

A National Care Service for Scotland – Consultation Overview

In September 2020 the First Minister announced an Independent Review of Adult Social Care in Scotland, to be chaired by Derek Feeley. Following 228 written submissions from individuals and organisations, including About Dementia, The Feeley Report was published on February 3rd 2021. Critically, it recommended that a National Care Service be formed on “an equal footing” with the NHS to tackle problems in the delivery of adult social care.

The Scottish Government responded by releasing a [consultation paper](#) on 9th August, with a subsequent [“Easy Read” version](#) published on the 29th August. The paper sets out its proposals for the creation of a National Care Service and other ways that it plans to improve adult social care in Scotland.

The consultation paper is broken down into a number of different topics, such as Improving Care for People, current Access to Care and Support and types of services for which the NCS would be responsible (Health Care, Social Work and Social Care, etc.). These topics have been further divided into sections:

- How it (area of social care) works now
- Issues and Problems
- Relevant Independent Review of Adult Social Care [Feeley Report] Recommendations
- What the Scottish Government proposes.

At the close of each of the topics, a number of questions are asked which readers are encouraged to respond to. These seek views on what has been proposed and the way that adult social care services should be provided in the future under a National Care Service.

The big news from the consultation paper is that the government is planning on going **beyond** the recommendations of the Feeley Report and is planning for the National Care Service to take on responsibility for all community health services, including general practice, children’s services, social work and criminal provision. This is far bigger in design and scope than the Feeley review set out, focussing as it did solely on **adult social care** provision.

The remainder of this briefing will set out the key areas of the consultation that we feel are relevant to people living with dementia and unpaid carers. We’ve also included a few **questions for you** at the end of each section. If you’d like to contribute to our response, can you please email us **your answers** to any or all of these questions by **Friday 1st October 2021**. If you have any other questions or comments regarding the consultation paper or need more information on the policies contained within it, please feel free to get in contact with us at aboutdementia@agescotland.org.uk or on 0131 668 8053. As always, we’d love to know what you think.

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Summary

- The National Care Service (NCS) is being proposed as a means to improve adult social care services, which are in need of reform. The centralized model of an NCS is contentious, with some suggesting it will create more equal standards of care, whilst others think it will lead to more bureaucracy and less flexibility in care. We welcome the proposed aim to fundamentally improve adult social care. The consultation paper, however, focusses mainly on structures and is light on detail on how an NCS will lead to real improvement in care for service users.
- The proposals suggest broadening out provision of social care services to a larger amount of people, moving from specialist services to more targeted (support) and universal (advice) services. We feel that it is important to concentrate on building a greater preventative and early intervention culture within social care provision, but once again see little detail in the paper on how this will be practically achieved. We believe that the government should focus on the delivery of a social care system that supports the aspirations of people with dementia and their unpaid carers. We see Self-Directed Support as an important and underused tool in achieving this aim.
- The consultation paper draws attention to the low levels of breaks from caring or “respite” currently being made available to unpaid carers. The government suggests that a decision needs to be made on the level and type of breaks that unpaid carers would be entitled to before legislation is amended. We support the amendment to the Carers Act, which will enshrine rights to breaks from caring in law. For breaks to be effective, we believe that personalisation for each individual unpaid carer is key. We also believe that the government should go further in providing for unpaid carers, including through an Annual Carer’s Consultation, A Carer’s Development Fund and inclusion within commissioning models.
- It is suggested that the NCS will improve data sharing practices between different agencies in health and social care. A new record-sharing system may result in a greater ability for service users to receive continued support when moving around the country. It may also increase efficiencies when different agencies are working together. We welcome any new system that prevents repetitive filling out of forms and improves knowledge building and support for service users. However, we would call for processes to be put in place to prevent user voices from being lost in a complex IT system.

- A lack of collaboration between health and social care services is cited as a problem in delivering effective care. The government proposes replacing Integration Joint Boards (IJBs) with Community Health and Social Care Boards (CHSCBs) as a means to address this. The consultation expressly asks for readers' opinions on which services an NCS and the local CHSCBs should be responsible for in terms of commissioning and procurement. We believe that any decisions taken in this capacity should place personalised care for service users at their centre.
- The government's proposals for an NCS go beyond the recommendations of the Feeley Report and propose that responsibility for all forms of social work and social care should lie within an NCS. We are concerned that the scale of the job of transforming adult social care is sizeable and, in adding equally large departments to an NCS's remit, the government is in danger of overextending itself.
- The current system for complaining about adult social care services is outlined, with responsibility currently split between the Care Inspectorate and Scottish Social Services Council (SSSC). Unlike the NHS, there is no dedicated space for complaints across the social care sector. As part of the creation of an NCS, such a space would be created. We believe the unification of the complaints process would be beneficial to those with grievances. It would allow service users to lodge complaints about the overall care process rather than an individual provider or staff member. We would also support greater provision of specialist independent advocacy as part of any new complaints system.
- Applicable charges for those entering residential care are detailed within the consultation paper. The government draws attention to the increasing costs of providing Free Personal and Nursing Care. To implement the Feeley Report's recommendation that non-residential social care charges be removed altogether, the paper suggests that more revenue will have to come from self-funders within a care home setting. We see the removal of non-residential user charges as highly beneficial and progressive, although recovering the costs from self-funders is more contentious. We would welcome the thoughts of our members on this debate.
- In replacing Integration Joint Boards (IJBs) with Community Health and Social Care Boards (CHSCBs), the government maintains that local democratic accountability will be maintained through the election of local members with lived experience. We call for each of these boards to have a member with full voting rights who has had direct experience within the context of dementia. In addition, we call for any necessary support to be made available to these board members to allow them to take up their posts.

Improving Care

Social Care is a broad term that relates to any support that you may need to do the things that are important to you and to live your life as you want to. This could be a home carer who helps with food prep, medicines, or washing and dressing. It could also include access to day centres or help in adapting your home to suit your lifestyle. Social care comes in many different forms and should be adapted to each individual's life and ambitions. Adult social care, understood within the Scottish context, is the provision of these services for anyone over the age of 16.

Within the document, a National Care Service (NCS) is proposed as a way to ultimately improve adult social care across the country.

The government believes that the range of different services will be improved if there is a single organisation responsible and accountable for all forms of social care. It believes that the standard of services will improve because, in terms of responsibility, the buck will stop with government Ministers. It is also suggested that, because the organisation will operate across the entire of Scotland, more consistent standards of care will be developed and maintained across the country. Within the public sector, this type of organisational structure is known as a centralized model.

This particular centralized model is quite contentious and many individuals, groups, political parties and organisations have had a lot to say, both positive and negative, on the plans for an NCS. Those in support of an NCS highlight the fact that the current social care system is simply not working, with many service users experiencing long waits for support, unequal access in different areas and a lack of personalisation in care. In contrast, critics of the NCS suggest that the last thing needed is another overly bureaucratic system based in the central belt and that Local Authorities are better placed to provide flexibility in care for service users in their areas.

What we think this means in practice

Based on the conversations around social care that we've had with our members, a key focus of ours is improving national standards of care and making sure this improved care is available to all, no matter where you live in Scotland. We support any system that is proven to increase personalisation of care through earlier diagnosis, post-diagnostic support and the development of Self-Directed Support plans. Our members have consistently raised problems in terms of uneven eligibility criteria between Local Authorities, whilst others have pointed to an almost total lack of post-diagnostic support. We welcome the aim of correcting these inequalities and agree with the sentiment that services need to move to a

more human rights-based, preventative model of care. We also welcome the aim of improving learning and sharing of best practices in terms of dementia care and hope that any national model will take into account programs that currently provide effective support. However, it is important to note at this stage that the proposals in the consultation focus mainly on structures that will be developed, rather than detail on how they will make these aspirations a reality.

Our Questions for you

What are your experiences in terms of access to services for people with dementia or their unpaid carers? Do you know of any other individuals who have received a greater or lesser level of support just because they live in a different part of the country?

What do you think could be done to improve consistency of care across the country?

Do you think that a centralised organisation such as the proposed National Care Service would improve or worsen the current level of care and support people with dementia and their carers receive?

Access to Care and Support

Service users often describe existing services as complex, inconsistent, inflexible, immobile and impersonal. The paper suggests that there is an imbalanced focus on “acute and crisis support rather than prevention and early intervention”. The government proposes moving away from a model of specialist services for a smaller number of people to one with broader coverage including targeted (support) and universal (advice) services. It is suggested that by broadening the number of people receiving a lower level of support at an earlier stage, this will prevent more costly care in the longer term. The proposals also involve the removal of current eligibility criteria applied at a local level to be replaced by a single set of national criteria.

What we think this means in practice

There is a great deal of recognition of existing issues inherent in access to care and support services. The government’s aim to move to a broader system of support is important in addressing people with dementia and their carers who have struggled to access care early enough and have consequently reached a crisis point. Broadening support should not, however, mean diluting existing care for those requiring more significant support. The government should be aware that the

transition to a preventative and early intervention culture of care will require added investment before this policy becomes cost-effective (i.e. early interventions now, leading to fewer “crisis” interventions later).

Although there is a lot of recognition of the problems inherent in the current system of care for people living with dementia and unpaid carers, the paper provides very little detail on how these issues would be corrected in practice.

We believe the government should concentrate on developing a system of social care that supports the aspirations of people with dementia and their unpaid carers. Staying active, being part of a community and maintaining a high quality of life are human rights that our members are entitled to as much as any member of society. We hope to see a culture change in the way that adult social care is provided, moving away from learning to live with a diagnosis to living **well**.

In our minds, one of the main mechanisms to achieve this is already available to the government: Self-Directed Support (SDS). People living with dementia and unpaid carers are best placed to make judgements about how they maintain a high quality of life post-diagnosis. Implementing Self-Directed Support (SDS) at the earliest possible opportunity is crucial, and that also requires timely diagnosis of dementia. The current system is not applied early enough (if at all) and has demonstrated a clear gap between well-intended legislation and the experiences of people on the ground. This needs to be corrected as a point of priority and serious consideration needs to be given to how unpaid carers can receive effective SDS of their own. As a part of this development, there should also be specialist independent advocacy available to support access to SDS as part of a National Care Service.

Our Questions for you

Within your experience, do you think that enough is being done to support those with dementia at the start of their journey, immediately post-diagnosis?

What have been your experiences with Self-Directed Support (SDS)?

Do you have any examples of how local services have supported you in living well or reaching a personal goal, either as a person with dementia or as a carer to someone with dementia?

Right to breaks from caring

The consultation acknowledges the importance of “respite” for unpaid carers and refers to the fact that the term is not specifically defined within existing legislation, namely the Carers (Scotland) Act 2016 (“Carers Act”). Importantly, this means that an automatic right to breaks for unpaid carers currently has no legal bearing.

Instead, all unpaid carers have the right to an adult carer support plan (ACSP). The identified needs developed through these plans are compared with eligibility criteria within the local authority, with breaks from caring considered in this context. The NCS consultation paper highlights that “relatively few unpaid carers (around 3%) receive statutory support for breaks from caring”.

The proposals suggest that a statutory right to breaks from caring is built into the Carers Act. However, before this is possible a decision needs to be made on the level and type of breaks that unpaid carers would be entitled to through the new system. Primarily, the decision that the government sets out is between a standard short break package for **all** unpaid carers or a more tailored or ‘personalised’ break package.

This could allow carers to choose the sort of support that would benefit them the most. However, it could mean that some carers get more generous packages than others depending on what their needs are. In terms of a standard short break package, a clear benefit would be the certain and transparent entitlement of around a million unpaid carers in Scotland to breaks from caring. The proposed drawbacks to this first plan would be affordability constraints limiting the amount of standard break support and subsequently “disadvantaging carers of people with more complex health and care needs”. The benefits of a more personalised plan could be increased flexibility and potentially fairer allocation of resources in line with carers needs. The downside of a more targeted approach would be a system slower at delivering preventative support for carers and a lack of legal recourse for carers when breaks are not provided. Non-statutory options such as a “statement of principles” and a “duty to consider” are offered as alternative sources of criteria for provision to be **measured** against.

What we think this means in practice

Support for unpaid carers of people with dementia is falling woefully short of what is needed. We fully support the amendment to the Carers Act, which will enshrine respite for carers in law. We also call on the government to ensure that any National Care Service created will guarantee that unpaid carers’ rights to respite are upheld and that the organisation’s working culture reflects this priority. We also feel that as much personalisation as possible should be built into any new system providing respite for unpaid carers. In practice, we believe that unpaid carers will support a system that makes sure they get the respite that they deserve on a regular, timely and preventative basis, and not just after a crisis. With this in mind, we recommend that respite is built preventatively into ACSPs (at an early stage) and is not provided on an ad-hoc basis.

We would encourage the government to go further in its provisions for unpaid carers and related support services provided through the NCS. All carers should receive annual physical and mental health screenings through an Annual Carer’s Consultation. A Carer’s Development Fund should also be deployed in order to

equip carers with the skills and support to care for themselves and their loved ones. Finally, we would suggest that unpaid carers be included in any new commissioning models and that their valuable experience is considered as of integral worth to the improvement of dementia care in Scotland.

Our Questions for you

As an unpaid carer of a person with dementia, what do you think should be the government's number one priority in providing greater support to you?

Do you have any examples of when someone working within adult social services has provided really helpful support to you as an unpaid carer or someone you know who is an unpaid carer? What was good about it?

Do you think it is more important that all carers are entitled to exactly the same amount of support or that carers receive personalised support that meets their needs at whatever stage of the journey they are at?

What do you think would be an appropriate bare-minimum level of breaks for unpaid carers? How many hours a week of breaks from care do you think this would include?

Using data to support care

Information about people who use health and social care is currently held by several different agencies, but we know that this is rarely shared between them. For example, data on an individual within the adult social care sector could be maintained by providers of social care, providers of housing support, NHS professionals and third sector organisations. Although data from each of these sources could be harmonised to create a more complete picture of a service user's requirements, there is currently no model that provides this.

The proposals in the consultation recommend that social care and health records be joined together through the creation of an NCS. The paper stresses that this will be an "additional national framework" and not a completely new centralised system for such information. It is suggested that this additional framework would make it easier for people to maintain support if they move around the country, with the information about their support made easily available to professionals working in their new area. This should also allow all the different parts of the system to work more easily together with everyone accessing the same information about an individual. However, the document falls short of setting out requirements for such a system to be enshrined in legislation, citing that it "cannot be changed fast enough to adapt to the rapid changes in technology and new ways of using data".

What we think this means in practice

We have heard from our members that the filling out of repetitive paperwork and lack of information sharing between agencies is a source of frustration for those with dementia and unpaid carers alike. We recognise that time spent engaged in such needless activities takes away precious time that could be spent supporting the wellbeing of both parties. We support the principle of greater data sharing leading to greater knowledge building and increased capacity. We would suggest that any extra resources gained from this process be fed back into discovering ways in which new technologies could improve care for those with dementia, in addition to existing face-to-face care. We are sceptical of the government's claim that legislation cannot be created to provide a legal basis for a new system of record keeping. We also wish to highlight the significant cost and resources associated with redesigning and implementing a new model of data management within the public sector. If significant reforms are made, we would call for processes to be put in place that ensure that service user's voices do not get lost through the implementation of a complex new IT system.

Our Questions for you

As a person with dementia or an unpaid carer of a person with dementia, what are your experiences of providing information about yourself to different organisations? Are there any good/bad examples of practice that spring to mind?

Would you be happy to have your data shared across different agencies as the consultation proposes, or do you have reservations about this? Why?

Scope of National Care Service

The proposals include reference to the scope of an NCS and the services that will be affected by the creation of this new organisation. Proposals related to services that people with dementia and their unpaid carers would specifically interact with are detailed below:

Healthcare

The paper draws attention to the fact that a number of communication and cultural differences currently exist in different areas of health care, social work and

social care. It is suggested that these differences are evident from the ground level to the board room. The proposals suggests that newly created Community Health and Social Care Boards replace Integration Joint Bodies and in-turn take on commissioning and procurement responsibilities for a range of health services (see Reforming the Joint Boards). The paper expresses specifically that the Scottish Government is “seeking your views on what services might be included in this responsibility”.

What we think this means in practice

We see a lack of collaboration amongst health and social care services as unnecessary and as currently hampering efforts to improve early diagnosis rates and post-diagnostic support for those with dementia and their carers. We would very much appreciate the views of our members on services a National Care Service should be responsible for in order to improve this state of affairs. We see the integration of health and social care as a necessary and feasible union that will ultimately benefit both sectors and their end users.

At the heart of any procurement decisions taken by **all** organisations responsible for adult social care should be those receiving care and their support network. We believe in prioritising services that demonstrate a commitment to building sustained, meaningful and caring relationships between care staff and the people that they care for. Once again, in practice, the structures of governance should be of secondary importance to the ongoing focus on suitable, personalised care for service users.

Our Questions for you

Are there any services that you feel a National Care Services should **definitely** be responsible for?

Are there any services that you think it should **not** be responsible for?

Do you think that, in general, the creation of a National Care Service will lead to **more** personalised care or **less** personalised care?

Social Work and Social Care

The Feeley Review looked only at adult social care, but the consultation paper widens this to all areas of social care currently provided by Local Authorities including Drug and Alcohol Services, and Criminal Justice Social work. The argument is that this will create a more streamlined service, and improve how

services are planned and who provides them. Equally, it is suggested that assessing the needs of people of different ages in the same household through different social care services would be overly complex and often counter-productive.

To combat this, the government proposes that the “duties and responsibilities” for both social work and all forms of social care (adult, children, and families) should lie within an NCS.

What we think this means in practice

The planned oversight offered by an NCS to numerous different services may offer a chance to improve outcomes for many people with dementia and their families. However, we are concerned that, in attempting to build a system that focusses on a more holistic level of care throughout age and social groups, the Scottish Government is at risk of marginalising the very real differences in care that each group requires. Continued, dedicated and adequate funding for those with dementia and their carers should not be trivialised in any such system.

In practice, the scale of the job of transforming the existing adult social care system and creating an NCS is huge. With all the best intentions in the world, we believe that in adding equally large departments such as children’s services and justice social work to the NCS’s remit, the government is in very real danger of biting off more than it can chew. As a project, we would support a well-managed transformation in adult social care that, once proven successful, can be scaled up or adapted to other areas of social care. We believe that adult social care is the part of the current social care system in most urgent need of reform in Scotland and therefore warrants this exclusive, immediate attention.

This does not mean that we are opposed to increasing the range of partnerships and extent of integration between existing agencies that impact on social care. A lack of communication with housing, health and social care departments is currently hampering the needs of the numerous people with dementia and their carers still based in their own homes. Any replacement for the Integrated Joint Boards, such as the proposed Community Health and Social Care Boards, should include representation from the housing sector.

Our Questions for you

How do you feel about all types of social services, across different age and social groups, being managed by one organisation? What positives or negatives can you see in managing services in this way?

Specifically in terms of service provided to people with dementia and their unpaid carers, do you think this model will improve care or make care worse?

Complaints and putting things right

The paper outlines the organisation that complaints can currently be directed to when things go wrong in adult social care provision. For individual services, complaints should be directed towards the Care Inspectorate. If complaints need to be made against individual staff members, the Scottish Social Services Council (SSSC) should be contacted. The paper goes on to state that this dual system for complaints is overly complex and, unlike the NHS, there is no single website or dedicated space to make a complaint against the service more generally.

The paper proposes that, through an NCS, there would be “a single point of access for information on making a complaint or giving feedback about social care”. There is also a reference to local complaints procedures being strengthened to deal with initial complaints, with a charter for rights and responsibilities suggested so that local bodies know what is expected of them if complaints are raised. Consideration, but no commitment, is also given to the appointment of a commissioner for social care.

What we think this means in practice

The proposed unification of the complaints processes relevant to adult social care is potentially beneficial to those with grievances. Simplicity, clarity and responsiveness should be built into any system of complaints to lessen the burden on service users who have already had difficulties accessing appropriate care. Under the current system, you have recourse to complain about individuals and care providers, but critically you cannot complain about how the overall care process has progressed or how it has not. We welcome the government’s plans for an outlet for such complaints and hope that a new service is complimented by an increased capacity to uphold and act on complaints. It is also important that further support is provided for those that are unable to interact fully with the new complaints processes themselves. Signposted and specialist independent advocacy on a larger scale than is currently available will be necessary to achieve this goal. Finally, we see the appointment of a commissioner for social care as a positive step in terms of support for people with dementia and their carers. In a similar vein, we support calls for the appointment of a commissioner for Older People to further advance the rights of people living with dementia.

Our Questions for you

Have you any experiences of providing feedback or making a complaint regarding the support that either you or someone you know has received? If so, how was this experience? What could be improved?

Do you think that making a single organisation responsible for all types of feedback and complaints is a good idea? Do you think this will lead to greater responsiveness and action on the back of this?

Residential Care Charges

The consultation outlines the current processes for financial assessment of those entering residential care. Local Authorities are tasked with assessing whether a person should ‘self-fund’ their care costs within these settings. Currently, those with capital (including property) of more than £28,750 **must** self-fund. Those with capital between £18,000 and £28,750 are expected to provide a part of this capital towards care home costs. Finally, those with less than £18,000 are not expected to contribute. The paper also refers to the fact that care home residents are expected to contribute to care-home costs through their pensions, with an allowance of £29.30 reserved for personal expenses.

The paper refers to the Feeley report and its recommendation that charges be removed for “non-residential social care”. This includes charges for care and support at home and the cost of providing day care, all of which would be free. The paper goes on to state that the provision of Free Personal and Nursing Care has increased significantly in recent years. The suggestion being made within the paper is that, in order to fund Feeley’s recommendation of free non-residential social care, more revenue will have to come from self-funders within a care home setting, mainly by adjusting the means-tested arrangements mentioned above.

What we think this means in practice

The removal of non-residential user charges would be a highly beneficial and progressive policy for people with dementia and their unpaid carers. The provision of Free Personal and Nursing Care within Local Authorities has the potential to increase the use of services and add to the preventive, early interventionist agenda that we know is so important in supporting people with dementia.

The proposed plans to recover costs from self-funding residents in care homes is more contentious. We would welcome the thoughts on our members in terms of this particular debate, especially in terms of what a fair level of personal capital would be before full charges were applied (currently £28,750). Finally, as a small point, we would hope that the level of pension allowance reserved for personal expenses within a care home setting (currently £29.30) would be revisited on a regular basis in line with any large jumps in inflation. We know how important maintaining choice and independence is to people with dementia and this small gesture would contribute to this cause.

Our Questions for you

Do you have any views on the current levels of capital that a care home resident may have before charges are applied? Do you think the current system is fair?

Do you think that people living with dementia in their own homes and in residential care should receive the same level of support? Do you think the same level of resources should be allocated to both groups?

Reforming the Joint Boards

Another of the headline proposals set out in the consultation is the replacement of current Integration Joint Boards (IJBs) with new Community Health and Social Care Boards (CHSCBs). The paper highlights a critical lack of effectiveness within the IJBs in their dealings with Local Authorities and health boards and in their ultimate goal to unite health and social care. It cites overly complex procedures and suggests that the current system has been affected by persistent issues with some suppliers at a local level. It is suggested that there has been a lack of focus on people receiving support and care and that there has been a lack of collaborative leadership at various levels. Once again, differences in policies and how eligibility is applied in each local authority has resulted in ‘postcode lotteries’ meaning big variations in the amount of care people can access depending on where they live.

The proposed CHSCBs will be responsible for delivering an NCS at a local level, with direct funding from the Scottish Government and accountability to Scottish Ministers. Each CHSCB will have its own chief executive who will report directly to the chief executive of the NCS. In terms of responsibilities, CHSCBs will be tasked with planning local service delivery and managing contracts with service providers (including, to some extent, with local GPs). They will take the place of IJBs on various pre-existing membership groups involved in community planning. Although the CHSCBs will ultimately be accountable to a national body in the shape of the NCS, the proposals suggest that “local democratic accountability” will be maintained through the election of local members “including people with lived and living experience, and carers”.

What we think this means in practice

We welcome the proposal’s acknowledgement of the importance of having those with direct experience as members of CHSCBs. Just as we called for on IJBs, we call on all such members to have full voting rights on the board, otherwise their inclusion can only really be considered as a tokenistic gesture. We would also push for a member of each of the boards to have direct experience within the context of dementia. Given the growing population of people projected to be living with dementia over the coming years and the significant financial resources coming from and being directed towards these individuals, we feel that at least a single board member on each CHSCB is necessary. In addition, we call for adequate support to be made available to allow board members with direct experience to take up these posts. In practice, this should go beyond just training and should include provisions such as care breaks, personal assistance and peer support before and during board meetings.

Our Questions for you

Do you think that someone with lived experience of dementia should be included as a full, voting member of each new CHSCB or its equivalent? What reasons would you give for this inclusion?

Would you be interested in becoming a member of the board? If so, what support would you like to see put in place so that you could take up the position?

Useful Links

[A National Care Service for Scotland - Consultation](#)

[A National Care Service for Scotland Consultation - **Easy Read**](#)

[Independent Review of Adult Social Care \(Feeley Report\)](#)

[Independent Review of Adult Social Care \(Feeley Report\) - **Easy Read**](#)

[About Dementia - A Manifesto for human rights for people living with dementia and unpaid carers](#)

Contact Us

As ever, we're more than happy to hear from you about your experiences with dementia or as an unpaid carer for someone living with dementia. Please don't hesitate to get in contact with your thoughts by:

Email: aboutdementia@agescotland.org.uk

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