

A GUIDE TO:
Efficient and effective interventions
for implementing the Care Act 2014
as it applies to carers

Integration and partnership working



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Using this document



This document includes extracts from the *Care Act 2014 Statutory Guidance* – the full guidance is available online. gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance



Survey results in this document are taken from an ADASS Carers Policy Network survey completed by 47 local authorities in June-August 2018. Comments and responses are included in this document to indicate the direction of travel in practice since the implementation of the Care Act.

Chapter 4A

Integration, cooperation and partnerships

 See chapter 15 of the statutory guidance

Statutory guidance

15.1 For people to receive high quality health and care and support, local organisations need to work in a more joined-up way. This would eliminate the disjointed care that is a source of frustration to people and staff, and which often results in poor care, with a negative impact on health and wellbeing. The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families.

- 15.2** Sections 3, 6 and 7 of the Act require that:
- local authorities must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services
 - local authorities and their relevant partners must cooperate generally in performing their functions related to care and support
 - supplementary to this, in specific individual cases, local authorities and their partners must cooperate in performing their respective functions relating to care and support and carers wherever they can.



The statutory guidance provides further detail about:

Integrating care and support with other local services:

- strategic planning
- integrating service provision and combining and aligning processes
- cooperation of partner organisations.

General duty to cooperate:

- who must cooperate
- cooperation within local authorities
- cooperating in specific cases.

Working with the NHS;

- the boundary between the NHS and care and support
- delayed transfers of care from hospitals.

Working with housing authorities and providers.

Working with welfare and employment support.

Efficient and effective interventions to fulfill these duties

As local authorities work together with their health colleagues, a number of themes are emerging including:

- opportunities to undertake **joint or aligned assessments and care planning** processes should be maximised
- **information governance protocols** should facilitate the sharing of identified and agreed key health and care data to facilitate person centred care.

Leeds commitment to carers

The Leeds Carers Partnership, a wide ranging group of organisations across the public, private and voluntary sectors, has created the ‘Leeds commitment to carers.’ This is a vision of what Leeds will look like if it is the best city for carers. This was in response to the NHS England carers toolkit (available at england.nhs.uk/commitment-to-carers/carers-toolkit) and is designed to be

a public facing version of the memorandum of understanding. Teams, organisations, employers and other individuals are asked to think about when, where and how they might come across carers, including what they do well and what they could do better. They are asked to identify up to three actions that will mean they are better at identifying, recognising and supporting carers. The Leeds council Health and Wellbeing Board have endorsed the commitment to carers.

carersleeds.org.uk/leeds-commitment-to-carers

carersleeds.org.uk/the-leeds-carers-partnership

Working with the NHS

Since the publication of the NHS Commitment to Carers in 2014, NHS England has continued to assert the importance of supporting carers. In the 2018–2019 NHS mandate it is stated that:

“Carers should routinely be identified and given access to information and advice about the support available.”

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691998/nhse-mandate-2018-19.pdf

This is further to the NHS Commitment to Carers published in April 2014 (england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf)

In the NHS Five Year Forward View it is noted that:

“The five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself. We will find new ways to support carers, building on the new rights created by the Care Act.” (p13)

england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Under the Care Act, local authorities have responsibilities to promote integration with health services in order to “improve the wellbeing of adults with care and support needs and carers; prevent or delay needs for support; and improve the quality of care and support”. It is well-recognised that working in an integrated way is

ensuring that services are effective and efficient as gaps are being closed and duplication of effort reduced as well as better use of existing resources. This approach is built upon understanding carers and their needs and what they are saying to frontline workers such as social workers and GPs.

Survey results

When asked if their council had a memorandum of understanding (MOU) with local CCGs, most councils said that they either have an MOU or another way of jointly working together. For example, respondents mentioned having:

- shared strategic principles at Sustainability and Transformation Plan (STP) level
- joint commissioning arrangements
- joint carers vision
- joint carers strategy
- Section 75 agreement.

Respondents were further asked if they are using the carers memorandum of understanding developed by NHS England (england.nhs.uk/wp-content/uploads/2016/05/identifying-assessing-carer-hlth-wellbeing.pdf) by using the baseline questionnaire to support joint work. 23% of respondents said they are using it and 26% said that they aren't currently using it but are considering it in the future. 44% said no because they have a number of other joint initiatives.

Doncaster carers strategic oversight group

In Doncaster the carers strategic oversight group is made up of a wide variety of stakeholders including health/CCG. This group has worked with GP surgeries, looking at how health services can better identify carers and signpost to carers' services as a baseline. This group reviews the local carers strategy on a quarterly basis to enable progress to be evidenced and solutions found where there are challenges.

doncaster.gov.uk/services/adult-social-care/carers-strategy.

Referrals into health

Survey results

Survey respondents were asked if there is an agreed pathway process for direct referral into health if an individual's carer's assessment flags that there are health and wellbeing concerns. Just under half of respondents said they have no agreed pathway and just signposting. Some of these said that under the exceptional circumstances they would refer someone by writing to their GP, for example, if they felt the carer would be unable to do so for themselves.

For those who have referral routes, all respondents mentioned the importance of obtaining the carer's consent in this process. Practice varied across councils with some having direct referrals into services including carers' counselling and others holding regular meetings with GP practices where cases of concern can be discussed.

West Sussex carer health team

In West Sussex the usual care pathway involves making direct referrals to the dedicated carer health team. The health team works directly with carers and aims to reduce the health impacts of coping with a caring role. The team works closely with other services and provides information and advice on specific health conditions, as well as practical advice on the caring environment (safe lifting and handling, healthy eating, risk minimisation).

sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=22403

Integration in North East Lincolnshire

North East Lincolnshire (NEL) CCG is an integrated health and adult social care commissioner and the CCG is also in partnership with NEL council as a union. There is an integrated single point of access for mental health, health and care. Therefore when needs are presented at point of contact the appropriate referrals are made.

northeastlincolnshireccg.nhs.uk/data/uploads/publications/market-position-statement-2017-version-final-20180316.pdf

Referrals from health into social care



Survey results

Survey respondents were asked about formally agreed referral processes from health into social care at primary level, in pharmacies, in mental health services and other services such as dentists.

At primary care level, only a few respondents said that they have no specific route, although some did say that the approach is not consistent across their area. For councils who do have clear routes, they often involve GPs and either involve training current GP staff to better identify carers or have specific carers support workers who are based in the GP surgeries.

For the vast majority of respondents there is signposting only in pharmacies, rather than a direct referral process. This was recognised as an area to work on. Even in areas where referrals can be made, councils reported that this rarely happens.

About a quarter of respondents said that staff within the mental health trust are able to complete carer's assessments. However, for most respondents, it is still council staff or the commissioned service who complete the assessments and the mental health trust is able to refer in.

Most offer signposting only from other health services such as dentists although it is widely recognised that this is an area for development.

Surrey Carers Prescription

A whole systems online secure referral portal called Surrey NHS Carers' Prescription has been developed by Surrey County council and five local CCGs in partnership with Surrey Independent Living Council; Action for Carers Surrey and the Surrey Carers and NHS Providers Network. It is used by all 125 GP practices including five acute trusts, three community providers, one mental health trust and five hospices in Surrey to securely refer carers to voluntary sector support. This provides a simple practical system for busy clinical staff to make referrals at the first point of contact. This is in effect a form of social prescribing for carers. In addition, the system also enables GP practices to make one-off support payments of up to £300 to have a break.

The online form is quick for health staff to complete and has resulted in referrals rising from a few hundred to over 6,000 a year and it is still rising. The new portal puts carers in touch with services that can give them information and advice or even provide them with a short break from caring. Carers have been amazed to get a follow-up call from the local carers support service within 24 hours of visiting their GP. For the carer the prescription provides a quick pathway for help through both the statutory and voluntary sector. The system also provides carers with online resources around their caring role. To date, the service has supported over 25,000 carers and over 36,588 services delivered to them as a result.

actionforcarers.org.uk/professionals/general-practitioners/surrey-gp-carers-prescription

surreynhscarersprescription.org.uk

East Sussex Healthy Living Pharmacy programme

The Healthy Living Pharmacy programme in East Sussex acts as a gateway for identifying carers and signposting for support. As part of the programme pharmacy staff will undertake the care awareness training for professionals delivered by the local carers' centre.

communitypharmacyss.co.uk/eastsussexlpc/east-sussex-county-council-escs/healthy-living-pharmacies-hlp-across-escs

Carer recognition tool

Devon Commissioners have developed the Carer Recognition Tool, which is a prompt for public-facing staff to identify and signpost Carers effectively. Working in collaboration with Carers Services in Torbay, the Tool offers one number for anyone from Devon or Torbay to refer in on. This is being used by NHS and Council staff, ophthalmologists, dentists and many third sector providers and will soon be expanded to include hearing aid specialists and other public-facing services in the area.

A link to the information video and how to request a Carer Recognition Tool appears below:

torbayandsouthdevon.nhs.uk/about-us/news-and-publications/news/2018/07/the-carers-recognition-tool-14161

North Tyneside referral process

In North Tyneside, there is an online referral process and the MemoryClinic, Care Plus, Talking Therapies and stroke information service all refer direct to the carers' centre.

northtynesidecarers.org.uk/professionals/referring-to-the-centre

Hospitals



Survey results

When asked about how referrals into social care work at hospital discharge, almost all survey respondents mentioned their general hospital social work team who are able to complete assessments if carers are identified. Some respondents also said that there are specific carers support workers in the hospitals or that their commissioned service has a presence in the hospital in a dedicated carers space.

Collection of data on carers in hospital was highlighted as an area of improvement for almost all respondents. Many respondents said that they do not have any local evidence on how supporting carers prevents admission or readmission to hospital but that there is a move in some areas to recording readmission and the reason for it. Only one respondent said that their local hospital records admissions that are due to carer breakdown or carer issues although almost all respondents agreed that this would be useful, especially in commissioning decisions.

“It would be extremely useful. This would enable health and social care to examine these admissions, see what support needed to be in place to avoid admission and the reasons why this was not done. This would also help us identify gaps in service provision which would help with shaping the market.” Survey respondent

Some respondents have local evidence/data/case records that look at supporting smoother hospital discharge when the carer is involved and supported. Respondents from areas where staff from commissioned carers' services are based in hospitals are most likely to have a strong evidence basis, whereas others had more anecdotal evidence.

Carer Passports and John's Campaign in Surrey

In Surrey, all NHS providers have mechanisms in place to involve carers in smoother hospital discharge and reduce the risk of hospital readmission. Many use the Carer Passports scheme to help identify carers and provide practical support to carers during hospitalisation of the person they care for. All acute providers are signed up to John's Campaign to allow unrestricted visiting hours and, where a carer chooses to continue to care whilst the person they care for is in hospital, staff work with them to ensure both patient and carer receive the support they require. Carer-specific questions are also now included in the discharge process. In the 2017–18 annual hospital carers support service survey, 56% of carers who responded felt having had a carers support service had resulted in a more successful hospital discharge and 50% felt the service they had received had helped reduced the risk of a hospital readmission.

carerpassport.uk/hospitals

johnscampaign.org.uk

West Sussex hospital teams

In West Sussex there are carer support workers in all acute and community hospitals providing support for carers and collecting outcome data.

carerssupport.org.uk/our-services/hospital-teams

Plymouth hospitals

In Plymouth, carers workers are based in the hospital trust for two days a week, the carers' service meets regularly with the hospital discharge team and social work advanced practitioner managers with a remit for hospital discharge are representatives to the carers partnership board.

plymouthhospitals.nhs.uk/carers

Carers in Bedfordshire hospital lounges

Carers in Bedfordshire operates hospital lounges run by staff support workers and volunteers. Carers are able to take a break from the busy hospital setting and find out information from a selection of national and local organisations.

carersinbeds.org.uk/how-we-can-help/hospital-lounges/28-how-we-can-help/carers-lounge/50-carers-lounges

Better Care Fund (BCF)

There are a number of good practice examples of interventions for carers that have featured in councils' previous Better Care Fund plans. These have focused on supporting people so that they can continue in their role as carers and avoid hospital admissions. These include:

- information, advice and advocacy
- assessment
- emotional and physical support
- training
- access to services to support wellbeing and improve independence.

Nottingham example	
Key elements	Projected impact
<p>Programme aims to provide integrated and comprehensive carer services.</p> <p>Universal advice and support services for end of life respite to be rolled out to all eligible carers.</p> <p>Community carers' hub acting as a one-stop-shop for accessing support services.</p> <p>Community carers' hub responsible for coordinating direct referrals to the pre-eligibility respite service.</p>	<p>Evidence drawn from internal reports and academic reviews:</p> <ul style="list-style-type: none"> Nottingham carers reference group York University 2010 meta review of carers' services. <p>Outlined impact includes:</p> <ul style="list-style-type: none"> effective support for carers looking after those with long-term conditions reduced residential and nursing care admissions.
Greenwich example	
Key elements	Projected impact
<p>Aims to provide integrated support to carers.</p> <p>Push to identify un-assessed carers using existing health care services.</p> <p>Extends current support to include the provision of emotional and practical support.</p> <p>Provides initial carer assessments and tailored carer support planning.</p> <p>Introduction of carers' emergency support service to prevent unnecessary admissions to residential care.</p>	<p>Evidence drawn from the national carers strategy and long term conditions (LTC) NICE clinical guidelines (includes stroke, etc).</p> <p>Reduction in length of stay resulting from supported discharge.</p> <p>Non-elective (NEL) admissions reduction resulting from end of life care support.</p> <p>Prevention of carer breakdown – reducing need for residential care.</p> <p>Prevention of carer breakdown – reducing unnecessary emergency admission to hospital.</p>
Lambeth example	
Key elements	Projected impact
<p>Aims to provide holistic support services to carers.</p> <p>Carers' hub provides access to independent advice, advocacy, information and assessment.</p> <p>Carers' breaks service enables service users and carers to access short breaks.</p> <p>Respite for carers program offers tailored packages based need.</p>	<p>Evidence drawn from national guidelines: national carers strategy (England) 2008–2018.</p>

Chapter 4B

Transition to adult care and support

 See chapter 16 of the statutory guidance

Statutory guidance

16.20 Preparation for adulthood will involve not only assessing how the needs of young people change as they approach adulthood but also how the needs of carers, young carers and other family members might change. Local authorities must assess the needs of an adult carer where there is a likely need for support after the child turns 18 and it is of significant benefit to the carer to do so. For instance, some carers of disabled children are able to remain in employment with minimal support while the child has been in school. However, once the young person leaves education, it may be the case that the carer's needs for support increase, and additional support and planning is required from the local authority to allow the carer to stay in employment.



16.21 The special educational needs (SEN) code of practice sets out the importance of full-time programmes for young people aged 16 and over. For instance, some sixth forms or colleges offer five-day placements which allow parents to remain in employment full-time. However, for young people who do not have this opportunity, for example if their college offers only three-day placements, transition assessments should consider if there is other provision and support for the young person such as volunteering, community participation or training which not only allows the carer to remain in full-time employment, but also fulfills the young person's wishes or equips them to live more independently as an adult (SEN code of practice chapter 8 on preparation for adulthood, and chapter 4 of this guidance on market shaping).

16.22 Local authorities must also assess the needs of young carers as they approach adulthood. For instance, many young carers feel that they cannot go to university or enter employment

because of their caring responsibilities. Transition assessments and planning must consider how to support young carers to prepare for adulthood and how to raise and fulfill their aspirations.

16.23 Local authorities must consider the impact on other members of the family (or other people the authority may feel appropriate) of the person receiving care and support. This will require the authority to identify anyone who may be part of the person's wider network of care and support. For example, caring responsibilities could have an impact on siblings' school work, or their aspirations to go to university. Young carers' assessments should include an indication of how any care and support plan for the person(s) they care for would change as a result of the young carer's change in circumstances. For example, if a young carer has an opportunity to go to university away from home, the local authority should indicate how it would meet the eligible needs of any family members that were previously being met by the young carer.

The statutory guidance provides further detail about:

- integrating care and support with other local services
- strategic planning
- integrating service provision and combining and aligning processes
- cooperation of partner organisations
- general duty to cooperate
- who must cooperate
- cooperation within local authorities
- cooperating in specific cases
- working with the NHS
- the boundary between the NHS and care and support
- delayed transfers of care from hospitals
- working with housing authorities and providers
- working with welfare and employment support.

The Social Care Institute for Excellence (SCIE) has produced specific best practice guidance on transition for young carers and adult carers under the Care Act.

scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood



Survey results

In the ADASS Carers Policy Network survey many areas reported having relatively long transition phases to ease young carers into adult services. For example, specific support for young adult carers up until age 25. A few appeared to have stricter cut offs at age 18. In general, support during transition was highlighted as an area for development by many councils. This is an area of good practice which the Department of Health and Social Care (DHSC) is currently looking to develop.

Cornwall council's flexible transition programme

Cornwall council developed a flexible transition programme for young adult carers, based on what carers in this age range were telling them they need. Young adult carers wanted to access the same or similar support to that they had as young carers (predominantly less formal) and to maintain peer support. In effect this meant creating a longer transition, from 16–25 years. The council has found that young adult carers are now having carer's assessments as an adult, but at a time they are ready and they can still access the peer support they need, through newly formed groups. Approximately 40–50 new young adult carers are now identified per annum which is a significant change from previous years where the numbers were single figures at best.

supportincornwall.org.uk/kb5/cornwall/directory/service.page?id=DpW6lBqhS9o

Hillingdon Carers Support transition project

In its first three years, the Hillingdon Carers Support transition project successfully supported 96% of participants into further education, employment, training, apprenticeships or higher education. Staff work closely with social care staff and would refer young adult carers for re-assessment if they identified a need. They also work closely with both targeted and universal youth services and many of the young adult carers they support will access some of Hillingdon Carers' programmes.

Chapter 4C

Delegation of local authority functions

 See chapter 18 of the statutory guidance

Statutory guidance

- 18.1** Part 1 of the Care Act sets out local authorities' functions and responsibilities for care and support. Sometimes external organisations might be better placed than the local authority itself to carry out some of its care and support functions. For instance, an outside organisation might specialise in carrying out assessments or care and support planning for certain disability groups, where the local authority does not have the in-house expertise. External organisations might also be able to provide additional capacity to carry out care and support functions.
- 18.2** The Care Act allows local authorities to delegate some, but not all, of their care and support functions to other parties. This power to delegate is intended to allow flexibility for local approaches to be developed in delivering care and support, and to allow local authorities to work more efficiently and innovatively, and provide better quality care and support to local populations.



18.3 As with all care and support, individual wellbeing should be central to any decision to delegate a function. Local authorities should not delegate its functions simply to gain efficiency where this is to the detriment of the wellbeing of people using care and support. Local authorities retain ultimate responsibility for how its functions are carried out.

18.4 Delegation does not absolve the local authority of its legal responsibilities. When a local authority delegates any of its functions, it retains ultimate responsibility for how the function is carried out. The Care Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

The statutory guidance provides further detail about:

- overview of the policy
- local authorities retain ultimate responsibility for how its functions are carried out
- importance of contracts
- which functions may not be delegated
- the difference between outsourcing a legal function and activities relating to the function
- conflicts of interest.

Efficient and effective interventions to fulfill these duties

The Care Act allows local authorities to delegate some of their care and support functions to other parties:

- local authorities **retain ultimate responsibility** for how its functions are carried out
- in addition to efficiency considerations, individual wellbeing should be central to any decision to delegate a function
- consideration should be given to the nature and **quality of the contracting and monitoring arrangements** for any function a local authority chooses to delegate
- local authorities should consider imposing conditions on their contracts with delegated parties to mitigate against the risk of any potential conflicts.

The Care Act does not allow the delegation of certain functions namely:

- integration and cooperation
- adult safeguarding
- power to charge.

In the spirit of facilitating more flexible arrangements to enable local authorities to meet local needs, the Care Act sets out provision for the delegation of some of its care and support functions. It is recognised that in some cases, local authorities may determine that outside organisations might be best placed to deliver a specific area of care and support. It may also be recognised that outside organisations may have the appropriate skills and capacity to deliver these functions more effectively or efficiently than the local authority directly.

There may be occasions where it is determined that external organisations might be better placed than the local authority to carry out some of its care and support functions. This may be when the external organisations specialise in carrying out assessments for carers or specific other disability groups. As part of the decision making process,

Local authorities may develop an economic case for delegating functions, which should also take into account the cost of the additional contract monitoring required to ensure that the local authority duties are carried out effectively.

Other factors to be considered include:

- the use of information technology and reporting requirements to the local authority
- detailed processes including any requirement for decision making by the local authority at any part of the pathway (where specific elements have not been delegated)
- required skills, training and competencies of staff undertaking the functions
- expected standards and outcomes to be delivered by the external organisation
- how complaints will be handled, managed and reported.



Survey results

Where assessments have been outsourced, practices to ensure that eligibility decisions are Care Act compliant varied across councils who responded to the ADASS survey. Many councils said they completed regular audits and made sure decisions were verified by a manager. Others have ongoing contract meetings with the commissioned service, have local authority staff based in the commissioned service or check assessments when they lead to a personal budget. One council said their regular reviews include monthly 'dip sampling' by a quality assurance team.

Devon County council's approach to commissioning

In Devon, the introduction of the Care Act prompted the council to change their commissioning arrangements to ensure that staff members in the local carers' centre had the skills to be able to complete statutory functions delegated to them such as carer assessments and

care and support plans. In local listening events carers had also told the council that well trained staff was an important requirement for them.

As part of their commissioning arrangements, the council requires all carers' centre staff to complete safeguarding training, basic digital skills training and the care certificate forms a key part of their induction. The carers' centre must complete a regular workplace development plan which is then agreed by the council. The council more recently introduced a specification that the staff member who manages carer support including assessments should be a qualified social worker experienced in local authority social work and their deputy must be a qualified and experienced occupational therapist. Devon council finds that this approach reduces the demand on other statutory bodies because the carers centre is able to respond to problems presented by carers.

These staffing requirements sit alongside a rigorous programme of quality assurance including regular reporting, quarterly contract meetings and monthly meetings between the council, carers centre and care provider. The council also checks all decisions to issue a personal budget and randomly samples other assessments to ensure quality.

Social work practice pilots

The social work practice (SWP) pilots tested proposals to allow local authorities to delegate some of their functions relating to looked-after children to independent organisations. This independent report on the SWP pilots includes findings on:

- the advantages and disadvantages of the different models employed
- the impact of SWP pilots on children, their carers and their families
- the impact of the SWP model on the children's social care workforce.

The report can be found at:

gov.uk/government/publications/social-work-practices-report-of-the-national-evaluation

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directors of
adass
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**THE FULL EFFICIENT AND EFFECTIVE INTERVENTIONS
SERIES OF DOCUMENTS INCLUDES:**

DOCUMENT
1

General responsibilities and universal services

DOCUMENT
2

First contact, identifying needs and assessment

DOCUMENT
4

Integration and partnership working

DOCUMENT
4

Integration and partnership working