referred to Coasts, a befriending service, in order to widen their young carer network.

For those carers who need it, free transport is provided to activities.

Offering consultation/advocacy

The Zone will often mediate on behalf of the young carer or discuss his/her situation with parents, teachers or other professionals who may have concerns or issues regarding their care or education.

Access to activities

Transport is generally provided for young carers accessing The Zone activities but it is a huge problem when trying to integrate them into normal mainstream activities. There can be difficulties in obtaining parental approval for the young carer to access activities.

At school

- Young carers have told us:
- They would like more time at school to talk about how they feel and their worries
- More time to complete homework
- To be able to phone home if worried
- To be able to access counsellors in school

What we aim to do

- Improve how we identify young carers by working more closely with schools and in particular Education Welfare Officers, the Ambulance Service and GP practices through carer awareness training
- The Zone asked all young carers if their GP practice could be notified that they were a carer but only six replies were received. There is still reluctance by young carers to be identified as such
- Provide additional capacity for assessment and reviews. There is currently a waiting list of three months for high need carers and six months for moderate need carers

Good practice

The Zone offers a number of innovative activities for young carers aimed at raising their self esteem and widening their social networks.

Carers have been helped to:

Develop a DVD 'There2Care' which was placed on YouTube

Write a quarterly newsletter for other young carers

Attend activities at The Barbican Theatre to participate in acting, poetry, dancing etc. There is a different activity each term

Produce music with a local professional DJ – The Music Zone

Join Get Fishin' and Get Sailin' groups where they can aim for a level 1 sailing qualification and an ASDAN award

The Children and Young People's Plan for Plymouth highlighted 10 clear priorities for 2008-11 based on the Every Child Matters Outcomes, and are pertinent to the needs of young carers.

Every Child Matters Outcome	Children and Young People's Plan	Young Carers
Be Healthy	Reduce health inequalities	Focusing on the health of the person they care for young carers are at risk of neglecting their own health needs, including regular trips to the dentist, many also experience their own health problems as a result of their caring responsibilities
	Improve children and young peoples mental health	Children and young people need help to cope with the pressures of being a carer and help them manager their stress. Young carers can have a lot of confusing feelings
Stay Safe	Reduce bullying in the City, both in and out of school.	Young carers are often stigmatised and bullied because their caring role means they are unable to join in leisure activities
	Strengthen safeguarding services	Safeguarding issues related to the care they provide, care settings and care staff must identified and addressed as part of carers assessments
	Reduce children and young people's accident and injuries	Where there is a danger of injury or accident children and young people should be supported to care safely.
Enjoy And Achieve	Enable children and young people to have fun	All carers need personal time; young carers need time to be normal children, let their hair down and have fun.
	Improve attainment for children and young people	Young carers often struggle to attend school or to concentrate.
Make a Positive Contribution	Reduce risk taking behaviours	Young carers are often subject to risk factors that lead to risk taking behaviour. Support must be given to enhance the protective factors that help reduce risk taking behaviour Children and young people to make a positive contribution Young carers must be engaged in identifying their need and the design of services to support them.
Achieve Economic Well-Being	Raise aspirations with particular support for those not in education, training or employment	Young carers should be supported to achieve the best from their education. Their caring roles should not be allowed to interfere with their education or dreams for the future

Supporting young carers:

At school

- Develop a Young Carers Group in each secondary school to expand their social network.
- Assign all young carers a Parent Support Advisor:

Consultation with young carers revealed that:

- More than 40% of carers say school work is affected by their caring role and they receive some form of punishment for late submission of homework
- 1 in 5 of all young carers miss school on a regular basis
- 7 out of 10 carers have said they have been bullied at school

In the home

- Identify support available to service users (i.e. parents) which would help to ease the pressures on young carers
- Develop a whole family approach which allows young carers to have time off from their caring role

'Time off' from caring

- Improve access to activities that are fun

Maintain social networks

- Consider transport options for young carers so that they are able to access activities or have an evening out with friends

Offer emotional support

- Consider a helpline for young carers. This was highlighted as a need in a questionnaire to carers
- Identify a trusted adult as a positive influence
- Improve links with other carer groups to make transitional arrangements easier

Offer financial support

- Provide access to grants for purchasing clothes which will help to raise self esteem and household items to reduce the burden of their daily tasks
- Extend availability of financially assisted places so that young carers can access activity courses. At present these are only available if adult social care are involved with the cared for perso

TRANSITION FROM CHILDREN'S TO ADULT SERVICES

What do we do now?

The Transitions Team look at the needs of the young carer as they approach the age of 16 and will support their access into adult services. This includes pulling together a care package before they reach the age of 18 years.

We are currently piloting a person-centred plan as part of a transitions pathway which is offered to young carers at the younger age of 14-15 years. The plan can take a year to complete and all professionals involved in their care meet to identify the young carers needs.

What we aim to do

- We aim to improve transitional arrangements for young carers who may need adult services. Referral pathways need defining between the Young Carers Service at The Zone and the Transitions Team.



APPENDIX ONE

Recommendations for Commissioners Following Consultation with Carers

Membership of Carers Strategic Partnership and Planning Group

The current structure of the Carers Strategic Partnership and Planning Group (CSPPG) would benefit from a review of its membership.

At the present time, there are no representatives from the Job Centre, Education, DWP or Housing and carers are under represented.

Framework for giving and receiving carer feedback

It is recommended that a wider review should take place around the current framework for giving and receiving carer feedback.

Carers do not feel they have a voice with regard to providing feedback on current services and having influence on service developments.

Carer Awareness Training

Develop a comprehensive programme of Carer Awareness training with particular emphasis on health and domiciliary care agencies.

Review of the carers assessment process

There is reluctance around carers assessment. Many view it either as a means of assessing the quality of care they provide or as an opportunity to examine family finances, which could possibly result in the loss of a service. There is a significant number therefore who refuse an assessment.

Furthermore, many of the carers who had received a carers assessment felt it had been of little benefit often resulting in very little change to their circumstances.

Simplifying access to Care Managers

As a result of consultation with carers many have commented on the difficulties they have experienced in contacting their Care Manager:

Providing carers with a single telephone number to the right department would help to solve this problem.

Review single point access into carers services.

Valuing the carers role

More work needs to be done to recognise the value and needs of carers, especially across statutory agencies such as Health, Education and Housing. In some instances health staff would be better placed than social care staff to undertake a carers assessment.

Under the EPP 'Looking after me' courses for carers of people with long term conditions could be more successful. With only one attendee on the last course, it's likely that many carers find it too difficult to arrange respite for the cared for person for six half day sessions.

Consideration should be given to inviting the cared for person on to the EPP instead. There is a benefit in both patient and carer hearing the same message and having a shared understanding of the appropriate management of their condition.

Data input – adult social care

There needs to be a review carried out as organisations hold their own data and this is not helpful when planning future services.

Parent carers of young people under 18 receive a carers assessment from the Children's Team which



means that their needs are not recorded on the adult social care database. This can result in carers not accessing the services they need.

Information, advice and advocacy

Review the management of information. There doesn't appear to be a lack of information available, it should be centrally managed to ensure that it is up to date and relevant.

- Dissemination of information – A process should be agreed that ensures up to date information is circulated to all GP practices on a regular basis and displayed in a prominent position.
- Advocacy - There is a lack of co-ordination and signposting between information providers across statutory and non-statutory agencies. Many carers need support to access information and advice to assist with their ability to make choices.

Carers groups hold a wealth of expertise within them and many carers encourage and support others, less experienced than them, to access the benefits and services to which they are entitled. The provision of advocacy training for some of these individuals would give added value. Advocacy support would also enable carers to complete a self assessment of their needs.

The recently published Advocacy Strategy highlights the need to review the current contracts with Advocacy service providers as some specialist services are well served whilst others are not. The strategy also recommends a campaign to raise awareness of advocacy. Whilst demand for the service is not high this is largely felt to be due to ignorance of its existence.

Communication between service providers

Communication between carers services is poor. Concerns with that some carers are not receiving the help they need.

This could be improved either by creating a single Carers Service or bringing key agencies together under one roof. More work could also be done with other local networks e.g. churches both to identify new carers and to increase awareness.

Restoring regular meetings between agencies would also aid communication, especially as many carers cross specialist areas e.g. many learning disability carers have mental health problems.

Increase availability of respite care/short breaks

Carers have told us that respite care needs to be flexible and easily accessible, providing them with opportunities to have an evening out, a day trip or even a visit to the hairdressers.

Extension of the voucher scheme would enable this to happen.

Future development of carers services

Consideration should be given to increasing management and commissioning time to drive forward service improvement. Over the past year management time has been reduced with commissioning team picking up new initiatives.



Expand befriending services to lessen carers feelings of isolation

Many carers have no wish or need to access services at the point of diagnosis or during the early stages of a disease or disability but many have said how much they would welcome an occasional phone call or visit to check everything was ok.

Carers from BME groups

Map BME groups across the city and develop a plan for seeking out new carers.

Commission a pilot project specifically targeted at identifying carers from ethnic minority groups.

Older Carers

- Ensure all older carers have a Care Plan and contingency in place
- Provide development opportunities for staff to work with older carers as currently there is no specialist training is offered
- Consider establishing an Older Carers Advocacy Service to support carers with information about specialist financial services, advice and access to services and assistance to make plans for emergencies

Advocacy

More help is needed for carers to tackle issues around independent living.

Primary Care

Having examined best practice elsewhere some recommendations for improving identification of carers and access to carer support could include:

- Personal delivery of literature to Practice Managers on a regular basis which is more beneficial than mail outs
- Carer awareness training for practice teams
- A display poster avoiding the label 'carer' as this is often misinterpreted to mean care worker
- Displays about carers and caring during flu-jab time and preferably with a Carers Officer present
- Informing carers routinely that they can ask adult social care for an assessment of their own need
- Ask patients who have carers whether they are happy for health information about them to be shared with their carer
- A Carer Clinic in practices supported by a Carers Officer
- To produce a 'best practice guide' for Carer support
- To consider a 'Leisure on Prescription' scheme similar to 'Exercise on Prescription' to enhance carers emotional and physical wellbeing
- Direct referral to support services e.g. counselling
- To increase the number of carers who are offered carers assessment by training staff in health to complete assessments as they see patients. Carers Champions project in health.

APPENDIX TWO

Older Carers in Plymouth

The number and percentage of carers aged 50 plus who provide 50 or more hours of care a week within each ward area of Plymouth (Census 2001)

Areas in Plymouth	Total number of people aged 50 +	Total number of carers	Percentage of carers providing 50+ hrs a week
Budshead	4,128	685	29.64%
Compton	3,715	699	21.17%
Devonport	3,533	485	37.32%
Drake	1,459	226	35.84%
Efford & Lipson	3,713	562	32.21%
Eggbuckland	4,761	805	26.96%
Ham	4,402	680	36.47%
Honicknowle	4,807	782	40.54%
Moorview	4,266	726	28.65%
Peverell	4,098	744	24.87%
Plympton Chaddlewood	1,686	271	16.61%
Plympton Erle	3,115	529	24.95%
Plympton St Mary	4,649	867	21.57%
Plymstock Dunstone	4,892	884	21.95%
Plymstock Radford	4,713	877	24.06%
Southway	4,226	666	29.43%
St Budeaux	3,802	613	35.24%
St Peter & the Waterfront	4,132	482	30.50%
Stoke	3,688	593	27.32%
Sutton & Mount Gould	3,330	480	31.88%
Plymouth	77,115	12,656	28.54%

- There are 12,656 carers in Plymouth from a total population of people aged 50 plus of 77,115
- There are 39 carers over the age of 90
- 16.4% of the total population aged 50 and over are carers
- 59% provide between 1 and 19 hours of care a week
- 12% provide between 20 and 49 hours of care a week
- 29% provide 50 or more hours of care a week



For more information on Adult Social Care services
www.plymouth.gov.uk/socialcareandhealth



Contact us on 01752 668000



Adult Social Care
Community Services
Plymouth City Council
Civic Centre
Plymouth PL1 2AA



aschq@plymouth.gov.uk

CITY OF PLYMOUTH

Subject: Residential Care: Update on Modernisation of Older Peoples' Services 2005-2015

Committee: Health and Adult Social Care Overview and Scrutiny Panel

Date: 20 July 2010

Cabinet Member: Councillor Monahan

CMT Member: Director for Community Services

Author: Julia Penfound, Head of Modernisation

Contact: Tel: 01752 307344
e-mail: julia.penfound@plymouth.gov.uk

Ref:

Part: 1

Executive Summary:

This paper seeks to confirm agreement to the continued direction of travel in relation to the Council's Strategy.

In November 2005 Cabinet approved a new strategic direction to modernise older people's services over a 10 year period. Modern high quality extra care accommodation would be built in the immediate vicinity of our residential homes wherever possible.

Several of our older people residential homes were in outdated buildings that did not meet current day expectations. There are also no en-suite facilities in any of the remaining units.

This paper both updates on our progress to date and outlines the proposed continued direction of travel to achieve the 2005-2015 ambitions taking into consideration new national and local expectations.

Since 2005 we have achieved significant progress against the strategy set out in the Cabinet paper – specifically:

- Peirson was de-commissioned with the transfer of skilled staff into the Local Care Centre at Mount Gould
- Three new extra care facilities (Runnymede (Efford), St. Pauls (Torrige Way), Astor Court (Cattedown)) have been built and Paternoster de-commissioned.
- In April 2009 Thomas Pocklington decommissioned their residential care home and developed a purpose built extra care scheme on the same site. The care home and support contract was commissioned by Adult Social Care.
- Whitleigh Respite Home was decommissioned in January 2010
- Devonport Extra Care Scheme for 40 older people is due to be completed in January 2011
- We are currently exploring the possibility of developing an extra care unit in the Honicknowle area of the city however this is early days. We will be working with Housing Strategy Team to progress this further.

In November 2009 Cabinet agreed to the re-provision of alternative respite services within the city, and changing the registration of Frank Cowl and Stirling Residential Units to short-stay facilities. This change of registration has been implemented through changing the use of a long-stay bed to short-stay when a vacancy has arisen.

The Council has remained committed to its policy that no older person currently residing in a Plymouth City Council residential home will have to move. However, they will be offered first choice of the extra care accommodation available and built in the same neighbourhood.

Plymouth City Council are recognised as regional leaders in the successful delivery of extra care schemes. The next phase of our delivery plans proposes to continue to develop extra care accommodation, and to develop alternative forms of respite provision in consultation with users and carers, to support both older people themselves and their carers in having choices about the preferred type of service.

We currently have three long-stay residential homes for older people: Frank Cowl House, Stirling House and Lakeside.

- There are 22 beds in Frank Cowl House Residential Home in Devonport. Currently there are 8 long stay residents and 12 beds occupied for interim care (short stay). Work has commenced on a new scheme in Devonport which will be completed in 2011 and is part of the regeneration of this area. There will be 40 extra care units of accommodation in this scheme. It is recommended that we offer residents of Frank Cowl first choice of the extra care accommodation developed in Devonport.
- There are 28 beds in Stirling House Residential Home in Honicknowle. Currently 18 of these have long term residents and 6 beds occupied for interim care (short stay). We are currently exploring the possibility of securing land in Honicknowle and work is ongoing to acquire this to develop an extra care scheme. It is recommended that if an opportunity arose we would wish to engage service users and carers in consultation about the future of the unit without going back for Cabinet approval. The outcome of the consultation would be presented back to Cabinet for decision.
- Lakeside is a specialist dementia care facility and at present we have no plans to move to extra care given the increase in demand for residential support for people with dementia. However, the building is outdated and there may be opportunities to develop partnerships to re-provide services in the independent sector.

In July 2009 Cabinet agreed that residents of Frank Cowl should be offered first choice of the extra care accommodation developed in Devonport.

It is proposed that users and carers are consulted about alternative provision of the services currently available at Frank Cowl House. This would entail discussions with service users who use Frank Cowl House for short stay and discussions with current long-stay residents and their carers about the Extra Care Scheme at Devonport. Their views would then be taken into account in relation to decisions regarding de-commissioning. Those residents who wish to move from Frank Cowl House into this new unit with the same level of care and support will be able to do so.

However, no long-term resident will be forced to move as a result of this proposal.

This is not about reducing the amount of short stay provision, or residential support for people but offering a wider choice of alternatives

This is in line with the new national strategies for both Carers and Putting People First. These strategies emphasise the drive to significantly increase opportunities for people to have greater choice and control over their lives including introducing individual budgets and expanding direct payments.

Corporate Plan 2010-2013:

This report links directly to the Council's Corporate objectives outlined in Corporate Improvement Priority 3 (Helping People to Live Independently) and Corporate Improvement Priority 14 (Providing Better Value for Money)

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

The proposals around Frank Cowl House lead directly to budget savings while ensuring no decrease in the amount of overall provision. It is anticipated that the full year savings will be approximately £480k.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

Equalities Impact Assessment has been completed. This will be reviewed and updated fully during the consultation process.

Recommendations & Reasons for recommended action:

It is recommended that :-

1. Consultation with users and carers (using advocacy services where appropriate) and dedicated social work professionals about residential provision in the City and the use of Frank Cowl House for this purpose is commenced. Their views will be taken into account regarding any decisions concerning the de-commissioning of Frank Cowl House and the re-provision of alternative services.
2. To begin consultation with staff about the use of Frank Cowl House.
3. To offer residents of Frank Cowl House as part of the consultation first choice of the extra care accommodation developed in Devonport.
4. To work with all users/carers and the long-stay residents of Frank Cowl House on an individual basis to listen to their views and ensure that appropriate service provision is in place to meet their needs.
5. It is recommended that the results of consultations in relation to Frank Cowl House are

reviewed at Health and Adult Social Care Overview & Scrutiny Panel and that they are asked to review the proposal as the beginning of the consultation and review the outcomes prior to them being presented to Cabinet.

6. To put plans in place to consult at Stirling House with users and carers and follow the same process as outlined in no 5.
7. To explore partnerships to re-provide an improved facility for Dementia care and similarly to consult with users and carers adopting the same approach as outlined above.

Alternative options considered and reasons for recommended action:

To maintain our residential homes without significant future investment will not meet Care Quality Commission (formerly CSCI) minimum standards. Promoting Extra Care Housing as an alternative ensures accommodation of the highest quality and promotes independent living as outlined in 'Our Health, Our Care, Our Say' national strategy. Providing alternative respite arrangements promotes choice and control for individuals.

Background papers:

Cabinet Paper 29th November 2005 (Ref: C 61 05/06) – “Residential Care: Proposals to Modernise Older Peoples’ Services 2005-2015”

Sign off:

Fin	JB CoSF AC10 11 001	Leg	JB 1135	HR	MG 1006/0 04	Corp Prop		IT		Strat Proc	
Originating SMT Member: Pam Marsden											

**RESIDENTIAL CARE: UPDATE ON MODERNISATION OF OLDER
PEOPLES' SERVICES (2005-2015)**

1. Vision

Plymouth City Council is committed to supporting Older People to remain independent whenever possible within the community of their choice.

2. Strategy 2005 -2015

The strategy agreed at Cabinet in November 2005, set out a strategic direction for increased development of Extra Care facilities and the future of our residential homes. At the time of the 2005 Cabinet Paper there were 1,715 people permanently living in residential/nursing facilities across the City funded by the City Council, and by April 2010 this number has reduced to 1054.

We currently have 5 Extra Care Schemes in the City providing 158 independent apartments.

3. Context for Change

A number of national strategies have emphasised the need to maximise independence, offer a wide range of alternatives to support users and carers promoting choice and control.

In November 2009 Cabinet agreed to the re-provision of alternative respite services within the city, and changing the registration of Frank Cowl House and Stirling Residential Units to short-stay facilities. This change of registration has been implemented through changing the use of a long-stay bed to short-stay when a vacancy has arisen.

This paper seeks to confirm agreement to the continued direction of travel in relation to the Council's Strategy.

4. Current In-House Residential Service Provision

4.1. Plymouth City Council currently provides residential facilities for Older People in the following facilities.

Residential Home	Bed Availability	Occupancy 2009/10
Frank Cowl House	Total 22 Current Occupancy 8 Long stay 12 Short stay	92.75%

Stirling House	Total 28 Current Occupancy 18 Long stay 6 Short stay	97.5%
Lakeside – specialist support for Dementia	29 long stay 1 Short stay	94.96%

5. Extra-Care Facilities:

- Three new extra care facilities (St Pauls (Torrige Way), Runnymede (Efford), Astor Court (Cattedown)) have been built and Paternoster decommissioned.
- In April 2009 Thomas Pocklington decommissioned their residential care home and developed a purpose built extra care scheme on the same site. The care home and support contract was commissioned by Adult Social Care.
- Devonport Extra Care Scheme for 40 older people is due to be completed in January 2011
- We are currently exploring the possibility of developing an extra care unit in the Honicknowle area of the city however this is early days .We will be working with Housing Strategy Team to progress this further.

6. Alternative Short Stay arrangements:

Short Stay provision is usually arranged as interim accommodation whilst longer term plans are established to meet the individual's housing needs e.g. where certain adaptations need to be carried out to the person's own home prior to their return.

Over the last 4 years we have been developing key partnerships with independent sector care providers and PCC Housing Strategy Team to deliver a range of options for people in relation to short stay provision and there is a good supply of this type of accommodation within the city.

7. Proposals for modernising older people's services 2009 - 2015

Plymouth City Council is committed to supporting older people to remain independent whenever possible within the community of their choice. The proposals below outline the next phase in our ambitions to deliver on the 2005-2015 strategy but also reflect the national context as set out above.

7.1. Frank Cowl House

Frank Cowl House is a registered Care Home providing long and short stay personal care and accommodation for up to 22 people over the age of 50 years, who may have a physical disability.

Frank Cowl House is located in the Devonport area of Plymouth close to transport routes and local shops. It is a large purpose built detached two – storey building. All bedrooms are single and none have en-suite facilities. Frank Cowl House offers small single rooms and has a number of shared lounges and kitchen areas available to all users and would not now meet the new CQC (formerly CSCI) standards when opening a new residential service.

The unit employs 35 staff (22.3 Full time equivalent) across a range of roles including Domestic, Kitchen Assistants, Care Assistants, Assistant and Unit Managers

In November 2009 Cabinet agreed that the use of Frank Cowl House be changed from long stay to short stay and gradually reduce the numbers of people who are permanent within this unit over the next 2 to 3 years i.e when a long- term bed comes available it will revert to short-term. This reduction in long stay partly reflects our progress on ensuring people have more choice and control over where and how their services are delivered and that people are now either choosing alternative residential locations or are opting to manage this in different ways e.g. through Direct Payments – where we have seen a significant increase in takeup.

Following the change of registration of this unit from long stay to short stay units, as expected this has shifted the occupancy levels of Frank Cowl House from 11 long stay beds to 8 long stay beds. The remaining 14 short stay beds are currently being used for service users awaiting extra care, pathways flat, homeless or other housing issues.

As outlined above, the Devonport Extra Care Scheme is currently underway with contractors on site since October 2010. The expected date for completion is January 2011 and it will offer 40 extra care units. In July 2009 Cabinet agreed that residents of Frank Cowl should be offered first choice of the extra care accommodation developed in Devonport.

It is proposed that users and carers are consulted about alternative provision of the services currently available at Frank Cowl House. This would entail discussions with those people who use Frank Cowl House for short stay and discussions with current long-stay residents and their carers about the Extra Care Scheme at Devonport with a view to those people who wish to move from Frank Cowl House into this new unit with the same level of care and support will be able to do so. The views would then be taken into account in relation to decisions regarding de-commissioning.

However, no long term resident will be forced to move as a result of this proposal.

This is not about reducing the amount of short stay provision, or residential support for people but offering a wider choice of alternatives. These alternatives can range from a move to the extra care scheme for those who wish to move there, residential independent sector provision or to direct payments/personal budgets to enable users and carers a greater level of control over how they are supported.

7.2. Budget

Although this is not a budget-driven decision but is about providing better and more modern facilities nevertheless there will be budget implications.

The total budget for Frank Cowl is £894,936. Within the budget for 2010/11 savings have been identified to be achieved by alternative provision. It is anticipated that the full year savings would be approximately £480,000.

Note that if the proposal is not accepted the savings of £115,000 will still need to be identified from other areas within the Adult Social Care 2010/11 budget, and full year costs of £480,000 in 2011-12.

7.3. Users of the Service

Consultation with all users and carers would be undertaken and supported by both our Social Work team and Care Staff and will be conducted in a sensitive and supportive way. This process would be in line with Plymouth City Council's Service Review Policy for Older People with the aim to minimise disruption to service users wherever possible and every effort will be made to ensure fairness, consistency and equality of opportunity for all service users who are directly affected.

Consultation would include:

- Discussion with all long-stay residents and their family/advocates regarding the future of Frank Cowl House and the options available. These options will include exploring the option of transferring to the new Extra Care Scheme, or support to identify a new residential facility or should a resident not wish to move, advice and support on how we will continue to provide care and accommodation at Frank Cowl House.
- Consultation with all users/carers and their families who are currently occupying or scheduled to use Frank Cowl House for their short stay care during 2010. This will include support and assistance in identifying alternative solutions for short stay.
- Offers of support to any potential users who may contact us who may have been considering Frank Cowl House as a possible choice for a future short stay.

7.4. Staff

A comprehensive HR process and plan is available and will be agreed with all relevant unions prior to any formal announcement to staff. This plan sets out in detail each step of the process, the timeframes involved and all the support and information staff will receive during the process.

Our intentions are to support our staff through the proposed de-commissioning and work towards finding suitable alternative employment

(through the redundancy avoidance policy) with the Council. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.

7.5. Future of the Frank Cowl building and site

An options appraisal will be undertaken by Asset Management on the building to consider its potential for future use if the decision is to de-commission.

8. Stirling House

Implementation of the change of the registered use from long stay to short stay of Stirling House took place following Cabinet's decision last year. The service is gradually reducing the numbers of people who are permanent within the unit i.e. when a long-term care bed becomes vacant this will revert to short-term care. Once again, no long term resident will be forced to move as a result of this proposal. Currently there are 18 long term residents and 6 short stay residents at Stirling

We are currently exploring the possibility of securing land in Honicknowle with a view to developing an extra care scheme. If successful we would look to progress this scheme and engage with residents in the same way as with Frank Cowl House.

9. Lakeside Residential Home

Lakeside is a specialist dementia care facility and at present we have no plans to move to extra care given the increase in demand for residential support for people with dementia. However the building is outdated and there may be opportunities to develop partnerships to re-provide services in the independent sector in the future. Currently there are 29 long stay residents and 1 short stay resident at Lakeside.

In light of the strengthening relationships with providers we would like to explore formally potential partnerships to build an improved facility for people with dementia. Furthermore, we would like agreement to consult with service users and other stakeholders around such proposals.

10. Recommendations

It is recommended that :-

1. Consultation with users and carers (using advocacy services where appropriate) and dedicated social work professionals about residential provision in the City and the use of Frank Cowl House for this purpose is commenced. Their views will be taken into account regarding any

decisions concerning the de-commissioning of Frank Cowl House and the re-provision of alternative services.

2. To begin consultation with staff about the use of Frank Cowl House.
3. To offer residents of Frank Cowl House as part of the consultation first choice of the extra care accommodation developed in Devonport.
4. To work with all users/carers and the long-stay residents of Frank Cowl House on an individual basis to listen to their views and ensure that appropriate service provision is in place to meet their needs.
5. It is recommended that the results of consultations in relation to Frank Cowl House are reviewed at Health and Adult Social Care Overview & Scrutiny Panel are asked to review the proposal as the beginning of the consultation and review the outcomes prior to them being presented to Cabinet.
6. To put plans in place to consult at Stirling House with users and carers and follow the same process as outlined above.
7. To explore partnerships to re-provide an improved facility for Dementia care and similarly to consult with users and carers adopting the same approach as outlined above.

CITY OF PLYMOUTH

Subject: Fairer Contributions Policy, Charging within a personalised system

Committee: Health and Adult Social Care Overview and Scrutiny Panel

Date: 20 July 2010

Cabinet Member: Councillor Monahan

CMT Member: Director for Community Services

Author: Jo Yelland, Programme Lead for Putting People First and Integration

Contact: Tel: 01752 307344
e-mail: jo.yelland@plymouth.gov.uk

Ref:

Part: 1

Executive Summary:**Charging for non-residential services**

The Department of Health has produced new guidance to councils on how they should charge people for non-residential adult social care services. The guidance requires that the new way of charging is implemented in 2010.

This revised policy paper sets out some of the changes that are needed to support a personalised system in Plymouth.

Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 allows Councils to make a reasonable charge for non-residential services they provide. Under the Community Care Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003 Councils are also required to treat people having a direct payment in the same way they would treat them if they were having a council provided service.

The original Fairer Charging Guidance (2003) was designed for an era of traditional local authority social care provision where people received services arranged by a local authority. However with increasing numbers of people receiving direct payments and the introduction of personal budgets through Putting People First (2007) there is a need to consider how an individual's contributions towards the costs of non-residential services should be assessed in the context of personal budgets.

We need to move from a system of charging linked to the costs of services to a contributions focussed system. This should be linked to an individual's personal budget and their ability to pay and not to the services that they ultimately utilise to meet their needs.

So, in summary, under personalisation an individual will make a contribution towards their personal budget which has been calculated to meet their needs and achieve their outcomes. This will be set out in an agreed support plan.

We also have a specific requirement to consult on component parts of a Fairer Contributions policy: such as how we plan to treat Disability Related Benefits and Disability Related Expenses.

Charging for Residential Services

Charging for residential service is governed under a different set of guidelines: Charging for Residential Accommodation Guidance (CRAG). Other than annual adjustments to uplifts in financial levels CRAG rules still apply for people moving into long term residential placements. We will therefore not be consulting on charging for residential services as there is no change to CRAG.

Corporate Plan 2010-2013:

This report links directly to the Council's Corporate objectives outlined in Corporate Improvement Priority 3 (Helping People to Live Independently) and Corporate Improvement Priority 14 (Providing Better Value for Money)

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

The Council currently receives in excess of £3,300,000 income from charging for services under the existing Fairer Charging Policy. The proposed revisions will have a significant impact on the charging system. We will still need financial expertise to ensure that our service users maximise their income through the benefits system but the new way of working proposed will greatly reduce bureaucracy which will drive efficiencies within back office functions, whilst making it more open and transparent.

Initial assessments of the impact of the policy indicate that there is a potential for a reduction in income for the Council in the region of £320,000. However this will be partly offset by increased efficiencies in administering the system. As this policy is linked to the overall transformation of Adult Social Care the financial impact of this policy has to be assessed in a wider context. This will be undertaken and completed during the consultation process.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

Equalities Impact Assessment has been completed

Recommendations & Reasons for recommended action:

We are seeking agreement to consult on the new guidance on charging for non-residential Adult Social Care services. Health & Adult Social Care Scrutiny Panel will be asked to review the outcomes of the consultation prior to them being presented to Cabinet.

Alternative options considered and reasons for recommended action:

None. There is a requirement to consult.

Background papers:

Department of Health Putting People First: a shared vision and commitment to the transformation of Adult Social Care (2007)

Department of Health Fairer Contributions Guidance: Calculating an Individual's Contribution to their Personal Budget (2009)

Department of Health Fairer Charging Policies for Home Care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities (2003)

Sign off:

Fin	COS F/AC 1011 003	Leg	DS 1138	HR		Corp Prop		IT		Strat Proc	
Originating SMT Member: Pam Marsden											

This page is intentionally left blank

Plymouth City Council Fairer Contributions Policy Charging within a personalised system

1. Background to this document

- 1.1 This document sets out the reasons why a revised policy on charging for non-residential services is required in the context of Putting People First, personalisation and the introduction of personal budgets.
- 1.2 The original Fairer Charging Guidance (2003) was designed for an era of traditional local authority social care provision where people received services arranged by a local authority. However with increasing numbers of people receiving direct payments and the introduction of personal budgets through Putting People First (2007) there is a need to consider how an individual's contributions, if any, towards the costs of non-residential services might be worked out in the context of personal budgets.
- 1.3 Putting People First is the Government¹'s vision for social care in the future. The main aim is to give people more choice and control over how they get support. As society is changing and more people are living longer with illness and disability we need to transform the way we provide adult social care as the current model is not fit for the future.
- 1.4 In summary, Councils have powers to charge adults in receipt of non-residential services and to decide on how much that charge will be. Changes are now required to the approach taken by Council's to support the development of personalisation.

2. Statutory and Legal Context

- 2.1 The Department of Health has produced new guidance to councils on how they should charge people for non-residential adult social care services. The guidance requires that the new way of charging is implemented during 2010. The guidance is issued under Section 7 of the Local Authority Social Services Act 1970 and is called 'Fairer Contributions: Calculating an Individual's Contribution to their Personal Budget' (July 2009).²
- 2.2 Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 allows Councils to make a reasonable charge for the non-residential services they provide and to decide on the level of the charge. Under the Community Care Services for Carers and Children's Services (Direct Payments) (England) Regulations 2003³.

¹ Department of Health Putting People First: a shared vision and commitment to the transformation of Adult Social Care (2007)

² Department of Health Fairer Contributions Guidance: Calculating an Individual's Contribution to their Personal Budget (2009)

³ Department of Health Fairer Charging Policies for Home Care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities (2003)

Councils are also required to treat people having a direct payment in the same way they would treat them if they were having a council provided service.

- 2.3 Plymouth City Council responded to the 2003 guidance and last reviewed its charging policy in 2007. The charging approach that has evolved includes a mixture of standard flat rate charges that vary according to the type of service and the provider. This approach is not compatible in the context of personalisation.
- 2.4 Under the current charging scheme, income from charging contributes approximately 8% of the funding available for non-residential care services in Plymouth. Community service users contributions to care costs in 2009/10 were £3,300,000. About half of all service users do not contribute any direct funding to their care costs due to their low income and less than 1% contribute the maximum amount currently capped at £270 per week
- 2.5 Carers' specific services defined as those services which directly support carers but do not include personal care for the cared for person, are outside the scope of this report.
- 2.6 This Fairer Contributions Guidance (2009) sits alongside the Fairer Charging Guidance (2003) which, along with its underlying ethos and principles, is still valid, and the Charging for Residential Accommodation Guidance (CRAG) to which the Fairer Charging Guidance refers.
- 2.7 Charging for residential service is governed under a different set of guidelines so this policy only relates to people receiving non residential services.

3. Policy Background

- 3.1 The Fairer Contributions Guidance (2009) sets out how the policy should be applied under a personalised system. Under Putting People First the new system is intended to be fairer for all people, in that the contributions they make will reflect the actual care being given rather than the cost of services provided.
- 3.2 Therefore we need to move from a system of charging linked to the costs of services to a contributions system linked to an individual's personal budget and their ability to pay not the services that they ultimately utilise to meet their needs.
- 3.3 Adult Social Care services have to change so that:

- People who use social care services and their families will increasingly shape and commission their own services.
- Personal Budgets will ensure people receiving public funding are able to use available resources to choose their own support services.
- The state and statutory agencies will have a different role - more active and enabling, less controlling.

3.4 National milestones require Council's to offer all people eligible for social care a Personal Budget from October 2010 and to have 30% of all service users with a personal budget by April 2011.

3.5 Self Directed Support is the term used to describe a personalised system of care where the individual is supported to take more control over the assessment process. In this system the needs assessment links to a points system that calculates how much money the Council should spend to meet their needs. This is called a Personal Budget which can be a virtual budget, a Direct Payment or a mixture. This means that people will know up front how much money will be needed to meet their needs and individuals will have much more choice and control over how the money is spent.

4. Key Requirements of Fairer Contributions Guidance 2009

4.1 The overall purpose of the new guidance is to provide a framework within which Local Authorities must develop and implement a single contributions policy for Personal Budget users which is based on their ability to pay rather than the complexity of their needs or the size of the care and support package they require to meet those needs

4.2 What this will mean in practice is that people with a similar level of need for services may be asked to contribute different amounts to their Personal Budget if they have the (financial) means to do so. Service users will not be financially penalised for having high or complex care and support needs, and those who have relatively low needs will be no worse or better off than those with relatively higher needs.

4.3 There are a number of key principles that underpin the Fairer Contributions guidance, these are:

- The contributions policy is clear and transparent and easy to understand and challenge
- The contribution a customer is asked to make is financially assessed according to their ability to pay.
- The customer will not pay more than the cost of their care package.
- The contribution does not undermine the customer's independence of living by reducing their income to unsustainable levels.

- The contribution system will treat all services users equitably and ensure that people who choose direct payments are treated the same as those who chose council managed services
- The system ensures administrative efficiency and convenience for service users
- The system provides an early notification of service users likely contribution to care costs and financial assessment must follow needs assessment and resource allocation
- The contribution is applied to the whole of the care package / personal; budget received.
- There must be a fair and consistent approach to the application of disability related income and expenditure
- The contribution required is calculated in line with the Department of Health's Fairer Charging Guidelines.
- The financial assessment process will ensure that service users have an opportunity to maximise welfare benefits and reduce the burden of funding that may transfer to the council
- All customers who are financially assessed as being able to make a contribution to their care costs must pay the charge.
- The system must take into account the implications on service users and carers to ensure that if necessary transitional measures are put in place to mitigate

4.4 Services that fall within the Fairer Contributions Policy

All types of social care services including:

- Day care.
- Personal Home Care (Domiciliary Care)
- Domestic Help
- Extra Care Housing.
- All non residential Personal Budgets

4.5 Services that must not be subject to the Fairer Charging Policy.

- Information, Advice and Guidance provided by the Council.
- Financial assessments.
- Reablement services.
- Long term residential care services which will be chargeable under the Government's Charging for Residential Accommodation Guide (CRAG).
- No charge will be payable for minor adaptations and equipment costing a total of under £1,000.

4.6 Circumstances when a customer cannot be charged.

There are circumstances in which people are exempt from being required to make a contribution. These are:

- People suffering from Creutzfeldt Jacob Disease (CJD)

- People who have been infected with hepatitis C as a result of NHS treatment with blood or blood products.
- People subject to aftercare arrangements under Section 117 of the Mental Health Act 1983
- Children and young people under 18 years will not be assessed and charged under the Fairer Charging policy.

5. Proposals

- 5.1 The issues that will have to be considered in the Fairer Contributions Policy upon which consultation will be based are set out in table 1

Table 1: Issues to consider during consultation

	Current Charging Scheme	Proposed Options for the Fairer Contributions Policy
A. Change the system so that financial assessments begin at the start of the assessment process so people know up front how much money they are likely to contribute to their care	Financial assessments are conducted at the end of the assessment process and service users are often unaware that they may have to pay towards their care and this is the subject of complaints.	A simple financial assessment is conducted at the beginning of the process so that people enter into an assessment knowing the likelihood that they may have to make a contribution and a full financial assessment and benefits maximisation check is completed during the Self Directed Support Process
B. Review the minimum contribution level to ensure the council gets value for money	A minimum collectable charge has been set at £2.50 per week but this needs a revision as an initial assessment indicates this is set too low.	There is a minimum collection level set each year to ensure cost effectiveness
C. Set a maximum % contribution against the value of a personal budget.	A maximum charge is set at a capped fee level of £270 per week The current cap is lower than guidance states but any cap means that even if people can afford to pay for their care they are not required to do so. This approach is inequitable as it means that those with lower incomes are being asked to contribute proportionately more than those who are better off. Also the Council is not realising the level of income it should.	Adopt an equitable Fairer Contributions policy for all service users contributions based on ability to pay and contribution to the personal budget. The simplest and most equitable approach is to set the maximum contribution at 100% of the personal budget.

	Current Charging Scheme	Proposed Options for the Fairer Contributions Policy
D. Review subsidies so that there is equitable access and choices for all service users <i>or</i> remove services from personal budgets	There are a number of services that are subsidised by the council such as day care. The subsidy is inequitable as it disadvantages people who choose to have a Direct Payment. The subsidy approach also creates disincentives for some people to take more control over their own support. Level of subsidy means some providers are also disadvantaged	Adopt an equitable Fairer Contributions policy for all service users and assess contributions based on ability to pay. If subsidies remain in the service this does create an additional administration burden. The Council would have to operate a two tier system which would create additional costs. A 2 tier system will not be easy to explain to services users
E. The system ensures administrative efficiency and convenience for service users: consider whether to continue to include Disability Related Benefits (DRB) and Disability Related Expenditure (DRE) in the assessment process	DRB are included in the income for financial assessment purposes and therefore people are allowed to claim discounts for DRE: this is very complicated and time consuming and makes it very difficult to advise people up front what their likely contribution will be. Due to this complexity social care budgets are sometimes used to pay for services that DRB are designed to meet; therefore some people have income from welfare benefits and from social care to contribute to the same expenses. For example people with benefits to help address mobility needs can claim for the costs of their travel to be deducted from their income for financial assessment purposes and may also get council funded transport to day services	Adopt an equitable Fairer Contributions policy for all service users and assess contributions based on ability to pay and exclude DRB and DRE in the assessment process on the basis expenses incurred in relation to a disability are met by the benefits intended for the purpose. Therefore clear guidance can be given to care managers to ensure that council funding is not used to meet needs that are addressed through the welfare benefits system
F. Financial Assessment and contribution levying should not be applied to any one service in isolation; the process should be applied to whole packages of care	When residential respite in care homes is part of a care plan the council uses CRAG process to assess charge for this part of the care plan	Adopt an equitable Fairer Contributions policy for all service users contributions based on ability to pay and contribution to the personal budget.

	Current Charging Scheme	Proposed Options for the Fairer Contributions Policy
and support		
G. What Transitional Support should we put in place for people whose contribution may increase as a result of the changes and how long should this be for?	There will be some people who may have to pay more under a Fairer Charging System and some who will pay less. Support will be needed for those who may have to pay more. There are a number of options which can be tested out through consultation such as a fixed time limits such as 1 year protection of phased limits with a lowering scale of protection over 1-2 years	

6. Financial Impact on the Council

- 6.1 The guidance is clear that modernising charging policies in line with personalisation should not in itself be seen as an opportunity for Councils to increase their income from client contributions. Initial high level assessments indicate a potential loss of income to the councils could be in the region of £320,000. However any loss of direct income will be off set by increased efficiency savings from across the whole system of personalisation.
- 6.2 During the consultation process a detailed financial analysis will be undertaken to ensure that there is transparency about the potential impact on the Council's income from any changes made.

7. Recommendations

- 7.1 There is a new system for calculating people's contribution to the cost of their adult social care services. We are required by Government to put this new system into action during 2010. This will mean a change in the way individuals contributions are worked out.
- 7.2 There is no option to not implement these changes. There are some things the council will have to do and there are some discretionary elements. The council will have to:
- Change the system so that financial assessments begin at the start of the assessment process so people know up front how much money they are likely to contribute to their care
 - Set a maximum % contribution against the value of a personal budget.
 - Review the minimum contribution level to ensure the council gets value for money
 - Consider no longer using CRAG rules for calculating charges for residential respite/short breaks components of a care package.
 - Remove subsidies so that there is equitable access and choices for all service users *or* remove services from personal budgets

7.3 It is recommended that Cabinet give permission to allow for a period of statutory consultation in order that we can ask people's views on the discretionary elements of the policy. These are

1. Whether we should remove Disability Related Benefits from assessable income and therefore the removal of the Disability Related Expenses from the financial assessment process to reduce bureaucracy and simplify the process?
2. Should we set the maximum contribution at 100% of the personal budget to ensure equity for all service users?
3. What transitional support ought to be put in place to help people whose contributions have changed?
4. How best to inform people of this change and how it will affect service users?

CITY OF PLYMOUTH

Subject: Modernisation of Short Break Services for People with a Learning Disability

Committee: Health and Adult Social Care Overview and Scrutiny Panel

Date: 20 July 2010

Cabinet Member: Councillor Monahan

CMT Member: Director for Community Services

Author: Pam Marsden, Assistant Director (Adult Social Care)
Community Services

Contact: Tel: 01752 307344
e-mail: pamela.marsden@plymouth.gov.uk

Ref:

Part: I

Executive Summary:

This report is seeking approval to engage users, carers and other stakeholders in a consultation around the future model for short break services for people with a learning disability.

In the light of both Putting People First strategy and Valuing People Now, we need to promote and support independence and offer a much wider range of alternatives for short breaks. By April 2011, Adult Social Care should have 30% of all service users with a personal budget. This will enable people to choose alternatives to the current residential short break services they receive.

We have two respite in-house units, Colwill and Welby offering a city wide service. Welby Respite Unit is in an outdated building and is not fully DDA compliant. People with complex physical disability needs cannot be supported at the unit. Colwill is a purpose-built facility.

We have been successful in a bid for a Capital Grant to modernise Colwill, which gives us the opportunity to reconfigure our current provision.

Corporate Plan 2010-2013:

This report links directly to the Council's corporate objectives around supporting users and carers and promoting independence. It links to Corporate Improvement Priority 3 (Helping People to Live Independently) and Corporate Improvement Priority 14 (Providing Better Value for Money).

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

The proposals around Welby will lead directly to budget savings whilst ensuring no decrease in the amount of short breaks available. We estimate that the full year financial saving will be approximately £350k.

Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.

Equalities Impact Assessment has been completed. This will be reviewed and updated fully during the consultation process.

Recommendations & Reasons for recommended action:

It is recommended that:-

1. Consultation commence with service users and carers (using advocacy services and external facilitation where appropriate) and dedicated social work professionals about re-provision of short break services in the city
2. The successful capital bid to South West Regional Improvement and Efficiency Partnership provides the opportunity to also consult on combining residential short breaks onto one site and we recommend that the consultation takes this proposal into account
3. Consultation with staff and other stakeholders is commenced on the proposal
4. The results of the consultation in relation to short breaks are reviewed by the Learning Disability Partnership Board.
5. Health and Adult Social Care Overview & Scrutiny Panel are asked to review the proposal as the beginning of the consultation and review the outcomes prior to them being presented to Cabinet.
6. Alternative management arrangements are explored for Colwill through a partnership approach with the independent and/or voluntary and community sector, adopting the same approach as outlined above.

Alternative options considered and reasons for recommended action:

It would require significant future investment to improve Welby. We believe demand for this kind of provision will decrease with the promotion of personal budgets. Providing alternative respite arrangements will further promote choice and control for both users and carers.

Background papers:

None.

Sign off:

Fin	JB-CoSF AC10 11 002	Leg	JB 1135	HR	MG 100 6/004	Corp Prop		IT		Strat Proc	
Originating SMT Member: Pam Marsden											

**MODERNISATION OF SHORT BREAKS SERVICES
FOR PEOPLE WITH A LEARNING DISABILITY**

1. Learning Disability Commissioning Strategy 2008 - 2011

At the heart of this strategy we have prioritised the need to support family carers and to increase the range of short break opportunities, including increased support to maintain those with a learning disability at home.

Traditionally Plymouth City Council has delivered a residential short break service in two in-house units: Colwill and Welby. In addition the independent sector has provided a number of residential beds for people with complex needs.

2. Context for Change

Adult Social Care needs to change the way short breaks are offered to users and carers, particularly in light of a number of national strategies and policies including Putting People First and Valuing People Now – both of which promote person-centred planning and self-directed support. They emphasise the need to support people's independence, offer a wider range of innovative and alternative support than currently exists so that users and carers can exercise more choice and control over how they are supported.

The Government expects all Local Authorities to be able to offer all **people eligible for social care a personal budget from October 2010 and to have 30% of all service users with a personal budget by April 2011**. At the end of March 2010 there were 1814 people who had self directed support, 331 of whom had a personal budget. This represents 16.4% which exceeded the 15% target set for 2009/10.

A personal budget is the sum of money that the council has to spend on an individual persons care based on an assessment of their need.

This means that service users and carers have the money "upfront" to choose alternatives to the residential short breaks services they currently receive. For some, particularly those with complex conditions, traditional residential based services will be the services of choice. However as experience and confidence increases and as new opportunities become available we expect demand for such services to reduce over time.

Adult Social Care has also been successful in a bid to South West Regional Improvement and Efficiency Partnership for a capital grant to modernise our in- house services which will also give us the opportunity to consult on how we could reconfigure current provision to ensure the best outcomes for service users and carers.

This report seeks approval to engage users, carers and other stakeholders in consultation on the future model for short break respite services.

3. Proposals for re-provision of residential respite and short breaks

Definition

A short break is defined as “a session or more of care and support that enables a disabled or vulnerable individual to spend time away from the person(s) who provide them with regular and substantial care. This includes the provision of short breaks of day, evening and weekend activities as well as overnight stays. Such breaks can be provided in the individuals’ own home or in another setting.” (Valuing People Now)

People with learning disabilities are being encouraged and supported to aspire to lead ordinary lives and do the things, with support, that most people take for granted. The policy objective is to support people to live the lives they want as equal citizens in their community.

A major barrier to people having real choice and control over their lives is the way services plan and fund support. National and local experience of the introduction of self directed support, direct payments and personal budgets, supported by good person centred planning indicate these innovations are working well, there is increased take up and users/carers are experiencing better lives, including those with complex needs.

In this context we need to consider the appropriateness of traditional current residential respite and short breaks for people with learning disabilities to ensure individual choice and the best outcomes are achieved from public funds.

Current In-House Residential Short Break Provision

Plymouth City Council currently provides residential facilities for carers of adults with learning disabilities in the following facilities:

Residential Unit	Beds available	Occupancy 2008/09	Number of People Registered
Welby	10	83%	34
Colwill	10	81%	52

- There are 257 carers of learning disabled relatives in Plymouth.
- Of these there are 65 older carers aged over 70 caring for an adult with a learning disability.

As we introduce self directed support and personal budgets for service users and carers we expect to see a decline in the use of more traditional residential respite services over time. Nationally, we are seeing people choosing alternatives to traditional services such as:

- holidays away with friends or paid carers
- breaks at specialist activity centres
- support in their own homes to free carers to have time away

Welby

The facilities at Welby are outdated and are not fully DDA compliant. People with complex physical disability needs cannot be supported at the unit. Welby has been providing a planned short break service for people with learning disabilities from a Victorian property in the Peverell area of the city for over 20 years. It offers a city wide service, has 10 beds and the occupancy figures show that the demand is mainly for weekend breaks for carers. However, in recent years Welby has increasingly responded to requests to provide accommodation at short notice as a result of carers' breakdown or breakdown of other long-term care arrangements, especially for people with high support needs and challenging behaviour.

Colwill Lodge

Colwill Lodge has been in operation since 1990 and is a purpose-built facility in Estover providing a city wide service for people with a profound learning disability and complex physical and health needs that require high levels of personal care.

Potential Development on the Colwill Site

We have secured external grant funding of £250,000 from SW RIEP (South West Regional Improvement and Efficiency Partnership) and £80,000 from the Capital receipts (with contingency funding if necessary) to extend the service at Colwill Lodge to increase the support available from 10 to 14 beds. The full project was presented to the Capital Programme Board in December 2009 and received approval.

A feasibility study is now underway which will be completed by July 2010. Dependent on a successful outcome of the feasibility study and planning application, the completed extension could provide:

- 4 self contained apartments/flats designed to extra care standards fully DDA compliant and with the facility to enable people to bring their own care staff if required.
- Staff sleeping area and communal space
- Provision of planned bespoke short breaks for people with challenging behaviour living with family carers.

The potential redevelopment of the Colwill site provides the opportunity to realise the benefits and efficiencies set out in Section 5.4.1 of this report achieved through reprovision of in-house short breaks from a single site and therefore this proposal would form part of the consultation.

4. Independent Sector

There is further capacity in the independent sector to provide short breaks if required and to respond to emergency requests. In addition, as part of our strategy to promote choice and control, a range of options for short respite breaks has already been developed – for example, we have developed a Carer's Voucher Scheme whereby carers can be issued with vouchers to enable them to choose directly their preferred provision.

4.1 Budget

The budget for Welby is £819,620.00, and the budget for Colwill is £792,495.00. If there is a decision to de-commission Welby there would be a re-investment required in the independent sector to ensure that levels of service were not impacted upon.

Given current usage across both units combined with the growing use of direct payments and personal budgets, we estimate going forward that there will be a need for 14 beds (current number of beds across both units is 20). This could be achieved by extending the facilities offered at Colwill and incorporating all short residential breaks onto one site.

Emergency placements would be commissioned through the independent sector, although the proposal for the development of four individual units on the Colwill site would provide a flexible option and make available facilities that enable more individualised care for people who are in crisis. It is anticipated we will need 3 to 4 beds for this purpose.

In addition, a budget would be needed to develop community support to reduce emergency admissions. Therefore Colwill Lodge could provide a flexible resource that provides planned breaks for carers, short term residential support to people with complex physical and learning disabilities and those requiring emergency care.

4.2 Impact on budget availability for alternative provision in the independent sector.

Note that if the proposal is not accepted, the full year savings of £350k will still need to be identified from other areas within the Adult Social Care budget

4.3 Users of the Service

Consultation with all users and carers would be undertaken and supported by staff from the Learning Disability Partnership and Adult Social Care Commissioning Team. It will be conducted in a sensitive and supportive way and will take into account the individual's assessment of need. Some of the consultation will involve appropriately skilled external facilitators experienced in working with people with learning disabilities.

Consultation would include:

- Consultation with all users / carers and their families who are currently scheduled to use Welby for short breaks.
- Support will be available to users who may require assurance and extra support to contribute to the consultation, for example through an advocate.
- Consultation with users of Colwill to inform them of the potential to extend the facility and incorporate short breaks onto one site.
- Consultation with service user and stakeholder members of the Learning Disability Partnership Board and Plymouth People First.
- Provide information and support on the availability and access to direct payments/personal budgets.

4.4 Staff

A comprehensive human resource process and plan will be available and the relevant unions will be consulted with prior to any formal announcement to staff. This plan sets out in detail each step of the process, the timeframes involved and all the support and information staff will receive during the process.

Our intentions are to support our staff through the proposed de-commissioning if this decision is made following the consultation process and work towards finding suitable alternative employment (through the redundancy avoidance policy) with the Council. However, it is anticipated that not all staff will be successful in finding alternative roles and that some redundancies will be unavoidable.

4.5 Welby staff

The total number of staff on the Welby establishment is 21.

4.6 Future of the Welby building and site

An options appraisal will be undertaken by Asset Management on the building to consider its potential for future use if the decision is to de-commission.

5. Recommendations

It is recommended that:-

1. Consultation commence with service users and carers (using advocacy services and external facilitation where appropriate) and dedicated social work professionals about re-provision of short break services in the city

2. The successful capital bid to South West Regional Improvement and Efficiency Partnership provides the opportunity to also consult on combining residential short breaks onto one site and we recommend that the consultation takes this proposal into account
3. Consultation with staff and other stakeholders is commenced on the proposal.
4. The results of the consultation in relation to short breaks are reviewed by the Learning Disability Partnership Board.
5. Health and Adult Social Care Overview & Scrutiny Panel are asked to review the proposal as the beginning of the consultation and review the outcomes prior to them being presented to Cabinet.
6. Alternative management arrangements are explored for Colwill through a partnership approach with the independent and/or voluntary and community sector, adopting the same approach as outlined above.

Topics	J	J	A	S	O	N	D	J	F	M	A
Monitoring Implementation of the National Dual Diagnosis Strategy											
Tobacco Control Strategy											
Visits to – <ul style="list-style-type: none"> • Memory Clinic • Heartswell Centre • Learning Disability Extra Care Centre 											

Reviews / Task & Finish Groups	J	J	A	S	O	N	D	J	F	M	A
Safeguarding Adults Review											
Carers Task and Finish Group											

DRAFT

Draft Health and Adult Social Care Overview and Scrutiny Panel
Terms of Reference

1. To scrutinise matters relating to health and public health and to hear the views of local residents, with a view to improving health services, reducing health inequalities and improving the health of local residents.
2. To respond to consultations by local health trusts and by the Department of Health.
3. To consider whether changes proposed by local health trusts amount to a substantial variation or development and, if so, to take appropriate action including appointing members to any joint committee where the proposals cover more than one local authority's area, including undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, regulations and guidance under that section.
4. To assist the council in the management of its contractual arrangements relating to LINKs under section 221 (1) of the Local Government and public involvement in health act and statutory instrument 2008 No. 528.
5. To scrutinise the impact of the Council's own services and of key partnerships on the health of its population.

In performing the above duties the Panel will scrutinise:-

- Arrangements made by local NHS bodies to secure hospital and community health services for the residents of Plymouth;
- The provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- The arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Section 11 of the Health & Social Care Act 2001;
- Any matter referred to the Committee by a patients' forum under the NHS Reform And Health Care Professions Act 2001;
- Social care services and other related services delivered by the authority.

Policy Areas

- Adult Social Care

- Partner Organisations NHS Plymouth, NHS Plymouth Hospitals Trust, South West Ambulance Service, LINK, Strategic Health Authority and the Department of Health.

Cabinet Members

- Adult Health and Social Care

Directorate

- Public Health
- Community Services

Corporate Improvement Priorities (CIPs)

- Independent Living (CIP 3)
- Reducing Inequalities (CIP 4)

LSP Link

- Healthy theme group.

Membership

The Chair of the Panel shall serve on the Overview and Scrutiny Management Board. The Health and Adult Social Care Overview and Scrutiny Panel will be chaired by a Member of the majority political group with the vice-chair from the opposition political group. The panel can consider inviting non-voting co-opted members to join the panel, subject to the approval of management board. All Members of the panel will adhere to the general rules of overview and scrutiny.