

Carers Trust Scotland: Response to set 2 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

Annex 1 (D)

Prescribed 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
- when developing 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

It is important that carers have the opportunity to inform and shape the health and social care services in their area, and we support 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. 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 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.

“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.”¹

We therefore recommend that to ensure consistency and equity in participation across Scotland, each partnership area should fund a post that is to support carer engagement in a

¹ Survey on Carer Engagement, Coalition of Carers in Scotland, 2014

systematic and meaningful way within the new integrated structures. A dedicated post holder should be hosted through a local carer organisation, so that clear links can be made with local services. Their responsibilities should include:

- Identifying, training and supporting carer representatives
- Facilitating carer engagement events, such as consultation meetings or a carers forum
- Ensuring that there are engagement opportunities for those carers who may face additional barriers to becoming involved e.g. BME carers, LGBT carers and disabled carers. Costs for additional measures to support this engagement should be included e.g. interpretation and accessible events
- Ensuring that there are engagement opportunities for young carers; a budget for activities must be made available to ensure that appropriate engagement can take place
- Hosting social media platforms to enable engagement with a wider community of carers
- Promotion of Best Practice Standards for Carer Engagement²

Annex 2 (D)

Membership and proceedings of Integration Joint Boards

We welcome the inclusion of carers in membership 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, effective and supported. We advise:

- 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. attending a local carers forum
- that three days' notice for providing papers is extended to a minimum of 7 working 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 the contents and ask questions if required
- that non-voting members, including carers, should also have the opportunity to delegate someone as deputy for them in their absence
- that regulations should include a responsibility on partnerships to provide carers and service users with a full induction as a minimum, and further training and support if required

Annex 3 (D)

Establishment, membership and proceedings of integration joint monitoring committees

² Best Practice Standards for Carer Engagement, Coalition of Carers in Scotland, 2013

The inclusion of unpaid carers and ‘third sector bodies carrying out activities related to health or social care’ in the membership of the committees is welcomed, but as mentioned above, they will require support to participate effectively and meaningfully in the process.

Annex 4 (D)

Membership of Strategic Planning Groups

The national carer organisations welcome the inclusion of carers on strategic planning groups. We believe this is an important 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 must 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.

There should not necessarily be a prescribed approach to participation and engagement; Health and Social Care Partnerships must be mindful of the Best Practice Standards for Carer Engagement and similar participation standards to ensure that engagement plans suit the communities and services that are participating. Carers’ services and other third sector organisations will also require adequate investment and resources to allow them to engage with statutory partners in an effective way.

The comments under Section 2 on 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.

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, e.g. resources directed to local carer organisations to facilitate carer engagement
- Mechanisms for supporting carer representatives on joint boards, such as induction, training, and mentoring

We would also recommend that ‘third sector bodies carrying out activities related health or social care’ must include organisations that may not be regarded as ‘providers’ but who form an essential part of the health and social care landscape. The underpinning guidance related to this must include organisations such as carers’ centres and carers’ services, and other organisations that support carers such as advocacy organisations, information and advice providers, volunteering and befriending services, and community-based peer support groups.

We have no comment to make on Annex 5 of the Regulations.