

This is a first draft of a revised implementation plan. The intention is to have an initial discussion at the implementation steering group in May and develop and revise it over the next few months with a view to agreeing it at the implementation steering group in August.

Carers (Scotland) Act 2016

Implementation Plan 2018-2020

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

The plan *[has been agreed by the Carers (Scotland) Act Implementation Steering Group]*. It will be kept under review and may be updated as required.

Context

Carers in Scotland

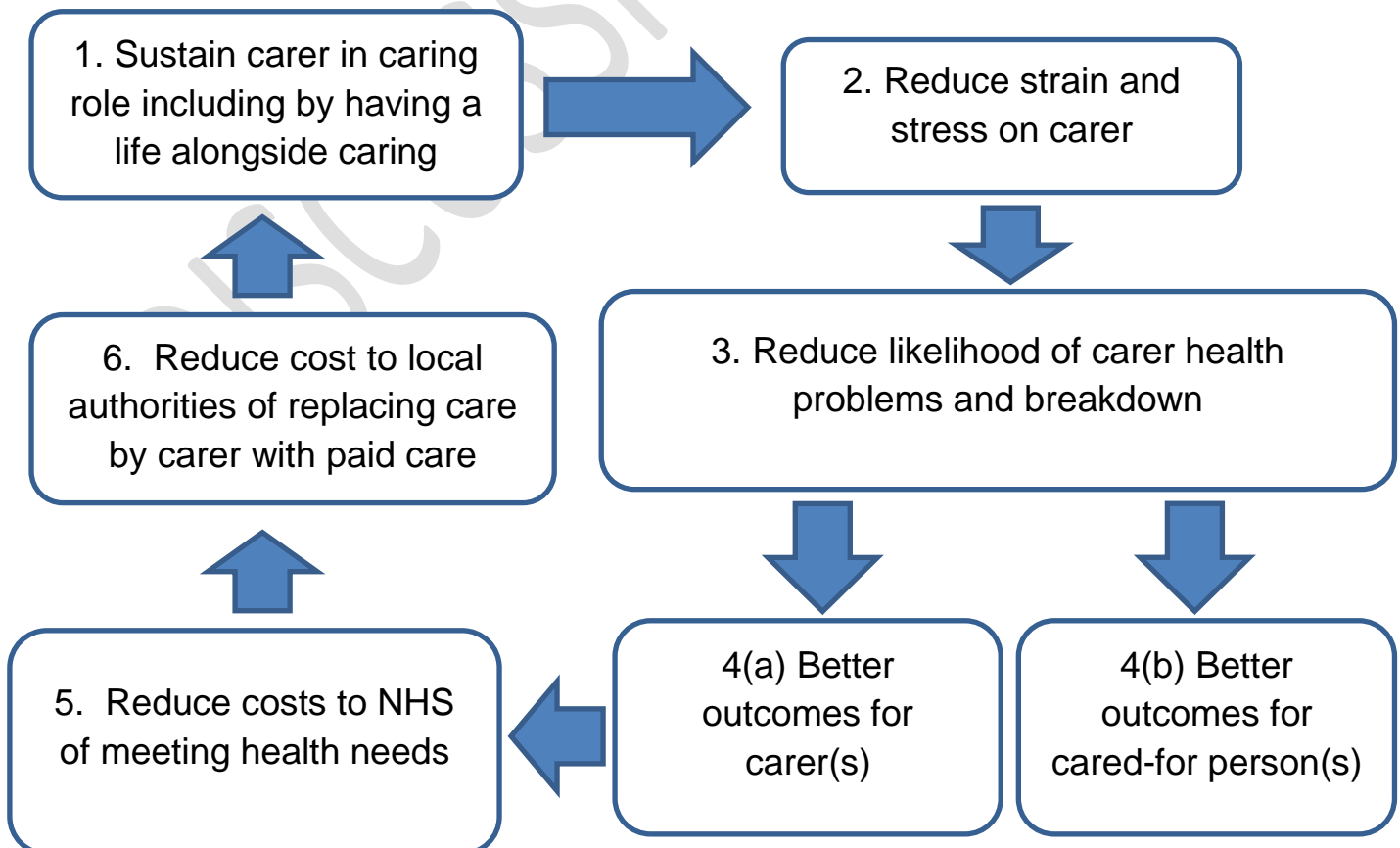
1 in 6 adults have unpaid caring responsibilities for someone with a longstanding illness or disability. Caring responsibilities affect many carers' physical and mental health. Nearly half of carers have long-term conditions themselves.

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:



Supporting carers contributes to the achievement of the following national health and wellbeing outcome:

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 deliver this implementation plan by:

- collaborating and supporting one another to deliver 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.

Key outcomes

Prior to commencement of the Act, the first implementation plan set out key outcomes, to be jointly owned by all partners¹. The following outcomes remain key to successful implementation of the Act:

¹ SG, COSLA, SLGP, integration authorities, third sector, education sector, adult and young carers

- 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 them.
- Professionals in statutory and third sector health and social care services and in education have the skills, knowledge and capability to identify, support and involve carers as equal partners.
- Provider organisations are supported to build their capacity to deliver flexible, personalised support to carers.
- Commissioners have the skills, knowledge and confidence to commission for the personal outcomes desired by carers. Carers also have the skills, knowledge and confidence to influence commissioning decisions.

Structure of this plan

This plan sets out [5] priorities which are intended to contribute to these wider outcomes. It sets out specific outcomes, recognises particular challenges, highlights intersections/dependencies with other areas and identifies specific actions.

[Consider how these outcomes relate to key outcomes framework for the Carers Act developed using a logic model approach via the Monitoring and Evaluation Group (see appendix 1).]

Priorities for 2018-[19/20]

Priority 1

Legislation and Guidance

Outcome

Carers, practitioners and organisations can draw on clear guidance and legislation in relation to the Act, 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.

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

Links to other areas/initiatives

Potential divergence from social security terminal illness criteria, following passage of the Social Security (Scotland) Bill.

COSLA homecare charging guidance.

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

Actions

- Develop terminal illness regulations (including consideration of research and consultation). (SG with consultation/co-production)
- Task group on waiving of charges guidance, developing practice examples for potential publication. (SG chair, joint working to develop examples)
- Review and update statutory guidance to:
 - incorporate local eligibility criteria guidance into main guidance;
 - reflect terminal illness regulations; and
 - refine material on waiving charges if required.(SG with consultation/co-production)
- Review and update Carers' charter to
 - account for terminal illness regulations (SG)
 - *[Consider - are there other actions for the Carers' charter? – e.g. whether to supplement Carers' charter with additional rights outwith the Act.]*

Priority 2

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 working.

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

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 them. *[This wording is similar to the SDS strategy. Is it needed here too? Consider whether this is the best place to address systems?]*

Challenges

Issues associated with social care workforce are well articulated in the Health and Social Care Workforce plan part 2. The actions in this plan relate to specific activity connected to introduction of the Carers Act.

General pressure on health and social care

Complexity

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).

National Health and Social Care Workforce Plan *[Can we draw on the vision from that plan?]*

Ensure reform of adult social care promotes the rights of carers.

Actions

- **Legislation and Guidance** – see separate priority (SG)
- *[Consider - Anything on EPiC? (national framework for workforce learning and development related to unpaid carers)]*
- SG will facilitate collaboration and conversation through ISG and carers leads
- Work to embed that (open access) training tool in 2018-19 (SSSC with SG funding)
- £0.5m grants fund – for third sector capacity building 2018/19 (SCVO led, SG funded)

- **Targeted funding (around £1.5m):**
 - **NES/Health workforce** – specific needs around Hospital discharge – short life group to explore needs with a view to target SG resources (SG co-ordination)
 - **Children/schools** – specific needs around schools - short life group to explore needs with a view to targeting resources. (SG co-ordination)
 - *[Consider - Are there other key gaps?]*

Priority 3

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 them

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

Challenges

Carer identification

Achieving early intervention

Resources

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)

Action

- SG comms – periodic media articles, quotes and speeches. (SG)
- 3rd sector information and awareness raising
 - publication and dissemination of what to expect leaflets (CoCiS, SG funded development)
 - Other NCO and local carer centre events (NCOs and 3rd sector, some SG funding)
 - Other activity through NCOs – supporting networks
 - Others such as Citizen's Advice developing their own information
- Local authority development of **information and advice services** and associated leaflets etc. (IJBs/Local Authorities, working with 3rd sector)

- Carers collaborative – forum for carer representatives on IJBs (CoCiS coordination, SG funding)
- Development and publication of **short breaks services** statements (IJBs, SBSS think tank co-ordinated by SCS)
- Development and publication of **local carer strategies** (IJBs, with carer involvement and consultation as per Carers Act)

Priority 4

Carer involvement and choice

Outcome

Carers have a range of choices and a strong role as equal partners in care and in commissioning their own support.

3rd sector work in partnership with statutory bodies in strategic development of carer support and in commissioning.

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

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 support.

Challenges

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

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)

Ensuring reform of adult social care promotes the rights of carers.

Carer role on IJB boards

Action

- Carers collaborative – forum for carer representatives on IJBs (CoCiS coordination, SG funding)
- Local authorities and others involving carer organisations in strategic planning – (IJBs/ Local Authorities/ Health Boards – as per Carers Act duties)

- Commissioning 3rd sector delivery of carer services under the Act (as recommended in guidance). (IJBs, LAs, Health Boards)
- Promote joined up working across teams involved in Carers Act/ self-directed support/ person-centred care (SG/ IJBs/3rd Sector)
- *[Consider - Is there a place for 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)?]*
- *[Consider - Is there a role for [Scotland Excel](http://www.scotland-excel.org.uk/) to provide specific training for commissioning officers on carer support services including short breaks services? <http://www.scotland-excel.org.uk/>]*

Priority 5

Monitoring, evaluation and funding

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 costs/demands

Evaluability of key wellbeing outcomes

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

General pressure on health and social care

Differing expectations of national/local accountability

Links to other areas/initiatives

Charging

Promoting self-directed support as the mainstream approach to social care

Health and Social Care Integration

Getting It Right For Every Child

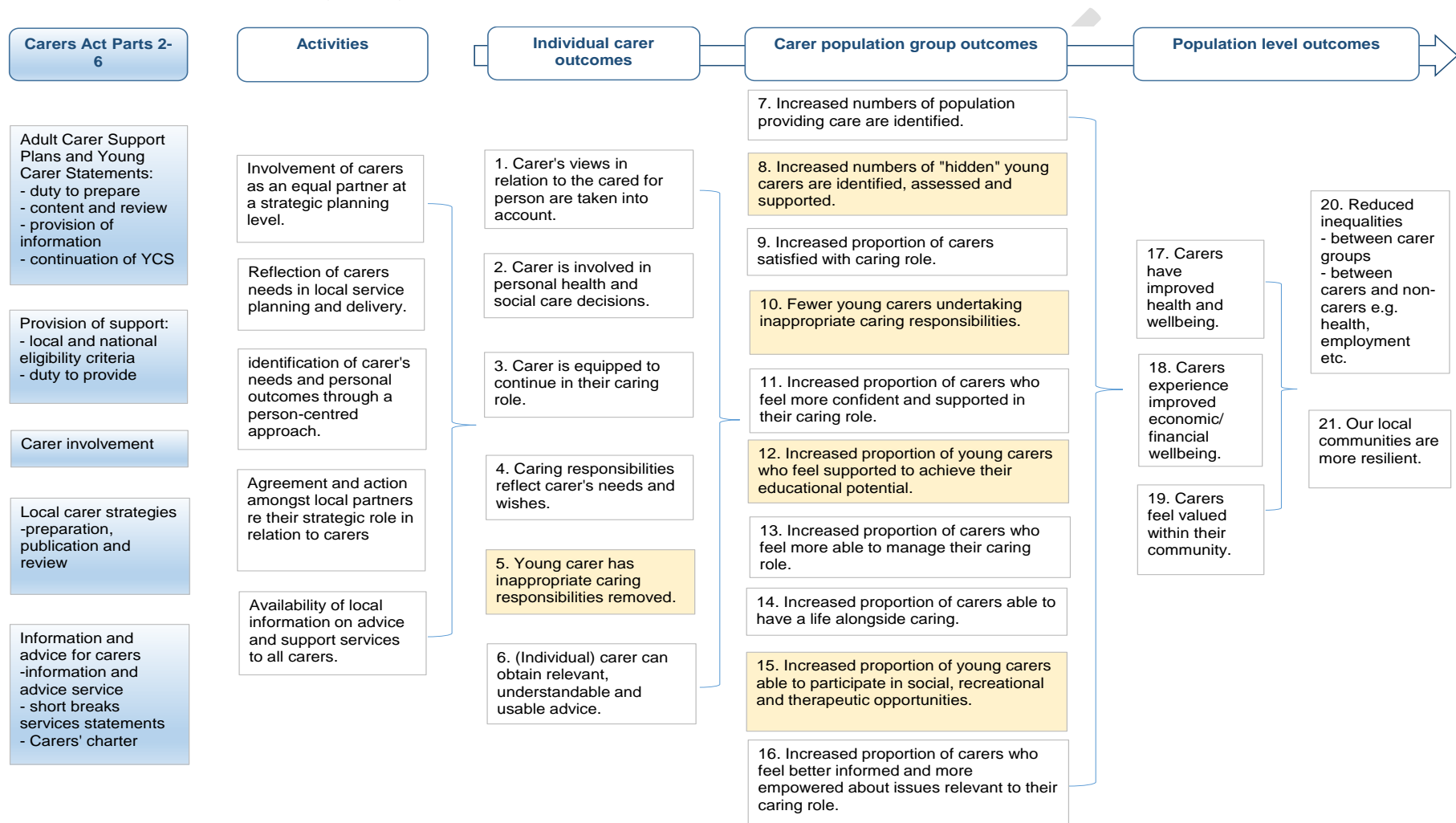
Action

- Carers Census
 - developed and circulated in partnership with COSLA.
 - Baseline data will be collected in 2017-18
 - Ongoing work on collection mechanisms/systems (SG funding - James Gamgee/ Julie Rintoul).
 - Post commencement data will be collected quarterly

- Finance Advisory Group – to meet in summer [*Consider future role*]

- Monitoring and evaluation group
 - developed logic model and evaluability assessment report
 - to consider recommendations in evaluability assessment report for future role (options include - formative process evaluation; analysis of administrative data; analysis of routine data sets; and opportunities for local evaluation)

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.