

## Groups which must be consulted

We welcome the duty on local authorities and health boards to jointly consult with prescribed groups of people, including carers in the following circumstances:

- before they submit their integration schemes to the Scottish Government for approval
- when an integration scheme is approved
- in the development of the strategic plan for their area
- where an integration authority proposes to take a decision that might significantly affect the provision of services in an area

We feel it is important that carers have the opportunity to inform and shape the health and social care services in their area.

We welcome the intentions of The Public Bodies (Joint Working) (Scotland) Act to move towards the position where services are co-produced by key partners, including carers service users and the third sector. However we feel that this intention is not fully reflected in the language used which refers only to 'consultation' a phrase which does not fully embrace the principles of co-production or the full involvement of carers and other key groups as 'equal partners'

In addition, in order for this to be fully achieved partnerships will need to ensure the appropriate structures and processes are in place to enable carers to participate effectively as equal partners in care.

At the moment the picture across Scotland is very mixed. In some areas resources have been invested to facilitate carer engagement, mainly through local carer organisations. Structures and lines of communications are already well established and carers are supported to have their views heard through a variety of methods, including representation through local carer-led organisations, involvement in locality planning, local carer engagement forums and through innovative methods such as social media networks.

However, in other areas carer engagement is fragmented without dedicated staff support, appropriate structures are not in place and only a few isolated carers are involved in locality planning.

*"Plenty of room for improvement here from statutory bodies but needs much more enforcement by SG around involvement and dedicated financial resource to carer centres to provide a platform, develop infrastructure, facilitate and co-ordinate involvement with statutory partners. There is also a need to ensure that this resource keeps abreast of legislative changes and provides this information to local carers to allow them to continue to be meaningfully and constructively involved in the planning and shaping of local services." <sup>1</sup>*

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<sup>1</sup> Survey on Carer Engagement, Coalition of Carers in Scotland, 2014

In fact the move towards integrated structures in some areas has had a negative impact on carer participation in planning. Local partnerships are prioritising structural organisational changes and are not currently involving carers and other stakeholders in this process. Nor are they investing in embedding stakeholder participation within the new structures. As a result there is a degree of confusion about how existing locality planning fits into the new partnerships and no information on how locality planning will be structured in the future. Anecdotal evidence from the Alliance has highlighted that in developing bids for transitional arrangements, many shadow partnerships have failed to involve the third sector in their partnerships. This is also the case for unpaid carers.

*“Carer representatives are on the local planning groups. But the whole thrust towards integration has meant that these groups are less involved in planning. We remain unclear how the new systems will involve carers and to date there is not much sign that this will be a strong focus on involving carers. The uncertainty over integration has meant that structures are unclear and it is hard to encourage carers to be involved as it feels like they may be wasting their time.”<sup>2</sup>*

We therefore recommend that each partnership area should fund a post to support carer engagement in a systematic and meaningful way within the new integrated structures. A dedicated postholder should be hosted through a local carer organisation. Their responsibilities should include:

- Identifying, training and supporting carer representatives
- Facilitating carer engagement events, such as consultation meetings or a carers forum
- Hosting social media platforms to enable engagement with a wider community of carers
- Promotion of best practice standards for carer engagement<sup>3</sup>

## **Membership and proceedings of Integration Joint Boards**

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

- 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 carer and service user members, to have time to digest contents and ask questions if required

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<sup>2</sup> Survey on Carer Engagement, Coalition of Carers in Scotland, 2014

<sup>3</sup> ‘Equal and Expert’ 3 best practice standards for carer engagement, Coalition of Carers in Scotland, 2013

- 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.

### **Membership of Strategic Planning Groups**

The national carer organisations welcome the inclusion of carers on strategic planning groups. We believe this is an opportunity level of decision making and it is essential that carers, as equal partners, have the opportunity to contribute their views. As previously stated, this engagement needs to be meaningful and partnerships will need to put resources into developing mechanisms for consulting with wider carer communities and ensuring consultation is not limited to a handful of carers already engaged in the system.

### **Monitoring of carer consultation and carer involvement in strategic planning**

In addition to the information specified in the regulations, we believe performance reports should include information on locality planning and the involvement of carers and other key stakeholders in strategic planning. This should include information on:

- Structures for locality planning
- Membership of strategic planning groups
- Mechanisms used for consulting with carers and service users. For example resources directed to local carer organisations to facilitate carer engagement
- Mechanisms for supporting carer representatives on joint boards, such as induction, training, and mentoring

### **Regulations Set Two**

#### **Summary of Recommendations**

1. Each partnership area should fund a dedicated post to support carer engagement in a systematic and meaningful way within the new integrated structures. This should be hosted through a local carer organisation, in the same way that Third Sector Interface Organisations are resourced to support engagement with the third sector.
2. Partnerships should be required to provide carer representatives with induction training and ongoing support as required. The annual report from partnerships should include information on carer engagement – such as the structures in place for carer engagement and the resources allocated to support this work the inclusion of replacement care costs as a reasonable expense alongside travel and subsistence.
3. 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
4. The 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 carer and service user members, to have time to digest contents and ask questions if required

5. Non-voting members, including carers, should also have the opportunity to have someone to deputise for them in their absence.
6. 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.

A copy of our survey on carer engagement is included with this submission

### **About The Coalition of Carers in Scotland**

The Coalition of Carers in Scotland exists to advance the voice of carers by facilitating carer engagement and bringing carers and local carer organisations together with decision makers at a national and local level.

Since its inception in 1998 the Coalition has played a fundamental role in advancing carer recognition and support and more recently in establishing a Carers Rights agenda in Scotland.

Through our membership we connect with carers and carer-led organisations from all local authority areas and from many different caring communities. We are the only national carer organisation supporting the smaller, isolated and rural carer organisations, ensuring carers from the Borders to the Shetlands have the opportunity to have their views heard.

It is our vision that carers in Scotland will achieve full recognition as equal partners in care. Carers will have the right to quality services and access to personalised support at every stage in their caring role to ensure they enjoy good health and a life outside of caring.

Further information: [www.carersnet.org](http://www.carersnet.org)

Address: PO Box 21624, STIRLING, FK7 1EF

Email: [coalition@carersnet.org](mailto:coalition@carersnet.org)

Telephone Number: 01786 850247