

BOARD OF DIRECTORS MEETING (Open)

Date: 13th December 2017

Item Ref:

5

TITLE OF PAPER	Carers Strategy Implementation
TO BE PRESENTED BY	Dean Wilson
ACTION REQUIRED	Decision about governance and leadership.
OUTCOME	Carers Strategy Implementation considered under clinical operations.
TIMETABLE FOR DECISION	To be noted at Board.
LINKS TO OTHER KEY REPORTS / DECISIONS	Service User Engagement Strategy Sheffield Young Carer, Parent and Adult Carer Strategy (2016-2020)
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	Strategic Aim: People Strategic Objective: A2 01 BAF Risk No: No aligned risk
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Without due consideration of the points raised the Strategy won't be implemented.
CONSIDERATION OF LEGAL ISSUES	Care Act 2015.

Author of Report	Pamela Allen
Designation	IAPT SW Manager - Previous Carers Strategy Lead
Date of Report	7 th December 2017

SUMMARY REPORT

Report to: Board of Directors

Date: 13th December 2017

Subject: Carers Strategy Implementation

Presented by: Dean Wilson, Director of Human Resources

Author: Pamela Allen, IAPT SW Manager - Previous Carers Strategy Lead

1. Purpose

The purpose of this paper is to review the background and context of the work carried out to date on the development of the Carers Strategy (see Appendix) and to support the implementation and delivery of the Strategy.

The Trust needs to ensure compliance with relevant aspects of the Care Act 2014.

The development of the Trust Carers Strategy was led at Executive level by the Trust's Director of Human Resources and supported by time allocated for a Trust Carers lead.

In 2017 the Implementation of the Strategy started. The first Implementation Group questioned the positioning of the Carers Strategy within the Trust structure and it was agreed that the Workforce and Organisational Development Committee may not be the most appropriate for the Carers Strategy and the Quality Assurance Committee may be more appropriate.

Discussions are ongoing in EDG regarding the most appropriate reporting structures, leadership and on-going support to ensure the Carers Strategy becomes operationalised throughout the Trust.

2. Summary

The Carers Strategy development work began in 2016 to improve how the Trust works with carers in a more consistent way.

A great deal of work has already been achieved. This includes engaging with carers; developing our IT systems and coproducing relevant, up to date information to help and support carers and our workforce. More needs to be done to continue the great improvements that have begun. How this work is progressed will be crucial to the future success of the implementation of the Strategy. Progression of this important work will have significant impact on our future partnership work with carers, carer organisations and the Local Authority.

The Care Act 2014 introduced a number of reforms to the way that care and support for adults with care needs are met and required local authorities to adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family. The Act made integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS.

The majority of the duties within the Care Act 2014 are the responsibility of the Local Authority. The Trust does however have a responsibility to consider the impact of caring on the wellbeing of the carer and the outcomes a carer wants to achieve in their own life. This requirement is most relevant to our community mental health teams who act as agents for the local authority.

The Trust's other teams have a duty to identify, collaborate and work jointly with our partners. The Care Act 2014, section 6, adds a joint working duty on local authorities and NHS bodies to cooperate with each other.

The Impact Assessment published by the Department of Health (October 2014) makes an estimate of the "monetised health benefits" of additional support for carers. This estimates that an anticipated extra spend on carers for England of £292.8 million would save councils £429.3 million in replacement care costs and would result in "monetised health benefits" of £2,308.8 million. This suggests (as a ratio) that each pound spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88.

There is a strong and well evidenced rationale to ensure carers' needs are supported within health and the Trust has shown a commitment to this by developing a Carers Strategy and supporting the city wide Young Carer, Parent and Adult Carer Strategy (2016-2020).

The Carers Strategy Implementation Group developed terms of reference which assumed the Executive leadership would continue via the Director of Human Resources and that the Carers Strategy Implementation Group would be accountable to the Workforce and Organisational Development Committee (WODC). The first Carers Strategy Implementation meeting questioned this assumption.

In mid-2017 the allocated resource for supporting the development of the Strategy and implementation plan came to an end so a new robust accountable system is being considered.

Following discussion and review it is proposed that leadership and governance in relation to the Strategy are reviewed. The main reasons for this are:

- Although staff as carers, are an important aspect of this Strategy the main group relevant to the Strategy are carers and family members of people using Trust services.
- The relevant legal and policy interface is with the Care Act 2014 as such relevant partners and structures relate to the role of the Trust as a provider of care services rather than as an employer.
- Importantly to ensure effective delivery of this Strategy it is essential that the correct system drivers are facilitated and that governance sits in an appropriate place.

EDG are considering the Executive leadership and governance to ensure effective implementation of the Strategy.

It is also proposed that once this has been considered some key areas also require consideration for example:

- Resource implications, for example the need for continuing attention to areas such as engagement, partnership working, communication and training.
- Accounting to carer governors and carers as wider stakeholders.
- The interface with statutory and voluntary sector partners and the relevance of the Trust to their strategies and priorities.

EDG are continuing to review and discuss the Carers Strategy implementation.

Next Steps

- Review new terms of reference relevant to the Implementation Group.
- To set up further Implementation Group meetings.

4. Required Actions

To receive suggestions for the ongoing implementation of the Carers Strategy.

5. Monitoring Arrangements

Through the existing governance structures.

6. Contact Details

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Carers Strategy Update

Background

The Carers Strategy was developed collaboratively with representation from the carer governors and directorates and was inclusive of the city wide agenda and the engagement with carers and young carers. This also included ensuring we support our staff who are carers.

The Strategy developed out of a number of things:

- Compliance with The Care Act to consider carers wellbeing and carers being on an equal legal footing (greater emphasis on prevention having wider implications about how we support carers). This together with the development of a city wide carers strategy led to a review of the Trusts work with carers. This began with a survey of current carers provision which highlighted an incongruent approach to carers across the Trust. The purpose of the Strategy was therefore partly to take stock of current provision for carers and recommend improvements required and provide a more coordinated approach.
- It is good practice and improves both carer health and wellbeing and service users experience – But it is value for money – providing cost savings to health and social care. So getting this message across and raising the profile of carers has been important.
- Care Act compliance began with work with CMHTs. We included them in the developments of the new carers assessment procedures by setting up a Carers and Young Carers Project Group. Within this we looked at wider service improvement with their work with carers. This led to some co-produced resources being developed with carers and young carers about adult mental health services. From this process a Carers Strategy Steering Group was set up with representation from each of the directorates and the Trusts carer governors to develop the Trust's own internal Carers Strategy.
- A scoping document was produced to look at the research and rationale of improving our work with carers and this together with the city wide strategy and the collaborative work with carers and young carers led to the production of the Trust Carers Strategy based on the co-produced carers charter.

What has been achieved so far:

1. New carers assessment documentation.
2. Changes to IT systems to ensure carers and young carers are identified at first point of contact.
3. Carers assessor training delivered to all CMHTs.
4. The Carers Strategy and approval from Executive Directors Group.
5. Co-produced resources now available on the Trust website. Voluntary organisations now use this work as an example of positive practice in working with health services.
6. Carers are now included in the Microsystems approach to service improvement.
7. Carer awareness introduced into Trust induction.
8. Raising the profile of carers in the Trust by a variety of methods – articles in the Trust Involve magazine, supporting carers and young carers organisations

to have a presence at Trust events etc., presenting at a national leadership conference about our collaborative work.

9. Consultation and collaboration with carers and young carers to update the Trust website information on carers.

On-going work

1. Carers video stories. A Young Carers video was produced with Sheffield Flourish but is not professional enough to go on to the website. Further discussions with Sheffield college at Hillsborough needs to commence and carer and young carer identified to take part.
2. Discussions with Clover group have taken place re identification and signposting of carers. Looking at potential of young carers providing training. Waiting for them to be in a position to forward some project work.
3. Substance misuse services have approached to ask for an extension of the carers resources for their service.
4. Working with Carers centre, Alzheimer's Society, MIND, Drink wise Age well, and our memory service to look at a partnership approach to delivering Coping with Caring Course across the city and updating the content in collaboration with carers. An event is planned with carers caring with someone with dementia in July. Research suggests coping with caring intervention based on psycho social ed has the potential to reduce the onset of depression and anxiety in carers.
5. Working with carers centre and IAPT to look at better links with carers and IAPT – IAPT to produce an article for the carers newsletter promoting access to IAPT. Also discussed potential to get carers to self -assess (wellbeing checks) re levels of depression and anxiety.
6. Exploring the potential for city wide carer awareness training via e-learning – information sent to Carers and Young Carers Board (and CCG (Emma Green)).
7. Working with carer governors, training department and recovery education unit to introduce carers stories into training.
8. Working with carer governors and recovery college to support the development of recovery education for carers/families.
9. Engaged with EIS developments re family work.
10. Working with LA service improvement forum for carers.
11. Proactive member of Carers and Young Carers Board.
12. Member of STH Carers Strategy Group and supporting them on the development of their Carers Strategy.
13. Working with HR colleagues to ensure employees who are carers have accessible information about carers employees' rights.

Where are we now

There have been some delays in deciding on the governance structure for the implementation of the Carers Strategy.

It has now been agreed that there will be a separate Carers Implementation Group with representation from external carer agencies, directorate reps, carer governors and internal governance reps.

The Implementation Group will support the production of the KPIs and it is the intention that each directorate will develop their own delivery plan.