Arthritis Care Scotland

About Arthritis Care Scotland

Arthritis Care Scotland (ACS) is the country’s largest charity providing information and support to those living with or affected by arthritis. We provide a number of online and face to face services to ensure that no one faces arthritis alone. We also have branches and groups throughout Scotland.

Main points

- Representative and service based organisations like ACS are investing in developing relationships with IA’s at all levels
- Excellent materials and support are available to third sector organisations to navigate involvement in IA’s
- Management of consultation and engagement through intermediary bodies is important but not exclusive
- Strategic planning does not reflect key priorities for condition-specific organisations like ACS
- Locality planning and engagement is the key to making a measurable difference for people living with arthritis

ACS & IA’s

ACS has been developing its understanding of health and social care integration over the past year, including learning opportunities for staff and volunteers. We currently have activities in Fife, Orkney and Argyll & Bute, which engage specifically with IA’s at different levels. In Orkney, for example, a network of relationships exists – between our staff, local branch and the TSI – which can support communications and engagement. In Argyll & Bute, we receive project funding through the IA and this is the basis of the development of relationships and further engagement. In Fife, rheumatology services are part of the IA’s responsibilities and we are currently developing work around young people’s clinics which will, we hope, be a key tool for further (and more strategic) engagement.

It is too early to determine the strength and sustainability of this work in relation to full engagement with IA’s. However, our focus is on developing locality-based relationships first and foremost.

Support for involvement

A support infrastructure for IA engagement has developed through VSA/TSI’s, the Alliance, Voluntary Health Scotland, SCVO and the Scottish Health Council. (The Scottish Government’s Communications Toolkit for health and social care integration has also been a key resource).

Management of consultation with service users will often involve an intermediary body and this can be vital in processing complex issues and handling communication and information
flows. However, because the breadth of consultations might obscure specific voices or issues, it is also vital that there is space within the health and social care system to support communities, groups and individuals to be involved in other ways, including ad hoc engagement. This is most likely to play out at the locality level and attention needs to be paid to this type engagement to ensure that broader strategic engagement is fully informed.

**Strategic planning**

Strategic planning by IA’s is unlikely to highlight specific long term conditions. Instead, conditions such as arthritis will be implicit in data relating to age and assessment of the spread of long term conditions.

However, each strategic plan also has a set of starting points – pre-existing strategies relating to older people, learning disability, carers, etc. and these may or may not provide content for developing the profile of specific conditions.

Therefore, for patient groups and organisations, consultation at this level can seem onerous and the relevance to our specific area of interest, tenuous. The key investment is more likely to be at locality level and this needs to be prioritised when looking at systems that support consultation with service users.