

<b>11. Representative group for patients / care users</b>	
<b>12. Representative group for carers</b>	<input checked="" type="checkbox"/>
<b>13. Patient / service user</b>	
<b>14. Carer</b>	
<b>15. Other – please specify</b>	

## **ANNEX 1(D)**

---

### **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?

**NO**

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

When making decisions affecting localities and the functions that must be delegated we suggest 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. (audiologists are a different profession to hearing aid dispensers)
- 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.

In addition, health promotion is specifically mentioned as a delegated function but there is no mention of the full range of professionals that undertake health promotion.

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) 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.

Given the current economic climate and the fact that Local Authorities and Health Boards have diminishing budgets this prescription may have an unintended consequence of restricting access to the planning and governance of integration boards for unpaid carers/representatives. Many unpaid carers are caring for people who may not be in receipt of a statutory service. It should be noted that many cared for people do not wish statutory involvement but the unpaid carer still provides the care. This can sometimes have a detrimental impact on the unpaid carer and/or there may not be a need for a statutory service but there is a need for support whether for the cared for and/or the unpaid carer. If this prescription remains ambiguous then this will allow lots of room for local policies to be developed that will exclude unpaid carers of people not in receipt of a statutory service.

## ANNEX 2(C)

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



#### RESPONDENT INFORMATION FORM

**Please Note** this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

#### 1. Name/Organisation

##### Organisation Name

Stirling Carers Centre

Title Mr  Ms  Mrs  Miss  Dr  Please tick as appropriate

##### Surname

Kirkwood

##### Forename

May

**(d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate  Yes  No

**4. Additional information – I am responding as:**

Please tick as appropriate

1. NHS Health Board	
2. Other NHS Organisation	
3. General Practitioner	
4. Local Authority	
5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	<input checked="" type="checkbox"/>
13. Patient / service user	
14. Carer	
15. Other – please specify	

**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**

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

Whilst we welcome 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 day's 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 unpaid carer and service user members, to have time to digest contents and ask questions if required.
- that non-voting members, including unpaid 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 unpaid carers and service users (and indeed other members of integration joint boards) with induction as a minimum and training and support if required.

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

In terms of powers in relation to the integration joint board and functions of the new integrated scheme we agree with the functions detailed being included in the new integrated structure but also think the following should also be included:

Home oxygen services

Wheelchair services

These two areas are not specifically included and whilst wheelchair services may be included in equipment services – it is not clear. Also oxygen services should be seen as a service that enables people to remain in their own home or return home rather than remain in a hospital setting therefore we feel it should be included.

Also the National Health & Wellbeing Outcomes – whilst these outcomes have been developed by relevant stakeholders we feel they can be strengthened and made more meaningful i.e. rather than;

"People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing."

It could read;

"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 and to enable them to maintain a life outside caring."

5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	<input checked="" type="checkbox"/>
13. Patient / service user	
14. Carer	

15. Other – please specify	
----------------------------	--

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

N/A

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

We welcome the inclusion of carers in each of the Integration Joint Monitoring Committees across Scotland although we are disappointed that this is not in a voting capacity. We also believe that the regulations as they stand require some strengthening to ensure that unpaid carers' involvement is meaningful and supported.

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 monitoring committee" 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 day's notice for providing papers is extended to a minimum of 7 days. Three days is insufficient for the importance of the joint monitoring committee and the need for members, particularly unpaid carer and service user members, to have time to digest contents and ask questions if required.
- that non-voting members, including unpaid 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 unpaid carers and service users (and indeed other members of joint monitoring committees) with induction as a minimum and training and support if required.

5. Other statutory organisation	
6. Third sector care provider organisation	
7. Independent / private care provider organisation	
8. Representative organisation for professional group	
9. Representative organisation for staff group e.g. trade union	
10. Education / academic group	
11. Representative group for patients / care users	
12. Representative group for carers	<input checked="" type="checkbox"/>
13. Patient / service user	
14. Carer	
15. Other – please specify	

## ANNEX 4(D)

---

### **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**

2. If no, what changes would you propose?

N/A

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

We welcome the inclusion of mechanisms to ensure that unpaid carers can be involved meaningfully within Integration Joint Boards e.g. expenses, training and appropriate support and we agree that this should apply equally to carer involvement in strategic planning groups.

However, we would also like to see it made implicitly clear as to what the level of involvement and participation in the strategic planning group would actually be carers. If carers are not viewed as equal partners on the group, then their representation would have no value – this cannot be the case.

<b>11. Representative group for patients / care users</b>	
<b>12. Representative group for carers</b>	<input checked="" type="checkbox"/>
<b>13. Patient / service user</b>	
<b>14. Carer</b>	
<b>15. Other – please specify</b>	

## ANNEX 5(D)



### **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?

**No**

2. If no, please explain why:

Whilst we welcome the current level of information required we feel there is need develop this further and request more in-depth detail to support the processes of any monitoring and audit functions necessary. Factoring this in at the beginning should provide confidence that there is enough information being reported back to allow a practical audit of any report to be invoked at any time. Also unannounced independent inspections should be undertaking to monitor this.

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

**Yes**

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

We believe is should also include information on:

- locality planning and the involvement of unpaid carers/representatives and other key stakeholders, such as structures for 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**

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

Yes – all questions that require evidencing need to be contained in the form i.e.  
Clear evidence that governance arrangements have been adhered to  
Detailed evidence demonstrating compliance with governance arrangements  
The Unpaid Carer/Representative needs to sign off any reports to Government confirming Board's compliance in relation to unpaid carer elements.

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

In terms of local sign off of reporting documents we feel that it is not enough for Government to accept Third Sector sign off from local TSI's as representatives for the Third Sector. Sign off of reports for carers should be by an appropriately appointed unpaid carer/representative whose primary role involves liaison with local health & social care providers utilised service users and unpaid carers. This would demonstrate that unpaid carers are truly valued, respected and treated as equal partners in the local provision of care.