

RESPONSE TO FEEDBACK FROM PUBLIC CONSULTATION ON THE DRAFT PHYSICAL DISABILITY AND SENSORY IMPAIRMENT STRATEGY

The following is a summary of the changes made to the Physical Disability and Sensory Impairment Strategy in response to comments made by stakeholders during public consultation :

1. Introduction

Bullet point 1.4

Inserted – *Safeguarding vulnerable adults*

3. National Context

Bullet point 3.2, item h

Inserted – *this is addressed in the Carers strategy*

5.4 Social work: Meeting Fundamental Needs through Personalised Services

Bullet point 5.4.5

Inserted - *This needs to include such things as brokers, advocates, facilitators.*

Bullet point 5.4.6

Inserted - *Financial advisors and brokers need to in place and schemes designed to support the use of these new methods of payments. E.g. shared banks – to help people club together to buy services with friends.*

5.6 Diversity

Bullet point 5.6.1

Inserted - *Services need to work closely with individuals, their families and advocates, to ensure that their religious or cultural needs are respected, when planning services.*

5.9 Homecare

Bullet point 5.9.6

Inserted - *We need to ensure that services meet specified standards of professionalism. Standards and systems of monitoring need to be designed in conjunction with customers. Consistency of care is very important and relationships of trust are built up, which need to be managed with care.*

Bullet point 5.10.5

Inserted - *A buddy system needs to be designed and developed to enable people to access more social and educational opportunities. It is important that safeguards are established and monitored, so that vulnerable adults are not placed at risk.*

5.11 Supported Employment

Bullet point 5.11.1

Inserted - *This service is to become more mainstream and therefore much more accessible and form a core part of supporting all people into paid or voluntary work.*

Bullet point 5.11.2

Deleted - *This raises the question of whether this service would be more appropriately located in the Environment & Regeneration Department, with a more specialist employment service being established and funded for Adult Social Care customers, especially in the light of a broader Day Opportunities Transformation plan.*

Bullet point 5.11.2

Inserted - *Work is currently being undertaken to develop two pathways for people to progress from assessment into either a training and support for work/life direction or alternatively into an social/quality of life improvement direction.*

Bullet point 5.11.3

Deleted - *This option is made more attractive by the experience to date of the Vocational Training Unit, set*

up in 2003, which has struggled to fulfil its original purpose of spawning a number of micro- social enterprises, able to provide employment opportunities for a range of adult social care users.

5.12 Supported Living

Bullet point 5.12.4

Inserted - *Alternative options need to be considered; such as communities of choice, shared ownership and more adventurous adaptations to existing accommodation.*

Bullet point 5.12.6

Inserted - *Assistive technology needs to be made more easily available. A study of what is available and how it can be used, needs to be undertaken.*

5.13 Short Term Breaks

Bullet point 5.13.3

Inserted - *Consideration for holidays needs to be given as an alternative to respite care – this may be more cost effective and beneficial for the both the customer and the carer.*

6.2 Improved Quality of Life

Bullet point 6.2.4

Inserted - *Consultation has indicated that; the types of activities that are traditionally provided at community centres and day centres, are still very much required. These need to be expanded and made more accessible. It has also highlighted the need for other types of social activities to be explored. Examples of these include; - Buddies to assist with going places; contact with animals, accessible hairdressing; pubs and clubs which offer support (protection to vulnerable adults); cooking clubs; shopping trips; holidays; drama groups etc.*

6.3 Making a Positive Contribution

Bullet point 6.3.3

Inserted - *Adults with Physical disabilities and sensory impairments could act as reciprocal buddies for other vulnerable adults, such as those with learning disabilities, older people or people with mental health problems – this needs to be explored for all in any new buddy scheme.*

6.4 Increased Choice and Control

Bullet point 6.4.7

Inserted - *More partnership boards with user input and involvement in the planning of services.*

Bullet point 6.4.8

Inserted - *More worthwhile consultation*

Bullet point 6.4.9

Inserted - *Better advocacy and brokerage*

6.5 Freedom from Discrimination

Bullet point 6.5.2

Inserted - *More education is needed in schools to prevent bullying and improve positive attitudes towards disability.*

6.6 Economic Well Being

Bullet point 6.6.2

Inserted - *Financial advisors and advocates need to be made more available*

6.7 Maintaining Personal Dignity and Respect

Bullet point 6.7.1

Inserted - *and maintaining dignity and respect training; and need to be taught how to put this into practice*

8.6 Economic Well Being

Bullet point 8.6.1

Deleted - *Prepare a options appraisal for transferring the d4 Supported Employment Service to the Environment & Regeneration Department*

Bullet point 8.6.2

Deleted - *Consider the core funding of d4 to work exclusively with adult social care users.*

RESPONSE TO FEEDBACK FROM PUBLIC CONSULTATION ON THE DRAFT LEARNING DISABILITY STRATEGY

The final version of this strategy has been amended to take account of the widespread feedback received from stakeholders on the draft strategy that was distributed for public consultation in July- September 2008.

The following table summarises the feedback received and how the strategy has been amended in response to this

Feedback Given	Impact on Strategy
General “ Easy to read” version of strategy OK but Executive Summary needs to be simplified	Once revised strategy is finalized and approved by the Executive, a revised, simpler version of an Executive Summary will be published.

<p>Carers</p> <p>Although carers' issues are mentioned in the body of the strategy, there are no commissioning proposals as such that relate directly to carers</p>	<p>Acknowledged – a number of specific commissioning proposals relating to carers have been added under the various outcome headings.</p>
<p>Improved Health</p> <p>Health Action Planning – needs to be extended to those in the community with minimum support, as most likely to fall through the net.</p>	<p>The extra resources being sought to extend HAP will be focused on this group</p>
<p>Access to general health services needs to be reviewed – over and above individual health action planning</p>	<p>Commitment to undertake comprehensive, whole system baseline assessment of access and develop action plan in response added to strategy</p>
<p>Improved Quality of Life</p> <p>Although people welcomed the proposal to increase local provision and allow people placed away from Luton to return here, they did not want anyone to be forced to return</p>	<p>Statement added to this proposal to make it clear that any programme of moving people back to Luton will be through personal choice, not compulsion</p>
<p>Many respondents nervous about the proposals to modernise day services, fearing a loss or reduction in service</p>	<p>Made clearer in the strategy that service modernisation is not about cutting services but improving choice</p>
<p>Modernisation of Day Services – Some respondents questioned</p>	<p>Statement added to the proposal to indicate that the question of who should</p>

whether the Council should continue to directly run the modernized services	provide these services in the longer term will be fully considered as part of the modernisation process
Feedback Given	Impact on Strategy

<p>Making a Positive Contribution</p> <p>Need to ensure that people with higher levels of or multiple disability can also have their voice heard and influence what happens in the wider system</p>	<p>Commitment added to increase the availability of independent advocates to this group of people</p>
<p>Increased Choice and Control</p> <p>Modernisation of day services must not compromise the safety of the most vulnerable – not everyone can spend all their time accessing universal services, as they are unsafe</p>	<p>Added statement that the plans will include the need for “protected space” for the most vulnerable and at risk, but stressing that this must be achieved without complete segregation</p>
<p>Proposed use of Assistive Technologies – concerns expressed that this might simply be used as a way to reduce staffing and therefore cut costs, to the detriment of people requiring support</p>	<p>Statement added to stress that assistive technologies will only be used with the full agreement of the individual as a positive way of decreasing their reliance on staff.</p>
<p>Proposed development of individual budgets and self directed care – generally welcomed as a step forward from the restricted direct payments scheme, but stressed that it will only work for people with a learning disability if backed up by high levels of support and access</p>	<p>Commitment added to this effect.</p>

to independent brokers	
Flexible specialist transport – welcomed as long overdue and a pre-requisite for many of the other proposals, but some queried why more emphasis on travel training was not included	Acknowledged that supporting people who have the capacity to access public transport but lack the confidence needs to be included in any transport strategy. Commitment to this effect added.
Possible use of spare capacity within Sheltered Housing for people with a learning disability – some people queried whether this would be a good mix, whilst others feared the creation of large “blocks” of learning disabled people living in mini-“ghettos”	Proviso added to the proposal, to the effect that careful consideration will be given to the mix of people in neighbouring accommodation units and to the need to avoid housing too many learning disabled people together on one large block
Feedback Given	Impact on Strategy

<p>Freedom from Discrimination and Harassment</p> <p>Respondents generally called for more specific proposals to be put forward under this heading, including greater support to learning disabled parents and awareness-raising amongst general service providers and other public bodies about the rights of people with a learning disability</p>	<p>Acknowledged – commissioning proposals added around these specific areas plus the implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards and a continued commitment to fund the specialist nurse role within the L&D Hospital</p>
<p>Dignity and Respect</p> <p>The idea of having “dignity champions” across all learning disability services was put forward</p>	<p>This is consistent with similar proposals that are being introduced across older persons services. Commitment to this effect now included in the strategy</p>
<p>Emphasis on safeguarding as self directed care systems introduced – respondents recognised the need for safeguarding procedures to be extended to the new types of arrangements that self directed care and individual budgets will introduce, but wanted to ensure that such safeguards did not overly restrict learning disabled peoples’ freedom to choose</p>	<p>Statement added to stress the importance that will be attached in this programme of change to achieving a balance between the need to safeguard vulnerable adults and the equally important need to ensure that those same people are allowed to gain the full benefits of self directed care.</p>

their own support arrangements and take risks	
Promote Economic Well Being Greater emphasis on helping people into paid employment welcomed, as long as people not forced down this road. Highlighted need for on-going support to people once in employment	Acknowledged – additional information added about the planned use of specialist LD funds to boost pathways to employment for people with a LD and to include on-going support, plus commitment to ensuring people and their carers have access to good benefits advice

RESPONSE TO FEEDBACK FROM PUBLIC CONSULTATION ON THE DRAFT OLDER PERSONS STRATEGY

1. **Executive Summary**
Inserted Bullet point under Luton Context into the seventh bullet point: -
, which is covered more fully in the carers strategy.

2. **Introduction**
Inserted at the end of the last paragraph: -
with the safeguarding of older people as a key theme throughout.

6. CURRENT SERVICE PROVISION & FUTURE PREDICTED REQUIREMENTS

Inserted at bullet point titled: - Services to enable older people who meet the Council's eligibility criteria to remain in their home

Assistive technology needs to be made more easily available. A study of what is available and how it can be used, needs to be undertaken.

New bullet point inserted

Alternative options need to be considered; such as communities of choice, shared ownership and more adventurous adaptations to existing accommodation.

6.21 Carers Assessment

Inserted at end of third paragraph

This is currently being looked at under the carers strategy.

Consideration for holidays needs to be given as an alternative to respite care – this may be more cost effective and beneficial for the both the customer and the carer.

6.22 Individual Budgets and Self-Directed Care

Inserted third paragraph

Safeguarding is essential in this area and it is very important that brokers, advocates and facilitators are in place to support older people, with close monitoring systems working to protect people.

6.23 Home Care

Inserted at fifth paragraph

We need to ensure that services meet specified standards of professionalism. Standards and systems of monitoring need to be designed in conjunction with customers. Consistency of care is very important and relationships of trust are built up, which need to be managed with care.

Services need to work closely with individuals, their families and advocates, to ensure that their religious or cultural needs are respected, when planning services.

6.24 Day Opportunities and Day Centres

Inserted second paragraph

A buddy system needs to be designed and developed to enable people to access more social and educational opportunities. It is important that safeguards are established and monitored, so that vulnerable adults are not placed at risk.

Consultation has indicated that; the types of activities that are traditionally provided at community centres and day centres, are still very much required These need to be expanded and made more accessible. It has also highlighted the need for other types of social activities to be explored. Examples of these include; - Buddies to assist with going places; contact with animals, accessible hairdressing; pubs and clubs which offer support (protection to vulnerable adults); cooking clubs; shopping trips; holidays; drama groups etc.

6.3.1 Adult Social Care Support Services – Community & Preventative Services

Inserted fifth paragraph

Older people could act as reciprocal buddies for other vulnerable adults, such as those with learning disabilities, physical disabilities and sensory impairment other older people or people with mental health problems – this needs to be explored for all, in any new buddy scheme.

7 Mental Health Services for Older People

In response to feedback that the draft older persons strategy was very “light” on the important topic of mental health services for older people, the previous references to these services were deleted and replaced with the following, more detailed section on this topic :

7.1 Partnership for Older People Project

Luton is a Round 1 Partnership for Older People Project (POPP) site. Between 2005- 2009, Luton will have received £860,000 from the Department of Health to develop a range of mental health services for older adults. These services have been developed in partnership with Luton PCT, Luton and Bedfordshire Mental Health Partnership Trust (BLPT), the University of Bedfordshire, services users, carers, older people and voluntary organisations.

7.1.1 A range of services has been developed and funding has been identified to sustain these services, as the Department of Health funding will now cease. These services include a memory assessment service, day opportunities for older people with moderate to severe dementias, carers training and support services and a range of preventative services for people with mild to moderate functional and organic mental illnesses. The preventative services are all provided by local voluntary groups.

7.1.2. Throughout the project, Luton Borough Council has worked very closely with its partners to develop and improve services. It is anticipated that this close working relationship will continue thus ensuring that duplication is avoided, that the best use is made of available resources and a seamless service can be provided to older people with mental health problems and to their carers.

7.1.3. A Project Board was established to oversee the project. A Monitoring Group consisting of service users, older people, carers and voluntary organisations was also established to make sure that Luton POPP delivered its required objectives. These two groups have now been merged into a Partnership Forum and they are now focusing on identifying service requirements beyond 2009. This together with an evaluation of services carried out by the University of Luton, extensive consultation on the draft National Dementia Care Strategy and a POPP planning event will result in a local implementation plan.

7.1.4. The key objective for Adult Social Care are listed below and are also reflected in the joint draft PCT and LBC Commissioning Strategy for Mental Health Services in Luton (2009).

Note: In Luton, services for younger adults with dementias are currently being provided by older adult services. The reason for this is that the level of expertise in providing appropriate services that better meets the needs of younger people with dementias currently rests with staff that predominately work with older adults. The needs of this group of people are therefore also included within this strategy.

7.2 Older People Mental Health Commissioning Infrastructure

7.2.1 Over the last three years, Luton POPP has had lead responsibility for commissioning mental health services for older people. As the project is coming to an end, a joint commissioning infrastructure needs to be established with the PCT. This will ensure that there is a continued joint leadership underpinning the future development of commissioning mental health services for older adults in Luton.

Development of joint health and social care commissioning arrangements for mental health

services for older adults

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| <ul style="list-style-type: none"> • Agree and implement joint health and social care commissioning arrangements for older adults. • Review existing mechanisms for governance e.g. replacing the Partnership Forum |
|---|

7.3 Development of Provider Market

7.3.1 Mental health services for older adults are currently provided by a number of different statutory and third sector providers. These services tend to be focused on meeting the needs of people with dementia and very few services are available specifically for older adults with acute functional mental illnesses. Service users and carers have also expressed concerns over the quality of some of the services provided.

In order to increase choice for older adults and their carers, the aim is to increase the range and quality of mental health services available in Luton.

Development of Provider Market

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| <ul style="list-style-type: none"> • Increase the commissioning of specialist services for older adults with acute functional mental illnesses particularly day opportunities, respite and home care services. • Develop outcome focused performance management measures that have more emphasis on quality of life indicators • Identify minimum training requirements for all staff providing services to older adults with mental health problems. |
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- Work with local training providers to enable them to provide accredited training courses for staff providing services for people with dementias and those providing services for people with mental illnesses associated with old age.

7.4 Transforming the Quality of Dementia Care – National Dementia Care Strategy

7.4.1 The draft National Dementia Care Strategy was published earlier this year and consultation on this has recently ended. The final strategy is due to be published in November /December 2008 and is not expected to vary significantly from the draft version.

7.4.2 The key aims of the draft strategy are:

- Improving awareness
- Early and better diagnosis
- Improved quality of care
- Delivering the Strategy.

7.4.3 The strategy is an important step forward in improving the experience of people of all ages with dementia and that of their carers. Locally the following key actions for implementation have been identified:

Enhanced services for people with dementia

- Review and revise the current dementia care pathway against the recommendations of the imminent National Dementia Care Strategy
- Establish a specialist dementia team
- Further develop voluntary sector services input to the memory assessment service to meet the requirements of the 'Dementia Care Adviser' role in line with recommendations within the National Dementia Care Strategy.
- Extend the existing memory service across Luton
- Develop services for younger adults with dementia
- Extend services, support and training opportunities available for carers.

7.5 Service User And Carer Involvement

7.5.1 The implementation of successful user and carer involvement is identified as a clear policy imperative in recent policy guidance. LBC are committed to ensuring that service users and carers are equal partners both in terms of decisions that are made about their own care and the development of services at a strategic level.

7.5.2 The achievement of effective involvement requires the development of structures and processes to ensure that the principles of partnership are embedded within Luton's approach to providing mental health services for older adults.

7.5.3 This strategy will support the development of a structure that will ensure the delivery of several key

outcomes:

- Involvement in planning decisions to ensure that services, systems and structures meet the needs of users and carers
- Involvement in service developments
- Participation in service review and audit
- Contribution to, and influence of, the education, training and research and development agenda
- Involvement in staff recruitment and induction and training
- Increasing the numbers of carer in paid employment
- Involving service users and carers in performance monitoring
- Involvement of service users and carers from black and minority ethnic communities within Luton

7.5.4. We aim to develop effective structures and systems that ensure service users and carers are supported in their involvement through:

- Appropriate training, expenses, induction and access to administrative resources.
- Receiving the information and support they require to carry out their role effectively.

7.5.5 Luton POPP has already developed mechanisms to involve service users and carers, but these have tended to focus on people with dementia and not functional mental illnesses. These mechanisms need to be

reviewed and strengthened.

Development Of Effective Structures And Systems For Service User And Carer Involvement

- Review existing mechanisms for service user and carer involvement in mental health services for older adults; identify gaps and develop costed plans for bridging these.

7.6 Personalisation and Recovery/Reablement Focused Services

7.6.1 To complement the personalisation focus within social care, mental health services for older people should have a strong focus on recovery. Services provided for people with dementias should focus on the maintenance and enhancement of existing levels of skills. They should aim to encourage people to realise their full potential with the help of timely, intensive and targeted interventions through partnership across the whole system.

Development Of Personalised Services

- Undertake service user/carers led assessment of current services to determine levels of recovery/reablement orientation and identify what needs to change to facilitate a recovery/reablement approach.
- Continue to move away from institutional care to more community based services.
- Invest in a greater range of floating support services to enable more people to manage their own

tenancies and live outside of specialist housing schemes

- Explore the likely demand for and feasibility of an Adult Placement Scheme specifically for older people with chronic mental health problems.
- Increase the availability of self-directed care opportunities for older people with mental health problems and their carers and so significantly expand the numbers of direct payment arrangements in place.
- Review the support available for working age carers to move into or back into paid employment.
- Address the day opportunity needs of older people with chronic functional mental illnesses and younger people with dementia within the wider modernisation of day services in Luton.

7.7 Interface with Health Services

7.7.1 Older people with mental health problems and their carers need to get help when they need it without being passed between services, often waiting long periods to access services.

7.7.2 To enable this, there needs to be clear protocols and effective relationships between Adult Social Care and primary, secondary and acute health services. Work is currently in progress to further develop pathways of care between services.

Interface with Health Services

- Review social care/health interface; develop care

pathways as needed and clear protocols for people with organic mental illnesses.

- Review social care/health interface; develop care pathways as needed and clear protocols for older people with functional mental illnesses.

7.8 Support for Carers

7.8.1 The recently published Carer's strategy (Carers at the heart of 21st century families and communities, DH 2008) sets out a vision where, by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

7.8.2 The strategy highlights the following outcomes to be achieved by 2018:

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

inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

7.8.3 In line with improving Carer Involvement (see above) we will listen to local carers and develop a range of personalised services to support carers in their caring role. Luton POPP has worked very closely with carers of people with dementias and a similar relationship needs to be developed with carers of older adults with functional mental illnesses.

Improved Support For Carers

- Ensure accurate, accessible information is available to carers
- Establish a range of options for carers to have easily accessible short breaks from care
- Develop improved support for young carers
- Continue to provide generic training for carers as well as specialist training for carers supporting people with dementias and for carers of older adults with functional mental illnesses

7.9 Reducing Unfairness in Health and Well-Being

Public sector organisations have a statutory responsibility to promote race and disability equality.

Delivering Race Equality in Mental Health Care, was published by the Department of Health in 2005 and identifies three

building blocks for delivering race equality:

- **More appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children
- **Community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers (nationally)
- **Better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This includes a regular census of mental health patients.

7.9.1 As part of POPP a multi-agency equality impact group was established to review take up of services provided through the project. This group should continue to meet but should be linked into the revised governance arrangements.

7.9.2 Two of the new Community Development Workers described in *Delivering Race Equality in Mental Health Care* are currently employed in Adult Social Care and are working closely with the Asian and African Caribbean communities in Luton focusing their work on mental health services for older adults.

Reducing Inequalities

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| <ul style="list-style-type: none"> • The multi-agency equality impact group should continue and be linked into the revised governance arrangements of mental health services for older adults |
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- **Increase the range of culturally appropriate services for older people with mental health problems.**
- **Review how best to meet the needs of hard to reach groups of older people with mental health problems e.g. gypsies and travellers.**
- **Continue with the current partnership arrangements whereby Adult Social Care employ the Community Development Workers working with BME community groups focusing on the needs of older adults.**

7.10 Reducing Age Discrimination

7.10.1 The National Services Framework for Older People (2001) placed a duty on social care and health services to address age discrimination in services that were provided. However there continues to be some services that have traditionally excluded people aged 65 and above. Some of the services currently provided for people with functional mental illnesses may better meet the needs of older people with similar conditions.

Rooting Out Age Discrimination

- With the commissioners of mental health services for working age adults review the appropriateness of commissioned services with age-related criteria regarding the flexibility of the criteria to reflect individual needs and research evidence to support effectiveness of age-related models.
- Review implicit age-discrimination within local

strategies

7.10.2 Improved Access

Services for older people with mental health problems in Luton tend to be for people with dementia. There is little resource or expertise for older people with functional mental health needs. This group of people do not currently have easy access to services that have traditionally only been available for working age adults, such as counselling services, substance and alcohol misuse services, crisis response services and specialist day care services.

It is unacceptable that older people are unable to access these services and LBC must work with health commissioners and service providers to develop plans to ensure access for older people.

Improved Access to Services

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| <ul style="list-style-type: none"> • With the commissioners of mental health services for working age adults and health commissioners review the access arrangements to services traditionally provided only for working age adults, and make sure that older people make up at least 10% (tbc) of the total number of adults accessing existing services. |
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7.10.3 Advocacy

Older people with mental health problems especially those with dementia are particularly vulnerable in terms of their ability to make informed decisions and may require someone to speak or act on their behalf. The new statutory Independent Mental Capacity Advocate (IMCA) service was launched in April 2007. This service is currently available to older people who require such a service.

In addition to this, many older people are not very clear about their rights as citizens, may have difficulty in fully understanding their rights or may find it difficult to speak up for themselves.

Advocacy can help service users to:

- Make clear their own views and wishes;
- Make informed choices
- Obtain independent advice and accurate information
- Negotiate and resolve conflict.

There is a general lack of advocacy services for older adults with mental health problems and services need to be commissioned that provide different models of advocacy such as supporting self advocacy, citizen advocacy, crisis advocacy and peer advocacy.

Increase Availability of Advocacy Services
<ul style="list-style-type: none"> • Increase availability of advocacy services for all older adults with mental health problems. • Review existing provision of advocacy and develop commissioning plans to ensure that independent advocacy is easily available to all who need it.

7.10.4 Promotion of Mental Health and Well-Being

The Luton POPP has worked to actively promote an agenda of positive mental health and well-being. To support this a range of preventative services have been commissioned from the voluntary sector including services from 13 different black and minority ethnic community groups. Luton has hosted two national conferences focusing on ageing and mental well being

with a third conference being planned for April 2009 and has provided a range of training to older people, carers and voluntary organisations.

Promotion of Mental Health and Well-Being

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| <ul style="list-style-type: none"> • Work with health colleagues to develop and deliver an evidence based, mental health and well-being promotion strategy which will focus on the mental, physical and social needs of older people and that of their carers. |
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RESPONSE TO FEEDBACK FROM PUBLIC CONSULTATION ON THE DRAFT CARERS STRATEGY

Feedback Given	Impact on Strategy
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<p>Improved Health</p> <p>Ensure that there is better access and information that is fully accessible to carers from all backgrounds</p> <p>Newsletter would be useful way of providing information</p> <p>Ensure that there is good training across the Council re Carers and Service Users needs</p>	<p>Strategy amended to strengthen this statement within strategy (9.1)</p> <p>Strategy updated to include this (9.1.i)</p> <p>Strategy updated to include this statement (9.1.ii)</p>
<p>Improved Quality of Life</p> <p>The care management system needs to be consistent , with access to timely assessments both for Service Users and Carers. Access needs to be quick and flexible</p>	<p>Strategy updated to include this point (2ii)</p>
<p>Making a Positive Contribution</p> <p>In the quality monitoring process and service improvement programme feedback from carers is obtained , with appropriate action taken to improve services</p>	<p>Strategy updated to include this point (3i)</p>
<p>General</p>	

<p>Strategy heavy in jargon and not easy to follow</p> <p>Greater clarity needed around role of the Carers Centre- how will the work of the centre differ from what is already provided by the third sector</p>	<p>Amendments made to strategy so that it is clearer to read</p> <p>Once revised strategy is finalized and approved by the Executive, an “easy to read”, simpler version of an Executive Summary will be published.</p> <p>More information about the purpose of the Carers Centre built into the main body of the report</p>
Feedback Given	Impact on Strategy

<p>Increased Choice and Control</p> <p>Carers stated that they need more support in actually setting up direct payments</p> <p>Carers requesting board to iron our problems with Senior Management. Similar requests for local group with elected committee of primary carers that can meet to discuss issues and provide feedback</p> <p>Feedback from carers that they would information about the development and mechanics of self directed support and personal budgets</p>	<p>Strategy updated to emphasize this point (4i)</p> <p>Strategy updated to include statement about Carers Partnership Board (4vi)</p> <p>Strategy updated to include this point (4vii)</p>
<p>5. Ensuring freedom from discrimination and harassment</p> <p>Feedback that strategy does not fully take into account the diverse needs of black and minority ethnic groups</p>	<p>Statements about the availability of information and meeting the needs of carers from different cultural backgrounds strengthened. Panel for Carers Centre Provider to include appropriate worker to ensure</p>

	that chosen provider can meet the needs of carers from BME groups
<p>6.Enabling economic well being</p> <p>Feedback from carers that they want accessible information and more financial security</p>	<p>Statements around making benefits advice accessible strengthened (6iv), also point added around carers centre working with local employers to raise awareness of carers rights (6v)</p>
<p>6.Maintaining personal dignity and respect</p> <p>Concerns from some carers that commissioned home care is not always of a high standard, with problems around poor practice, lack of training and high number carers attending over the course of one week</p>	<p>Point added to highlight the need to ensure that commissioned care is of a high standard, with input from carers in monitoring service provision (7iii)</p>

The draft Mental Health Strategy :

As highlighted in the Executive Report, although some consultation did take place on the draft Mental Health Strategy (Social Care only), this was limited, as towards the end of the consultation process, NHS Luton produced their draft proposals for mental health services and it was felt that it would be less confusing for stakeholders if we engaged in consultation on a Joint Mental Health Strategy. This consultation will be taking place during December and the amended joint strategy will be presented to the Executive for approval in January 2009.

