

This is the third draft of a post-commencement implementation plan presented for finalising at the Carers Act Implementation Steering Group on 28 August. We have revised the draft in light of comments from ISG members and noted some comments and suggestions in italics and square brackets which will need to be covered or removed. We have attempted to address general comments about the status of the plan and the extent to which organisations can sign up to it at the bottom of this page and under 'Roles and Responsibilities'.

Carers (Scotland) Act 2016

Implementation Plan 2018-2020

The Carers (Scotland) Act 2016 came into force on 1 April 2018. This plan sets out outcomes and actions in relation to six key priorities for implementation of the Act in 2018-19 and 2019-20.

The six key priorities are:

- **Strategy and leadership**
- **Legislation and guidance**
- **Workforce and systems support and development**
- **Raising awareness**
- **Carer involvement and choice**
- **Monitoring, evaluation and funding**

The plan *[has been agreed by the Carers (Scotland) Act Implementation Steering Group]* to guide it's work supporting implementation. It will be kept under review and updated as required.

Context

Carers in Scotland¹

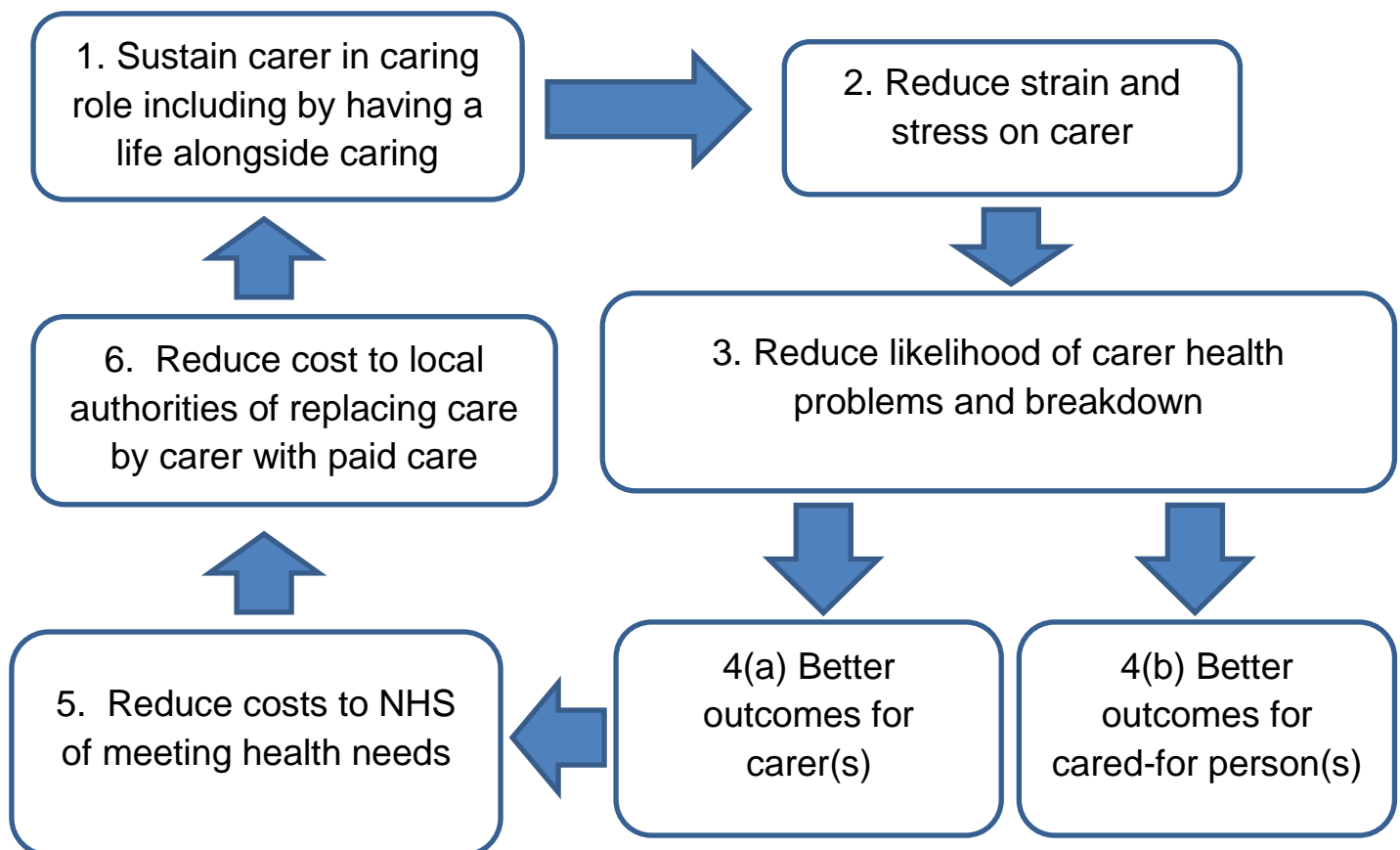
1 in 6 adults have unpaid caring responsibilities for someone with a longstanding illness or disability. Caring responsibilities affect many carers' physical and mental health. Nearly half of carers have long-term conditions themselves.

Many carers are looking after people with complex needs. There are more older carers and a higher number of carers looking after more than one person. The time individuals spend caring is also increasing. Almost half of carers in the most deprived areas care for 35 hours a week or more. This is almost double the level in the least deprived areas where 24% of carers care for 35 hours a week or more.

Rationale for carer support

Prevention is pivotal in supporting carers and the people that they care for. Intervention and support (including by providing information) at an early stage in a carer's journey can promote quality of life, independence and engagement with their communities and prevent deterioration in their situation – sustaining caring relationships.

The social, human rights and economic case for supporting carers can be summarised as follows:



¹ Scotland's Carers, Scottish Government, 2015 - www.gov.scot/Publications/2015/03/1081

Scotland's National Health and Wellbeing Outcomes recognise the importance of supporting carers. These outcomes are set in legislation and provide a high level statement of what health and social care partners are seeking to achieve through integration and quality improvement across health and social care. National health and wellbeing outcome 6 states:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Carers (Scotland) Act 2016

The Act extends and enhances the rights of carers. The aim is to better support carers on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. In relation to young carers, the intention is similar to that for adult carers but also that young carers should have a childhood similar to their non-carer peers.

The Act gives all carers rights to an adult carer support plan or young carer statement to identify each carer's personal outcomes and needs for support. This reflects a general **preventative** approach, which also underpins the duty on local authorities to provide information and advice services to carers.

The Act also seeks to ensure more **personalised** delivery of carer support in order to improve wellbeing and deliver positive outcomes for carers. The Act requires local eligibility criteria to be set in each local authority area. These frameworks will help local authorities determine the level of support to provide to carers, based on their identified needs.

Carer involvement is a key principle of the Act. It is intended to recognise carers as equal partners in care, to empower them with more useful information about the support that may be available to them and to ensure that they can share their caring experiences and knowledge with those responsible for providing support or services. Carers should be involved in individual level decisions which affect them, including in hospital discharge processes. They should also be involved in strategic decision making, including in setting local eligibility criteria, in preparing local carer strategies and short breaks services statements and in planning carer services.

Wider context

The Carers (Scotland) Act 2016 contributes to a wider effort to build a fairer Scotland and a strong, sustainable economy; tackle inequalities; and deliver public services with communities. It is closely related to and is underpinned by the same principles as other public service reforms, notably integration of health and social care and work to embed Self-directed Support.

Prevention underpins the integration of health and social care and the effort to shift the balance of care from residential settings to care at home and towards more people being cared for at home for longer. It is also key to embedding Self-directed Support as Scotland's mainstream approach to social care and ongoing work on the reform of adult social care. Personalisation is also at the heart of providing choice and control through Self-directed Support.

Implementing the Carers (Scotland) Act 2016

Roles and Responsibilities

The Act came into force on 1 April 2018. Local authorities, integration authorities and health boards now have legal duties to support carers. Many individuals and organisations across Scotland worked together in producing the new legislation, guidance, systems and tools to raise awareness of the Act and support authorities in meeting their duties towards carers.

The Act represents a significant change. Many different factors are important to help achieve that change. Meaningful improvements in outcomes for carers depend on actions and effective partnership working across a wide range of organisations, including all those represented on the Implementation Steering Group. We have shared interests in improving support to carers.

Organisations represented on the Implementation Steering Group have agreed to use their influence to support delivery of this implementation plan by:

- collaborating and supporting one another to deliver the actions in the plan;
- listening to one another and aiming to find common ground on what can be done and on what can be achieved;
- working in a transparent way, sharing our views and conclusions;
- working to the governance arrangements agreed by the group.

Pace of change

It will take time to embed new approaches to supporting carers. We want to accelerate the pace of that change while managing the risks and recognising other pressures on the system (e.g. capacity at local level, ensuring a systems-wide approach, resourcing).

Resources

We recognise that implementation of the Act takes place in a challenging financial landscape for all the organisations and individuals involved. We will continue to work together and keep the situation under review, particularly in the context of monitoring and evaluation and guidance on waiving of charges/replacement care.

Structure of this plan

This plan is structured around 6 key priorities. For each priority, the plan sets out specific outcomes, recognises particular challenges, highlights intersections and dependencies with other areas and identifies specific actions.

Outcomes

This plan includes short, medium term and longer term outcomes, which have been drawn from different sources.

Some are drawn from the previous, pre-commencement Carers Act Implementation Plan, which set out outcomes to be jointly owned by all partners². Where those outcomes remain key to successful implementation they are incorporated here.

Some longer term outcomes are drawn from a key outcomes framework for the Carers Act which was developed via the Monitoring and Evaluation Group using a logic model approach. That framework is also attached at appendix 1.

² SG, COSLA, SLGP, integration authorities, third sector, education sector, adult and young carers

Priorities for 2018-20

Priority 1

Strategy and Leadership

Outcome

There is visible, long term commitment at national and local level to ensuring the Carers Act makes a real difference to carers and those they look after, including by:

- recognising and supporting carers
- fostering connected and collaborative approaches to achieve the necessary cultural shift to deliver real change for carers across Scotland
- building strategic understanding of how wider areas of policy can support carers.

Challenges

Complex system with lots of local variation

Competing priorities

General pressure on health and social care

Significant recent turnover in local statutory sector carers leads

Links to other areas/initiatives

The Carers Act forms part of a wider agenda of reform of adult social care; personalisation of support; and a shift towards prevention.

As such there are multiple links to other areas which affect carers (social security, children's services, loneliness and social isolation, dynamic discharge, and support for people with particular needs or conditions including mental ill health, dementia, autism, palliative care, neurological conditions ...)

Actions

1. Continued communications and involvement (all ISG members) [*See also priority 4, action 1.*]
2. Commitment to ongoing work of ISG (all ISG members)
3. Develop Strategic Policy Statement on carers, articulating the Scottish Government's overall ambitions and priorities for carers (SG)
4. Develop local carer strategies (Integration Authorities/Local Authorities/Health Boards with input from local carers and carer representatives)

5. Take a systematic approach to collecting and sharing good practice across the system (all ISG members) *[Comments suggesting making this action more specific. Alternatively, a potential topic for a future ISG meeting.]*

[ISG members were asked whether the group has an additional specific role in supporting local leadership on Carers Act Implementation. Comments referred back to action 1 above and the corresponding action 1 under priority 4; also suggesting the need for 'consistent, on-going reinforcement by local (and national leaders) of their commitment to supporting carers'.]

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Priority 2

Legislation and Guidance

Outcome

Carers, practitioners and organisations can draw on clear Carers Act guidance and legislation to develop local standards, processes and procedures, including on terminal illness and waiving of charges.

Challenges

Resolving conflicting views on appropriate timescales for ACSPs and YCSs for carers of people with a terminal illness.

Definition of terminal illness in the Social Security (Scotland) Act 2018 is different from that in the Carers Act.

Complexities around charging legislation, Carers Act duties and varied local practice in relation to charging and replacement care.

Local variation, including in resource allocation and waiting times.

Links to other areas/initiatives

COSLA homecare charging guidance.

Self-directed support options – as applied to provision of carer support which includes a break from caring.

Development of a resource setting out rights of disabled children and their families.

Development of updated Getting it Right for Every Child guidance.

Actions

1. Develop terminal illness regulations (including consideration of research and consultation). (SG with consultation/co-production)
2. Task group on waiving of charges guidance, developing practice examples for potential publication. (SG chair, joint working to develop examples)
3. Review and update statutory guidance to:
 - incorporate local eligibility criteria guidance into main guidance; *[comment suggesting to also review in year 2]*
 - reflect terminal illness regulations; and
 - refine material on waiving charges if required. (SG with consultation/co-production)
4. Review and update Carers' charter to:

- account for terminal illness regulations (SG)
 - *[There were differing views as to whether it would be helpful to supplement the Carers' charter with additional rights outwith the Act. Three comments agreed; one disagreed; and one said only if it did not make the charter unwieldy.]*
5. Develop local guidance and processes to deliver duties under the Carers Act (integration authorities, local authorities (in relation to non-delegated children's services), independent schools, health boards).

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Priority 3

Workforce and Systems Support and Development

Outcome

People who work in health and social care and education have the skills, knowledge and confidence to identify, support and involve carers as equal partners and understand the implications of the Carers (Scotland) Act 2016 for their practice, culture and ways of working³.

Third sector provider organisations have the capacity to deliver flexible, personalised support to carers⁴.

Local authorities, HSCPs and social care providers have proportionate, person-centred systems and participatory processes which enable carers to achieve the outcomes that matter to them⁵.

Local authorities, HSCPs, Health Boards and third sector social care providers empower and promote partnership working, collaboration and innovation, including recognising the role of community assets and building resilient communities.

Challenges

Issues associated with social care workforce are well articulated in the Health and Social Care Workforce plan part 2⁶. The actions in this plan relate to specific activity connected to introduction of the Carers Act.

General pressure on health and social care

Recruitment for early learning and childcare impacting on resources

Complexity [*Need to explain what this challenge is.*]

Links to other areas/initiatives

Embedding Self-directed Support as the mainstream approach to social care.

Ensuring people get the right care at the right time in the right place (through health and social care integration)

National Health and Social Care Workforce Plan [*1 comment agreed that we should draw on the vision from that plan.*]

Ensure reform of adult social care promotes the rights of carers

³ Drawn from previous implementation plan

⁴ Drawn from previous implementation plan

⁵ Drawn from self directed support strategy

⁶ <http://www.gov.scot/Publications/2017/12/2984>

Actions

1. Legislation and Guidance – see priority 2
2. Facilitate collaboration and conversation through ISG and carers leads (SG chair)
3. Develop and disseminate training resources:
 - a. embed, review and upgrade open access training resource on personal outcomes (e-book) for use across statutory and third sector practitioners (SSSC with SG funding)
 - b. Refresh EPiC (national framework for workforce learning and development related to unpaid carers) – (NES/SSSC – with SG funding)
 - c. Develop resources for teachers and other education staff – to meet needs identified by short life working group on children’s services – and consider future scope to adapt for other practitioners working with children and young people (NCOs/GTC/ADES/Education Scotland/SG – with SG funding)
 - d. Gather good practice, develop and disseminate resources for staff in relation to the duty to involve carers in Hospital discharge – to meet needs identified by short life group (NES/SG/dynamic daily discharge network with SG funding)
 - e. Ensure that information and support around the Carers Act/carers rights is available to care providers and partnerships, including through the Care Inspectorate’s knowledge and learning portal, The Hub (Care Inspectorate)
4. Provide grants (around £0.5m) for third sector capacity building 2018/19 (SCVO led, SG funded)
5. Promote collaboration and statutory/third sector partnership:
 - a. Third sector post for 2018/19 with focus on promoting collaboration (COCIS, funded by SG)
 - b. support carers centres through membership networks (NCOs)
 - c. Adopt collaborative approach to identify key gaps and target efforts to address these:
 - i. Short life working group on hospital discharge
 - ii. Short life working group on children’s services/young carers
 - iii. Working group on waiving charges and replacement care (see priority 2)

[Additional suggestion for a national workforce training plan to ensure all frontline staff have a knowledge of their responsibilities under the Act.]

Priority 4

Raising Awareness/Communications

Outcome

Carers are more aware of the choices available to them under the Carers Act, and are empowered to make genuine outcome-focused choices which support them⁷

Carers can obtain relevant, understandable and usable advice and information about their rights under the Act and support available to them⁸

Practitioners, managers, national organisations and the wider public are more aware of carers, the rationale for supporting carers, and carers rights under the Carers Act

Challenges

Carer identification – “hidden carers”, removing stigma and improving self-identification

Achieving early intervention

Resources

Risks of exclusion through eligibility criteria

[‘Medical education’ was mentioned as a challenge at the last ISG. Comments differed as to whether this was education of doctors or of carers (about the condition of the cared-for person). No specific challenge was identified.]

[Variation in local approaches to promotion of carers rights to support was suggested as an additional challenge]

Links to other areas/initiatives

Promoting Self-directed Support as the mainstream approach to social care.

Ensuring people get the right care at the right time in the right place (through health and social care integration).

Actions

1. Maintain strategic focus and visible commitment to carers at national and local level - through articles, engagements, social media, quotes and speeches. (SG and ISG members) See priority 1 *[Two comments suggested a national awareness campaign and one suggested a national communications strategy to coordinate/focus local action.]*

⁷ Drawn from previous implementation plan

⁸ Outcome 6 from Carers Act –Outcomes framework developed by monitoring and evaluation group

2. Local authority development of **information and advice services** and associated leaflets, including tailoring for young carers, equality groups etc. (IJBs/Local Authorities, working with third sector)
3. Develop and publish **short breaks services** statements (IJBs with scope to draw on template developed by SBSS think tank co-ordinated by SCS)
4. Development and publication of **local carer strategies** (IJBs, with carer involvement and consultation as per Carers Act)
5. Third sector information and awareness raising:
 - a. publication and dissemination of “what to expect leaflets” (COCIS with SG funding)
 - b. supporting carers and carers centres through membership networks (NCOs)
 - c. support other organisations such as Citizen’s Advice and Care Information Scotland in developing their own information (NCOs/SG) *[No other organisations identified themselves as having a role in this.]*
 - d. engage with condition-specific organisations to raise awareness and share materials (NCOs)
 - e. NCO and local carer centre events to raise awareness of carers and the Act (NCOs and third sector)
6. [Raise awareness of young carers and their rights under the Act through schools and other channels, including promoting links between child and adult services at:
 - a. national level - building on work of short life working group (SG/NCOs/ Education Scotland/ADES/GTC/SSSC - see priority 3); and
 - b. local level – (Local Authorities – non delegated children’s services and education)]

[ISG members were asked whether the above action in relation to children’s services was appropriate following points made at the last ISG meeting. 1 comment agreed.]
7. Raise awareness of carers at national and local level in the context of the duty to involve carers in hospital discharge – see also priority 3 (Health Boards, NES and other members of short life working group)

See also Priority 3 action on raising awareness of carers’ rights among care providers

Priority 5

Carer involvement and choice

Outcome

Carer's views in relation to the cared-for person are taken into account⁹, including in relation to hospital discharge

Carer is involved in personal health and social care decisions¹⁰

Caring responsibilities reflect carer's needs and wishes¹¹

[Carers have a range of choices and a strong role as equal partners in care and in commissioning their own support.] *[ISG members were asked whether this is needed as it overlaps with the 2nd above. Three comments said it should be kept. One suggested combining outcomes 1, 2, 4 and 7.]*

Statutory bodies work in partnership with third sector and carers in strategic development of carer support and in commissioning.

Commissioners have the skills, knowledge and confidence to commission for the personal outcomes desired by carers¹².

Carers have the skills, knowledge and confidence to influence macro commissioning decisions and to make micro commissioning decisions for themselves in the context of Self-directed Support¹³.

Challenges

Complex landscape and systems – particularly around commissioning – challenging for carers to navigate, challenging to change

Lack of understanding and knowledge of entitlement to Self-directed Support

Links to other areas/initiatives

Promoting Self-directed Support as the mainstream approach to social care

Ensuring people get the right care at the right time in the right place (through health and social care integration)

⁹ Outcome 1 from Carers Act – Outcomes framework developed by monitoring and evaluation group

¹⁰ Outcome 2 from Carers Act – Outcomes framework

¹¹ Outcome 4 from Carers Act – Outcomes framework

¹² Drawn from previous implementation plan

¹³ Drawn from previous implementation plan

Ensuring reform of adult social care promotes the rights of carers

Carer representative role on IJB boards

Actions

1. Support and engage with Carers Collaborative – forum for carer representatives on IJBs (COCIS coordination, SG funding)
2. Involve carer organisations and carers in strategic planning – (IJBs/Local Authorities/Health Boards – as per Carers Act duties)
3. Commission third sector delivery of carer services under the Act where appropriate (as recommended in guidance). (IJBs, LAs, Health Boards)
4. Promote joined up working across teams involved in Carers Act/Self-directed Support/ person-centred care (SG/ IJBs/third sector)

[Potential collective work to assist LAs/IAs with their new responsibility on market sufficiency and provider choice in the provision of short breaks (discussed at SBSS Think Tank). 3 comments supported this, including Shared Care Scotland, who would have an important role]

[Potential role for Scotland Excel to provide specific training for commissioning officers on carer support services including short breaks services. Two comments supported this but one expressed caution, questioning Scotland Excel's awareness of the value of flexible forms of support.]

Priority 6

Monitoring, evaluation and funding [*Alternative suggestion: 'Measuring Progress and Impact'*]

Outcome

We understand how effectively the Act is implemented and understand its practical impact on carers' lives and in terms of prevention.

We can use this understanding to inform future decisions in relation to carers policy.

Challenges

Lack of baseline data

Variations in how data is collected between LA's/Health Boards/ Third sector

Different opinions about estimated costs/demands

Evaluability of key wellbeing outcomes

Difficulties attributing change directly or solely to the implementation of Carers Act

General pressure on health and social care

Differing expectations of national/local accountability

Links to other areas/initiatives

Social care charging

Promoting Self-directed Support as the mainstream approach to social care

Health and Social Care Integration

Getting It Right For Every Child

Actions

1. Carers Census

- a. Data specification developed and circulated in partnership with COSLA.
- b. Collect and analyse baseline pre-commencement data for 2017-18 (SG/integration authorities/third sector).
- c. Develop collection mechanisms/systems for census (SG with integration authorities and third sector). [*Two comments highlighted carer centre concerns about sharing data in the context of GDPR.*]
- d. Collect and analyse post commencement data (six monthly in 2018/19 and thereafter on an annual basis) – (Integration authorities/third sector/ SG)

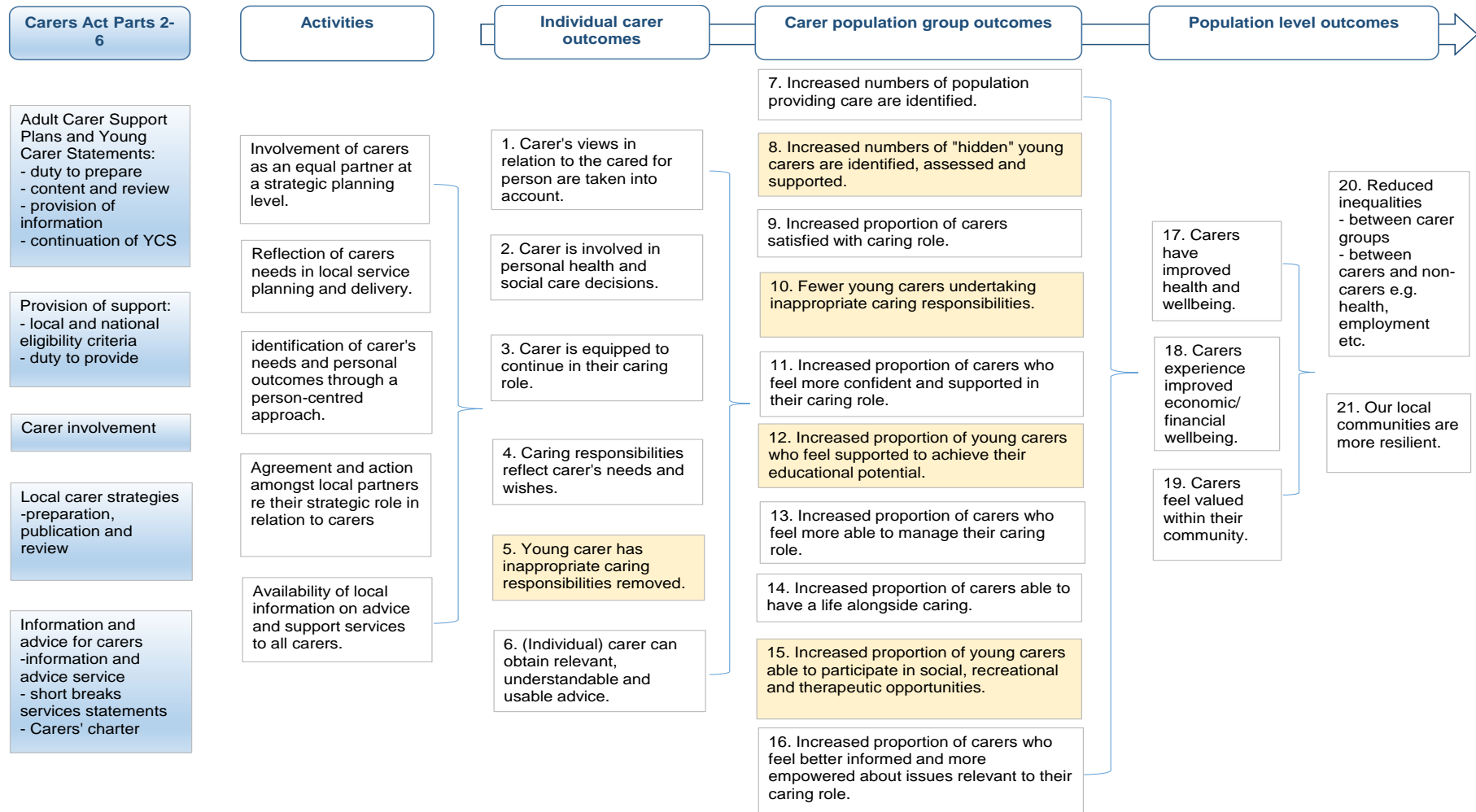
2. Finance Advisory Group (reporting to ISG)

- a. prepare risk register
- b. prepare programme of work
- c. meet in September 2018 in advance of Spending Review
- d. consider demand, future costs and next steps once census data available

3. Monitoring and evaluation group (reporting to ISG)
 - a. consider completeness of logic model and whether it should also cover systems and workforce outcomes
 - b. consider recommendations in evaluability assessment report for how best to assess progress with the identified outcomes (options include - formative process evaluation; analysis of administrative data; analysis of routine data sets; and opportunities for local evaluation)
 - c. explore scope to establish academic carers group/community
4. Consider longer-term opportunities for assessing the impact of the Carers Act, including the option of a future thematic review (Care Inspectorate, Scottish Government and others)

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Appendix 1: Theory of change /Logic model- Carers Act- Outcomes framework



Key assumptions: 1) People (adults and young people) providing or intending to provide unpaid care are identified. 2) Young carers are seen as children and young people first and foremost and are relieved of inappropriate caring roles.