### Introduction and general comments

This response is from the NHS Education for Scotland (NES). We are a national special health board working in partnership with our stakeholders to provide education, training and workforce development for those who work in and with NHSScotland. Our mission is to provide quality education that enables excellence in health and care for the people of Scotland and which leads to a healthier Scotland for all.

We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development, working closely with our frontline educational support roles and networks. Our aim is to improve health and care through education and a significant proportion of our work focuses on the clinical workforce. We prepare professionals for practice in medicine, dentistry, clinical psychology, pharmacy, optometry and healthcare science and we provide access to education for nurses, midwifes, allied health professionals, healthcare chaplains, healthcare support workers and administrative, clerical and support staff. NES and the Scottish Social Services Council (SSSC) were commissioned by the Scottish Government to develop the Equal Partners in Care (EPiC) core principles for working with carers and young carers. These can be found at <a href="https://www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care.aspx">www.knowledge.scot.nhs.uk/home/portals-and-topics/equal-partners-in-care.aspx</a>. The Core Principles are based on six outcomes for carers. These include the following:

- Carers are identified
- Carers are supported and empowered to manage their caring role
- Carers are recognised and valued as equal partners in care

The principles are identified at three levels, ranging from level 1 ('carer aware') to level 3 ('planning with carers as equal partners'). We also continue to develop a series of learning resources to support the promotion and use of the core principles. We have referred to the core principles throughout our response.

#### **CONSULTATION QUESTIONS**

#### The Carer's Assessment: Carer's Support Plan

Question 1: Should we change the name of the carer's assessment to the C Support Plan?		irer's assessment to the Carer's
	⊠ Yes	□ No
	During the development of the Equal Partners asked a number of stakeholders (including care	• • • • • • • • • • • • • • • • • • • •

"Carer's assessment" and "Carers support plan". The stakeholders told us

that they preferred the term 'Carer's Support Plan'. The term 'assessment' was viewed as a potential barrier to accessing support.

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	
supported and empowere Carers so the removal of outcome. Removing barr appropriate support and s	omes of the EPiC core principles is that 'Carers are ed to manage their caring role'. This applies to all the substantial and regular test is consistent with this riers to the identification of carers and offering signposting early on in their journey has the potential minimise the need for more costly interventions at a	
staff may become involve moment this may be mor	ty criteria may have workforce implications as more ed in the development of carers support plans. At the re likely to impact on local authority staff but with th and social care integration it may also impact on	
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	
their own right and has the potential to improve acce	al. It is consistent with recognising carers needs in the potential to reduce barriers to support. It has ess to support in more complex situation e.g., where is support and the person they care does not wish to	
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	
_	ggestion. As integration progresses it may create to come from other services	
Question 5: Should we remove from statute the wording about the carer's ability to provide care?		
⊠ Yes	□ No	
emphasis the need to foc provide care. The use of	ing is consistent with Caring Together and EPiC which us on carers' outcomes rather than on ability to 'ability' can be seen as a potential barrier and has to "pass" an assessment. Its removal should support plans.	

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	
good practice to inform peoreceiving a service therefor about the length of time the consistent with recognising core principles). However we can have unintended conse	he establishment of local authority duties. It is upple of how long they can expect to wait before the we welcome any effort to keep carers informed at it may take to develop their support plan. This is carers as valued and equal partners in care (EPiC we are aware that making timeframes a requirement equences when put into practice. It may be that tatement may be more appropriate than	
Question 7: How significant ar and carers?	n issue is portability of assessment for service users	
We have no evidence or da	ta to inform a comment on this question	
	sh Government and COSLA with relevant interests mprovements to the portability of assessment?	
Yes	□ No	
We make no comment on t	his question.	
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	
However we would acknow	he establishment of duties for local authorities. ledge that providing people with information and upport Plans is good practice and consistent with	
Question 10: Should we repeal section 12 of the Community Care and Health (Scotland) Act 2002 about the submission of Carer information Strategies to Scottis 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	

In context of health and social care integration health boards and local authorities are increasingly producing joint Carer Information Strategies. We support this but acknowledge that there may be concerns about the impact on carers and young carers if designated funding is not continued

# **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 We make no comment on the establishment of local authority duties. We would note that changing this power from a discretionary one to a duty is likely to have financial and workforce implications. We also consider that decisions related to this issue should take into account the potential impact of SDS legislation Question 12: Alternatively, should we retain the existing discretionary power to support carers and young carers? □No Yes See our answer to the previous question. Question 13: Should we introduce a duty to provide short breaks? ☐ Yes ☐ No We make no comment on the establishment of local authority duties. However we welcome moves to promote the provision of short breaks which is consistent with the EPiC core principles – 'Carer's have a life outside of their caring role'. We would suggest the development of good practice guidance to support the workforce to contribute to planning and delivering a range of person-centred short break opportunities in partnership with other agencies. **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). X Yes □ No

We welcome this proposal which would support the workforce to achieve consistent good practice in relation to Carers' Support Plans The EPiC core principles include that 'Carers are supported and empowered to manage their caring role' through various translations, including from children's to adult services. We note the need for some flexibility in guidance related to adult, young person and child plans so that decisions/approaches can be based on the needs of individuals rather than at fixed points.

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		
are free from disadvanta specifically addresses tra adult services to ensure	with the EPiC core principles, particularly that 'Carers age or discrimination related to their caring role' which institute of young adult carers between children's and that they receive continued support. There should be see responsibility this would be in the context of		
Carer Involvement			
	be carer involvement in the planning, shaping and beople they care for and support for carers in areas tion?		
<u></u>			
delivery of services is ide Strategy and the EPiC co	carers are fully involved in the planning, shaping and entified in a number of resources including the Carers' ore principles. These proposals are also consistent est Practice for Engaging Carers developed by the otland.		
planning, shaping and de reasons. It requires peop and to be able and willing may require changes in p	nsuring that carers are able to become involved in the elivery of services remains a challenge for a number of ole at all levels of an organisation to be carer aware g to support carer involvement in different ways. This practice and in procedures/processes or structures in diversity of carers voices is represented		
	ke provision for the involvement of carers' organisations d delivery of services and support falling outwith the		

We are broadly supportive of effective partnership with relevant stakeholders. The national carers organisations were very involved in the development of the EPIC core principles and in the project steering group.

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		
carer and young carers in principles, particularly 'Ca care'. It is important that ensure that involvement context, relationships and carers unique needs and is key to achieving this ai	(subject to consent) to support the involvement of a care planning. It is consistent with the EPiC core arers are recognised and valued as equal partners in this is supported with workforce development to is meaningful and takes into account the individual's dicircumstances. A workforce that is sensitive to situation and can respond in a skilled and flexible way im. During 2014/15 the EPiC project will be be which will contribute to supporting the workforce to I partners.	
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?		
arrangements must be ag young people to become look at existing work to g Scotland's Commissioner developed the Golden Ru	istent with the EPiC core principles. Any ge-appropriate and be flexible enough to support involved in meaningful ways. It may be helpful to juide the establishment of any provision, for example for Children and Young People (SCCYP) has les for Engaging Young Carers and the Young Carer's example of sharing information with young carers.	
Planning and Delivery		
authority and each relevant I	roduce statutory provision to the effect that a local Health Board must collaborate and involve relevant the development of local carers strategies which must be ted every three years?	
☐ Yes	□ No	
	the establishment of statutory provision however in the development of local carer strategies is core principles.	

authorities with Health Boa	ntroduce statutory provision to the effect that local ards must take steps to ensure, in so far as is reasonably at range of services is available for meeting the needs for ag carers in the area?
Yes	□ No
The availability of a suf- principles. The principle accessible services for t and rural areas, lesbian	on whether statutory provisions should be developed. ficient range of services is consistent with the EPiC core as also note the importance of ensuring appropriate and the diversity of carers, including people living in remote a gay bisexual and transgender people, people from nities and carers with disabilities.
Identification	
	e be no legislative provision for GPs or local authorities to r in order to support the identification of carers?
□ <b>x</b> Yes	□ No
and suggest that disse suggest that steps wou	ive requirements placed on GPs would be challenging mination of good practice would be more effective. We ald be required to monitor that registers of carers were and utilised with the focus being on improving practice
	cottish Government ensure that good practice is widely pards about the proactive use of Registers of Carers within
☐ <b>x</b> Yes	□ No
As above	
	Scottish Government ask Health Boards to monitor contractual elements of the GP contract?
Yes	□ No
As above	

## 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)?

We make no comment on arrangements between different local authorities but broadly support any move to remove barriers and improve flexibility in carer support and thus improve outcomes for carers and cared-for people.

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 above		
Question 27: Should the Scottish Government with COSLA produce guidance for local authorities?		
☐ Yes	□ No	
As above.		