

Consultation with Gordon MacKenzie HSCP Locality Service Lead

Held on 18th August 2026

at The Carers Centre, Falkirk.

Quick recap

This meeting focused on a review of respite services in Falkirk, led by Gordon MacKenzie from the Health and Social Care Partnership. Gordon explained that the partnership is conducting reviews across different service areas as part of a transformation program, with respite being one of several areas under examination. The review process involves gathering information about current respite usage, establishing subgroups to examine different needs and eventually conducting a public consultation before presenting findings to the Integrated Joint Board in December. Participants discussed various challenges with the current system, including unclear definitions of respite, inconsistent communication, gaps in service availability, and difficulties in accessing approved respite entitlements. The group also discussed the need for better information sharing, clearer criteria for service allocation, and more equitable distribution of support. Several participants shared personal experiences with respite services, highlighting both successful experiences and areas where improvements were needed.

Next steps

Gordon MacKenzie

- Share notes from his presentation with Sharlene to circulate to attendees after the meeting (these are attached below).

- Set up and run four subgroups for the respite review.
- Analyse the gathered respite usage information and prepare for a wider public consultation, including sense-checking the data with Carers and stakeholders.

Collaboration

- Attendees: Complete the Carers Strategy survey by 13th September.
- Attendees: Consider attending the upcoming events: Mental Health Support Conversation (20th August), August Carers Voice (24th August), Women's Conversation Cafe (1st September), and session with NHS Chief Executive and Nurse Director (20th October).
- Attendees: Provide feedback to Gordon MacKenzie on any additional questions or suggestions regarding the respite review process.

Meeting Discussion Guidelines and Etiquette

Sharlene opened the meeting and welcomed participants, reminding everyone that sessions are recorded for minute taking purposes only. Sharlene emphasized the importance of keeping discussions focused on the topics at hand and allowing others time to share their experiences. Sharlene also noted common feedback from Carers about Carers taking up significant time during discussions and encouraged participants to maintain a respectful and efficient conversation flow. Sharlene encouraged participants to engage with surveys and feedback opportunities when they can, assuring them that their input is valuable regardless of how they choose to contribute.

Carers Strategy and Respite Review

Gordon MacKenzie, Localities Lead, presented an overview of the respite review process being conducted by the Health and Social Care Partnership as part of their transformation program. Gordon explained that the review will analyse current respite usage data, as not all allocated respite is being used and the partnership want to find out why, they plan to establish subgroups focusing on different population groups and eventually conduct a public consultation, before presenting recommendations to the Integrated Joint Board in December. When asked about funding for new services, Gordon clarified that while some additional money comes from Scottish Government, the review process may identify cost savings from existing resources, though he emphasized the goal is to find better ways to use available funding rather than necessarily reducing services.

Equity in Support Services Discussion

Sharlene discussed the need for more equity in support services. Gordon explained that while systems are in place for entitlement based on need, variations in outcomes can occur due to different circumstances, information sharing and individual circumstances. Gordon mentioned that reviews from the social work team should be carried out every 6 months – 1 year. Gordon also explained that Carers can ask for a copy of their assessment that has been conducted by the social work team.

Respite Care Definition and Scope

Gordon briefly discussed the definition and scope of respite care, clarifying that it includes both overnight stays and short breaks during the day, with the specific amount and type of respite determined through individual assessments. Gordon

explained that respite can be provided as a block of time or split into smaller periods, with typical entitlements ranging from one to six weeks, depending on individual needs. Carers highlighted challenges in accessing respite care due to limited availability. Sharlene asked Carers if they received information during their social work assessment about respite options and Carers in the room said that this is something they have not received but would like to receive, Sharlene asked if creating a leaflet to clarify the concept of respite for Carers and families would be beneficial many Carers in the room said it would be.

Respite Care Booking Challenges

Gordon discussed challenges with respite care booking, particularly during peak periods like summer, Christmas, and Easter when demand exceeds availability. Gordon explained that while some block booked beds are reserved for older people and adults with learning disabilities, often they need to find additional placements at short notice (for emergencies such as a Carer being unexpectedly admitted to hospital). The discussion touched on different respite options including self-directed support, with Gordon noting that care homes typically charge more than paid carers coming to the individual's home.

Respite Care System Challenges

Gordon shared experiences about challenges with respite care, including limited overnight respite options. Gordon emphasized the importance of feedback from families to improve care home contracts and services. Sharlene provided Care Opinion leaflets. A Carer online asked about creating an electronic system to share information across organizations to reduce repetitive reviews for people with lifelong conditions, Gordon thanked this Carer and responded that while reviews

may seem unneeded, they remain necessary due to regulatory requirements and potential changes in circumstances.

Respite Process Improvement Discussion

Sharlene discussed challenges with the current respite process, highlighting the need for clearer information about eligibility criteria and entitlements, as well as better communication. Sharlene suggested producing an easily readable guide to help Carers understand respite options and emphasized the importance of providing consistent and timely updates about service availability. The discussion highlighted the need for better "joined up thinking" in service planning and the importance of early discussions about respite needs before reaching crisis points.

Respite Care Cost Discussion

Gordon discussed the high cost of 24-hour respite care, estimating around £500-600 per day. Gordon shared personal experiences with caring responsibilities and highlighted the use of technologies to support his caring role. Sharlene stated that there are many gaps in knowledge about available technology solutions like remote monitoring devices and communication tools that could help Carers take breaks. A Carer asked about the difference between breaks at the Carers centre and respite, Justine brief spoke about this, and Sharlene mentioned that creative break applications are open, Justine explained that this is grant that all Carers can apply for via the Carers Centre, this grant is non means tested.

The discussion also touched on challenges in assessing care needs, a Carer shared their personal experience caring for someone who had a stroke and struggles with communication, making it difficult for assessors to understand the persons actual needs without conversing with the Carer. Gordon explained that Carers can always

ask for a second opinion and made it clear to Carers to report any concerns that they have to the social work management teams, Gordon said “if we don’t know about poor experiences, we can’t make things better”.

10-Year Strategic Plan Development

Gordon briefly mentioned the Health and Social Care Partnership's efforts to develop a 10-year plan. Gordon highlighted demographic changes, including an aging population, and increased pressure on services to provide more whilst reducing spends at the request of Scottish Government. Gordon ended the discussion by highlighting cost-saving measures have been successful without significant detriment to service users and Carers.

Carers Views and Comments

A Carer asked if there is a limit on how much respite is available, Gordon explained that this is based on individual’s assessments.

A Carer online shared their experience “the allocated social worker could not provide an adequate answer to the question what respite care is. I fought with them for almost a year, before I could find out that I have the right of a budget. The social worker should be competent and well-informed individual, who supports disabled people and their families. It is so crushing when you have to repeat your story more than a thousand times and feel afraid if you would fit in a tick box”.

A Carer online commented “Is there any possibility for creating an electronic system with an individual file for every disabled person/Carer who have the right of a respite, where different organisations, care homes, social services and

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specialist have access to? This will decrease the need for constant reviews and going through the same questions again and again. For a life-long learning disability (even dementia and other issues related to old age) the probability of finding a "magical cure" is less than zero, so what is the point of constant reviews and elevated stress levels?" Gordon thanked this Carer for sharing their views and explained that reviews are important and a requirement.

Carers online asked more about Creative breaks and Justine Carer Support Worker took Carers in the room/online details to send out creative break applications.

A Carer commented that they were awarded 6 weeks of respite however they could not use this as there was no suitable organisation to provide the care.

A Carer commented that they were not aware that they had respite left over that had to be use within a limited time frame, this Carer has an intense caring role and only discovered when asking the social work team that they still had respite that could be used.

A Carer spoke about the need for respite to be age appropriate and needs based, ie it is not always best for a younger person to go into a care provider where everyone else is elderly.

A Carer mentioned that they used the social work teams befriending service, Gordon explained that there is a very big waiting list for this service and not everyone is eligible for this.

A Carer discussed challenges with respite services, expressing concerns about inconsistent training for staff handling complex medical needs.

A Carer emphasized the importance of providing information about available respite options, suggesting a more coordinated approach "similar to booking a holiday through a travel agent".

A Carer spoke about their experiences of their social work assessment and how they did not feel their needs were considered, resulting in a package of care being reduced and their own mental wellbeing suffering, this Carer stated that they worry about social work appointments as they fear “more cuts will be made”. Gordon said he was sorry that this Carer experienced this and offered to speak with them on a one-to-one basis.

A Carer wondered how current services will be used if other services are created, Gordon said that this is things that they hope to consult with Carers and service users.

A Carer asked if services would be cut, Gordon said he could not promise either way.

A Carer asked “if people are not using their respite where is the money going”, Gordon explained there is no extra money it just goes towards the overspend ie reducing the overspend.

A Carer explained that the Chief Finance Officer Marie Keirs came into the centre to chat with Carers she said that the meeting went really well and appreciated Marie’s honesty.

A professional from another organisation commented that people’s experiences are different dependant on the social work staff that they have helping them.

A Carer spoke about the importance of good communication with the social work team and how important it is to know options for respite, this Carer only discovered there was options once they reached crisis point.

A Carer mentioned that they want respite but the cared for person doesn’t want to go, this Carer was unaware until discussions today that respite can look differently to going into a care home.

A Carer spoke about the lateness of paid Carers and the ripple effect that this has on both the Carer and the cared for person.

A Carer spoke about the social work team trying to remove the cared for person's chair lift, the Carer had to raise these concerns to an MSP to ensure the chair lift wasn't removed.

A Carer mentioned complex care needs and people being supported at home, this Carer feels that there is a focus on keeping young children with their families, but this changes when the child becomes an adult.

Carers in the room had a discussion about the amount of consultation asks from the partnership, some Carers feel that there are too many things happening at the same time and worry that they want their views to be heard but don't have time or headspace to do this all at the same time. Some Carers said they didn't understand what was being asked from them and others didn't have access to do things online; others didn't know how to complete the forms. Sharlene and Justine (Carers Centre staff) emphasised that Carers Centre staff can help Carers to share their views.

Gordons Notes for sharing

Review of Respite

- Overview and Context
- Where we are in the review process
- What will happen next
- What is the timescale for reporting and decision-making

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Overview and Context

- The review is part of the HSCP transformation programme which includes a number of other reviews and activities which will impact on Carers e.g. Care at Home redesign, Bedded Care review. It's important that these different pieces of work link together.
- We also recognise this means a lot of work for everyone involved – so we are trying to phase / schedule the work / consultations to reduce the impact on stakeholders.
- Each review has its own Terms of Reference but are broadly similar in their approach.

Where are we in the process?

- We are currently gathering and analysing information on what the current pattern, range and use of respite is, as well as where the gaps /pressure points are and what approaches and other respite options are being taken elsewhere.
- We are setting up an Oversight group - which includes key stakeholders, including Carers representation.
- We are setting up sub-groups to look at specific areas of respite provision – e.g. Learning Disabilities, Older People, Physical Disabilities and Mental Health – and are looking for Carer representatives to participate in those sub-groups.

What will happen next?

- The Sub-groups will provide updates to the Oversight group – who will analyse the information gathered and consider how to go about consulting on the key issues which arise.
- It's envisaged the formal (public) consultation will take place middle / end of September

*Timescale for Reporting and Decision-Making

- A report is to be provided to HSCP senior leadership team (SLT) towards the end of October / Early November.
- Subject to approval by SLT, the final report will go to Falkirk IJB in December

*Timescales are subject to satisfactory completion of preparatory work.

And finally.... we don't know what the timescale will be for delivery of IJB decisions, but it'll undoubtedly depend on the complexity of the individual proposals; some will be easier to implement than others e.g. setting up a new /different service could take a year or more to implement, in full.

Questions (for Carers)

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- Are there any parts of what I've shared you'd like me to expand on?
- What would you change about the current provision or process?
- What are the priorities for you; individually or collectively?
- Are there respite options you are aware of elsewhere that you think we should explore?

DRAFT Terms of Reference- Review of Respite

1. Purpose

- 1.1 The Review of Respite is part of the FHSCP transformation programme. The aim is to take forward a comprehensive review of respite to establish an accurate baseline of current provision and to determine how respite can be redesigned to better meet the needs of service users, carers, and the wider system, while also becoming more financially sustainable.
- 1.2 The Review of Respite Oversight Group & Subgroups is to Insure there is a robust leadership and governance structure to make decisions, manage risks and monitor project progress.
- 1.3 Subgroups (Learning Disabilities, Mental Health, Physical Disability & Older People) will be assigned leads for each and be provide updates

on progress/risks into the oversight group. Oversight Group will be responsible for reporting overall project progress and risks to SLT.

2. REVIEW OF RESPITE PRIORITIES/SCOPE

The identified transformation priority areas are:

- Establishing a baseline including capacity, costs, staffing, and referral process.
- Engagement and co-production with service users, carers & providers,
- Analysis of demand and future needs
- Financial analysis including current expenditure and potential savings opportunities.
- Options appraisal for future models
- Recommendations and implementation plan for a redesigned respite offer

Many thanks for coming to Gordon's Consultation, we hope to welcome you to future consultations 😊