

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

Yes

No

2. If no, what other groups should be included within the draft Regulations?

Stirling Carers Voice agrees with the national carer organisations in their briefing paper that there are some health professionals that are not currently included that may or should be specifically mentioned within the draft regulations. These include:

- Audiologists who also provide services in the community.
- Ambulance care attendants (Scottish Ambulance Service) and others who provide patient transport services both to and from hospitals and other health settings and within the community.
- Health promotion is specifically mentioned as a delegated function but there is no mention of the full range of professionals that undertake health promotion.

In addition, the group feel that categories such as 'doctor', 'nurses' and 'community mental health teams' need to be further broken down and include specific roles – similar to what has been done in relation to 'dentists'. There should also be an acknowledgement of key delivery partners who are not part of the NHS & Local Authority but are and will continue to be key in the delivery of services under the integration agenda – this includes but is not limited to First Responders, MacMillan Cancer Nurses, and Alzheimer's Scotland Dementia Advisors.

The group also believe that it would be beneficial to have a clear and visual structure or organisation chart that details the management structure and how all services fit in under an integrated authority.

3. Are there any further comments you would like to offer on these draft Regulations?

When describing carers there is a need to be clear that it is “unpaid” (apart from benefits, which cannot be classed as a payment) and/or an unpaid carer centre representative who is representing this group of people. This will take away any ambiguity around the interpretation of “carers.”

Reasoning behind this is: In terms of describing unpaid carers as “carers” and then going on to prescribe as “carers of service users” this may immediately place a barrier for unpaid carers supporting cared for’s who are not in receipt of statutory social care services.

If this prescription remains then this may be interpreted that there is a requirement for the service user to be in receipt of a statutory social care service - and in order for this to happen then community care assessments, recommendations and service delivery by the appropriate social care department officer needs to take place thus until this takes place no recognition and no access to appropriate services/opportunities.

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes

No

2. If you answered 'yes', please list those you feel should be included:

Whilst Stirling Carers Voice welcomes the inclusion of unpaid carers in each of the Integration Joint Boards across Scotland we are disappointed that this is not in a voting capacity. By not being able to vote, it does not convey the message that carers involvement is seen as being meaningful.

The group believe that to get round this, it may be beneficial to have carers who are elected by their peers and therefore attend the meeting as carers representatives. This could be tied in with local carer engagement groups/networks, to ensure that the reps are truly representing the views of all carers locally and as a result are able to attend the meetings in a voting capacity. Therefore, we believe that the regulations as they stand require some strengthening to ensure that unpaid carers' involvement is meaningful and supported.

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

We recommend the following:

- the inclusion of replacement care costs as a reasonable expense alongside travel and subsistence.
- that the phrase “any costs incurred in connection with their membership of the joint integration board” should be extended to include any additional meetings outwith board meetings to enable them to consult with the wider carer community in order to represent their views e.g. to attend a local carers forum.
- that three days’ notice for providing papers is extended to a minimum of 7 days. Three days is insufficient for the importance of the integrated boards and the need for members, particularly carer and service user members, to have time to digest contents and ask questions if required. In addition, as the carer rep will be representing the views of carers locally, they may require additional time to circulate relevant papers/information to obtain feedback from carers to relay this at meetings.
- that non-voting members, including carers, should also have the opportunity to have someone to deputise for them in their absence.
- that regulations should include a responsibility on partnerships to provide carers and service users (and indeed other members of integration joint boards) with induction as a minimum and training and support if required.
- that two carers are included in the Integration Joint Boards as this would enable adequate representation should one of the carers be unable to attend (i.e. due to a deterioration in the cared for’s condition). It would also ensure that they are adequately supported and not on their own within a setting, which for some could be seen as intimidating.

4. Are there any further comments you would like to offer on this draft Order?

Stirling Carers Voice agree with the national carer organisations that the outcome for carers (i.e. ‘People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being’) does not go far enough and that any outcome should mirror that of people who use services and the workforce. To this end, we have agree with the proposed following outcome:

‘People who provide unpaid care have their rights respected and are supported to reduce the impact that their caring role has on their health and wellbeing to enable them to maintain a life outside caring’.

Having full-rounded outcomes are essential, however the local integrated authorities must be clear on what they are doing to address and achieve these outcomes, i.e. how they will deliver support and services.

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes

No

2. If you answered 'no', please list those you feel should be included:

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

As detailed in Annex 2D Question 3, we recommend the following:

- the inclusion of replacement care costs as a reasonable expense alongside travel and subsistence.
- that the phrase “any costs incurred in connection with their membership of the joint integration board” should be extended to include any additional meetings outwith board meetings to enable them to consult with the wider carer community in order to represent their views e.g. to attend a local carers forum.
- that three days’ notice for providing papers is extended to a minimum of 7 days. Three days is insufficient for the importance of the integrated boards and the need for members, particularly carer and service user members, to have time to digest contents and ask questions if required. In addition, as the carer rep will be representing the views of carers locally, they may require additional time to circulate relevant papers/information to obtain feedback from carers to relay this information on their behalf at meetings.
- that non-voting members, including carers, should also have the opportunity to have someone to deputise for them in their absence.
- that regulations should include a responsibility on partnerships to provide carers and service users (and indeed other members of integration joint boards) with induction as a minimum and training and support if required.
- it would be beneficial to have two carers included in the Integration Joint Boards as this would enable adequate representation should a carer be unable to attend (i.e. due to a deterioration in the cared for’s condition) and would ensure that they are adequately supported and not on their own in a setting which may be rather intimidating.

4. Are there any further comments you would like to offer on this draft Order?

**PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS
ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND)
ACT 2014**

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes

No

2. If no, what changes would you propose?

3. Are there any further comments you would like to offer on these draft Regulations?

Stirling Carers Voice welcomes the inclusion and comments about mechanisms to ensure that carers can be involved meaningfully within Integration Joint Boards, e.g. expenses, training and appropriate support would apply equally to carer involvement in strategic planning groups.

The inclusion of carers will always add value to the role of the strategic planning group. However, we would like to see it made implicitly clear as to what the level of involvement and participation in the strategic planning group would actually be for carers?

Carers play an important role in the provision of care for those who are ill, frail or have a disability. Therefore, due to the lived experiences of carers, they are an invaluable source of information and can ensure that through the planning of services and support, the best possible outcomes for service users are identified and addressed. It is key that carers are treated as real and equal partners who are involved in the planning, delivery and evaluation of services.

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
RELATING TO THE PUBLIC BODIES (JOINT WORKING)
(SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

Yes

No

2. If no, please explain why:

Stirling Carers Voice would like to see more clarity in relation to how local integration authorities and the Scottish Government can measure if integration is working well. The annual performance reports only go part of the way to address this, and we feel that there also needs to be extensive consultation with carers and service users embedded within this process. In addition, any reporting/consultation/monitoring process should be undertaken by an impartial independent body to ensure that the results truly reflect how integration has been implemented and the impact that this has had at both a local and national level.

3. Are there any additional matters you think should be prescribed in the performance report?

Yes

No

4. If yes, please tell us which additional matters should be prescribed and why:

Stirling Carers Voice welcomes the depth of information required. However, we believe it should also include information on locality planning, service user and carer forums and other mechanisms for consultation.

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes

No

6. If you answered yes, what form should Scottish Ministers prescribe?

Questions contained within the form should all require evidencing, and the responses provided in relation to performance and progress should be largely shaped by the direct feedback from service users and carers. In addition, the carer representative should sign off any reports to Government confirming the Boards compliance in relation to the carer elements.

7. Are there any further comments you would like to offer on these draft Regulations?

We are really pleased to see that carers are referenced throughout the regulations and are included in the membership and proceedings of both Integration Joint Boards and Strategic Planning Groups. However we feel that the regulations don't go far enough to ensure that carers' involvement within the groups is truly meaningful. As referenced within our response, this can be achieved by ensuring that carers are included in a voting capacity within the Integration Joint Boards and also by ensuring that carers are fully supported (i.e. financially, emotionally and/or physically) to be involved and treated as equal partners.

In order for the integration of health and social care for adults to be fully outcome focused and successful, there needs to be a flexibility in the way that services and support is offered to service users and carers. This will involve a culture change that ensures community based services take a person-centred approach. In addition integration should also ensure that by streamlining services, waiting times are reduced and there is a quicker response to providing the most appropriate care and support in a suitable and timely fashion.