

## Carers Support West Sussex (draft 19 June 2015)

The analysis below is a summary of the key drivers for change, external and internal context for the development and delivery of CSWS services, and monitoring and evaluation framework.

### PESTLE Analysis

Political	Economic
<p><b>All Carers</b>  <b>Think Local, Act Personal</b> influences across all issues affecting carers, promoting person centred practice eg for children and young people with complex needs My life, My support, my choice; personal budgets in mental health; self directed support and personal budgets across all other social care and health services.</p> <p><b>Personalisation</b>            Is a changed approach to social care at the heart of which is the relationship between citizens and public services. We should expect a personalised approach when means; we are empowered to have more say and control over aspects of public life and participate as active and equal citizens; we have maximum control over our own lives, including control of our own health and health care; we are supported to live independently, stay healthy and recover quickly; we have choice and control so that any support we may need fits the way we wish to live our lives. (NDTI paths to personalisation, a whole system whole life framework).</p> <p>Other aspects of personalisation is to support early intervention and preventions – rehabilitation and crisis support.</p> <p>The Care Act 2014 makes it clear that all eligible people funded by social care will receive a personal budget.</p> <p>West Sussex want to increase the level of personal budgets across all services and in particular for disabled children – they are currently not delivering high levels of personal budgets – this will be a significant shift in the next few years.</p> <p><b>Commissioning</b>            Shift in commissioning for outcomes rather than outputs (although this is not well established and many contracts focus on numbers rather than the changes to be</p>	<p><b>YAC and Employment Research</b></p> <p><b>Cost of transport</b></p> <p><b>Personal Budgets</b> the move to personal budgets/self directed support will change the way that providers are funded for services. Increasingly those with care plans will have their own budgets and the freedom to chose how to spend that money.</p> <p>POET survey of more than 2000 personal budget holders and their carers found that personal budgets work best when delivered as a direct payment and that these work well for older and younger people alike.</p> <p><b>Direct Payments</b> – research by SCIE shows that people with dementia, their carers, older people and people with mental health problems can benefit most from consistent contact with a known, trusted person. Direct payments support organisations will need to be able to provide this level of continuity to successfully expand the reach of direct payments for all groups of people.</p> <p><b>Austerity and Public Sector Cuts – new government</b></p> <p>More reform of public services, shrinking state, local government sector with a consequent increase in demand for voluntary sector services. At the same time WSCC is moving to more and more outsourcing and externally commissioned services. Carers is one of their priorities and the focus on needing to Spend to Save embedded in their commissioning intentions. CSWS will need as it moves into the next round of commissioning to demonstrate how investment in its services is providing value for money, that the investment is contributing to early intervention and prevention, supporting carers health and wellbeing and therefore demands on health services; being able to continue caring thereby keeping the cared for out of the</p>

achieved including the WSCC CSWS contract. Mentions the need to move to an outcomes focused approach. The Public Services (Social Value) Act also requires more emphasis on how commissioned services impact on social, economic and environmental issues.

### **Mental Health, Emotional and Behaviour Support**

**No Health without mental health – New paths to personalisation (2011)** cross government mental health outcomes strategy for people of all ages. 6 objectives to improve mental health and wellbeing through quality services and stresses interconnections between mental health, housing, employment and criminal justice systems.

### **Disability Specific**

### **Young Adult Carers, Parent Carers, Children**

- **Short Breaks for Disabled Children** Statutory Duty on local authorities to provide Short Breaks West Sussex County Council includes giving parent carers a break from caring responsibilities.
- **Government Consultation on Young Carers draft regulations response 2015** – proposal that a carer assessment should determine whether a young carer is undertaking an inappropriate and/or excessive care. Proposal about consultation with those with expertise and knowledge in needs assessment.

### **West Sussex County Council**

- Young Carers Assessment and Planning needs includes the key principles that Children's welfare should be promoted and safeguarded by working towards the prevention of any child undertaking excessive or inappropriate levels of care and responsibility for any family member. Children and adult services should work together to offer co-ordinated assessments. No adult services care package should rely on an inappropriate caring role of a child or young person. Plans should include contingency planning for crisis. Whole family perspective. There should be a differentiation between the needs of the child as carer and the impact of the supported person. Young carers should have access to independent information, advice, advocacy and support prior to and completion of assessments. Young carers should be recognised as experts on their own lives and should be fully informed and involved in the development and delivery of services/

### **Co-Production**

care and health system. Doing more for less also being a common mantra amongst public sector policy makers. Linked to this is demonstrating quality and showing the difference CSWS services make – why does it cost what it does and if it is more than other services then can you prove that it makes a sustainable lasting difference/impact that in the long term has real cost benefits.

### **Commissioning/re-tendering**

WSCC Standing orders require tenders to be assessed under the MEAT test – Most Economically Advantage Tender, however, quality should also be taken into account when assessing value-for-money. The Public Services (social value) Act requires social, economic and environmental factors to be taken into account. The CSWS tenders falls within the scope of EU regulations due to the size of the contract. West Sussex must therefore follow EU procurement rules which means the tender has to be advertised in the EU journal, increasing the likely competition at re-tendering. As the current provider it is also essential that you demonstrate how you have met the current tender, the outcomes, value for money and other aspects – you will need to make no assumptions and be better than the rest.

### **Finance and Sustainability**

Tenders that can show high levels of leverage for other funds, in-kind support eg volunteer hours, reduced premises costs etc will be in a strong position. The test on sustainability is higher and you will need to demonstrate that the organisation is financially sound and sustainable. Some methods for increasing the mix of funding, especially income generation will add to your value for money scores.

### **Dementia Framework – cost of mental health provision**

The approximate cost of mental health provision for people with dementia in West Sussex is £18m per year. WSCC currently spends £23m on care for people with dementia, £14m of which was identified as 'dementia specific spend' over and above the costs of other social care needs. Changing demographics alone will lead to 25% increase in social care spend on people aged over 65 between 2013-2021.

JSNA- Economic activity is high, unemployment is low compared with England. Large numbers of adults with long term health problems or conditions including mental health and learning disabilities.

Increasing pressure on housing and house prices and rents are going up, there are over 17,000 people on social housing lists across the county.

Co-production refers to a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all. It is built on the principle that those who use a service are best placed to help design it. In relation to Carers this links to Carers being experts in care, promoting the rights of carers, ensuring they are informed and knowledgeable and supporting Carers to be involved in Co-production initiatives in the county. The principles of equality, diversity, accessibility and reciprocity are critical values for putting co-production into action. CSWS values should embrace Co-production as a model of developing services.

**Health and Wellbeing Board**

**Dementia Framework 2014-2019 NHS Coastal CCG, Crawley CCG, Horsham and Mid Sussex CCG, WSCC.** People with dementia their families and carers to receive high quality, compassionate support, with timely diagnosis, access to good information and advice, to live in supportive communities where people feel able to participate in community life without stigma. Integrated support to reduce barriers between physical, mental health, social care and community-based provision, with carers and people with dementia central to processes and decision making, express their own needs and priorities. Joint priorities for health and social care. Prevention – promoting healthy life styles and raising awareness, living well with dementia, Getting the right help at the right time, living well with dementia. Sits within the context of the **National Dementia Strategy DH 2009** and **Dementia Pathway and quality Standard NICE 2010** and **Dementia state of the national report DH 2013.**

Carers Support – aims that there is a consistent offer of support, information and guidance to all carers delivered by a single provider, Carers Support West Sussex. This provides a gateway service to all other carers support services within the County, such as carer break services and more specialist services.

Builds on themes of engagement – including requests to listen to carers more, possibly in monitoring services, impact on cares,

**West Sussex JSNA (joint strategic needs assessment 2014 – overarching themes**

The importance of starting well – Prevention and resilience in relation to individuals, families and communities. Good health and wellbeing is reliant on a wide range of factors, factors which act to promote physical and mental health and good quality of life. These include employment, housing, education and less tangible issues such as the quality of social networks, friendships and support. These act as protective factors to individuals, families and communities.

**Social**

**Technological**

## Demographic Data

**2011 Census Data** West Sussex is home to 806,892 people. Arun has the highest proportion of the county's population at 19% and Adur the lowest at 8%. Over half of residents are female 51.6%. The proportion of the working age population 18-64 is lower than the south east region and England as a whole at 61%. The highest proportion of residents aged 16-64 is Crawley at 67% and lowest Arun at 58%. The population has been growing for the past 3 decades, in the last 10 years a 6.9% increase. Growth is not consistent across all 7 districts the largest increase is mid-Sussex with 9.8% growth followed by Horsham and Worthing. The population is predicted to grow by a further 153,400 (19.1%) by 2035 to 954,700 people (base year 2010).

Grown by age group is greatest in the 50 plus groups

- 50-59 – 8,000
- 60-69 26,800
- 70-79 45,000
- 80plus – 52,000

8.2% of the population are classed as widowed.

**JSNA** – life expectancy is higher in West Sussex than the England average 80.5 years for men and 83.8 years for women. More long term conditions are associated with age.

The numbers of people living with long term conditions, often for decades, increases the need to promote 'self care' where people and sometimes carers are supported to understand, monitor and manage long-term conditions and take steps to improve their own general physical and mental health.

1 in 10 people in WSx is estimated to have a **mental health** problem or condition. Over 15,000 people in contact with NHS for funded specialist mental health services. Demand for talking therapies grown with over 4,700 referrals a quarter.

Good health should not be viewed as the absence of poor health. Importance on quality of life should be included.

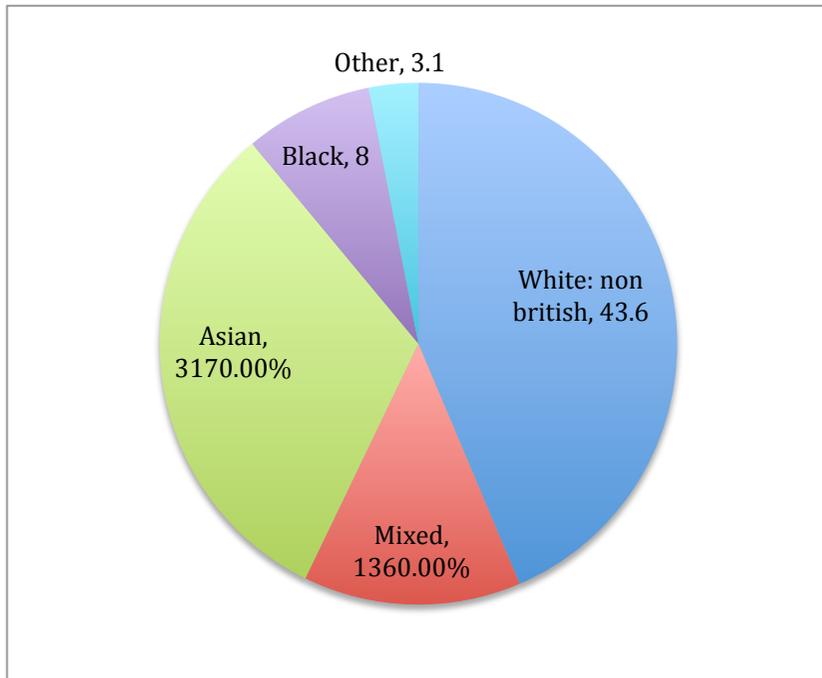
12,000 adults in West Sussex including older people are in long stay residential and nursing care. Those with learning disabilities continues to increase. With an ageing population there is an increasing need for support for personal and social care, much is self funded.

Ethnicity -

Social Media  
Online relationships  
Online Gaming  
Text tools  
Data Protection Act

**Telecare** –

**Dementia Framework 2014-2019 – p 11** – Universal offer to carers for assistive technologies that can help reduce the burden of caring, for example bed sensor and automated reminders.



**JSNA** – increasing number of older people and people with physical and sensory impairments will continue to grow, as will the number of people with dementia. There will be more people living longer with multiple long-term conditions. People living in the deprived areas are more likely to have more conditions and have multi-morbidities at an earlier age.

**Social Inclusion**

**Equality and Diversity**

Research in 2008 In Focus Quality Issues in Social Care - into the issues of quality in social care found that BME people want: accessible information about services leading to options about which services they use; control over decisions about their future; services that recognise differences in people’s cultures without making assumptions; support from staff with positive and respectful attitudes towards them;

services that enable them to have contact with people important to them and to be connected to their communities; feel safe and free from discrimination; opportunities to give feedback and improve services. These are common themes across all sectors and can be seen to have informed the personalisation and co-production agendas.

JSNA – groups identified in WSx who have specific and/or additional health needs are BME, Gypsies and travellers, students, carers (including young carers) and people who are sleeping rough or homeless.

**Young Adult Carers (YAC in the UK Fiona Becker and Saul Becker intro by Dame Phillipa) 2008**

229,318 Young adult carers 18-24 in UK (2008) One quarter are providing care for more than 20 hours per week, 12% for more than 50 hours per week.

Issues: increase caring role as cared for condition declines, strained relationships with cared for; for siblings care might decrease as sibling got older; support at schools was mixed some even stating they felt punished; poor career and job search advice; leaving home is complex; many felt support they received from young adult services at 18; many are unaware of the help they can receive; universities and colleges not providing support; difficulty socialising, making friends; feel different from peers; insufficient time for themselves; significant financial hardship; a quarter not in employment or education; low confidence, self-esteem especially in relation to entering the labour market; emotional pressures and demands make it difficult to leave home; very few used carers support services in the vol sector.

**Person Centre Services**

All legislation, policy and guidance focus on the need to deliver person centred services. Moving away from assessment to engaging individuals in their support plans, increasing choice and control, supported to take risk, trusted to write own care and support plan, encouraged to think creatively about outcomes; individuals involved are flexible and open honest positive and solution focused; its about individual needs, goals and aspirations, reviews are person centred focused on the outcomes what is and isn't working, not just the money. (TLAP Care Support Planning for Older People supporting the implementation of the Care Act 2014).

**Personal Health Budgets Holders and Family Carers – Lancaster University POET**

Personal Outcomes Evaluation Tool this research shows that:

Personal budgets improve outcomes in the following areas: independence 77%, Quality of Life 86%, relationships with family 69% choice and control 70%, carers also report being able to continue caring 90% quality of life 86%. Only 0-5.4% reported negative outcomes. Families used their personal health budgets for equipment, personal assistance, community and leisure services, care and support.

**BACP Ethical Framework for Good Practice in Counselling and Psychotherapy  
Housing Associations/Housing Executive**

**Legal**

- **The Care Act and Care Act Statutory Guidance**  
Personal budgets for all eligible people  
New duties to support people's health and wellbeing  
Providing support to carers and access information and advice  
More joined up integrated health and social care  
Carers assessments
- All carers, increase choice, control and person centred services, focus on outcomes, early intervention and prevention. Promoting individual wellbeing which includes, personal dignity, physical, mental and emotional wellbeing, protection from abuse and neglect, choice and control over day to day life, participation in work, education, training and recreation, social and economic wellbeing, domestic family and personal relationships, living accommodation, and individual contribution to society. Transitions for young people.
- **Children and Families Act 2014** similar focus on early intervention, prevention, personalisation and outcomes, parent carers and disabled children and young people being at the heart of planning increasing choice and control. Duty for joint Education, Health and Care plans, joining up health and social care needs of children with disabilities. Increases age to 24 and links to transitions.
- **Public Services (Social Value) Act 2012** requires public bodies to consider how proposed procurement/commissioning might improve the economic, social and environmental wellbeing of an area and in the process of procurement it might act with a view to securing that improvement.
- **Children Act 2004**, Assessment Framework for Children in Need
- **Disabled Person's Act**
- **Human Rights Act – British Bill of Rights**
- **2005 Mental Capacity Act**
- **Charity Commission**
- **Companies House**
- **Safeguarding/West Sussex Safeguarding Board. Sussex Safeguarding Adults Policy and Procedures 2015, Working together to Safeguard Children 2015, Pan Sussex child Protection and Safeguarding procedures manual.**

Guidance specifically states that all health professionals coming into contact with children, parents or carers in the course of their work also need to be aware of their responsibilities to safeguard and promote the welfare of children and young people,

**Environmental**

**Transport issues/lack of in rural areas**

Access to suitable and accessible transport and mobility support can make the role of caring more manageable and increase independence and social inclusion, as well as make every day tasks easier eg shopping, hospital visits, access to community facilities, learning, education, work, volunteering. Transport often comes highest in areas of concern for people with disabilities.

West Sussex does have some support for patient transport, community transport and transport to health care facilities. Some buses, such as the 40X to Haywards Heath hospital is wheelchair accessible. Many buses can only take one wheelchair, and use the same space as child pushchairs. If the space is full then a wheelchair user may not be able to get on the bus.

Two wheelchair users cannot travel at the same time. This is an issue for venues for events, public meetings and carer/cared for engagement. Disabled people can apply for a free bus pass. However, many people live in rural areas with limited access to public transport eg getting to the bus stop even if a bus was available.

About West Sussex Iris insight 2013 (couldn't find up to date version)- West Sussex is made up of 768 square miles with a population of 806,900. As an area it is classified as being 'significantly rural' according to the Department for the Environment, Food and Rural Affairs (DEFRA) The majority of people live in the main towns of Worthing, Crawley, Horsham and Chichester, 42% of business are located in the rural areas. Three out of the 7 districts are classified as rural with Chichester and Mid-Sussex having more than 80% of their populations living in rural settlements or large market towns. Whilst Horsham is between 50% and 80%. The remaining districts are classified as urban Crawley, Adur, Worthing and Arun.

	Pop 2009 est	Urban pop	Total rural pop	Rural town	Village	dispersed
Adur	59571	99%	1%	-	-	100%
Arun	140.841	93%	7%	34%	46%	20%
Chi	106518	-	100%	63%	23%	14%

even when the health professionals do not work directly with a child but may be seeing their parent, carers or other significant adult. Abuse can be intentional or unintentional.	Crawley	99,747	100%	-	-	-	-
	Horsham	122,247	39%	61%	59%	20%	21%
	Mid-Sx	127,210	-	100%	83%	10%	7%
	Worthing	97,595	100%	-	-	-	-
	West Sx	753,729	58%	42%	69%	18%	13%
Some areas of the county have low poor air quality.							