



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 21 FEBRUARY 2018**  
**THE CARERS (SCOTLAND) ACT 2016 IMPLEMENTATION**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The Carers (Scotland) Act 2016 will introduce substantial changes to the way in which unpaid carers across Scotland are supported when it is implemented in April 2018. Its operational and cultural implications are becoming clearer and further detailed guidance from the Scottish Government has been received. This report provides detail about eligibility criteria and how these will be applied.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- (i) notes this update on implications for Angus Health and Social Care Partnership (AHSCP) of the Carers (Scotland) Act 2016;
- (ii) agrees to the setting of local eligibility criteria for carers in Angus as proposed in Appendix 1, subject to further work identified at (iii) below;
- (iii) agrees that an authorising group of voting members be established, where the further work and analysis detailed in this report will be discussed and agreed, in particular around the financial impact of new eligibility procedures.

**2. BACKGROUND**

The Carers (Scotland) Act 2016 ('The Act') is due to commence on 1 April 2018. The Act recognises the value of the unpaid care that is provided nationally and the impact that caring can have on individual carers. It furthers the rights of unpaid carers with the intention of ensuring that they are better supported, able to continue to care if they wish to, and have a life outwith their caring role. The legislation envisages a preventative approach with unpaid carers regarded as equal partners in care.

Implementation work is being co-ordinated through the Carers Planning & Development Group. The Act has implications for both adult and young carers and the Group includes representatives from Angus Council's People Directorate to ensure that the regulations relating to young carers are implemented.

The Scottish Ministers have determined that certain functions of local authorities under the Act must be delegated to the Integration Joint Board. These are:-

- (i) Section 6 – Duty to prepare adult carer support plan;
- (ii) Section 21 – Duty to set local eligibility criteria;
- (iii) Section 24 – Duty to provide support;
- (iv) Section 25 – Provision of support to carers: breaks from caring;
- (v) Section 31 – Duty to prepare local carer strategy;
- (vi) Section 34 – Information and advice service for carers; and
- (vii) Section 35 – Short break services statements.

Relevant Regulations have been amended to provide for this. The only way that the functions referred to above can be incorporated into Integration arrangements is by reviewing and amending the Integration Scheme between NHS Tayside and Angus Council. A review of the Integration Scheme has been commenced to provide for this.

Once changes to the Integration Scheme have been agreed by NHS Tayside and Angus Council they must be approved by the Scottish Ministers. The Scottish Ministers require amended Integration Schemes to be submitted to them for approval by 2 March 2018. After the relevant functions are delegated by Angus Council to the Integration Joint Board, then NHS Tayside and/or Angus Council can be directed to perform these functions in accordance with the Strategic Plan and any other requirements.

The Board is asked to note, for completeness, that the Act imposes certain duties on Health Boards. These include the duties contained in Section 12 (duty to prepare young carer statement in respect of a preschool child) and Section 31 (duty [along with the relevant local authority] to prepare local carer strategy). However, relevant Regulations permit a Health Board to delegate these functions to the relevant Integration Joint Board but do not oblige the Health Board to delegate these.

### **3. CURRENT POSITION**

A Workstream Implementation Plan was launched at a multi-agency workshop in August 2017 and work is ongoing across a range of existing groups at engagement, operational and strategic levels in order to ensure that staff across the Partnership are aware of their new responsibilities. The current position of this work and any requirement for agreement from the Integration Joint Board is outlined below:

- a) The duty to support carers is subject to a carer having eligible needs which meet local criteria. Statutory Guidance has proposed seven indicators which are to be used to determine the impact of the caring role and associated risks. They are applicable to adult and young carers and will drive a transparent and consistent approach to the assessment of eligibility. Workstream 1 has met to consider the thresholds to be set in Angus. The group is of the view that the thresholds set in the Best Practice Framework recommended in the updated Carers (Scotland) Act 2016 - Statutory Guidance Local Eligibility Criteria Part 3, Chapter 1, Sections 21 and 22, which was released in November 2017, should be adopted. The group were keen to consult with carers on this principle and attended the Angus Carers Voice Network on 9 January 2018 to discuss the threshold and which services link with different parts of the eligibility 'triangle'. The criteria need to be published by 31 March 2018 and reviewed within three years. Local Eligibility Criteria for Carers is attached at Appendix 1.
- b) The Angus Health and Social Care Partnership, subject to the position outlined in section 2 of this report, will have a duty to prepare an Adult Carer Support Plan (ACSP) setting out an adult's personal outcomes, identified needs and the support to be provided to meet these needs. A draft ACSP plan has now been developed with unpaid carers, practitioners and other stakeholders to reflect an outcome-focused and strengths-based assessment of need. The vision is that this document will also replace the Angus Carer Centre's assessment form (CISP – Carer Information & Support Plan) and ensure a more streamlined and consistent approach to supporting carers across the Partnership. The ACSP will be used to determine whether a carer has eligible needs under the legislation so links closely to the indicators in the eligibility criteria. If the carer's identified needs meet the local eligibility criteria, they must be offered the four options of self-directed support.

Further work will be required to determine the value of component parts within a support package and to ensure that there are control mechanisms on resources and cost.

The ACSP will be used for newly referred carers from April 2018 and phased in for existing unpaid carers as part of their annual review cycle. Emergency and future planning will be integral to the support plan and work is ongoing to ensure that these link appropriately with Anticipatory Care Planning processes for the cared-for person.

Workstream 7 will develop a partnership monitoring group. This small group of managers from Adult Services and Angus Carers Centre will have a specific function of providing a quality information management system which will scrutinise outcomes and planning decisions to ensure consistency of the application of the ACSP across the Partnership, as well as to provide advice and guidance to managers & practitioners as required. The Carer Planning & Development Group will coordinate the onward reporting of this work.

- c) The Act imposes a duty on a responsible authority to prepare a Young Carer Statement (YCS) for carers who are under eighteen, or over eighteen but still at school. Angus Health and Social Care Partnership is required to work with Angus Council Children and Learning Committee to put plans in place for young carers who are over eighteen but still at school or those transitioning into Adult Carers Support. The YCS will continue to apply until there is an Adult Carer Support Plan in place. The YCS sets out the young carer's identified personal outcomes and needs and any supports to be provided by the responsible authority to meet those needs. Provision for the process of identifying outcomes and needs for young carers will be set out in Regulations to be published in due course.
- d) The next stage is to pilot the new Adult Carers Support Plan among existing and new carers in preparation for implementation by social work teams and Angus Carers Centre in April 2018. It will be rolled out more broadly across other professionals later in the year, along with training and support as required.

There is an expectation that a discussion with a worker or mentor will always be central to the assessment process. We also envisage that the ACSP will be available on-line for carers via the Independent Living Angus, Angus Carers Centre, Angus Council and future Partnership sites, for those who wish to use this as a self-reflection aid before beginning the assessment with a worker or mentor. The workstream group is developing the appropriate tool to support this.

#### **4. PROPOSALS**

The Integration Joint Board is asked to consider the Local Eligibility Criteria (Appendix 1) and agree its publication, as required by Scottish Government regulation, by 31 March 2018. (This being subject to the completion of the process outlined at section 2 of this report.)

In preparation for the introduction of the Act the Carers Planning and Development Group will continue to co-ordinate local partnership workstreams to support implementation which reflects the legislation, regulation and guidance, and the outcomes of pilot programmes. In doing so, the vital contribution made by unpaid carers in Angus can be supported and sustained as well as ensuring that Angus meets its statutory requirements to involve carers in services and service planning.

#### **5. FINANCIAL IMPLICATIONS**

Although £19.4 million was initially referenced for the Carers Act, the Scottish Government has clarified that the £66 million local government settlement in its budget for 2018/19 includes money to directly support additional expenditure associated with the Act. The funding is not ring-fenced and will go to local authorities, so negotiation has been necessary to determine how much will be transferred to IJBs to meet the delegated responsibilities included in this legislation. Initial funding of £200k has been allowed for in 2018/19. The £66m also includes £4.75m that was previously given to Health Boards for the development of the Carers Information Strategy and similarly this is not ring-fenced.

In calculating the potential financial impact of implementation in Angus we have considered:

1. The number of carers currently being supported and any projected increase
2. Where current carers would sit in relation to the new local eligibility criteria
3. Where future carers might sit in relation to the new local eligibility criteria

The 2011 census reported that 10,582 adults in Angus (9.1% of the population) identified themselves as carers. As of 6 February 2018, the Angus Health & Social Care Partnership has 629 adult carers identified on CareFirst whilst the Angus Carers Centre is supporting over

2,211. There is an overlap between these figures with some carers receiving support from both statutory and voluntary services. In addition the Partnership commissions several other organisations from the third and independent sector to provide support for carers, in a primary or secondary role, and on a smaller scale; these include Alzheimer Scotland, Support in Mind, day services, Dundee Carers and the Joint Sensory Service.

It is probable that there are a significant number of carers in Angus who are not fully accessing the support that is available to them. There is an expectation that the number of carers in Angus seeking support will rise in the future, both as a result of increased awareness of the caring role generated by the legislation, and due to local demographics. The 75+ population is expected to almost double in size by 2037 and this will impact on carer numbers.

Currently in Angus, if an individual is not identified as part of the assessment process for a supported person, a carer may self-identify and approach the Angus HSCP or Angus Carers Centre to seek support. Both agencies are working with carers with different levels of need and potential eligibility for services and inter-agency referrals are considered. However, at present there is a lack of clarity about the respective roles and remits of Partnership services and of the Angus Carers Centre in providing support. Local eligibility criteria bring an opportunity to better align services so that statutory ones are focusing on the domains of a carer's life outlined above the eligibility threshold which have a high or critical impact, and Angus Carers Centre and other third sector organisations can then focus on preventative support in the moderate and low impact domains.

The Scottish Parliament's Finance Committee Report on the Carers (Scotland) Bill Financial Memorandum provides the Government's best estimates on the cost implications of implementation, but with the caveat that '...it is challenging to predict the demand profile with complete accuracy.' The Financial Memorandum asserts that in the current financial year around 3% of the population of adult carers nationally are receiving 'ACSP' i.e. are being statutorily assessed for support. The Government estimates that by 2021 this figure will rise to 16%. Based on the Census data and CareFirst classifications, statutory services in Angus are currently supporting about 6% of adult carers and the Angus Carers Centre substantially more.

As noted at 3b) the current statutory assessment process generates a personal budget for the carer which can then be used to meet their identified outcomes and support needs. Angus is one of a handful of Partnerships in Scotland already providing personal budgets for carers and, although there are concerns that this can encourage a focus on resources rather than outcomes, it has provided some data which is helpful in assessing current costs of support for carers. A detailed study of a sample of recent carers' assessments suggest that more analysis is required to gain a better understanding of the level of budget generated in the Resource Allocation System (RAS). On the CareFirst system, costs appear in different guises and may be linked to either the carer or the supported person, which can be problematic. In addition, the personal budgets generated are *indicative* figures and data suggests that this figure may be an over-estimate of need.

We have used the indicative budget generated through the RAS to make an assessment of where carers who currently undertake a statutory assessment would sit in the proposed new local eligibility framework.

|  | Caring has no impact | Caring has low impact | Caring has moderate impact | Caring has high impact | Caring has critical impact |
|--|----------------------|-----------------------|----------------------------|------------------------|----------------------------|
| <b>Q3 2017/18</b> based on 113 assessments | <b>10 (9%)</b>       | <b>30 (26%)</b>       | <b>57 (50%)</b>            | <b>12 (11%)</b>        | <b>4 (4%)</b>              |
| <b>Q3 2016/17</b> based on 87 assessments  | <b>7 (8%)</b>        | <b>33 (38%)</b>       | <b>31 (36%)</b>            | <b>9 (10%)</b>         | <b>7 (8%)</b>              |

The tracking of current assessment output against the proposed threshold for eligibility would suggest that 82% of the work in 2017/18 currently undertaken by Adult Services would not meet the eligibility criteria. This means that the majority of carers would instead benefit from preventative support services delivered through a partnership approach. This would include the sign-posting of carers to universal and preventative services which are available to the general population in local areas, as well as to more specialist carer support. (For example, Angus Independent Advocacy and Angus Citizens Advice Bureau provide services mentioned

in the Information & Advice section of the statutory guidance, where signposting is recommended.) Resource provision in the third sector will need to be revisited in order to ensure that it is able to effectively support carers to sustain a caring role, as well as supporting them to avoid moving from a low or moderate impact to a high or critical impact assessment. Given the financial constraints (e.g. additional funding of £200k from Angus Council settlement), further analysis of requirements and related costs is required.

Agreement to the threshold will inform further analysis, in what is a highly complex area, to project where newly-identified carers might sit in relation to the eligibility criteria and the associated resource implications.

The collection of data related to unpaid carers to form a base-line against which to measure the impact of implementation is key to understanding its financial implications. The Scottish Government's data specification will assist in providing baseline data for 2017/2018 and monitoring changes post implementation. In addition work is underway locally to determine:

- The number of Carers Assessments and support plans completed from 1 April to 31 September 2017
- The budget attributed (where applicable)
- The amount of the budget committed
- How the budget was used

A similar analysis will be undertaken monthly from April to September 2018 to compare referral rates and budget committed, and to highlight at an early stage any local changes attributed to implementation.

## **6. OTHER IMPLICATIONS**

Future implications will be identified and risk assessed as work progresses and will be reported back to the IJB. In particular, a further report will follow with more detailed financial analysis.

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Appendix 1 - Local Eligibility Criteria for Carers