

**EAST AYRSHIRE COUNCIL**  
**CABINET – 16 DECEMBER 2009**  
**CARERS ACTION PLAN**

**Report by the Director of Educational & Social Services**

**1. PURPOSE OF THE REPORT**

- 1.1 To seek Cabinet approval of the draft Carers Action Plan for East Ayrshire.

**2. BACKGROUND**

- 2.1 Carers provide a substantial amount of unpaid and very personalised care which would otherwise need to be supported through public funding. In so doing they play a key role in supporting local authority and health services
- 2.2 Supporting carers in their caring role is a key local and national priority. Policy developments, including the requirement imposed upon Health Boards to produce NHS Carers Information Strategies, the Care 21 report and the Changing Lives report have sought to change the way that carers are valued and supported to continue in this caring role. The Scottish Government is currently working on the development of a new national strategy for carers with anticipated publication in 2010.
- 2.3 East Ayrshire's previous Carers Strategy came to the end of its life in 2007. In the light of the publication of the reports referred to in section 2.2 the decision was taken to defer development of a new strategy to facilitate the full involvement of carers in the development of a new Strategy or Action Plan.
- 2.4 In order to take this forward, local carers, carer organisations, partners and stakeholders were invited to participate in a series of meetings to identify the way forward. The group determined that this could best be addressed through holding a Partnership Working Event and nominated a steering group to progress arrangements.
- 2.5 In total over 3000 carers were offered the opportunity to participate. The outcomes of these, taken together with local and national priorities informed the development of a draft action plan which was then subjected to a wider consultation process.

**3 THE ACTION PLAN**

- 3.1 The draft Action Plan identifies the following key areas for action:-
- Carers assessments
  - Benefits / Income / Employment
  - Respite / Short Breaks
  - Specific Care Group Issues
  - Information and advice
  - Carers as Partners

- Young Carers
- Carers Health and Wellbeing

3.2 A range of actions to tackle each of these areas has been incorporated into the Action Plan.

#### **4 PERSONNEL IMPLICATIONS**

4.1 As part of revised structural arrangements a lead officer has been identified to lead strategically on implementation of the carers agenda. This complements work undertaken in policy development and contract management in this important area.

#### **5 POLICY / LEGAL IMPLICATIONS**

5.1 The Action Plan incorporates East Ayrshire's approach to addressing its Concordat commitments in relation to respite care.

5.2 The Action Plan sets out East Ayrshire approach to the Scottish Government circular on respite care.

5.3 The Action Plan anticipates the publication of a new national strategy for carers in 2010.

5.4 The Action Plan has been subject to Equality Impact Screening and recommended for a full Equality Impact Assessment in 2010/11. This is will facilitate participation in the process of the proposed Carers Forum as equal partners.

#### **6 IMPLICATIONS FOR COMMUNITY PLANNING AND THE CHP**

6.1 Supporting carers has been identified as a national priority. Community Planning partners have statutory obligations towards carers and are held to account for their performance through national regulation and scrutiny activity.

6.2 Within East Ayrshire, carers have been identified at a strategic level within the Improving Health and Wellbeing Action Plan and the Integrated Children and Young People's Service Plan. As such carers' issues will be subject to consideration through both Adult and Children's Officer Locality Groups within the CHP structure.

6.3 In recognition of the key role undertaken by carers and their strategic importance both nationally and locally, the need for a carers' representative body to be formally linked as partners to Community Planning and CHP Structures has been identified within the draft Carers Action Plan.

#### **7 RISK MANAGEMENT**

7.1 Delivery of effective Community Health and Social Care Services help manage risk to individuals, families and communities. Support to carers in maintaining their caring task is an essential element of these services.

## **8 RECOMMENDATIONS**

8.1 Cabinet is requested to:

- (I) approve the draft Carers Action Plan; and
- (II) note the contents of the report.

Graham Short  
Director of Educational & Social Services  
3 December 2009

## **BACKGROUND PAPER**

1. Draft Carers Action Plan

Members wishing further information should contact Eddie Fraser, Head of Service:  
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## **IMPLEMENTATION OFFICERS**

Eddie Fraser, Head of Service: Community Care  
Susan Taylor, Head of Service: Children & Families and Criminal Justice

**EAST AYRSHIRE**  
**CARERS ACTION PLAN 2009/11**

**FINAL DRAFT**

**2009**

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## **INTRODUCTION**

Carers play a key role in supporting local authority and health services. They provide a substantial amount of unpaid care which would otherwise need to be supported through public funding.

Supporting carers in their caring role is a national and local government priority. East Ayrshire's previous Carers Strategy came to the end of its life in 2007. In the light of the publication of the reports: Care 21 – The Future of Unpaid Care (Scottish Executive, 2006); and Changing Lives: Report of the 21<sup>st</sup> Century Social Work Review (Scottish Executive, 2006), the decision was taken to defer development of a new strategy to facilitate the full consideration of their implications. Subsequently, and in partnership with carers, it was agreed that a short action plan focussed on outcomes for carers represented the best way forward.

## **WHAT IS THE PURPOSE OF THE ACTION PLAN?**

The action plan identifies a range of outcomes for carers in East Ayrshire designed to tackle the priorities and issues identified by carers within East Ayrshire and by statutory bodies such as the Council and the National Health Service (NHS) within the context of the national policy agenda.

Whilst the action plan takes account of local issues for carers it does not undertake an in depth analysis of carers and caring as the overall needs of carers have been well documented through the Care 21, Changing Lives and other reports. The Action Plan complements the NHS Ayrshire and Arran Carers Information Strategy and takes account of the guidance on respite care issued by the Scottish Government (2008).

During 2009, the Scottish Government will develop a new Carers Strategy for Scotland. The strategy will build on those recommendations with implications for local policy development contained in the Care 21 report. The Action Plan anticipates the expected publication of the strategy in 2010.

## **HOW THE ACTION PLAN WAS DEVELOPED**

Further to a range of meetings held with carers, carer organisation representatives and stakeholders it was agreed to hold a consultation event with carers and representative organisations to identify the way forward for the development of a new Carer's Strategy or Action Plan.

An informal steering Group comprising carers, council officers and NHS officers was established to develop the format for the event. A partnership working event was held during National Carers Week in June 2008. Invitations to participate were issued to over 3000 carers. Representatives from organisations including the NHS, the DWP and the voluntary sector participated. The event was attended by over 100 participants who heard presentations from representatives of national carer organisations and from the Council prior to participating in themed workshops.

The discussions held at the event have informed the content of this Action Plan. In addition, the Action Plan has incorporated carer related specific action identified within other settings to ensure a coordinated focus on meeting the needs of carers and has been guided by national policy developments.

## PROFILE OF CARERS IN EAST AYRSHIRE

### Definition

A carer can be defined as:

A person of any age who voluntarily provides unpaid help and support to a relative, friend or neighbour who cannot manage to live without the carer's help due to frailty, illness, disability or addiction. The support a carer provides may include moving and handling, help with feeding, personal hygiene and administering medication, as well as providing emotional support, acting as an advocate or guardian for the cared-for person, and enabling the person with support needs to access leisure and recreation. (NHS Carer Information Strategies Draft Guidance - August 2004).

(This definition of carer does not include volunteers who undertake caring duties as part of their work for a voluntary organisation, nor anyone who is paid for their services).

### General points

Nationally, research has indicated that:

Some 481,000 people in Scotland regard themselves as undertaking unpaid care work (9.5% of the population). Of these 63.5% provide between 1-19 hours of care a week, 12.5% between 20-49 hours a week and 24% (115,500 people) provide more than 50 hours a week care (2001 census).

The national figure breaks down to there being in the region of 12,500 people in East Ayrshire who are carers, of whom around 40% (5,000) spend more than 20 hours caring (2001 census). It is recognised that these carers, mainly members of the person's family, play a key role in supporting people in the community.

It has been identified that:

- Three in five of us can expect to become carers at some point in our lives.
- Carers care for partners (56%), children (24%), parents and parents-in-law (21%), other (11%). Some 11% of carers provided care for 2 or more people
- 40% of carers have cared for 10 years or more and 46% for 3-9 years
- 71% of primary carers are female
- Over 70% of carers provide care every day.
- Over 50% of carers work or look after their family as well as providing care.
- Half of carers aged over 75 provide over 50 hours care a week.
- A third of carers live up to 5 miles from the person they care for.
- Individuals from non white minority ethnic backgrounds comprise under 0.7% of the East Ayrshire population or around 800 individuals (2001 census). Assuming 9.5% are carers in line with the national figure that would suggest that around there are in the region of 80 carers from minority ethnic backgrounds in East Ayrshire.

- The amount of unpaid care delivered by carers is estimated to increase by 25% in the next 20 years.
- Carers Scotland (2007), estimated that carers contributed £5.3 billion worth of care per annum across Scotland.

The East Ayrshire Residents Survey 2008 identified that 11% of respondents considered themselves to be carers - that is, they provide help to someone with, for example, washing, dressing and shopping. Allowing for a 5% margin of error this is consistent with the census figures in terms of overall numbers. The survey identified that Carers are most likely to be aged 45-54 years. 15% of people in this age range stated they were carers.

Demographic projections indicate that whilst the overall population of East Ayrshire will fall over the next few years, both the proportion and the actual numbers of over 65's will increase. This is likely to increase the amount of care undertaken by carers, the overall number of carers and the age of carers themselves.

Large areas of East Ayrshire are rural in nature – particularly in the South of the Authority area. This impacts upon the availability and accessibility of services and supports to carers.

### Health and Wellbeing

Providing care very often comes at some cost to the Carer's own physical and mental health and wellbeing. It is estimated that over half (58%) of all Carers have worse physical health as a result of their caring role, 30% of Carers suffer back problems, 28% suffer stress related health problems 28% suffer from depression, 45% suffer fatigue and a third of all Carers have been physically injured (source).

### Income and employment

Being a carer can impact adversely on the family budget. Carers often experience disadvantages and financial hardship as a direct result of caring which can have a negative impact upon their health and contribute to restricted employee opportunities.

A seventh of all people in part time work were carers. (2001 census). 78% of carers are of workforce age (18 to 64 years). However, 59% are not attached to the workforce and 60% of carers between the ages of 15-25 yrs are unemployed or not in the labour force, compared to 38% for the general population in this age group.

### Young carers

East Ayrshire has a significant population of young carers. Young carers' lives can be impacted upon by caring for someone who is ill, frail, disabled, or is affected by substance misuse or mental health problems.

## **LEGISLATIVE AND POLICY CONTEXT**

Collectively carers make up the largest group of care providers. Supporting them to enable them to continue is essential to the continued delivery of person centred care.

Local authorities have for many years been required to consider the needs of carers with those obligations dating back to the National Assistance Act 1948, through the Chronically Sick and Disabled Persons (Scotland) Act 1972; to the Disabled Persons (Services, Consultation and Representation) Act 1986. The NHS and Community Care Act 1990 placed a duty upon local authorities to assess individuals for care services. However, it did not include any rights for carers to their own assessment. The Carers (Recognition and Services) Act 1995 was the first piece of legislation to fully enshrine the role of carers within law giving them the right to request an assessment of their needs as carers.

This right was strengthened by Community Care and Health (Scotland) Act 2002 which created a universal entitlement for carers to an assessment independent of the cared for person. Although there is a duty to carry out carers assessments, there is no explicit duty to provide services. (Carers assessments in England also consider the carers wish to work or study). It also imposed an obligation on NHS Boards to produce Carers Information Strategies.

Taken together, the 2002 Act and other legislation including the Adults with Incapacity Act 2000, the Regulation of Care (Scotland) Act 2001 and Mental Health (Care and Treatment) (Scotland) Act 2003, set out a framework for ensuring that the local authority and the NHS adequately support carers, in particular recognising the value of early intervention to sustain carers, and establishing the concept of carers as real partners in the design and delivery of social care and health services.

In terms of public policy carers issues have been addressed over the last decade through a range of policy initiatives from the National Carers Strategy (Scottish Executive) 1999 to the Care 21 and Changing Lives reports in 2006. Work is currently underway on a new national carers' strategy which will take account of the findings of the Care 21 report and is likely to reflect also upon the findings of the UK Carers Strategy (Carers at the heart of 21st-century families and communities, Department of Health 2008).

Community Planning places an onus upon statutory bodies to work together and engage with communities and community groups in the planning and delivery of public services.

The importance of Community Planning has been strengthened by the Concordat agreement between the Scottish Government and the Convention of Scottish Local Authorities (CoSLA) in 2007 in which agreement was reached that the relation between central and local service delivery would be reflected in Single Outcome Agreements drawn up between the Scottish Government and Community Planning Partnerships.

The landscape of community planning and Single Outcome Agreement demands that the needs of carers should be reflected through these arrangements and that carers are be fully engaged within these processes.

Carers are a vital and central part of the whole community care and health system, and play a unique role in the overall provision of care in the community. Caring for carers is an integral part of the wider policy approaches which have shaped the way that social care and health services are delivered.

In summary, the national direction of travel in terms of legislation and policy recognises that better outcomes for carers will occur when the carer:

- is able to better cope with their caring role
- gets a regular break from caring through the provision of more and better quality respite options
- is informed and more knowledgeable about their caring role and the need of the person they care for through a greater emphasis on information and training, advocacy and guidance, including emotional support
- feels valued, supported and listened to
- has greater flexibility and choice in arranging care according to needs and preferences

The East Ayrshire Carers Action Plan requires to take account of legislation, the direction of travel in policy terms and the local context within which carers planning and service provision arrangements sit.

## **LOCAL COMMITMENT**

From the inception of the Council in 1996 East Ayrshire has demonstrated a strong commitment to supporting carers. It was the first of the then new unitary authorities to develop a Carers Action Plan in 1996 and in 1998 distinct Carers and Respite Care strategies were published with subsequent Carers strategies published in 2001 and 2004. In implementing these strategies significant investment was made in the provision of information, advice and support services via the establishment of and continued financial support to East Ayrshire Carers Centre and the commissioning of respite care/short breaks provision (The Elms, Lisalanna). More recently additional respite care/short breaks for older people has been purchased.

A commitment to carers is explicit within the East Ayrshire Single Outcome Agreement which in turn is aligned with the National Community Care Outcome Framework which specifies the provision of support to carers as on one of its six interlocking themes. A commitment to supporting carers in relation to benefits and money advice was one of the cornerstones of the Eliminating Poverty Action Plan – one of the six that has underpinned the Community Plan. The commitment to supporting carers has been further strengthened through the implementation of new Community Planning arrangements in respect of the Improving Health and Wellbeing theme.

The needs of Young carers have been reflected in the Integrated Children's Service Plan.

The range of activity to support carers funded and/or delivered by the Council is set out in Appendix 1.

## **WHAT ARE THE PRIORITIES FOR ACTION?**

The following priorities for action were identified locally at the carer's strategy partnership working event:

- Carers Assessments
- Benefits/Income
- Respite/short breaks
- The need for recognition of specific care group issues

In addition to the carers partnership working events, respondents in the residents' survey were asked what they thought could be done to improve the quality of life for carers? The responses are tabulated below alongside the 2005 responses for comparison purposes.

<b>Q: What do you think could be done to improve the quality of life for carers?</b>	<b>2005</b>	<b>2008</b>
More financial support	59%	64%
More recognition	51%	53%
More information for carers on support agencies and networks	43%	38%
More support from employers	34%	19%

Taking into account the residents' survey and national policy agenda the following are also identified as priority areas:

- Information and advice
- Carers as partners
- Young Carers
- Carers Health

At a strategic level these priorities are identified within the Community Plan: Improving Health and Wellbeing thematic action plan and the Integrated Children and Young People's Service Plan.

The key issues in relation to each of these eight priority areas as identified by carers, and how we will tackle them is described below and set out in the Action Schedule.

## **DELIVERING BETTER OUTCOMES FOR CARERS**

### **Carers Assessments**

There is a low take up of carer's assessments. The carer's assessment process itself is viewed with some scepticism by many carers and there is a general reluctance to engage with the process. This is a result of a number of factors:

- Uncertainty as to its purpose and outcome and whether this would impact on their level of income
- Lack of confidence in outcomes
- Terminology used: 'assessment' and 'carers' (some carers may perceive it as an assessment of their ability to care rather than of their needs as a carer).
- The way they are offered by Social Work staff

The low number of carers' assessments undertaken has been identified both locally and nationally as an area of concern. The Social Work Inspection Agency (SWIA) has identified it as an issue in its Performance Inspection of Social Work services in East Ayrshire (June 2009). (Specific recommendations relating to Carers Assessments were made in over half of the 32 performance inspections undertaken by SWIA). Within East Ayrshire a range of activity has been undertaken to tackle the issue. Mechanisms are in place through the single shared assessment process to ensure that Social Work staff record the offer of a carers assessment. An intensive person centred

approach was piloted with East Ayrshire Carers Centre and Carers Scotland (and this is subject to evaluation). Actions relating to Carers Assessments have been incorporated into the Improving Health and Wellbeing Action Plan which incorporates the Community Care Outcomes Framework.

The partnership is committed to implementing National Minimum Information Standards (NMIS) in relation to carers assessments. The NMIS seek to standardise the content of the various stages of assessment and care management as a pre-requisite for the effective recording and appropriate sharing of information for the benefit of people receiving community care services and support. The NMIS includes a detailed set of information and data standards specifically in relation to carers assessments. The NMIS are designed to improve the carers assessment process to ensure carers needs are identified.

### **Benefits/Income/Employment**

Where benefit maximisation activity exists it is wide ranging and effective as is the case for older people and older carers. However availability and accessibility of benefit maximisation activity across all service user groups is inconsistent. It is perceived by carers that the current benefit system is too complicated, forms are too long and the amount of repetition in the forms can be confusing. There is a widespread feeling too that the benefits system for carers and particularly that the Carers Allowance is unfair in its application – it does not reflect ‘fair pay’ it is a taxable benefit and there are gaps in the current system which mean that it is not available when the carer claims certain other entitlements including state retirement pension.

The benefits system is ‘reserved’ and as such authority lies with the UK parliament at Westminster. However, there was recognition of the positive impact that can be made through the provision of welfare rights and money advice services. This has been tackled in East Ayrshire within the community planning framework via the former Eliminating Poverty Action Plan and the new Improving Health and Wellbeing Action Plan. A range of supports are provided by the Council, the DWP Pensions Service, East Ayrshire Carers Centre, Macmillan Cancer Care and the Citizens Advice Bureau. While benefits are reserved, direct payments are devolved. In England carers can also receive direct payments in respect of carer’s services whereas this is not an option in Scotland.

The continued provision of supports locally is reflected within the Action Plan. However changes to legislation are subject to consideration at a national level.

### **Respite/Short Breaks**

The Council purchases residential respite care for ‘cared for’ individuals from a range of partner providers including Crossgates, Torrance Lodge and Glennie House (Older People), Thorntoun Estate – The Elms (adults) and NCH – Lisalanna (children). In certain circumstances, Daycare and care at home provision can also be considered to be community based respite care. Although these services are provided to the ‘cared for’ individual the primary purpose is to provide carers with a break from caring.

Services in East Ayrshire are perceived by carers as being largely building based and traditional in nature. There should be a flexible range of options for respite. This could include activity

weekends, holidays, short breaks and day respite and support to enable the carer to take short breaks away from home with or without the individual they care for. People who care for their partner would like greater availability of 'joint' respite. There is a view amongst carers that existing respite facilities are not able to meet the level of demand at present and that there is a lack of flexible options in accessing respite at short notice, in particular when emergency situations arise. It is also felt that there is a lack of age appropriate respite/short break services for people in the 16-25 age group.

In 2008 the Scottish Government issued new guidance in relation to respite care and short breaks. As part of the concordat agreement between the Scottish Government and CoSLA a commitment was made to deliver 10,000 additional respite weeks across Scotland by 2010/2011. For East Ayrshire this equates to 240 additional respite weeks. The guidance also requires Adult Community Care Partnerships to put in place a strategic framework and approach to short breaks/respite which will help local service planners to improve provision by:

- improving the planning of short breaks services
- shifting the balance towards preventative support; and
- personalising support to improve outcomes both for carers and those with care needs

In terms of the development of a strategic approach the guidance states that it is for ".....local partnerships to decide whether to develop specific Short Break Strategies or to include their strategic planning in wider carers strategies, Community Care Plans, Integrated Children's Service Plans and plans for specific groups of service users.

A range of activity is currently being undertaken within the Council and in partnership with carers and partners to consider the issues and options in relation respite/short breaks. Consideration of whether or not there should be a future and separate respite/short breaks strategy would appropriately be a matter for consideration through. In the interim this Carers Action Plan sets the strategic planning context for respite/short breaks provision and incorporates priority targets in relation to the Concordat commitment.

### **Specific Care Group issues**

Each carer group has specific and distinct needs which should be recognised by statutory bodies. For example, carers of people with mental health problems, feel that there is a general ignorance and fear surrounding mental health problems which are added to by frequently negative media coverage.

The action plan acknowledges that specific care groups have particular and distinctive needs and that these have not always been fully recognised through planning mechanisms. The proposed establishment of a carer's forum within the CHP structure will ensure that vehicle exists for the representation of all carers as equal partners within the context of formal arrangements.

### **Information and Advice**

The Council and the NHS jointly fund East Ayrshire Carers Centre to provide an extensive range of information, advice and support to carers. The Centre has recently been subject to external

evaluation which identified a range of recommendations focussed upon consolidating the sustainability of the organisation.

The Action Plan has been aligned with the NHS Carers Information Strategy.

### **Carers as key partners**

Central to the national policy thrust in recent years has been the concept of carers as key partners in the planning and delivery of care. This stems from the Community Care and Health (Scotland) Act 2002 and also reflects the more general concepts espoused through community planning. The Action Plan sets out proposals for the establishment of a forum formally linked to Community Planning arrangements through the structural organisation of the Community Health Partnership.

### **Young Carers**

East Ayrshire Carer's Centre has a dedicated young carer's service which supports Young Carers. There were 687 registered Young Carers with the East Ayrshire Carer's Centre as at 31st March 2009. The size of the group is increasing. Young carers were identified as a priority within the Care 21 Report and the size of the Centre group is evidence of the level of need within East Ayrshire. Currently the needs of young carers are referenced within the Integrated Children and Young Peoples' Service Plan. As with other care groups, young carers have distinctive needs and representation of these would be an area for consideration through the proposed carers' forum.

### **Carers Health**

Services should focus on providing information, advice and practical support to carers to ensure that the impact of caring on their physical and mental health is minimised. Actions set out in the Schedule are designed to contribute to improving the health and wellbeing of carers.

## **THE ACTION PLAN: HOW WE WILL ACT UPON THE PRIORITIES**

The Carers Action Plan has been devised:

- To take account of the local priorities identified at the Carers Strategy Partnership Working Event.
- Reflect the national direction of travel in relation to public policy.
- Incorporate and consolidate actions agreed within other frameworks.

# **EAST AYRSHIRE CARERS ACTION PLAN**

**2009/11**

<b>Aim</b>	<b>Carers are provided with information and advice</b>
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<b>Outcome Indicator (How will we measure whether the aim has been met?)</b>	<b>Baseline (including source) at April 2009</b>	<b>Target (Anticipated change in baseline position by 2011)</b>
Number of new carers registered with the Carers Centre (including young carers) increased.	417 (Eliminating Poverty Action Plan Annual Report 2008/09)	400 new carers registered annually.
Number of carers receiving ongoing support increased	5240 (Eliminating Poverty Action Plan Annual Report 2008/09)	3250 annually/6500 by 2011
Annual value of additional benefits and one off payments accessed for carers through income maximisation activities	£400K (Eliminating Poverty Action Plan Annual Report 2008/09)	Additional benefits and one off payments with a total annual value in excess of £300,000 are accessed for carers

<b>Actions (What needs to be done?)</b>	<b>Projected Outputs (What we propose to do?)</b>	<b>Timescale (When will the action be completed?)</b>	<b>Partners (Which organisations are involved?)</b>	<b>Links</b>
Ensure more carers are identified and supported.	400 new carers registered annually with the Carers Centre.	Annual	Carers Centre	Improving Health and Wellbeing Action Plan.
	Maintain the number of carers receiving ongoing support from the Carers Centre.	2011	Carers Centre	
	Work with partner agencies and organisations to determine ways of identifying carers from minority ethnic communities.	2011	Community Planning partners	Race Equality Action Plan
	Support implementation of NHS Carers Information strategy 2008-11	2011	Community Planning partners	
Maximise the income of all identified	• 250 formal benefits checks with	2007-2011	Carers Centre	Improving Health

Actions (What needs to be done?)	Projected Outputs (What we propose to do?)	Timescale (When will the action be completed?)	Partners (Which organisations are involved?)	Links
carers	carers of all ages (2007/08) provided and ongoing annually		Department for Work and Pensions (DWP) EAC CAB	and Wellbeing Action Plan.

<b>Aim</b>	<b>Carers as key partners</b>
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<b>Outcome Indicator (How will we measure whether the aim has been met?)</b>	<b>Baseline (including source) at April 2009</b>	<b>Target (Anticipated change in baseline position by 2011)</b>
Carers Reference Group/Forum established within Community Health Partnership arrangements.	No formal group in place.	Group convened Location within CHP structure formalised Terms of reference agreed Meetings schedule in place

<b>Actions (What needs to be done?)</b>	<b>Projected Outputs (What we propose to do?)</b>	<b>Timescale (When will the action be completed?)</b>	<b>Partners (Which organisations are involved?)</b>	<b>Links</b>
Establish formal group/forum within Community Planning and CHP structures as a vehicle for engagement on carers issues.	Develop service user consultation and engagement strategy.  Carers will be involved in commissioning and procurement activity.  Care Group Strategies will identify the specific health and social care needs of carers.	2010  Continuous per Commissioning Strategy  Continuous per strategy development	EAC  EAC  Community Planning Partners	Care 21 Report Changing Lives Report  Social Work Service Plans  EA Commissioning Strategy

<b>Aim</b>	<b>Increased support to young carers</b>
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<b>Outcome Indicator (How will we measure whether the aim has been met?)</b>	<b>Baseline (including source) at April 2009</b>	<b>Target (Anticipated change in baseline position by 2011)</b>
Increased number of young carers supported per concordat agreement.	242 (number of young carers actively supported by the Carers Centre 2009/09)	266 (Increase of 24 per proportionate share of concordat target).

<b>Actions (What needs to be done?)</b>	<b>Projected Outputs (What we propose to do?)</b>	<b>Timescale (When will the action be completed?)</b>	<b>Partners (Which organisations are involved?)</b>	<b>Links</b>
Provide support to additional young carers in line with national target.	Improve the Outreach Service and Young Carer's Service in the Cumnock area and the Doon Valley by improving facilities and resources	2009	Carers Centre	Integrated Children and Young Peoples' Service Plan
	Regular promotional programmes to increase awareness of the Carer's Centre services for Young Carers who may require a range of supports and information.	2011	Carers Centre	Integrated Children and Young Peoples' Service Plan
	As part of the "Getting it Right for Every Child" developments in East Ayrshire, a new approach to recording a child's assessment and plan will be introduced. As part of these arrangements, specific practice guidance will be introduced in respect of young carers.	2010	EAC	Integrated Children and Young Peoples' Service Plan

<b>Aim</b>	<b>Carers health and wellbeing is maintained</b>
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<b>Outcome Indicator (How will we measure whether the aim has been met?)</b>	<b>Baseline (including source) at April 2009</b>	<b>Target (Anticipated change in baseline position by 2011)</b>
Increase % of carers who feel able to continue in their role.	To be determined 2010	To be set 2010
Number of Carers Assessments undertaken annually	27	50
Delivery of increased respite care weeks per Concordat agreement.	1798 respite weeks comprising 1101 (65+) 697 (18-64) (Accounts commission SPI, total; respite nights/7)	240 additional respite weeks: 2010: 1958 2011: 1038
Increase in uptake of self directed care (direct payments)	69 recipients	2010: 72 2011: 76

<b>Actions (What needs to be done?)</b>	<b>Projected Outputs (What we propose to do?)</b>	<b>Timescale (When will the action be completed?)</b>	<b>Partners (Which organisations are involved?)</b>	<b>Links</b>
Implement National Minimum Information Standards in relation to single shared assessment in order to facilitate reporting on the national community Care Outcomes Framework Indicator.	Identify baseline  Set target	2010	EAC	National Community Care Outcomes Framework
Evaluate the pilot exercise undertaken in person centred carers assessment.	A revised approach to resourcing carers will be developed in partnership with carers.	Dec 2009	EAC Carers Centre	EA SWIA Action Plan

<b>Actions (What needs to be done?)</b>	<b>Projected Outputs (What we propose to do?)</b>	<b>Timescale (When will the action be completed?)</b>	<b>Partners (Which organisations are involved?)</b>	<b>Links</b>
Review short break provision considering issues of need, availability, choice and flexibility.	Consider development of Respite Care Strategy through CHP arrangements.	2011	EAC CHP	Concordat. Improving Health and Wellbeing Action Plan.
Increase uptake of self directed care	Increase number of recipients of self directed care by 5% per annum.	2011	EAC	National community Care Outcomes Framework. Improving Health and Wellbeing Action Plan.

## APPENDIX 1: FINANCIAL SCHEDULE 2009/10

SERVICE	PROVIDER	GROSS PROJECTED £
Information Advice and support	Carers Centre	101,433
Respite care/short breaks – Older People	Torrance Lodge (2 nursing care places)	56,170
	Glennie House (2 nursing care places)	56,170
	Crossgate (2 places)	48,345
	East Ayrshire Council Ross Court	708,476
	East Ayrshire Council Care at Home services	968,546
	East Ayrshire Council day services	738,991
	Alzheimers' Scotland day services	166,716
Respite care/short breaks - Adult	The Elms – Thorntoun Estate	299,000
	East Ayrshire Council day services	1,475,662
Respite care/short breaks - Children	Lisalanna - NCH Action for Children	519,388
Direct Payments	n/a	780,382

## **CARE 21 RECOMMENDATIONS WITH IMPLICATIONS FOR THE DEVELOPMENT OF LOCAL POLICY.**

(N.B. This appendix only includes those recommendations from the Care 21 report which have direct implications for local policy making).

### **Recommendation 3**

A range of measures to enable greater control and choice (including shifting the balance of 'purchasing power' to carers and users) be fully explored by the Scottish Executive.

### **Recommendation 5**

All frontline staff with direct responsibilities for supporting the needs of carers in 'first contact' agencies (local authorities, health and voluntary organisations) are properly equipped to advise unpaid carers about their rights entitlements and available services.

### **Recommendations 6**

NHS Carer Information Strategies should be implemented as an early priority in all localities and local authorities - that the requirements are extended to include local authorities

### **Recommendation 8**

A greater role for carer representative organisations in the joint planning and development of care and other services (especially housing, leisure and transport) at national and local level.

### **Recommendation 10**

Service providers ensure they meet the needs of the whole caring community, taking account of carers with special needs and the specific cultural and language needs of minority ethnic groups.

### **Recommendation 13**

Local authorities should work with unpaid carers to develop person-centred life plans alongside the established carers' assessment process.

### **Recommendation 16**

The Scottish Executive, Local Authorities and NHS agencies along with partner agencies, focus strongly on the health and well-being of unpaid carers.

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