

Care 21 Respite Task Group – 23 June 2006

Item 2 - Background and Remit

Purpose

1. To summarise the background to the establishment of the group and invite the group to approve its remit.

Care 21 Report – *The future of unpaid care in Scotland*

2. The Executive's Care 21 Unit commissioned this report to look at the challenges facing unpaid caring in Scotland over the next ten years, particularly in the context of demographic changes. The report was published last September, making 22 recommendations to the Scottish Executive, UK Government, local authorities, health boards and voluntary organisations.

3. Relevant sections of the Care 21 headline report are attached at Annex A. Its wide ranging recommendations were not costed or prioritised, although recommendation 20, on respite, highlighted action in this area as an 'urgent priority'. It calls for:

- a 'strategic framework' for respite and short breaks,
- flexibility and choice to meet individual needs
- a statutory entitlement to respite for carers, and
- additional resources to fund expanded provision.

4. This recommendation is linked to others highlighting the importance of personalisation and tailoring of services to individual needs (recommendations 3 and 10) and the importance of measures to protect carers' health (recommendation 16).

Scottish Executive Response and Group Remit

5. The Executive's response to recommendation 20 is reproduced at Annex B. It commits to establishing the group to:

- update respite guidance to help shift the focus towards preventative, personalised support;
- assess information on respite provision and need to inform the spending review;
- assist in informing the development of service redesign proposals emerging from implementation of *Changing Lives*; and
- assessing the pros and cons of a statutory minimum entitlement to respite.

6. The response commits to these actions, rather than a respite strategy or a statutory entitlement to respite, but does not rule out these options for the future. It is important to note that the new guidance is to underpin Local Improvement Targets. This link to performance management responds to other recommendations in the report, which point to evidence of a significant gap between policy and practice in many areas.

7. The proposed remit for the group at Annex C simply expands on the tasks set out in the response. In particular, the remit sets deadlines; lists the areas which the group might focus on in its review of guidance; and identifies the main relevant policy documents to the group's work.

Conclusion

8. The group is invited to:

(a) note the background to its establishment, set out above, and

(b) approve its remit as reflecting the tasks set out in the Scottish Executive's Response to *The future of unpaid care in Scotland*.

Peter Stapleton
Scottish Executive - Community Care Division
16 June 2006

Extract from Care 21 Report – The Future of unpaid care in Scotland

Services and support

The vision:

- By 2014, carers will feel well supported and have a statutory entitlement to regular breaks from caring, with the cared for person, and have ready access to local practical support
- Greater use will be made of new technology to support unpaid carers
- By 2014 all unpaid carers will enjoy better general health and well being
- By 2014, unpaid carers will be able to access a range of support provided by local community initiatives
- Unpaid carers will be properly supported to take on the responsibilities associated with a shift in resources and purchasing power associated with measures such as direct payments/cash for services, and individualised budgets

The need for more accessible, responsive support to carers and services to those they care for was an issue that was consistently voiced throughout the study. Almost all of the carers surveyed observed that the current level of support and service provision was inadequate, although many felt it had improved markedly in recent years, and particularly since the implementation of the national carers' strategy. More specifically, there was concern raised by participants in focus groups that carers were not afforded sufficient opportunities to influence which services they were given, with many describing the carer assessment procedures as 'top down' and prescriptive. This research uncovered an urgent call for many services to be both expanded and improved.

Underpinning principles for service and support

There are three points that underpin all of the findings identified in relation to the services and support, which should critically inform future policy options. They resonate with previous recommendations and it is felt important to reiterate them in relation to services and support:

- Regardless of the type of service required, it is critical that carers receive a service which is tailored to meet their individual needs. To make this happen, assessment processes need to be more interactive and holistic, giving carers the opportunity to determine more fully what they need.
- Channels of communication between the carer and the service provider and professionals need to become more open and reciprocal, with carers able to challenge the views of professionals, and professionals should be able to be transparent about resource limitations
- Equity of support across Scotland. The research indicated that some areas in Scotland provide more flexibility and quality in the services and support available than others. There is therefore a request that the Scottish Executive, key statutory agencies and regulatory bodies monitor this situation in order to avoid the 'post code lottery' of service provision.

‘There are some areas of Scotland which are miles ahead of others in providing services to carers. This means that some areas lag behind. For those living in areas with poorer services, it isn’t fair.’ (Carer representative, Perth)

Respite and breaks

Our research has highlighted that the availability of respite provision remains patchy across Scotland, and unpaid carers often cite a difficulty in accessing appropriate respite through health and social care agencies. For instance, when asked to comment about the future provision of services over the next ten years, carers placed access to care breaks and outings for the people they care for as a top priority.

‘Respite breaks give the carer a day to themselves.’ (Respondent, Voices of Carers Survey)

‘There is a need to make access to respite care easier and fund more respite care, especially for long term carers.’ (Respondent, Voices of Carers Survey)

There is a need, given the scale of concerns raised about breaks and respite, for this issue to be addressed as a matter of priority. A way forward that has been frequently suggested during the research, is the development of a national framework for respite care which will ensure consistent, high quality provision across Scotland.

Recommendation 20: *We recommend that as an urgent priority the Scottish Executive develops a national strategic framework with service providers to ensure unpaid carers are given a statutory entitlement to appropriate short breaks and breaks from caring.*

- *The breaks should include opportunities for breaks with or without the ‘cared for’ person.*
- *The national strategic framework should be supported by guidance and properly resourced at the local level to enable commissioners and providers of respite care to develop capacity for all care groups.*
- *The national framework should enable access to flexible person-centred short break arrangements*

It is further recommended that the five key recommendations relating to carers’ health and well-being from the Kerr report are considered as mutually reinforcing to those made here.

Recommendation 3: *We recommend that 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*

This may include:

- *the further use of self-directed care through direct payments and exploration of individualised budgets for services provided or commissioned by local authorities.*

Recommendation 10: *We recommend that 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 16: *We recommend that the Scottish Executive, Local Authorities and NHS agencies along with partner agencies, focus strongly on the health and well-being of unpaid carers*

Professor David Kerr's Report on the future of the NHS in Scotland included the following recommendations:

- *Make carers' health a public health issue*
- *Implement fully NHS carer information strategies*
- *Encourage carer participation and partnership involvement in planning*
- *Develop and provide carer training.*

Scottish Executive

September 2005

Extract from Scottish Executive Response to The Future of unpaid care in Scotland

Response to Recommendation 20 - Respite

51. The Executive accepts the need for a strategic approach to respite provision for carers. We have provided significant additional resources for respite in recent years and are focusing performance management on this area through Local Improvement Targets.

52. We will move quickly to establish a task group to assess respite provision in Scotland; update national strategic guidance for respite services and help develop local service redesign to shift the focus of local provision to preventative, personalised respite care. Whilst the work will reflect the interests of cared for people, its primary focus will be on breaks from caring for the benefit of adult carers. Work on service re-design and establishing better local and national information on respite services will require a significant input from both carers and users. (Separate strategic work on young carers will address respite for this group.)

53. The group's work will include an assessment of information on existing models of respite provision and need, to inform consideration of the recommendation for additional provision in the spending review.

54. Shifts towards early intervention and preventative, personalised care are important aspects of *Changing Lives* and the forthcoming *Changing Lives* implementation plan will flag up the importance of respite to those agendas. We will also ask the group to assist in informing the development of service redesign approaches and projects to help shift the focus of local provision to personalised, preventative respite care.

55. The group will review existing respite guidance and update it where necessary to set out what should be covered in local service planning and to underpin Local Improvement Targets for respite services.

56. In relation to the report's recommendation for a statutory minimum entitlement to respite, we are concerned that this could cut across existing local authority responsibilities for providing care and support in the light of assessment of needs and a prioritisation of available resources. If, after conclusion of the work outlined above, it appears that a statutory entitlement to respite might have a useful role to play, we will reconsider the issue.

**Scottish Executive
April 2006**

Care 21 Respite Task Group Remit

The group will be responsible for assessing respite provision in Scotland; updating national strategic guidance for respite services, and helping develop local service redesign to shift the focus of local provision to preventative, personalised respite care. Whilst the work will reflect the interests of cared for people, its primary focus will be on breaks from caring for the benefit of adult carers¹.

1. The group will assess information on existing respite provision (from local authorities, respite providers, Audit Scotland and other inspection agencies) and evidence of unmet need by December 2006 to:

- assist the Executive with preparation for spending review consideration of the Care 21 recommendation on expanding respite for unpaid carers; and
- make recommendations for future monitoring.

2. As *Changing Lives* implementation develops, the group will assist in informing the development of service redesign approaches and projects to help shift the focus of local provision to personalised, preventative respite care.

3. The group will, by June 2007, develop national strategic guidance for respite services to set out what should be covered in local service planning and to underpin Local Improvement Targets (LITs). This will allow time for consultation before finalising the guidance by the end of 2007 for use in LITs from April 2008. The guidance will supplement and update aspects of the existing guidance (in Scottish Office Circular SWSG 10/96) such as:

- The definition of respite services.
- Clarification of agency responsibilities in the context of systematic joint working.
- Advice on assessment (and recording) of need for different types of respite, through both carers assessments and single shared assessment of the cared for person.
- Advice on risk assessment, decisions about respite provision and prioritisation of particular groups in the context of wider policy on shifting the balance of care towards prevention.
- Advice on service redesign to tailor respite services to the personal needs of users and carers, including sharing good practice on:
 - respite service planning;
 - increasing access to short breaks and respite services through local respite brokerage facilities; and
 - the use of national and local information on short breaks and respite services.

4. The group will, also by June 2007, assess the pros and cons of proposals for a statutory minimum entitlement to respite for some carers.

¹ Separate strategic work on young carers will address respite for this group.

Policy Context

The group will undertake its work in the context of wider policy and guidance including:

- *Changing Lives* – The 21st Century Social Work Review
- Care 21 Report: *The Future of Unpaid Care in Scotland*
- *Delivering for Health*
- Scottish Office Circular SWSG 10/96: Guidance on Respite Care
- Audit Scotland definition of respite care
- National Care Standards on ‘Short breaks and respite care services for adults’
- Existing evidence on respite delivery

**Scottish Executive - Community Care Division
May 2006**