



AGENDA ITEM NO 10

REPORT NO IJB 58/21

ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 27 OCTOBER 2021

UPDATE ON PROGRESS WITH IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

GAIL SMITH, CHIEF OFFICER

ABSTRACT

The implementation of the Carers (Scotland) Act 2016 has been progressing. A Strategy for Carers in Angus was published in December 2019 and this identified a range of improvement areas that required to be delivered to meet the intentions of the legislation. This report provides an update on progress and specifically to consider the financial plan associated with the Carers (Scotland) Act 2016.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) notes the content of the report and the progress made to date with the implementation of the Carers (Scotland) Act 2016;
- (ii) agrees the funding and commissioning intentions set out in the proposals and finance sections of this report;

2. BACKGROUND

Significant progress has been made with the implementation of the Carers (Scotland) Act 2016 (the Act) and this was set out in report 89/21 and 18/21.

3. CURRENT POSITION

Nearly 1,000 carers have been assessed by Care Management teams. Some progress has been made in reviewing those assessments and taking forward the adult care support plan. Reviews of these assessments have been on hold until a final policy was agreed on waiving of charges. The Carers Strategic Group has again reviewed the position of the waiving of charges following concerns raised by some carers about proposals put forward in report no 89/21. Following this reconsideration and taking the views of carers into account the Carers Strategic Group has recommended a continuation of the original policy until the recommendations of the Adult Social care review in relation to carers are put in place at a national level. This policy has been revised for clarity and is included in Appendix 1. The review of carer assessments has been restarted and Care Management expects to complete this work by 31 March 2022. Additional resources were made available by the IJB to Care management to support the increased care assessment and support planning work.

Arrangements have been put in place with Kirrie Connections to progress the development of meeting places in all localities of Angus. This work is progressing well and funding, in addition to the resources made available by the IJB is being sought by Kirrie Connections to expand

this work. This work provides significant support for Carers who support people with dementia.

New eligibility criteria as required by the Cares (Scotland) Act 2016 were agreed and applied to the support plan process from 2018. A review of the application of the eligibility criteria for adult support plans put in place by Care Management and by Angus Carers is currently in progress. The aim is to ensure consistency of application across Angus.

As previously reported the changing systems and the time taken to deliver re-assessments has meant that there are data consistency and quality issues in our systems relating to carers. While we have been trying to address the data quality issues we have undertaken further work to identify the level of support provided to carers and the supported people for whom they care for to take account of the way support plan information and service agreements are recorded.

Once an assessment or adult carer support plan is in place the calculated budgets of the Carer and the Supported Person are very often merged; the service agreements with a provider established only under the name of the Supported Person rather than separate service agreements detailing the support that is for the Supported Person separately from the support for the Carer.

To consider the change in support for Carers over the years it has therefore been necessary to consider both the support provided in agreements for Carers and support established in agreements for the Supported People cared for by those carers. Table 1 below summarises the growth in support for Carers since the inception of the IJB. This shows the significant commitment by the IJB to support Carers which is over and above that provided for by the Act.

The level of support to Carers and those they care for has increased from £1.9m prior to the establishment of the IJB to £7.3m in 2020/21. Additional funding was made available from the Act from the year 2018/19. The data shows that following the application of the 2018 eligibility criteria there has been a shift from care and support to personal care suggesting that care management are correctly targeting those carers most in need of support, this is also supported by the increase in the number of laundry visits which target those affected with incontinence. The information also shows us that more Carers are using option 1 with direct payments having increased since the funding from the Act came into place by £100k per year.

It should be noted that due to the impact of COVID-19 2020/21 was an unusual year and data from that year cannot be used to show any trend. We know that some Carers and Supported People chose to cancel support and care services in particular while shielding. These services generally support things like housework or access to education, employment, and volunteering for people with disabilities. Care Management worked with individual Carers during this time to change some of the supports in place and we saw increased uptake of volunteering support for shopping and prescription collection during those times.

Table 1 below shows how provision of some services have changed between 2015/16 (pre IJB) to 2020/21. The value of all supports is also shown, this value includes services other than those detailed in the table. The total value of additional support put in place following the availability of the resources for the Act exceeds those resources. The balance is funded directly for supported people through the additional resources made available by the IJB for demographic growth. The finance section of this report recommends how Carers Act resources are committed; this is similar to the recommendations made in IJB report no 89/21.

Approximately 900 carers currently have an active calculated budget generated by Care Management. 15% of those carers have service agreements established in their own right. These service agreements (including direct payments account for nearly £500k per year. Carer Direct payments alone have grown from approximately £100k in 2015/16 to approximately £350k in 2020/21. The remainder of the support for carers are included in joint service agreements established for the supported person. In these service agreements the calculated budget of the carer and that of the supported person are brought together to establish a shared support plan. This means it is not possible to differentiate between the services that individually support the carer from those that meet the needs of the supported

person. In these arrangements care at home hours has grown by around 40%. Some of this growth is due to the additional support for carers and some is due the increased needs and number of supported people ie more and bigger packages. As most of this is personal care there is no risk that a carer has been charged for any services arranged for their benefit.

It is impossible to identify the exact breakdown from anything other than the calculated budgets. This have grown by 26% or approximately £700k since the implementation of the Act. It is not possible to split the costs up and attribute them separately to carers and supported people until care management recording practice changes. More service agreements will create more work for care management and for providers, but consideration to this will be given as part of the Care Management review and improvement plan.

In considering the resources available for care packages for carers and the people they care for, a proportion of the increase in spend is due to more carers an increasing care support, the remainder is due to demographic change (more supported people with bigger packages of care generally). The difference between the Carers Act resources and the budget for services will be met from any resources available for demographic growth. That having been said a range of mitigations were agreed by the IJB in relation to demographic growth to limit this risk. (IJB report no. 3/21)

Table 1 Support for Carers and the Supported People for whom they care.

Carers	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21*
Direct Payment (£)	93,197	148,213	228,182	259,182	325,104	330,291
Personal Care (hours)	2,937	5,005	7,277	6,054	4,547	3,782
Support and Care (hours)	35,787	55,920	57,476	31,479	18,782	10,447
Supported people						
Direct Payment (£)	150,116	519,697	875,821	1,100,241	1,206,925	1,258,116
Laundry Service (Visits)	30	32		67	188	212
Personal Care (hours)	34,209	86,819	108,845	130,230	144,077	137,739
Support And Care (hours)	140,514	273,885	257,458	262,410	213,603	157,964
Total value of all support (£,000)	1,925	5,065	6,218	7,231	7,758	7,362

*Note services delivered in 2020/21 were affected by the COVID-19 pandemic and cannot be considered to be part of the trend in service provision more generally. The greatest effect was experienced by people with learning disabilities who were no longer able to take part in community based activities during the periods of lock down.

4. PROPOSALS

A range of services and supports have previously been agreed by the IJB in relation to funding from the Carers Act. It is proposed that these previous temporary commitments made by the IJB are extended permanently:

- i. £50,000 per year is made available to the third sector for the development of support for the carers of people with dementia through Kirrie Connections and £50,000 further funding is made available for the expansion of meeting places in other localities of Angus annually.
- ii. £100,000 per year to support care management to deal with increased care referrals and increased care reviews is made available annually.
- iii. £10,000 to be held to allow for growth in support requirements for Carers using option 1.
- iv. The remainder of the resources from the Act are used to continue to support a range of care at home provisions that support Carers and those for whom they care through Care packages (SDS packages).

5. FINANCIAL IMPLICATIONS

The Scottish Government has made £70m additional resources available to support the delivery of the Act in Scotland. The share of the funding allocated to Angus is:

Table 2 Angus allocation from Carers Act

Year	2018-19 £	2019-20 £	2020-21 £	2021-22 £
Annual Funding	200,000	697,000	972,000	1,648,000

The Scottish Government provided categories of care where they expected these resources to be used.

The commitments noted in the table 3 below are local priorities and will be managed within the above funding. This spending plan for the overall funding is provided following investigation of the data quality previously noted with the IJB. It should also be noted COVID-19 has impacted on the previous trends and it will take a period of time for this to stabilise.

Table 3 Committed and Proposed use of funding from Carers Act

	2018-19 £	2019-20 £	2020-21 £	2021-22 £
Cumulative Funding from Scottish Government	200,000	679,000	972,000	1,648,000
Spending Plan				
Third Sector Support				
- Support Carers Centre	-	120,000	120,000	120,000
- Support for Carers of people with mental health issues	-	8,000	8,000	8,000
-Support for Carers of people with dementia	-	-	-	100,000
- Independent Support for Carers using Option 1	-	-	-	10,000
Management Support	-	-	-	15,000
Planning Officer Support	17,700	39,000	40,000	25,000
Contribution to Technology Post	-	-	15,000	15,000
GP Support for Carers	7,800	7,800	-	-
Care Management	-	-	-	100,000
Increase in SDS packages	1,000,000	1,500,000	1,500,000	1,500,000
Total Spend	1,025,500	1,674,800	1,683,000	1,893,000
Shortfall between commitments and funding				(245,000)

The overall resource for SDS packages involving carers and the people they care for are apportioned across the Services as follows; 47% Learning Disability, 12% Physical Disability, 40% Older People and 1% Mental Health.

6. RISK

There continues to be risks associated with demographic growth including increased demand and need. An approach to demand management for care at home is being delivered to address some of these issues.

7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required. (**Appendix 1**)

8. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	
See Appendix 2	Angus Council	X
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: Vivienne Davidson, Principal Officer
George Bowie, Head of Community Health and Care Services

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:
Appendix 1 Equality Impact Assessment
Appendix 2 Direction



EQUALITY IMPACT ASSESSMENT BACKGROUND

Date of Assessment: (25/01/2021)	IJB Report Number: IJB58/21
Title of document being assessed:	Waiving Charges for Carers Policy
<ul style="list-style-type: none"> This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input type="checkbox"/> <p>This is a new budget savings proposal (If Yes please check box) <input type="checkbox"/></p>	<ul style="list-style-type: none"> This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) X <input type="checkbox"/> <p>This is an existing budget savings proposal being reviewed? (If Yes please check box) <input type="checkbox"/></p>
<ul style="list-style-type: none"> Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA) 	<p>Vivienne Davidson Principal Officer Carers Strategy Group</p>
<ul style="list-style-type: none"> Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes. 	<p>To deliver support for carers of people with dementia. To ensure that an increased number of adult care support plans reassessments following the implementation of the Carers Act can be delivered and can progress more quickly. To deliver growth in the support available for carers and supported people for whom they care.</p>
<ul style="list-style-type: none"> What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries? 	<p>That resources available for carers are distributed in a fair and equitable manner that is transparent.</p>
<ul style="list-style-type: none"> Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here? <p>If Yes, please give details.</p>	<p>Improvement work continues with carers who were involved in the development of the Carers Strategy which was subject to an earlier EQIA. Engagement continues with the Carers Strategic Group and with Carers.</p>

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?

YES

Unless there have been significant changes, no further action is required. Please add your name, position and date below at 2.
Please note that it is a legal requirement that any EQIA is made publicly available.

NO

Please answer the 1a and 1b questions below.

1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to service users of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

Yes, Carers are protected by association due to their role in caring for people who have protected characteristics e.g. due to age and or disability. Our data also tells us that most carers are women and are older.

1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.

Yes - Proceed to the Full Equality Impact Assessment (EQIA).

No - please state why not (specify which evidence was considered and what it says)?

Where carers are employees and are protected by association

2. Name: Vivienne Davidson

Position: Principal Officer

Date: 30/09/2021



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. **When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHST, Angus Council or 3rd sector social justice.**

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	x		
GENDER	x		
DISABILITY	x		
ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
PREGNANCY/ MATERNITY			
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)	x		

1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	x		
GENDER	x		
DISABILITY	x		
ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
MARRIAGE/CIVIL PARTNERSHIP			
PREGNANCY/ MATERNITY			
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)	x		

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES

NO

NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

Yes this promotes good relations between carers and those for whom they care who have protected characteristics

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

We gather information on carers and the people they care for who are supported by AHSCP through the development of the adult carer support plan and assessment and support planning arrangements for supported people. This includes the core data set allowing for equality monitoring.

Publish The Equality Impact Assessment.

Where will the Equality Impact Assessment (EQIA) be published?

Along with IJB report on the Angus Council website with links provided on the Angus HSCP website.

CONTACT INFORMATION

Name of Department or Partnership:	Improvement and Development Team, Angus HSCP
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	X <input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Manager Responsible	Author Responsible
Name: Vivienne Davidson	Name: Vivienne Davidson
Designation: Principal Officer	Designation: Principal Officer
Base: Angus House	Base: Angus House
Telephone:	Telephone:
Email: DavidsonVA@angus.gov.uk	Email: DavidsonVA@angus.gov.uk
Signature of author of the policy:	Date: (30/09/21)
Signature of Director/Head of Service:	Date: (30/092021)
Name of Director/Head of Service: George Bowie	
Date of Next Policy Review: Spring 2023	

For additional information and advice please contact: tay.angushscp@nhs.scot



AGENDA ITEM No 10

REPORT NO IJB 58/21

DIRECTION No IJB4/21

INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

ANGUS COUNCIL is hereby directed to deliver for the Angus Integration Joint Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Angus Integration Joint Board's Strategic Plan and existing operational arrangements pending future directions from the Angus Integration Joint Board.

This direction supersedes direction no 2/21, IJB report no 18/21

RELATED REPORT No: (IJB REPORT No IJB 58/21)

APPROVAL FROM IJB RECEIVED ON: 27 October 2021

DESCRIPTION OF SERVICES / FUNCTIONS:

To secure additional resources to support care management to undertake additional assessment and review activity.

To provide procurement support for the development of grant arrangements in respect of new support to be developed in conjunction with the third sector for carers supporting people with dementia.

REFERENCE TO THE INTEGRATION SCHEME: *Annex 2 Part 1*

Specifically:

Social Care (Self-directed Support) (Scotland) Act 2013 section 7

Carers (Scotland) Act 2016 sections 24 and 25

LINK TO STRATEGIC PRIORITIES:

This action is related to the priority 'Improving health, wellbeing and independence' set out in the Angus HSCP Strategic Plan 2019-22. The work is to be developed under the heading "Delivering for Carers". The Angus Carers Strategy and Improvement Plan sets out detail in relation to the delivery of the Act.

TIMESCALES FOR DELIVERY

Start date: 1 April 2021

End date: until further notice

Resources Allocated:

	2018-19	2019-20	2020-21	2021-22
	£	£	£	£
Cumulative Funding from Scottish Government	200,000	679,000	972,000	1,648,000
Spending Plan				
Third Sector Support				
- Support Carers Centre	-	120,000	120,000	120,000
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*This to be allocated on the basis of 47% learning disability services, 40% older peoples services, 12% adult physical disability services and 1% adult mental health services.

Details of funding source:

Funding associated with the Carers (Scotland) Act 2016.