

**HERTFORDSHIRE COUNTY COUNCIL  
ADULT CARE SERVICES SELECT COMMITTEE  
THURSDAY 11 JANUARY 2001 AT 10.30 A.M.**

Agenda Item No:

**5**

**NATIONAL CARERS' STRATEGY – PROGRESS ON IMPLEMENTATION**

*Report of The Director of Social Services*

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**1. Purpose of Report**

To provide a progress report on the implementation of the National Carer's Strategy in Hertfordshire.

**2. Summary**

- 2.1 The National Carers Strategy was launched in February 1999 aiming to promote an integrated response to meeting the needs of all carers.
- 2.2 The key aim of the strategy is to promote independence for carers through use of preventative, rehabilitative and support services. The specific focus for Social Services in achieving this aim is on:
- ◆ consultation with carers
  - ◆ the collection of information about carers
  - ◆ the assessment of carers' needs
  - ◆ the provision of information for carers
  - ◆ the provision of support for carers
  - ◆ the provision of breaks for carers
  - ◆ work with young carers
  - ◆ carers and employment.

- 2.3 To support the implementation of the strategy and specifically the provision of “breaks” a special grant for carers has been provided. This amounted to £380,000 in 1999/2000, £910,000 in 2000/2001, and £1.3 million has been allocated for 2001/2002. This was initially a three year grant, now extended to 2004.
- 2.4 Progress has been made in Hertfordshire in addressing the key issues identified in the strategy. Grant monies have been used to establish a range of services offering breaks to carers and work is underway to improve the information we hold about carers and to systematically offer assessment of their needs.
- 2.5 Improvements have been made to the information and support provided to carers and focused work on young carers and carers in employment and identifying what needs to be done to improve their quality of life.
- 2.6 There is a lot more work to do. Just finding out who is a carer is a difficult task, as people do not necessarily categorise themselves as such. A good start has been made in recognising and meeting needs and this now needs to be built on to ensure equity of access to services and sufficient support and information to all carers.

### **3. Conclusions**

- 3.1 There has been progress on all the elements of the National Carers’ Strategy over the last 18 months. It is clear that staff need to continue to be proactive in the identification and assessment of carers. New grant monies, together with greater clarity about what carers would be entitled to as a result of the Carers and Disabled Children Act 2000 will continue to focus attention on how carers’ needs can be identified and met in the future.
- 3.2 In the context of organisational changes from April, new legislation concerning carers and feedback from conferences in November, it would be appropriate to update the Joint Action Plan for Carers for 2001/02 and onward.

## **1. Background**

1.1 The National Carers Strategy: Caring about Carers was launched in February 1999. Its main aims are:

- to move the focus of professionals and others from the client, patient, and user onto seeing the person as needing care in the context of the family, neighbourhood and community. This recognised the importance of informal caring.
- to acknowledge that all carers need some help and support to enable them to continue caring
- develop a multi-agency approach to caring and draw together the existing work from across all the local agencies and government that impacts on carers
- recognise the particular needs of two groups of carers – young carers and carers in employment.

1.3 In February 1998 the Social Services Operations Sub Committee approved a Joint Action Plan for Carers. This action plan and an update on progress is attached at Appendix 1 to this report. In April 1999 the Social Services Committee received a report on National Carers' Strategy. The report detailed links to the agreed action plan and identified further work that was needed to make the strategy a reality for Hertfordshire's carers.

1.4 The Carers and Disabled Children Act 2000 received royal assent in July 2000 and is expected to become law in April 2001. The Act

- extends the right to assessments, so carers can be assessed regardless of the wishes of those they care for
- enables local authorities to provide services to carers in their own right
- and provides the potential for more flexible services
- recognises the specific needs of young carers over the age of 16 years
- enables local authorities to extend the provision of Direct Payments to all carers of adults, including those aged 16 and over

## **2. Involvement and consultation**

2.1 The National Carers' Strategy emphasises the need to work in partnership with carers. Carers are represented at the strategic level through the Hertfordshire

Carers' Strategy Group, which was established in December 1998. This is the group that overviews progress of the National Strategy, and through reference groups influences progress on key areas of the strategy – eg young carers issues, health related issues, the short term breaks plan. Each reference group has multi-agency membership.

- 2.2 Annual conferences to discuss and consult on the Carers' Breaks Plan produce helpful feedback on carers' experience of breaks and what is still to be achieved. They also provide information about wider service effectiveness. Carers are now central to these events. A separate conference to discuss the needs of black and ethnic minority ethnic carers was organised this year, as they have been under-represented at other conferences. A summary of issues raised at the two conferences held in November is attached as Appendix 2. The Joint Action Plan needs to be updated to reflect the issues raised at the conferences.

### **3. Information about carers**

- 3.1 From the data available nationally, we can assume that there are 117,000 carers (over the age of 16) in Hertfordshire, and of these 27,000 will be providing over 20 hours of care and 13,000 over 50 hours of care. It is difficult to get accurate local information about carers and their needs, and to plan services to meet those needs.
- 3.2 Social Services has already begun collating information about carers in a more systematic way. Modernising Health and Social Services: National Priorities required all general practitioners, members of the primary care teams and Social Services to identify carers by April 2000, and now specifically asks GP's to identify carers by April 2002. The 2001 Census will give details on the number of carers by area and provide information on specific groups of carers.

### **4. Assessment of Carers**

- 4.1 Social Services should offer separate carers' assessment to 'substantial and regular' carers at the time that the person they care for is assessed. The policy and procedure for recording the work with 'substantial and regular' carers was issued in September 1998 and there is greater staff awareness of the need to consider carers' needs in client's care plans. Plans are in hand to ensure that separate assessments are offered to all carers and their needs are reviewed annually.
- 4.2 The Carers and Disabled Children Act 2000 will require an even clearer process around assessments, as staff will need to be clear whose needs they are meeting when they provide services. Procedures are being amended to reflect this change.

## **5. Information Needs of Carers**

- 5.1 Carers need information from a range of sources and on a range of issues. Social services staff are instructed to make sure that following an assessment, a carer is left with information about either Carers in Hertfordshire or other local support services.
- 5.2 Carers in Hertfordshire are funded to provide an information service but statutory agencies have a key role to play too. Work is currently underway to ensure that comprehensive information about services for carers is held on the County Council's "Infobase" and to provide a link between the Call Centre and Carers in Hertfordshire. Better links need to be developed between service providers and both the Call Centre and Carers in Hertfordshire, so that they can signpost carers appropriately. The recent launch of the County Council Website affords further opportunities for the collation and dissemination of information to carers.

## **6. Local Support**

- 6.1 Carers support services and carers centres which act as a 'one stop' shop, providing advice and emotional support are valued by carers. Carers' in Hertfordshire and associated centres have been enhanced in the last eighteen months. This has been achieved through funding provided to Carers in Hertfordshire from Joint Finance and specific grants for centres in Dacorum, and South West Hertfordshire with outreach work in Stevenage.
- 6.2 Additionally, carers support workers are to be employed through Watford Race Equality Council's Community Care Project. This will begin to help to identify and support the needs of black and ethnic minority carers. Age Concern and the Alzheimer's Society are also funded to provide carers' support workers.
- 6.3 To help carers claim all their rights to benefit the Money Advice Unit issued the 'Benefits for Carers' booklet in April 2000 and will update that for April 2001. The Unit regularly produce articles for publication in Carewaves, the Carers in Hertfordshire newsletter.

## **7. Carers' Breaks**

- 7.1 The Carers' Strategy emphasised the importance of breaks for carers and in order to facilitate the development of more flexibility and choice, the Carers Special Grant was introduced in 1999/2000. It was initially a grant available over three years, and has now been extended to 2003/2004. Hertfordshire received £380,000 in 1999/2000, £910,000 in 2000/2001, and will receive £1.3million in 2001/2002.
- 7.2 Social Services Committee agreed the detail of the National Carers Strategy: Short Break Plan 1999/2001 on 17<sup>th</sup> June 1999 for 1999/2001 and on 16<sup>th</sup> March 2000 agreed further detail for 2000/2001. (see Appendix 3).

- 7.3 The Short Breaks Plan has been developed and delivered as envisaged. All the schemes are in place and some 600 additional carers benefited from a service provided through the grant in year1.
- 7.4 The majority of schemes funded through the grant were intended to provide services on a countywide basis. Where there was a particular need, for example in South West Hertfordshire, a specific scheme for the black and ethnic minority community was set up. It is expected that there will need to be similar schemes in other parts of County.
- 7.5 At the 6<sup>th</sup> November 2000 Carers Conference, carers expressed a view that there were still issues about the equity of access to services. Some of these concerns relate to the Short Breaks schemes but the distribution of other social care provision contribute to this perception. Next year's grant offers the opportunity to improve equity of access to breaks but equitable access to provision of day care, residential and domiciliary care is also of concern to carers.
- 7.6 Under current legislation carers are not, as such, entitled to receive services and so the assessment of need is based on the eligibility criteria for the client. The National Carers' Strategy covers all carers, including those caring for people not having an entitlement to services through eligibility criteria. It devotes a chapter to caring for carers, which includes the provision of breaks. Once the Carers and Disabled Children Act 2000 is enacted carers can expect to receive services in their own right.

## **8. Young Carers**

- 8.1 Young carers have the same need of a break as others do, however they need services tailored to their needs. A proportion of the Carers Special Grant has been targeted to meet their needs and is providing breaks through the Stevenage Young Carers Centre and the Young Carers Project at Carers in Hertfordshire.
- 8.2 The Young Carers Development Worker at Carers in Hertfordshire is developing support groups in each district and there should be a support group in each of the 10 Districts by the end of 2001.

## **9. Carers as Employees**

- 9.1 The majority of carers are between the age of 45 and 64 and hence of working age. There need to be flexible employment practices as well as tailored support services to support carers in employment. A Seminar for employers is being promoted by HCC Personnel in 2001 to raise the profile of carers employment issues in the county.
- 9.2 The needs of carers who have to give up work and then wish to return to employment, or who felt they might have to give up work due to caring

responsibilities, will be addressed through a Joint Investment Plan to promote “Welfare to Work” in 2001/02.

## **10. Black and Minority Ethnic Carers**

- 10.1 The needs of the black and minority ethnic carers are clearly identical to those of all carers, however, they also have some specific needs around their cultural and racial identity. Mainstream services have still to fully address their different expectations.
- 10.2 Following the Black and Minority Ethnic Carers conference in November, a group of carers have begun to express their specific concerns. An ongoing forum will be created so that they can begin the dialogue with service providers and members of the department around their specific aspirations.

## **11. Financial implications arising from the report**

The Carers’ Special Grant of £1.3 million will be used to continue to improve the breaks offered to carers and to meet services gaps.

### *Background papers used by the author when compiling this report*

1. Caring about Carers: A National Strategy for Carers – HM Government, February 1999
2. Carers (Recognition and Services) Act 1995
3. Carers’ Strategies – Report to Hertfordshire Social Services Operations Sub-Committee, 19<sup>th</sup> February 1998.
4. National Strategy: Caring about Carers – Report to Hertfordshire Social Services Committee 15<sup>th</sup> April 1999
5. National Strategy: Caring about Carers – Report to Hertfordshire Social Services Committee, 17<sup>th</sup> June 1999
6. National Carers’ Strategy: Proposals for spending specific grant for breaks for carers 1999/2000 – Report to Hertfordshire Social Services Committee 9<sup>th</sup> September 1999
7. Special and Specific Grants 2000/01 – Report to Hertfordshire Social Services Committee 16<sup>th</sup> March 2000
8. Working Life Balance: Changing Patterns in a Changing World – DfEE March 2000

9. Local Authority Circular LAC (99) 25, Personal Social Services (PSS) Funding 2000/01 – issued November 1999
10. Local Authority Circular LAC (2000) 6, Promoting Independence: Partnership Prevention and Carers Grants – Conditions and Allocations 2000/01 – Issued March 2000
11. Carers and Disabled Children Act 2000
12. Getting the Right Break: Inspection of Short-Term Breaks for People with Physical Disabilities and Older People – SSI, June 2000
13. A Break for Carers?: an analysis of local authority plans to use the Carers' Special Grant – King's Fund, March 2000.

APPENDIX 1

**JOINT ACTION PLAN FOR CARERS (February 1998)**

**1 Recognition**

*All agencies recognise that the vast majority of community care is done by unpaid family or friends. We acknowledge that they may have needs in their own right, and that they have skills and experiences we can learn from. All agencies therefore commit themselves to raising staff's awareness of the needs of carers and listening to and respecting their views. We also know not all carers see themselves as such. We need to reach out to them to make sure they know that support may be available.*

<b>Aim: To raise awareness of carers' needs among all professionals in Hertfordshire</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Disseminate Joint Action Plan</b> to all interested parties, explaining which agencies will undertake what work and when by	Multi-agency ownership and high level of awareness	Completed
<b>Disseminate Primary Healthcare Pack</b> a piece of work being funded by joint finance to raise awareness among primary health care teams	Better awareness in Primary Health of key role as first point of contact. Better sign-posting. Every surgery to have this pack and young carers' pack.	Completed and followed up in 2000.
<b>Set up Primary Healthcare Sub-Group</b> of Carers' Impact Project	Mechanisms to help GPs record caring role on notes etc.	Sub-group established – now in the PCG/Health Reference Group.
<b>Disseminate Young Carers' Pack/Video</b> produced by the CinH Young Carers' Project, based on national and local research and promoting joint work between agencies.	Greater awareness in all agencies of young carers.	Completed – all Districts have packs.
<b>Finalise Young Carer Strategy</b> building on the above to ensure all agencies are aware of the needs of young carers and can monitor their performance in relation to meeting them.	Greater awareness in all agencies of young carers.	Young Carers' Reference Group overviews work on Young Carers. Strategy currently being revised.

<b>Aim: To raise awareness of carers' needs among all professionals in Hertfordshire</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Extend Joint Training programme</b> where carers have been involved in training professionals from health and SSD. Piloted and welcomed in North Herts, this will now go to all Districts.	Staff awareness of carers' issues, Carers Act etc.  Events held in each District	Joint training with carers involvement established in Mental Health, Elderly and Physical Disability and being discussed for Learning Disability.
<b>Ensure Primary Health staff training</b> is delivered and use GP training forums to encourage GPs to take part, ultimately working towards <u>accredited</u> GP training to raise the profile of issues.	Training events piloted in 3 Districts.	It has not been possible to achieve this, although training for primary care staff has taken place in some PCG areas.
<b>Develop GP/Consultant awareness</b> of importance of respecting carers' experience of effects of medication/treatment etc.	Health Investment Plan (all GPs sign up to HIP)	Not possible to achieve.

## 2 Choice

*All agencies commit themselves, within their financial limitations, to providing the maximum possible level of choice to carers. This means not making assumptions that someone should become a carer or about who should take on a caring responsibility. Carers should not be left to cope alone, nor should professionals take over if the family does not wish for this to happen. Carers should be supported where possible to care in the way they choose. They should not be put under any pressure to undertake tasks inappropriate for them.*

<b>Aim: To ensure a carer-friendly, sensitive response at first contact with services.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Work with carers on baseline checklist</b> on sensitivity to carers for <u>all</u> frontline staff	More sensitive reception for carers at point of access	Some work was done with client services staff, but now the focus needs to be on the Call Centre.

<b>Aim: To ensure carers know what help is available.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Workshop on eligibility criteria</b> (rules for who can get a service) in both policy and practice.	Less fear on part of carers. Clarity of policy and practice.	.Workshop took place.
<b>Promote Carers in Herts Contact Card</b> which will be piloted in 2 Districts initially	All carers contacting any agency will have access to CinH who can help them access local support, provide support and information themselves, or help carers return when eligible.	The contact card has been incorporated into the Carers in Herts leaflet and results in a better referral level.
<b>Revise guidance &amp; carers' assessment pack</b>	Clear guidance and tools for staff linked in with training.	Guidance issued September 1998 and discussion underway to revise.
<b>Audit practice, encourage consistency</b> and ensure carers have written copies of assessments that affect them where appropriate.	Clarity about how practice is 'on the ground'.	

<b>Aim: To improve carer assessments.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Build on joint assessment pilot</b> in NW Herts, by identifying how carers' assessments fit in with rapid response/winter pressures activity, how DN's role in supporting carers can be formally acknowledged etc. how carers' assessment checklist can be shared with DN's etc.	Better understanding of how good carers' assess-ments can help keep user out of hospital.	Subsequently not felt to be appropriate and Health and Social Care Coordinators assess carers.
<b>Build on joint assessment pilot</b> in NW Herts, by identifying how carers' assessments fit in with rapid response/winter pressures activity, how DN's role in supporting carers can be formally acknowledged etc. how carers' assessment checklist can be shared with DN's etc.	Better understanding of how good carers' assess-ments can help keep user out of hospital.	

### 3 Equity

*All agencies commit themselves to the principle of making sure there is equity in the way services are delivered to carers around Hertfordshire, where necessary making special arrangements to reflect cultural, linguistic issues and the difficulties of accessing support in rural communities.*

<b>Aim: to ensure the needs of carers from all communities are addressed.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Monitor ethnicity (and age and gender) of carers assessed</b>	Understanding of effectiveness in supporting carers from a range of backgrounds	A number of changes to SSIS have been made, latest change August 2000 now enables SSD to get comprehensive information.
<b>Monitor take up of services/unmet needs</b> by ethnicity, rural location, etc.	Understanding of effectiveness in supporting carers from a range of backgrounds	As above.
<b>Develop appropriate responses</b> eg work with Community Groups to develop outreach, specialist carers' groups etc.	Better links between community groups and carers' support.	Contact card is now integrated into the Carers in Hertfordshire leaflet and is more effective in that format.

<b>Aim: ensure carers have equal access to support across the county, avoiding 'patchy' services and rural inequalities</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Review unmet needs</b> as recorded on SSIS and via locality planning and identify carers 'lead' on DCGs with a responsibility to review carer -involvement and information about Carers' needs in District once per year.	Raised awareness More carers involved Better information about need.	This information is captured through conferences and in particular Commissioning and Planning Managers' lead.
<b>Review location/ transport problems</b> link into the county's ongoing transport review and ensure carers' issues are addressed	Greater awareness of carers' transport issues.	Best value review completed
<b>Map carers' groups</b>	Maximise use of carers support networks.	Groups being encouraged to enter their details on the Infobase.

#### 4. Consultation/Involvement

*All agencies will work to involve the carer in individual consultation about their role in the caring situation and to involve carers in general in the planning, delivery, monitoring and evaluation of services and always make sure carers are told what has happened as a result of their involvement.*

<b>Aim: to ensure carers are involved in every relevant activity of Health and Social Services</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Further develop data-bases/ carers' registers</b> as a consultation tool	Improved access to views of carers on services	Currently being revised following November 2000 carers' conference
<b>Support carer forums</b>	Greater carer participation Greater carer access to services	Carers are involved at a greater range of events and have had on annual Carers' "Breaks" Conference since 1999.
<b>Pilot (user and) carer monitoring of homecare contracts</b>	Carer-awareness raised with contracts, inspection, providers and assessors	Carers have been involved in home care tendering processes.
<b>Seminar on user and carer views about homecare</b>	Increased sensitivity to user and carers' needs on the part of all providers	Completed
<b>Design model to involve carers in audit of social services standards</b>	Increasing sensitivity of services to carers.	Carers use the "Having Your Say" leaflet which audits some of the District standards.
<b>Collect carer comments</b> and ensure mechanism to feed into DCG leads and others to identify senior management action needed	Service planning more responsive to carers' issues	Through conferences and meetings with Planning and Commissioning Managers carers are more.
<b>Carers' Training and Involvement Charter</b> building on experiences in training pilots and on the Taking Part Toolkit	Better use of carers' experience in training and other forums	
<b>Professionals and planners to find ways of going out to carers' groups</b> rather than expecting the reverse	More reaching out to carers who can contribute more fully 'on their own ground'.	Some evidence of this happening.

## 5 Information

*All agencies to commit themselves to raising staff's awareness of their responsibility to supply carers with information on relevant services or access to Carers in Herts as a place from which to access independent information, carers' groups etc.*

<b>Aim: To ensure <u>all</u> staff give good information and/or signpost carers to where they can get the information.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Target information at critical points</b> and ensure carers' issues are picked up in Community Information Directorate's Forums	Easier access to appropriate carers' contacts on INFOCENTRE	With the Call Centre information links are improving. Still needs further action.
<b>Ensure responsibilities are clear:</b> who is key professional for information giving at hospital admission, discharge, GP surgeries, at assessment etc?	Better signposting within and between agencies	Social Services staff signpost carers to Carers in Hertfordshire or other support at time of assessment
<b>Pilot CinH Contact Card as baseline</b> to make sure the very least a carer gets is access to Carers in Herts.	One focus point for the county from which carers can access information and services.	Carers in Hertfordshire have three local/outreach centres across the county, thus increasing access to information and services.
<b>Develop strategy to make general public aware of carers' issues</b> to include libraries, GP surgeries etc.	Greater public awareness.	Some networking undertaken.
<b>To find ways of getting information out to carers</b> eg Carers' Week	Greater awareness of carers' issues generally and particularly in terms of the NHS	Carers in Hertfordshire publish Carewaves and a programme of events during Carers' week.
<b>Hertfordshire Carers' Week</b>	Greater awareness of carers' health issues	Still to be achieved.

## 6 Practical Help

*All agencies commit themselves to providing service users and carers with appropriate practical support, with the minimum of delay and bureaucracy and where direct support is not possible, information etc. (see point 5)*

<b>Aim: To improve carers opportunity for a break.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Develop a joint respite care strategy</b> which works with carers to identify a carers' model of quality and identify gaps, underuse, and a range of types of respite.	Respite sub group Respite mapping Carer quality model	Covered by Carers' Breaks Plan and annual Carers' Conference

<b>Aim: to improve care at home</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Look at attitudes of staff working in people's homes</b> and identify how to spread best practice.	Greater sensitivity to carers.	Home care working party set up and carers now on the Home Care Users' and Carers Panel and Accreditation.

## 7 Emotional Support

*All agencies recognise the importance of respecting carers' feelings and giving them the opportunity to express them, especially at critical moments such as diagnosis, assessment, life changes, change of services. Agencies need to be clear when they cannot provide this support and to whom to refer on.*

<b>Aim: to ensure carers' feelings are respected and responded to.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Seminar on emotional support for carers</b> leading to production of signposting materials	Clarity about who does it and where to get it.	Seminar held.
<b>Improve carers' experience of sensitive diagnosis giving</b> through mailing out of King's Fund 'Breaking Bad News' ( <i>self audit tool</i> )	Greater awareness among staff Network of staff who responded positively to this tool.	The King's Fund "Breaking Bad News" was mailed out.

## 8 Minimising the cost of caring

*All agencies commit themselves to minimising the cost of caring to carers and helping them access appropriate benefits and financial advice and consulting them fully on any changes that may have to be made.*

<b>Aim: to ensure carers are fully informed of all benefits.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Benefits session for carers</b> (one or two per District).	Greater local awareness of carers' benefits.	
<b>Joint training for staff on carers' benefits.</b>	Greater awareness among 'gatekeepers'.	
<b>Update benefits leaflets</b>	Benefits information available to carers.	Benefits for Carers leaflet published each April (in line with DSS changes)

## 9 Coordinated services

*All agencies recognise the importance of working together to minimise stress and inconvenience to service users and carers and maximise the impact of scarce resources, and to ensure the appropriate flow of information between them to prevent duplication. This is at the heart of Carers' Impact.*

<b>Aim: to progress joint work with Primary Health Care Teams</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Carers' Contact Card</b>	CinH used by all agencies as focus point for information for carers.	The contact card has been incorporated into the Carers in Herts leaflet and is given out systematically
<b>Primary Health Care Pack</b>	All surgeries to have one pack and know how to use it.	Each surgery was sent a pack.
<b>Publicise examples of good joint working</b> between GPs and SSD	Spread of good practice in joint working.	

<b>Aim: to ensure carers are supported on discharge from hospital.</b>		
<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>Joint audit of discharge practice</b> with Trusts/HA monitoring of Service Level Agreements and Social Services, with carer involvement.	Better awareness of impact of discharge on carers.	Piloted in one District but not pursued further.

**Aim: to ensure carers have input into the development of joint commissioning of services.**

<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>To ensure carers can feed into the work of joint commissioning boards</b> in Mental Health, Learning Disability and Continuing Care	Greater awareness among joint commissioners.	Planning and Commissioning Managers aware of Carers' issues through Breaks Reference Group'. NSF for Mental Health means carers are centrally involved in the LIT and other care groups will in time have NSFs.

**Aim: to improve communication between Health, Education and Social Services to support parent carers.**

<b>Task</b>	<b>Desired Outcomes</b>	<b>Progress at December 2000</b>
<b>The key tasks in relation to the above</b> are set out in the Children's Services Plan.	Better communications and joint working at all levels.	Young Carers' issues covered in Quality Protects Management Action Plan.

**A. CARERS' BREAKS GRANT  
RECOMMENDATIONS**

<b><u>Recommendations/Proposals</u></b>	<b><u>Client Group</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Suggested Forwarding Action</u></b>
1. More care to be provided in own home	EPD	✓	✓		
2. Cash grants to enable carers to purchase holiday breaks for themselves	EPD	✓			Could be considered as part of discussions around voucher system
3. Provide more shared-care respite linked to supported living in the future	LD	✓	✓		
4. Provide more flexible and quickly accessible breaks at home to allow spontaneity for carers	LD	✓	✓		
5. Provide regular and guaranteed holidays	LD				
6. Develop 'Breaks of Choice Service'	MH	✓			Bob Fitzpatrick (HCC) to draw up proposals for a flexible MH specific breaks service
7. Parents and planners to jointly develop model of a 'swap-shop' to increase flexibility of access to existing services in emergencies.	CWD	✓			Christine Page and Linda Fairbrother(Carers) to work with Tammy Swailes (HCC)

## B. RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT

<u>Recommendations/Proposals From Carers of Older People and Adults with Physical Disabilities</u>	<u>Short Term – up to 6 months</u>	<u>Long term</u>	<u>Agreed Action if any</u>	<u>Responsible Strategic Group</u>
1. Carers Champion in every GP practice to ensure good information for carers on all aspects of their caring needs		✓		Joint Commissioning Board EPD
2. Involve GP's in the identification of carers and the provision of information to support them in their caring role	✓			Primary Care Groups/ Primary Care Trusts
3. Improve transport – extend Dial-a-Ride		✓		
4. Development of and access to, good quality information guides and database on availability and eligibility for services	✓	✓		Hertfordshire Carers Strategy Group
5. Improve services provided by agencies through improved training for their staff. Particularly for specialist care needs		Within 2 years		Joint Commissioning Board EPD
6. Allow/facilitate access to services in other areas and consistency of access to services across county		Within 2 years		Joint Commissioning Board EPD
7. That HCC improve the quality and sensitivity of carers assessments, and review the form for suitability to the type of carer. Ensure that all carers have access to assessments.	✓			Joint Commissioning Board EPD and Hertfordshire Carers Strategy Group

<b>TABLE B Continued. RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT</b>				
<b><u>Recommendations/Proposals from Parent Carers of Children with Disabilities</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Responsible Strategic Group</u></b>
1. Parent carers to meet with Paul Clarke, Deputy Director designate of CSF service, to discuss a variety of issues raised at the conference	✓		Carers in Hertfordshire to assist parents to arrange this	Children's Joint Commissioning Board
2. That HCC develop a waged service based on the model of the Mencap Buddy Scheme for older children		✓		Children's Joint Commissioning Board
3. Development of and access to, good quality information guides and database on availability and eligibility for services	✓	✓		Children's Joint Commissioning Board and Hertfordshire Carers Strategy Group
4. That HCC improve the quality and sensitivity of carers assessments, and review the form for suitability to the type of carer. Ensure that all carers have access to assessments.	✓			Children's Joint Commissioning Board
5. Allow/facilitate access to services in other areas and consistency of access to services across county		Within 2 years		Children's Joint Commissioning Board
6. HCC continue to assist service providers to resolve recruitment problems	✓	✓		
7. Improve services provided by agencies through improved training for their staff. Particularly for specialist care needs		Within 2 years		Children's Joint Commissioning Board
<b>TABLE B Continued. CONFERENCE RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT</b>				

<b><u>Recommendations/Proposals from Carers of Adults with Learning Disabilities</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Responsible Strategic Group</u></b>
1. That HCC develop a more integrated, fully informed and continuous approach to life-time planning, involving carers and users at every step of the process	✓	✓		Joint Commissioning Board LD
2. Set up better structure within Social Services to facilitate clear communication between the localities and the planners			Judith Jackson offered to meet with any Carers' groups, and to pass on issues that arose concerning the Tewin Road Project.	SSMB
3. Provide for long-term planned regular breaks for carers		✓		Joint Commissioning Board LD
4. Provide better and more re-assuring provision for emergency circumstances		✓		Joint Commissioning Board LD
5. Ensure more integrated planning by NHS/SS to provide services for those with complex needs		✓		Joint Commissioning Board LD
6. That HCC improve the quality and sensitivity of carers assessments, and review the form for suitability to the type of carer. Ensure that all carers have access to assessments.	✓			Joint Commissioning Board LD and Hertfordshire Carers Strategy Group
7. Improve services provided by agencies through improved training for their staff. Particularly for specialist care needs		Within 2 years		Joint Commissioning Board LD
8. HCC to include information about respite as standard part of assessment and review forms	✓	✓		Hertfordshire County Council District Teams Adult Care Services

<b>TABLE B Continued. RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT</b>				
<b><u>Recommendations/Proposals from Carers of Adults with Learning Disabilities (continued)</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Responsible Strategic Group</u></b>
9. Allow/facilitate access to services in other areas and consistency of access to services across county		Within 2 years		Joint Commissioning Board LD
10. Development of and access to, good quality information guides and database on availability and eligibility for services	✓	✓		Hertfordshire Carers Strategy Group

<b>TABLE B Continued. RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT</b>				
<b><u>Recommendations/Proposals from Carers of Adults with Mental Illness</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Responsible Strategic Group</u></b>
1. Actively involve carers in monitoring of services		6 - 12 months		Local Implementation Team
2. Involve GP's in the identification of carers and the provision of information to support them in their caring role	✓			Primary Care Groups/Primary Care Trusts
3. HCC to include information about respite as standard part of assessment and review forms	✓	✓		Community Mental Health Teams
4. Review the HCC eligibility criteria to provide for preventative service to prevent relapse or crisis		6 - 12 months		Adult Services Committee
5. Offer respite to carers of people on enhanced level of CPA	✓			Local Implementation Team
6. Provide more local day-care		Within 2 years		Local Implementation Team
7. That HCC improve the quality and sensitivity of carers assessments, and review the form for suitability to the type of carer. Ensure that all carers have access to assessments.	✓			Local Implementation Team and Hertfordshire Carers Strategy Group
8. Allow/facilitate access to services in other areas and consistency of access to services across county		Within 2 years		Hertfordshire Carers Strategy Group
9. Development of and access to, good quality information guides and database on availability and eligibility for services	✓	✓		Local Implementation Team

<b>TABLE B Continued. CONFERENCE RECOMMENDATIONS CONCERNING OVERALL SERVICE DEVELOPMENT</b>				
<b><u>Recommendations/Proposals from Carers of Adults with Mental Illness</u></b>	<b><u>Short Term – up to 6 months</u></b>	<b><u>Long term</u></b>	<b><u>Agreed Action if any</u></b>	<b><u>Responsible Strategic Group</u></b>
10. Improve services provided by agencies through improved training for their staff. Particularly for specialist care needs		Within 2 years		Local Implementation Team
11. Carers assessments should be available to all self-identifying carers.		✓		Local Implementation Team
11. Develop alternatives to police cells if things go wrong		Within 2 years		Local Implementation Team

**8. SUMMARY OF RECOMMENDATIONS AND ACTIONS PLANNED**

<b>Recommendations</b>	<b>Action Planned/Taken</b>	<b>Action needed and by whom</b>
<b>A. Training</b>		
1. Providers should include cultural diversity and awareness training into all basic training for front-line staff providing services	HCC training department already involved in discussions about need. Quantum care beginning to look at how they can take this forward	All provider agencies to show a commitment to do this as part of their contracts with HCC
2. Black & Ethnic carers to be involved as experts in training programmes for professionals	HCC training department already including carers in assessment training for managers	All provider agencies to look at how they can incorporate this into their training plans
3. Involve carers in the planning of training	Questionnaire sent out with conference reports asking participants if and how they wish to be involved in future planning	All provider agencies and HCC to look at how they can incorporate this into their training plans
4. Better training needed for GPs and primary health care workers in carers issues		Health to consider how this can be implemented across all the PCT/PCGs
5. Provide carers with training in moving and handling, medication etc.	A small amount is already available	Health, Social Services and Carers Organisations to collaborate and work out how this can be more widely offered.
6. Social Workers to be trained to undertake culturally sensitive carers' assessments	HCC Training department already informed of this need	HCC training courses need to be designed to incorporate this in Carers Assessment training for social workers and managers
7. Social Services front-line staff to be more aware of what the carers' strategy means to them in their practice		HCC to look at how this is managed currently and consider improvements

## **8. RECOMMENDATIONS AND ACTIONS PLANNED cont'd**

<b>Recommendations</b>	<b>Action Planned/Taken</b>	<b>Action needed and by whom</b>
<b>B. Information and Accessibility</b>		
1. Wider publicity on available services	Responsibility for publicity already written into service agreements with provider agencies	HCC and all providers to ensure that their services are well publicised to reach a wider audience than at present
2. Create a central database of carers in order to keep them informed and consulted	This is being worked on by HCC as part of the overall development of new information systems in the county council. Consultation/involvement questionnaire is being sent out with this report.	HCC and partner agencies to exploit the full potential of Information Technology to benefit all carers
3. Quality and accessibility of information to be reviewed to ensure that it is understandable and in a variety of formats so that it actually reaches those who need to receive it	Existing HCC leaflets are reviewed regularly	All agencies including HCC to look at how accessible and appropriate their information is, and develop alternative styles e.g. pictorial, translations etc.
4. Improve accessibility to information by making it available at specific points such as GP's surgeries and one-stop-shops		Health, Carers in Hertfordshire and HCC need to take responsibility for signposting to carers' organisations
5. Employ specific workers as Carers Link workers who would be responsible for keeping carers and professionals informed. These could be based in GP's surgeries and Health Centres.		To be discussed between Health and Social Services as part of the development of new Adult Services, and Children Schools and Families Service.
6. Improve communication between providers about available services		All agencies and service providers
7. Create a central information point in the county	This is already being developed at the HertsConnect Call Centre and through the development of the new HertsDirect Website	HCC to ensure that Carers' Information is accurately provided through these means.

## **8. RECOMMENDATIONS AND ACTIONS PLANNED cont'd**

<b>Recommendations</b>	<b>Action Planned/Taken</b>	<b>Action needed and by whom</b>
<b>C. Assessments</b>		
1. Unmet need for specific resources, to be monitored through the assessment process, to inform the development of appropriate and good quality services	Facility already available and information is being collated	HCC to ensure that unmet need of carers is consistently recorded and forwarded to service planners
2. Ensure that workers carrying out assessments are well informed about suitable and available resources		This must be ongoing as part of good social work practice across the county
3. Ensure that Carers assessments are culturally sensitive and conducted in an appropriate language, with an interpreter or advocate present if necessary		This must be ongoing as part of good social work practice across the county
<b>D. Involvement</b>		
1. Involve Black and ethnic minority carers in developing and monitoring of services, by ensuring they are represented in all steering groups and that they are included in all strategy and development as a matter of course.	Formation of Forum is a starting point in this process	As the new departments are being developed, planning mechanisms will change, and membership needs to reflect this recommendation
2. Set up a Hertfordshire Forum – suggested name: The Black Carers Network in Hertfordshire. To act as a monitoring and driving body to work with the provider agencies to ensure that these recommendations are progressed	A questionnaire inviting people to participate in such a forum has already been distributed to those who attended the Conference	

## 7. Carers Grant

- 7.1 Hertfordshire Social Services have been allocated £910,000 of Carers' grant for 2000/01. This is the second of a three-year initiative. £382,000 was allocated in 1999/00 and the estimated grant for 2001/02 is £1.3m. The Carers Breaks Plan was agreed by Committee in September 1999.
- 7.2 Unlike the allocations for Partnership and Prevention grants, which are all additional funds in 2000/01, the allocation of £910,000 includes the £382,000 allocation for 1999/00. Therefore £528,000 is available in 2000/01 for the full year effects of schemes starting in 1999/00 and for new schemes.
- 7.3 The details of the total cost of schemes starting in 1999/00 (projects 1 to 8) and proposed new schemes for 2000/01 (projects 9 to 17) are as follows :

### *Ongoing Schemes*

	<b>£'000</b>
1) <u>Expansion of breaks at home services to all types of carer (adults)</u>	200
<p>This scheme will largely be delivered through Crossroads and will provide 3 hours sitting per week at home so that cares can pursue leisure or other activities. The service can be provided for up to a six-month period and should provide 500 families, across the county, with a service over a full year.</p>	
2) <u>Expand local volunteer sitting schemes</u>	70
<p>Carers of older people, particularly of those that are confused, find that a sitting service best meets the needs of those they care for. Carelink, Gemms and Breakaway will extend the existing service they provide so that a larger group of carers can receive services. The schemes are providing the relevant supervision and support as well as expenses for the volunteers. This also covers the costs of providing some support for the carers in gaining leisure, health and educational input in a group setting whilst the cared for are being supervised and safe.</p>	
3) <u>Specialist beds for people with profound learning and physical Disabilities</u>	60
<p>In conjunction with Parents in Partnership, 6 to 8 beds are designated within the independent sector to provide this specialist service. This scheme is about respite care.</p>	
4) <u>Develop one new befriending scheme</u>	50
<p>Mencap are offering befriending to adults with Learning Disabilities across Hertfordshire thus providing stimulation and interest for the</p>	

service users and giving breaks to their carers.

- 5) Increase day service opportunities for ten people with chronic Mental health problems 40

This scheme focuses on the east of the county (Hertford) and provides drop in and day facilities for people with Mental Health problems thus benefiting carers and providing new activities for users.

- 6) Booking of weeks of respite for severely mentally ill people through NSF 25

After the success in year one, this scheme will continue into year 2 and provides respite breaks (holidays) to those with severe mental health problems either with their carers or offers the holiday to the service

**£'000**

user and the carers can relax at home. The scheme is provided at Forresters with Social Services co-ordinating the scheme centrally.

- 7) Developing Minority Ethnic Elder Day Care 60

As a result of working with the Watford Race Equality Council there is now provision of luncheon clubs for the ethnic minority (black and Asian) communities in South West Hertfordshire. This scheme provides breaks for carers whilst the service users are being provided with a meal and transported to and from the venue.

- 8) Develop weekend and respite breaks for young carers 40

Carers in Hertfordshire and local Social Services District teams are arranging weekend and holiday breaks for young carers in a range of holiday provision.

## **New Schemes**

- 9) Breaks at Home for children with disabilities 40

The committee's strategy for children with disabilities includes the provision of breaks at home for parents. It is proposed that work is undertaken to agree additional contracts with home care agencies such as Crossroads to provide specialist services for these children. It is estimated that the money will purchase 3,330 hours of care over the year (66 hours a week). On an average of 6 hours per week per family this will benefit an average of 11 families every week throughout the year.

- 10) Community based services for children with disabilities 84

The committee's strategy for children with disabilities includes the

provision of play schemes, weekend clubs and after school provision for children with special needs. This will provide 41 additional places for 30 days over the year. Over the course of the year it is expected that 80 children will benefit for 15 days a year.

- 11) Residential respite services for children with disabilities 60

Occupancy rates at Jubilee House have risen, particularly for children with very high care needs. Contract negotiations are in hand to agree next year's service level agreement, which will need to reflect the increase in demand, for example, by funding full-time waking night care.

£'000

NCH at Adrian Road are preparing costs to expand their service by opening every weekend – they currently close on alternate weekends. Need for this service has been rising in terms of requests for increased packages and new referrals.

- 12) Summer activities for adults with learning disabilities particularly for adults out of college activities 15

Young adults with learning disabilities, that receive ongoing education, place a particular burden on their carers when they spend the three months summer period at home. The young adults are used to a full and active programme whilst at college and return home without the community contacts that other people have and thus pose problems for their carers in terms of how to occupy them. A number of requests for significant levels of assistance to this small client group arise during the summer, reflecting the difficulties and stresses the change of lifestyle creates. These young adults become bored and challenging. This scheme would address some of those pressures and, for carers in employment, would provide some of the support the carers need to help maintain their employment status.

- 13) Project Officer 36

In order to develop the schemes, manage the partnership arrangements and provide the ongoing monitoring information that is needed, there is a requirement for a project manager to take responsibility for the carers 'breaks' grant. The Department of Health is closely monitoring how this grant is spent.

- 14) Flexible short breaks for older people 20

Traditional arrangements for respite breaks for older people do not always meet carers' needs, however, this scheme will enable more flexible arrangements for short breaks, providing a break over a weekend of one or two nights rather than a week at a time. These

shorter and more flexible breaks will reduce overall occupancy of respite care beds for residential homes and, as a consequence, additional costs will be incurred.

- 15) **Holiday Provision to mentally ill people** 50

There is concern from carers that at the moment the breaks provision is only targeted through one scheme. This amount will enable a wider range of people, those with mental health problems, to have a holiday thus giving carers a break. This will diversify the provision of this service.

- 16) Extend day care opportunities for those with chronic mental health problems to South West Hertfordshire **£'000** 50

This allocation will provide drop in and day facilities to those with mental health problems thus benefiting carers and providing new activities for users.

- 17) Equitable provision for the ethnic minority communities 10

Schemes developed in South-West Hertfordshire during 1999/00 need to be developed in other parts of the county so that provision is equitable. St Albans, North Hertfordshire and Broxbourne all have significant ethnic communities and similar needs to those in South-West Hertfordshire. Whilst developing these services in 1999/00 it was not possible to cover the whole county, particularly North Hertfordshire, to identify how to move forward on this project in 2000/01.

Total cost in 2000/01 and in a full year 910

## 8. Mental Health Grant

8.1 Hertfordshire Social Services have been allocated £871,000 of Mental Health grant for 2000/01, spending proposals are based upon our joint strategy included in the Joint Investment Plan.

- 1) Full year effects of schemes starting in 1999/00. 51

These are additional costs in 2000/01 of schemes that started in 1999/00.

	<b>£'000</b>
New Hope Trust	10
MIND at Hertsmere	5
Turning Point at Hemel	8
CMHT manager in St Albans	3
AOT manager in North	12
Befriending Scheme in North Herts	10
Open Door	3

	Total	51
2)	<u>Horseshoe Lodge</u>	240
	<p>This is a 12 place supported accommodation unit in Garston for people with mental health needs. This establishment has been built and will be managed by Aldwyck Housing Association using capital challenge monies. Care will be provided by extending the existing contract with</p>	
		<b>£'000</b>
	<p>West Herts Trust. Clients are expected to start moving in during April 2000.</p>	
3)	<u>Hyde Supported accommodation Welwyn Garden City</u>	90
	<p>This unit will provide 8 places of supported accommodation for people with mental health needs and has been built by Aldwyck Housing Association using capital challenge monies. Care will be provided by Hightown Praetorian. Clients started moving in during January 2000.</p>	
4)	<u>Watford / Three Rivers Floating housing support</u>	27
	<p>This scheme provides care and support for people with mental health needs in their own accommodation.</p>	
5)	<u>North Herts Day Services</u>	100
	<p>This is a day service for people with mental health needs. The scheme is jointly funded with Health. Care is provided by the local Community Support Team.</p>	
6)	<u>Guidepost Trust</u>	20
	<p>This amount will allow for the consolidation of the existing day services provided by this voluntary sector provider.</p>	
7)	<u>Community Mental Health Teams</u>	100
	<p>The new National Service Framework requires all carers of people with serious mental health problems to have an assessment of their own needs. This amount will strengthen CMHTs capacity to undertake these assessments.</p>	
8)	<u>Assertive Outreach</u>	60
	<p>Provision of Assertive Outreach Teams is a top priority from the NSF. This amount will allow for a greater proportion of the county to be covered.</p>	
9)	<u>Community Support</u>	65

This will provide additional Community Support Team hours for Assertive Outreach Teams and ongoing staff training.

	<b>£'000</b>
10) <u>Local Implementation Team Development</u>	68
<p>The new Local Implementation Team in Hertfordshire will have an annual budget split 3 ways, 36k is the Social Services contribution. In addition funding for a user support worker is required (32k).</p>	
11) <u>Residential Accommodation / Support (East)</u>	50
<p>People from the East of the County are not able to access the new rehabilitation units in St Albans and Stevenage. A small number of placements need to be purchased from the independent sector in the Eastern part of the County.</p>	
Total cost in 2000/01 and in a full year	<u>871</u>

## **9. Drug and Alcohol Grant**

9.1 The 2000/01 allocation for Drug and Alcohol grant hasn't been made yet. However, Hertfordshire can expect an allocation of up to £120,000 for additional funding from the Modernisation Fund for the financial year 2000/01. The aim is to spend a significant portion of this funding on young people's services.

9.2 Listed below are suggested priorities for expenditure during 2000/01. Further discussions need to take place within the Drug Action Team concerning assertive outreach teams and the appointment of specialist drug and alcohol workers to these teams.

1) Development of Shared Care Arrangements for Drug Misusers With Primary Health Care Teams 90

These developments are a Department of Health priority and specialist posts were put in place this financial year through the Modernisation Funds. Discussions are taking place with the Health Authorities regarding the introduction of a strategic shared care scheme throughout Hertfordshire. This funding would allow for the appointment of 3 shared care worker posts to further develop these schemes. Priorities would be to make appointments to Stevenage, Welwyn/Hatfield and South West Herts.

2) Vale House 25

Satellite day care services are currently run by Vale House in a number of localities, including Bishops Stortford and Welwyn Garden City.

The indications are that the services are well used and both Social Services and Health staff see the groups as offering a valuable service.

£'000

These groups were started on short-term funding and may have to cease operating next financial year.

- 3) Social Work Post 0.5 whole time equivalent 15

East & North Herts Health Authority has allocated £15,000 this financial year to develop drug and alcohol services in the Hertford area. Currently the service has only one day a week of social work input from the social worker based in the East Herts Drug and Alcohol Service in Ware. Given the developments taking place, it is an ideal opportunity to build in additional social work support to the service.

- 4) Social Work Post 0.5 whole time equivalent 15

East & North Herts Health Authority has allocated £30,000 to Enfield Community Drug and Alcohol Service to extend services in Waltham Cross and Cheshunt. This funding is to enable the development of shared care schemes for drug misusers and for the provision of an assessment and detoxification service for alcohol misusers. There is an opportunity to further extend the service through the provision of social work support.

- 5) Herts Alcohol Problems Advisory Service & Alcohol Advice Centre Watford 50

There are particular difficulties for alcohol misusers accessing services in some parts of Hertfordshire, for example, Dacorum. The aim of this funding would be to extend the capacity of these agencies to see individuals for longer term counselling. These services would work closely with the statutory drug and alcohol teams to work with clients post-detoxification and ensure effective throughcare provision.

- 6) Community Care funding for residential rehabilitation daycare placements 60

There has been concern from Care Group Managers and Service Providers about the level of funding for residential/day care placements. There is also concern about additional pressures on funding.

Total cost of proposed schemes in 2000/01 255

## **10. Financial Implications**

- 10.1 Hertfordshire has been allocated sufficient Special and Specific Grants to cover the proposals outlined in this report.

### *Background material referred to by the author whilst compiling this report*

1. Local Authority Circular LASSL(99)25.  
Personal Social Services (PSS) Funding : 2000/01. Issued November 1999.
2. Local Authority Social Services Letter LASSL(2000)1.  
Personal Social Services (PSS) Funding : 2000/01. Issued 2 February 2000.

If you would like to know more about the issues referred to in this report, please contact Ralph Paddock, Head of Finance, Social Services Department, telephone 01992 556354.