

CONSULTATION QUESTIONS

The Carer's Assessment: Carer's Support Plan

Question 1: Should we change the name of the carer's assessment to the Carer's Support Plan?

Yes

No

The East Ayrshire Community Health Partnership agreed to recommendations from carers to change the name of carer's assessments to carer's support plans in 2010. This reflected a concern that carers were potentially being assessed in terms of their capacity to provide care as opposed to the support they might require to continue in their caring role. It should be noted that changes in the title of the plan did not result in a significant increase in the uptake of assessment/support plans.

Question 2: Should we remove the substantial and regular test so that all carers will be eligible for the Carer's Support Plan?

Yes

No

The removal of any eligibility criteria has the potential to challenge family relationships and what is usual or normal within such a unit in terms of supporting a member who is ill or affected by disability. There is also a significant risk to the capacity of both social services and the voluntary sector in terms of responding to potential demand for carer's support planning should any criteria be removed. The criteria for accessing the Department of Work and Pension's Carers Allowance is providing care for someone for at least 35 hours per week, which while the amount payable raises another question, may be a means to determine identification of a carer requiring a support plan. In addition, development and utilisation of Anticipatory Care Planning as part of the overall assessment process may assist to mitigate against carer pressures if more formal plans are developed to respond to changes in the cared for person's needs.

Question 3: Should we remove that part of the existing carer assessment process whereby the cared-for person is a person for whom the local authority must or may provide community care services/children's services?

Yes

No

This is a helpful proposal as many people may not require to access social work support through community care or children's services, however access a significant amount of medical input as a consequence of their condition. Given the integration agenda, people may be in receipt of support from a health and social

care partnership therefor the local authority element is less relevant. It would also facilitate development of carers' support plans by the most appropriate personnel who have regular and direct contact with the person and their carers, minimising duplication of activity and increased numbers of people becoming involved.

Question 4: Should we introduce two routes through to the Carer's Support Plan – at the carer's request and by the local authority making an offer?

Yes

No

This option currently exists within East Ayrshire in terms of self referral and an offer being made at the point the cared for person's needs are subject to assessment or review.

Question 5: Should we remove from statute the wording about the carer's ability to provide care?

Yes

No

The terminology relating to a carer's ability to provide care is both judgemental and patronising. In East Ayrshire, as part of the shift towards outcomes based support, people who may require to access support complete My Life My Plan in jointly with the care manager. This tool, based on the Talking Points outcomes. Contains a section relating to Family Carer and Social Support which assists in determining the impact of family carer support informing in turn the budget allocation for this particular area. We are also testing My Life My Plan as a means to develop a Carer's Support Plan which retains the outcomes focus.

Question 6: Should we introduce a duty for local authorities to inform the carer of the length of time it is likely to take to receive the Carer's Support Plan and if it exceeds this time, to be advised of the reasons?

Yes

No

As with all assessment processes, there is an indicative timescale within which they should be completed. Each Partnership area should determine what this timescale is and manage performance within their own agreed standards. There may be individual reasons whereby timescales become extended, however the duty on the assessor should be to retain dialogue with the carer and cared for person about any delays and the reasons for this.

Question 7: How significant an issue is portability of assessment for service users and carers?

It is acknowledged that the cared for person and carer can experience frustration with respect to potential delays or changes to support when moving into a different authority area. It is correct that each partnership develops it's own priorities and commissioning strategies based on their community's health and social care needs. A potential requirement for agreed notice to be given of moves where

people are known to services to enable cross authority and direct family communication about how the new authority and health and social care partnership operate and how support needs may be assessed for and met in order for them to be as informed as possible about choices available to meet their outcomes. Ideally the Carer's Support Plan should belong to the carer and therefor portable in terms of communicating with the new authority their assessed needs, however this would require early review taking account of local arrangements.

Question 8: Should the Scottish Government and COSLA with relevant interests work together to take forward improvements to the portability of assessment?

Yes

No

It would be helpful for a national perspective of portability of assessments to be considered for wider consultation. Inclusion of consideration of Ordinary Residence Guidance would also be helpful, particularly where national resources are being accessed under Adults With Incapacity legislation with potential direct impact on hosting local authorities as a consequence as portability of assessment for the cared for person and carer might be substantial.

Information and Advice

Question 9: Should we introduce a duty for local authorities to establish and maintain a service for providing people with information and advice relating to the Carer's Support Plan and support for carers and young carers?

Yes

No

There is an opportunity by combining legislative requirements to ensure an information and advice service is established and maintained for carers alongside people who are cared for. This should be in a range of accessible formats and include access to support to explain the information available if required.

Question 10: Should we repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer information Strategies to Scottish Ministers, subject to reassurances, which are subject in turn to Spending Review decisions, about the continuation of funding to Health Boards for support to carers and young carers?

Yes

No

With the development of Health and Social Care Partnerships it would be more appropriate to require as part of the Strategic Planning process to indicate support

arrangements with respect to carers within the context of local need.

Support to Carers (other than information and advice)

Question 11: Should we introduce a duty to support carers and young carers, linked to an eligibility framework?

Yes

No

The potential resource implications of applying such a duty are as yet untested therefore pose a risk to sustainability of services. Ensuring the cared for person's outcomes are identified and achieved, along with robust Anticipatory Care Plans being in place should mitigate against risk to the carer's health and wellbeing. Resources which provide breaks to carers such as day opportunities, care at home services or short break arrangements traditionally are provided for the cared for person with associated benefits to the carer and increasingly as people utilise their individual budget more flexibly there will be increased opportunities for carers to benefit as a consequence. Utilising East Ayrshire's My Life My Plan, carer risk is identified and can be incorporated into support plans, again by providing support directly to the cared for person.

Question 12: Alternatively, should we retain the existing discretionary power to support carers and young carers?

Yes

No

Retaining the discretionary powers will ensure the risk to carers' health and wellbeing can be proactively considered within the wider planning arrangements for the cared for person.

Question 13: Should we introduce a duty to provide short breaks?

Yes

No

As Self Directed Supports develop there will be increasing means to provide short breaks which may not come under such a clearly defined category. The resource implications of providing separate short breaks for carers as well as the resultant need to continue supporting the cared for person in their absence will potentially require double funding, a position which is not feasible within the current public spending limitations.

Stages and Transitions

Question 14: Should we issue statutory guidance on the Carer's Support Plan which will include guidance for those undertaking the Carer's Support Plan on managing stages of caring? This would apply to adult carers only. (For young carers, practice guidance will be developed to support management of a Child's Plan through the stages of caring).

Yes

No

The provision of statutory guidance for managing stages of caring in Carers' Support Plans for adults while practice guidance will be developed for young carers seems inequitable. Practice Guidance for all ages would be more appropriate as a reference point for practitioners which would ensure the carer knew and understood what to expect as they move across services. In East Ayrshire we are working towards a point where SHINARRI and Talking Point outcomes reflect each other within the IAF process in order to ease the transition process and ensure consistency in individual budget allocation across the age spans. To that end, the guidance should provide for consistency across all age groups and applying one by statute and the other not compromises this.

Question 15: Should new carers' legislation provide for young carers to have a Carer's Support Plan if they seem likely to become an adult carer? Any agreed support recorded in the Carer's Support Plan would be put in place after the young carer becomes a (young) adult carer.

Yes

No

In order to ensure consistent support for young carers in their role it is important they should develop a Carer's Support Plan prior to transition to adult services. At this significant point of change for a young person, they require to be assured of how their support will be provided in order for them to plan and progress into adult life confident that their caring role is recognised and facilitated.

Carer Involvement

Question 16: Should there be carer involvement in the planning, shaping and delivery of services for the people they care for and support for carers in areas outwith the scope of integration?

Yes

No

In East Ayrshire, Community Care, Children and Families and Criminal Justice services have been delegated to East Ayrshire Health and Social Care Partnership. The Shadow Integration Board is constituted as a Committee of the health board and sub committee of the council's cabinet. Membership of the Shadow Integration Board will include carer representation. This model will facilitate reporting mechanisms and governance routes for carers to inform the planning and shaping of service delivery relating to carers in areas beyond the agreed scope of integration locally.

Question 17: Should we make provision for the involvement of carers' organisations in the planning, shaping and delivery of services and support falling outwith the scope of integration?

Yes

No

As stated in the response to Question 16, provision has been made in East Ayrshire however, it should be recognised that carers' organisations are not representative of all carers and a challenge for all bodies is to engage with carers not directly engaged with organisations to ensure their views are heard.

Question 18: Should we establish a principle about carer and young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation?

Yes

No

The principle that carers and young carers are involved in care planning is critical as they are generally best placed to provide accurate detail with respect to the cared for person's needs and wishes. The cared for person should be in agreement with this and professional judgement also applied with respect to the carer's motivations for inclusion as this can on occasion be counter productive.

Question 19: What are your views on making provision for young carer involvement in the planning, shaping and delivery of services for cared-for people and support for young carers?

The inclusion of young carer involvement in service planning is required to ensure comprehensive consideration of the impact of developments. Inclusion must be meaningful and respect the age and stage of young carers, requiring consideration of appropriate methods of communication and explanation of the process for decision making and reasons for decisions being taken.

Planning and Delivery

Question 20: Should we introduce statutory provision to the effect that a local authority and each relevant Health Board must collaborate and involve relevant organisations and carers in the development of local carers strategies which must be kept under review and updated every three years?

Yes

No

In light of health and social care integration, utilising the Strategic Planning process to include a local carer's strategy would facilitate robust local arrangements reflecting local need and existing service provision for each health and social care partnership.

Question 21: Should we introduce statutory provision to the effect that local authorities with Health Boards must take steps to ensure, in so far as is reasonably practicable, that a sufficient range of services is available for meeting the needs for support to carers and young carers in the area?

Yes

No

As self directed supports develop, the means to access supports for carers and young carers will become increasingly diverse. It is anticipated the market will grow to reflect to demand. The demand for appropriate support will be driven by individuals as opposed to statutory bodies in time, however, there should be a means within each partnership to monitor demand and ensure there is sufficient ease of access to relevant identified support provision such as independent advocacy.

Identification

Question 22: Should there be no legislative provision for GPs or local authorities to maintain a Carers Register in order to support the identification of carers?

Yes

No

Identification of carers by local authorities and GPs is helpful however the real issue is what happens next. Where carers live outwith that local authority or health board area retaining this detail lacks value and even identifying this information in itself has no value. Within Health and Social Care Partnerships there will be opportunities in localities to ensure positive pathways for carers once identified, enabling referral onward for support or direction towards information and advice. Potentially developing robust links within localities would be more beneficial to carers than retaining a register.

Question 23: Should the Scottish Government ensure that good practice is widely spread amongst Health Boards about the proactive use of Registers of Carers within GP practices?

Yes

No

As with the response to Question 22, good practice with respect to pathways for carers and robust communication routes might be more beneficial.

Question 24: Should the Scottish Government ask Health Boards to monitor compliance with the core contractual elements of the GP contract?

Yes

No

Monitoring compliance with the core contract elements in itself would not appear to provide benefit unless the complementary factors of extended appointments, access to preventative health measures are also included which are not part of the contract. An alternative means would be to utilise the carer's strategy within the

Health and Social Care Strategic Plan to agree a local measure which could be monitored and reported on.

Carer and Cared-for Person(s) in Different Local Authority Areas

Question 25: What are the views of respondents on the lead local authority for undertaking the Carer's Support Plan and agreeing support to the carer where the carer lives in a different local authority area to the cared-for person(s)?

The responsibility for undertaking the Carer's Support Plan should sit with the local authority in which the cared for person resides as they will have the information relating to the cared for person and options available to meet their needs. This view is based on the fact the carer is potentially mitigating against direct costs of the cared for person's local authority.

Question 26: What are the views of respondents on which local authority should cover the costs of support to the carer in these circumstances?

As the cared for person is being supported by the carer, potentially saving resources which would have been required by the cared for person's local authority, it should be that local authority which funds costs for the carer. Utilising SDS, the carer may be in receipt of a real or indicative budget as an outcome of their support plan which could then be utilised to purchase support within their own local authority area.

Question 27: Should the Scottish Government with COSLA produce guidance for local authorities?

Yes

No

Guidance with respect to responsibility for undertaking and resourcing carer's support plans would be welcome.