Carers (Scotland) Bill

NHS Lothian

1. Do you support the Bill?

Yes

2. What do you feel would be the benefits of the provisions set out in the Bill?

The increase in the range/number of carers that can be supported because the requirement:

i) ‘regular and substantial’ basis which legally entitled people to a carers' assessment will be removed.

ii) that the person being cared for must be someone to whom the local authority provides a community care service will be removed

We anticipate that by removing both these criteria, the identification of carers (and self identification by carers) will be easier and will happen earlier. The new adult carer support plan (ACSP) provides a lower threshold for the “legitimising” of carer needs (by both the carer themselves and health and social care professionals) than the current system which will enable earlier identification and consequent support for carers.

We welcome:

i) The replacement of the current carer’s assessment with a new ACSP and the provision of a young carer statement (YCS) for all young carers

ii) That Local Authorities (LAs) will be required to take into account the views of the carer when determining the needs of the person being assessed and deciding what services to provide and how to provide them. We acknowledge that many practitioners would say they do this already

iii) The recognition that it is not just about a carer’s ability to provide care but also their willingness to provide care.

iv) The shift towards preventative care so LAs will have a power to support carers in a preventative manner where they do not meet eligibility criteria in addition to the duty to support carers who meet eligibility criteria. We welcome that as part of the work done to determine the support carers are provided with that there is particular consideration of whether the support should take the form of, or include, a break from caring. We advocate using a Personal Outcomes approach which has shown that these types of conversations around outcomes can identify care and support that challenges prior assumptions about what might benefit the carer – including how carers can care and support themselves. In NHS Lothian we have identified these during our engagement around “Hannah” who is the ‘typical patient’ that is being used in Lothian as part of the ‘House of Care work’ that is informing the
strategic plan to help ensure that the model we work to is person-centred and integrated

v) The recognition that transition points for carers can be tricky and the need to review carer support plans at these times

vi) The requirement that LAs prepare local carer strategies for their areas (this already happens across Lothian) and that there is provision for the establishment of an information and advice service for carers in each local authority area which must include a short breaks services statement. vii) The introduction of a duty to support carers whose needs cannot be met by general services in the community including the information and advice service including welfare advice/rights services

viii) The clarification about when the carer and the cared-for person live in different LA areas, the LA in which the carer resides should prepare the ACSP and that they will be responsible for the cost of providing any agreed support

ix) That LAs will be required to take into account the care provided by an unpaid carer when conducting an assessment of the cared-for person. Where there is an ACSP in place they must take account of this.

x) In relation to young carers, NHS Lothian fully supports the objective of the Bill which is to enable young carers to have a childhood similar to their non-carer peers and making real this ambition by furthering the rights of both adult and young carers and would welcome being involved in developing the secondary legislation to help how the Bill will be enacted.

xi) NHS Lothian welcome the fact that young adult carers will have a YCS until they are provided with an ACSP as this should help them with the transition to adult services.

xii) We welcome the fact that the Bill covers kinship carers

xiii) We welcome the example (in Part 1 19. ii Wider Demographic Context) of the meaning of an "Adult Carer" as it is essential that parents who care for a child or young person with complex and/or exceptional healthcare needs should be highlighted as a separate group who have different needs

xiv) We welcome the fact that the Bill mirrors the definition of a young person in section 22 of the Children and Young People (Scotland) Act 2014 so that the named person service under that Act and the provisions for young carers under this Bill can be coordinated and can be focused distinctly on the young carer’s needs as a carer

3. How do you feel the Bill could be amended or strengthened?

i) Whether or not the Bill will actually lead to benefits which are discernible by carers and the people they care for will in large part come down to the quality and consistency of implementation. Much of the detail of implementation has been left either to future (as yet undrafted) regulations by Scottish Government and/or local decisions by individual LAs. The most obvious and
important example is around the local eligibility criteria. The Bill proposes that local authorities will set local eligibility criteria which will “determine whether local authorities would be required to provide support to carers to meet carers needs”. There is a risk that this will lead to different criteria in different locations, leading to a ‘post-code lottery’ for carers. There is also a risk that in current resource-scarce environment that criteria will be subject to ongoing revisions which restrict eligibility.

ii) By linking it to Equality and Rights duties and recognising that while caring unnecessarily depresses incomes of all, the differential impact of caring on people with lower incomes can be significant.

iii) Although, in some ways we welcome the repeal of the requirement that Health Boards have to submit a Carer Information Strategy and that the Bill establishes that LAs must set out their plans for identifying carers within the context of the local carer strategy. We feel that with the withdrawal of Carer Information Strategies there is no longer any requirements on Health Boards to identify and signpost carers to support. We recognise that this will form part of the devolved function of integrated partnerships. However, we think that the section on identification could be strengthened and reference should be made to the crucial role of all health professionals to identify and signpost carers, to continue the good practice established by Carer Information Strategies.

iv) We recognise that there is no mention of supporting carers through the process of hospital admission and discharge which is seen by carers as being a particularly significant time for them and this should be addressed. The Key Information Summary and Anticipatory Care Planning potentially provide a useful way of identifying carers and enhancing communication with them. Additionally, there is a need for robust emergency planning measures for carers so if they are admitted to hospital the people they care for are appropriately supported.

v) Section 13 – Content of young carer statement. We are pleased that the content of the young carers’ statement explicitly includes the wellbeing indicators. We are however concerned that some young carers may not want their school to know about their caring role and hope that more clarity around confidentiality and data protection will be given in the supplementary guidance.

vi) Part 4: Recurrent and non-recurrent cost implications to other bodies from the provisions in the Bill. We are pleased that the Financial Memorandum within the Bill covers training and development. We also welcome that each Health and Social Care Partnership would be funded for a Carer Champion/Ambassador for two years to help achieve cultural transformation in this area, through workforce development and leadership.

**4. Is there anything that you would add to the Bill?**

i) There is no mention on the role of General Practitioners and primary care in the identification of carers. The Policy Memorandum does indicate (para 123) that LAs must set out their plans for the identification of carers in their local
Carer strategy and that they must consult with NHS Boards before preparing their local carer strategies. However, given the centrally important role of primary care and GPs in the identification of carers there is an argument for stipulating more explicitly the need for their role to be considered in local carer strategies along with explicit guidance on how to link LA responsibilities with those of the health service to have key information summaries and anticipatory care plans. There is a clear need to link the care and support for carers across health, social care and third sector. This includes clear processes for identifying carers and then agreeing responsibility for assessing/having good conversations and collaborative care and support planning (rather than passive assessment). In addition, there needs to be a mechanism for collating information obtained from care and support planning so that there is responsive allocation of resources.

ii) An explicit recognition of the particular needs of carers involved with supporting people with mental health issues

iii) The Bill in relation to young carers: (Part 5 Local Carer Strategies 28 Duty to prepare local carer strategy (4)) Before preparing its local carer strategy, a local authority must take such steps as it considers appropriate to involve carers – it is essential that there are a range of options to ensure that the Bill enables all carers to be involved in the planning and delivery of the services that affect them, e.g. to ensure that we had views from a wide range of age groups, NHS Lothian produced a toolkit for children and young people in partnership with the Children’s Parliament to consult on the NHS Lothian Children and Young People’s Strategy.

iv) In relation to young carers: (Part 6 Information And Advice For Carers) Information and advice service (31 Information and advice service for carers (3)) - it is essential that the information and advice provided is age appropriate and involves children and young people in its development.

v) In relation to young carers: (Explanatory notes, Background 10) The wellbeing indicators are not referred to specifically in this section and we feel it would be helpful if they were to provided to ensure continuity with the implementation of the Children and Young People (Scotland) Act.

vi) In relation to young carers: duty to prepare local carer strategies NHS Lothian welcomes that within paragraph 84, there will be an explicit obligation for the local carer strategy to include specific consideration of the needs and circumstances of young carers in the area. We are unsure how funding additional services for young carers through Self Directed Support will work

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