Update on Preparation for Carers Act Commencement

Recommendation:-
The Board is asked to:
• Note the significant preparatory work under way across all areas of NHSGGC in order to achieve ‘readiness’ in time for commencement of the Carers Act in April 2018.

Purpose of Paper:-
Provide a further update on NHSGGC ‘readiness’ for commencement of the Carers Act on the 1st of April 2018.

Key Issues to be considered:-
The Carers Act outlines statutory requirements for NHSGGC. Within the paper the duties for Acute Services and the Health and Social Care Partnerships are reflected.

This paper should be considered in conjunction with the updated Integration Schemes prepared by Chief Officers incorporating the provisions stemming from the Carers Act into those regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014 and which is the next paper on the NHS Board’s agenda. .

National guidance to support the implementation of the Act is still being finalised and service planning is being undertaken in response to the latest available draft guidance.

Any Patient Safety /Patient Experience Issues:-
Content of paper supports Patient Centred Care outcomes

Any Financial Implications from this Paper:-
A number of potential financial risks are highlighted in the paper including;
• Insufficient funding identified within original estimated costs set out in the Financial Memorandum to the Carers Bill. Concerns have been raised that the cost and demand estimates covering support for carers, replacement care and waiving of charges has been underestimated and based on outdated data and costs.
• Additional demand for assessment, support and waiver of charges may result from the publication of the Act, and may also result in raised expectations from carers, resulting in financial allocations that may not meet local demand. Resource allocation is associated with retrospective data until the new carers census data is available.
• Acute activity to support Carers is currently funded from non-recurring Carers Information Strategy funding. The Scottish Government has indicated this will no longer be allocated to NHS Boards but will be incorporated in to the Carers Act funding stream directly allocated to
Local Authorities. This will result in no allocated funding to support delivery of the Acute Carers Programme from March 2018

**Any Staffing Implications from this Paper:**

Workforce development implications are noted within the paper.

**Any Equality Implications from this Paper:**

Carers and Young Carers are recognised vulnerable groups with poorer health outcomes than the general population and actions to support Young Carers have been identified.

**Any Health Inequalities Implications from this Paper:**

Carers may be subject to further disadvantage with patterning of caring responsibilities linked to social deprivation.

Improved access to support will contribute to a reduction in health inequalities through mitigation.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:**

Carer Leads within HSCPs have undertaken assessment of risk locally and these have been considered in papers presented to IJBs. The risk assessment in relation to Acute duties is currently underway.

**Highlight the Corporate Plan priorities to which your paper relates:**

Prevention and early intervention.

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UPDATE ON PREPARATION FOR COMMENCEMENT OF THE CARERS ACT

RECOMMENDATIONS:

The Board is asked to:

- Note the significant preparatory work under way across all areas of NHSGGC in order to achieve ‘readiness’ in time for commencement of the Carers Act in April 2018.

1. Background /Introduction

This paper provides a further update to the Board following on from the papers presented in August 2016 and October 2017.

The implementation of the provisions in the Carers Act, which are designed to support carers’ health and wellbeing, will commence on 1st April 2018, and build on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.

The main provisions of the Act are detailed in Appendix 1. Specific responsibilities are evident for NHSGGC and require to be discharged through the Acute Services Division and Integrated Joint Boards (IJBs).

The approval of the updated Integration Schemes is being considered by the NHS Board as the next agenda item and it reflects the position consulted on, as prepared by Chief Officers on behalf of Integrated Joint Boards and NHSGGC and incorporate the provisions stemming from the Carers Act into those regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014.

National guidance to support the implementation of the act is still being finalised the most recent guidance was received in December 2018 and service planning is being undertaken in response to the latest available draft guidance.

2. Corporate Carers Group

The NHSGGC Corporate Carers Group was re-established in 2016 with representation from HSCP carer’s leads to consider the implications of the Carers Act on a board-wide basis; share practice and approaches across Local Authority areas in light of emerging guidance; integrate activity with Acute Services and identify areas where a single approach could be undertaken ‘once for NHSGGC’.

The Group is currently progressing:

- Sci-gateway referral from GPs to Carer Services in all Local Authorities with a ‘go live’ date anticipated in May 2018.
- Identification of core ‘joint’ elements for inclusion in the development of local Carer Strategies including; Access to carer support services; Anticipatory care plans and opportunities within Primary Care development.
- Universal and targeted direct access support from carers services for carers within the acute setting.
- Collaborative actions to improve identification and address the needs of young carers were identified as part of board-wide seminar.
3. Preparation within IJBs

Within each HSCP a Carer Lead role has been identified and provides regular updates to their Integration Joint Board (IJB) on local progress towards implementation of the Act. This Carers lead is also a member of the Corporate Carers Group. A summary of collective progress towards implementation of the Cares Act has been circulated to the Chief Officer’s via the Corporate Carers Group and is outlined below:

3.1 Planning
In broad terms, all HSCPs are in a similar position of progress and are on track to have requirements in place for the commencement of the Act, in line with the Scottish Government timelines. The Scottish Government has drafted statutory guidance to support the implementation of the Act, however this will not be finalised until March, 2018. All areas are currently establishing, through local consultation, the following which will be submitted to the local IJB for approval and published:

- Agreed local eligibility criteria that will assist integrated authorities to prioritise support and to target resources as effectively and efficiently as possible;
- Finalisation and publication of templates for Adult Carers Support Plans and Young Carers Statements;
- Review of current support provision, provision of breaks from caring, waiving of charges and Self Directed Support arrangements to ensure compliance with the Act;

In addition, all areas are preparing local carers’ strategies jointly with Local Authority and Health Board input. There will be variation in the timescales for publication of the strategy based on the existing cycle of HSCP Strategic Plans and the new requirement to produce a statutory carers’ strategy from 1 April 2018 or within a three-year ‘relevant period’ from the date of review of current HSCP plans.

3.2 Carers Census data
A final data specification has been agreed and published by the Scottish Government, this will collect data from carers who have engaged with services within each HSCP and ultimately will determine the level of resources in within each local authority. National plans are under development by the Digital Transformation Team to enable the collection of data from August 2018 using a ProcXed system. Data will be collected quarterly initially then annually and requires to be collected from all carers services (Local Authority (LA) and third sector) to ensure a full spectrum of support informs resource allocation and planning going forward.

3.3 Financial Planning
All areas have received Scottish Government funding to support local implementation of the Act during 2017/18 prior to commencement.

The Financial Memorandum to the Carers Bill sets out the Scottish Government’s original estimated costs of implementing the Carers Act. Concerns have been raised that the cost and demand estimates covering support for carers, replacement care and waiving of charges has been underestimated. It has been agreed that a new Finance Group will be established to address outstanding financial issues of the Carers Act. Within NHSGGC each HSCP and LA are currently considering local financial expectations required to implement the Act. The approach being adopted within Greater Glasgow has been shared with other HSCP Carer Leads.

3.4 Potential risks
A number of concerns have been raised within reports to IJBs with the potential to impact on the successful implementation of the Act. Within NHSGGC there is some variation as to what level of risk is presented with not all HSCPs agreeing. However, the main risks highlighted include:

- A consequence of each Local Authority agreeing local threshold for eligible support, may result in inconsistency of available support across NHSGGC area and Scotland, however all NHSGGC areas are considering alignment to the definitions of risk and impact within the draft
guidance and considering a tiered approach (or similar) to levels of support, however this is not yet confirmed;

- Additional demand for assessment, support and waiver of charges may result from the publication of the Act, and may also result in raised expectations from carers, resulting in financial allocations that may not meet local demand. Resource allocation is associated with retrospective data until the new carers census data is available.

4. Preparation within Acute Services

The Board received a detailed report in October 2017, following on from this the following actions have been progressed within the Carers Tests of Change Programme:

The initial phase of the programme which was undertaken across 15 clinical areas (covering diagnosis or acute onset of life-changing conditions; deteriorating long term conditions; and care of the elderly) focused on training; documentation and promotion of carer support has been completed and a second improvement audit cycle undertaken.

4.1 Carer identification and engagement at key touch-points in the patient journey

The baseline audit established evidence of current practices relating to carer identification, involvement and support. Following training and the introduction of the revised documentation, 506 case notes were reviewed across pilot areas for evidence of improved identification of carers, involvement in discharge planning and of support for the carer. Each component was assessed independently and collectively to present overall compliance, see table below.

![Carers (Scotland) Act Readiness - Evidence All pilots](chart)

Documented evidence of carer identification, involvement and carer support has increased from baseline audit. Current test has informed a revised version of the Relatives Communication Sheet. Carer identification questions have been revised within nursing admission documentation.

4.2 Providing carer support and information

New carer promotional resources have been co-produced with carers, patients, hospital staff, carer services staff and visitors. Resources were launched and distributed in November, 2017.

4.3 Joint care and discharge planning

The Act required carers to be advised of hospital discharge, updated on on-going support needs and their views sought as part of discharge planning. There is evidence of improved carer involvement following training and the introduction of revised documentation.

4.4 Providing in-reach carer support in hospital setting

In partnership with Glasgow City, Renfrewshire and Inverclyde HSCPs, a direct access model to carers support services within Acute Services is being tested. Direct access is already available in the RAH and IRH, the test of change will widen this remit. A monitoring template has been agreed
that will set out to identify the value of the direct access role in ensuring carers receive direct access to support and will determine future roll out.

4.5 Staff briefing and training to identify and support carers

On ward briefings were delivered within clinical areas at times suitable to teams. A multidisciplinary team approach was applied in recognition that all staff groups have a role to play within the requirements of the Act.

National discussions are underway to develop and agree training options for Acute Services and partnerships. Local developments are underway to develop a short animated representation of the training that will provide an overview of the main requirements of the Act across Acute Services.

4.6 Carer engagement and feedback in services

Extensive engagement with carers to identify experiences and expectations in relation to being informed, involved in patient care and discharge planning has been undertaken. This work has informed the development of the test for change and staff training materials.

5. Acute Implementation Plan

The Acute Implementation Plan will be considered by the Acute Operational Management Group in March 2018. Highlights include:

a) Communication Plan: The Corporate Communications Team will support a campaign to raise awareness of the role of Acute Staff in Identifying; Involving and Supporting carers.

The campaign will feature a series of ‘talking heads’ reflecting a multi-disciplinary focus and presenting the benefits and practical steps that staff can take. A series of Staff News/ Core Brief items will be developed contextualising the work and profiling the act. A single location on staff net will house all associated tools and resources.

NHSGGC resources have been revised based on extensive engagement with carers and carers services. These resources are now being considered for use nationally.

A national Communication Plan outlining the activities that will be undertaken by the National Carer Organisations (NCO) on the implementation of the Carers Act in Scotland and will target Carers; Organisations that work to support carers and Harder to reach carers.

b) Staff Training: The main focus for training for acute staff will be based on the rapid briefing model used in the test for change approach, adapted into a short training video. Methods to directly market the video to staff groups through staffnet are being explored with Corporate Communications.

A series of local on-ward briefings will also be developed to support the use of the video clip in clinical areas where high rates of carers are to be anticipated i.e. diagnosis or acute onset of life-changing condition; deteriorating long term conditions; and care of the elderly settings.
A local learn pro module has been developed based on the EPIC principles and national discussions are ongoing to develop a further specific acute training module. The local module is currently being rolled out on to other IT platforms for use by local authority colleagues and will form a second level of training building on the core described above.

c) Carer Support Services: Awareness raising resources targeting carers have been developed promoting the use of a single phone line connecting to local carers services across NHSGGC as part of the universal support offered in all HSCPs. Resources have been widely distributed across all Acute sites.

Building on current support models from carers services in the RAH and IRH, Direct Access Carers Services will provided on site in the QEUH as part of the test for change and then considered on wider sites.

d) Documentation: Implications for nursing documentation; MDT Care Planning documentation; dynamic discharge planning documentation are being addressed through the Test for Change and incorporated in to the programme of work to revise documentation.

Further work is planned to scope additional opportunities (to evidence involvement and share relevant information such as that contained within Emergency plans and Anticipatory Care Plans) as part of eHealth developments and existing programme areas of; Person-Centred Care; Excellence in Care; Listening Ward initiatives and Patient and Carer Engagement and development of NHSGGC Quality Strategy.

e) Young carers within clinical services: The young carers workshop concluded that the education setting is the most viable location to reach young carers, however needs assessment undertaken by GCPH demonstrates notable numbers of young caring roles are associated with mental health and addiction conditions of the cared for person. Recommendations from the seminar included the need for a specific briefing approach to be undertaken with staff in these service areas highlighting the potential of hidden young carers.

6. Carers Funding

At the national carers network meeting in January, the Scottish Government lead for Health Finance issued a brief paper which indicates that the Carers Funding will include:
- Funding set out in the Carers Bill Financial Memorandum plus existing spend on carers inc. respite care spend
- 2017 spending review carer allocations to support Carers Act preparation will continue but will include Carers Information Strategy Funding
- A small allocation to go direct to third sector

Funding will be allocated via Local Authorities with social care allocations to be passed on to IJBs. The paper indicates no additional formal direction will be provided from Scottish Government in relation to allocation. Local areas will be required to deduct children’s services if not delegated.

The change in arrangements relating to Carers Information Strategy Funding will result in no allocated funding to support delivery of the Acute Carers Programme from March 18. An agreement regarding an acute allocation is required to secure corporate capacity to support this work going forward.
7. Recommendations/Conclusions

The Board is asked to note the significant preparatory work under way across all areas of NHSGGC in order to achieve ‘readiness’ in time for commencement of the Carers Act in April 2018.

Appendix 1: Carers (Scotland) Act 2016 provisions:

1. Changing the definition of carer\(^1\) so that it encompasses a greater number of carers
2. Giving local authorities a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one
3. Giving local authorities a duty to provide support to carers that meet local eligibility criteria
4. Requiring local authorities to establish and maintain advice and information services for carers.
5. Requiring local authorities and NHS boards to involve carers in carers’ services
6. Giving NHS boards a duty to involve carers in the discharge of the cared for person
7. Local authorities and health boards will be required to jointly produce local carers’ strategies.

\(^1\)A carer can be defined as an individual who provides or intends to provide unpaid practical, physical and emotional support to relatives, friends and neighbours due to physical or mental illness, addiction, frailty or disability. They may or may not live with the person.