

Scottish Directors of Public Health

Health and Social Care Integration : SDsPH Response

31 July 2014

Public Bodies (Joint Working) (Scotland) Act 2014 DRAFT Regulations Consultation Discussion Paper: points particularly relevant to Public Health

Purpose

Two sets of Draft Regulations have been issued by the Scottish Government through a formal consultation process with responses invited on Set 1 by 1 August 2014 and on set 2 by 2 August 2014. This paper makes proposals to the Scottish Directors of Public Health regarding a response to the consultation.

Introduction

The Scottish DsPH Action Learning Set on Positioning Public Health in Public Sector Reform has been focusing on Health and Social Care Integration in its meetings to date, and has considered the issues set out below to form a draft response to the consultation on the first two sets of draft regulations issued. These are to be discussed at the DsPH meeting on Friday 18th July with a view to finalizing a response, and potentially to inform a discussion at the joint DsPH / CMO meeting on 29th July.

The Draft Regulations Consultation papers are set out in a series of separate Annexes inviting separate responses on each. These are listed below with a proposed response.

Draft Regulations Set 1

Set 1 Annex 1 – Information to be included in the Integration Scheme

The Draft Regulations set out the information to be included in the Integration Scheme against a set of headings that includes governance, operational delivery and workforce arrangements, financial planning and management, risk management etc.

Specifically Clinical and care governance includes details of how these arrangements will provide oversight of, and advice to, the integration authority and the strategic planning group in relation to the delivery of health and social care services in the localities identified locally; the role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements for integrated

functions; and the arrangements for the involvement of professional advisors in the integration joint board.

The presumption is that these arrangements will include public health practice as it is relevant to the delegated functions. We would therefore want to make sure that the public health perspective across population health matters is included in the local clinical and care governance arrangements, and that governance of public health services is included within the governance arrangements. We would expect to see mechanisms to ensure this within appropriate local arrangements.

Processes for information sharing and data handling.

We would assume that Caldicott Guardians are appropriately involved in giving advice about this element of guidance development. There are wider issues about information governance where we would look for arrangements to be matched across NHS and Local Authority elements of partnerships to make sure that Integration Bodies work to the high standards in place within the NHS.

As most partnerships have selected the model of a new corporate entity, it is important that there are clear systems of governance to oversee the necessary sharing of information. Guidance would be welcome on the expected standards partnerships should implement, to ensure data sharing can occur within a framework of information governance that complies with both statutory duties eg the Data Protection Act, and best practice eg Caldicott. Guidance should build on current best practice and tested standard approaches such as the SASPI (the Scottish Accord for the Sharing of Personal Information). The Caldicott Principles have been a useful framework in the NHS to ensure staff are aware of data sharing principles and can enable evaluation, audit and research to improve quality of care and population assessment of needs. It would be helpful if guidance could prompt Health and Social Care Partnerships to consider working to the ethos of Caldicott principles in data sharing protocols, and the appointment of a relevant professional including the chief social work officer as the Caldicott Guardian for the partnership.

Set 1 Annex 2 & 3 - Prescribed Functions that must be Delegated by the Council and the Health Board

The Draft Regulations set out the functions of Local Authorities and NHS Boards that must be delegated as they relate to a prescribed set of services for adults.

The Draft Regulations appear to focus on existing service users, and do not make clear the partnerships responsibilities for their resident, registered and visiting populations in line with the statutory NHS responsibility for the provision of universal comprehensive prevention, treatment and care services. We assume that the Act requires Partnerships to be bound by the full range of other legislation such as the Public Health etc Scotland Act (2008), but would welcome greater clarity in the regulations about the explicit responsibility of Partnerships in complying with relevant legislation such as the Equality

and Human Rights Act in taking account of the health and health and social care needs of those who experience exclusion or find it difficult to access services (for example people from specific ethnic groups, people with physical, sensory or learning disability, people who are less well educated, less affluent or more socially isolated).

The Directors of Public Health welcome the inclusion of Health Promotion service activity as delivered by the workforce within integrated services to ensure the delivery of a range of public health programmes where some activity is the responsibility of services that sit within Integration partnerships. These include as examples Immunisation & Vaccination, screening, behavioural risk factor interventions, and tackling health inequalities.

We would similarly welcome reference to compliance with health protection and emergency planning / resilience duties by the workforce within integration bodies assuming that this doesn't cut across successful historical working arrangements.

The Draft Regulations also specify Healthcare functions that “may” be included as any adult services that do not fall within the “must” category, and children’s healthcare services. Healthcare services that “may not” be integrated are specified as those functions of a Health Board that are considered unsuitable for delegation under an Integration Scheme which relate to matters such as the provision of regional and national health services, education and research facilities of Health Boards, and some specific duties such as the registration of health professionals.

The Draft Regulations allow a degree of flexibility in management arrangements and it is expected that in many cases day-to-day operational management of hospital services will remain within Health Board hospital management arrangements.

This is welcomed.

Set 1 Annex 4 - National Health and Wellbeing Outcomes

The Draft Regulations set out nine National Health and Wellbeing Outcomes.

The Directors of Public Health welcome the focus on health and wellbeing as the key service driver, and the focus on outcomes as the framework for planning and accountability. The Draft Regulations on the National Health and Wellbeing Outcomes are helpful, on the understanding that this is about the Integration contribution to these outcomes, given that there are separate responsibilities within both non-devolved NHS functions and Community Planning Partnerships for delivery on some of these outcomes eg Outcome 1.

Mechanisms through Community Planning Partnerships are well established on principles of population health via Single Outcome Agreements, and any further guidance should be evidence based and build on best practice to date in this area.

We welcome the narrative statements on draft outcomes and would find it more helpful to include references to the policy background of individual outcomes. We would also welcome a simplification of language on the outcomes, to enhance their impact and make them more accessible.

Scottish Directors of Public Health have already engaged with the group developing guidance on outcomes, and welcome the opportunity to further advise on this.

In addition it would be helpful to see reference to the Community Empowerment (Scotland) Bill and its relevant regulations which in draft form include relevant guidance on community planning arrangements in general, and strategic planning and national and local outcomes in particular.

We welcome the approach that encourages consistency across Partnerships with common agreement about data and metrics used to measure performance and support benchmarking. We are keen to see consistency and standardization to allow monitoring across Partnerships as well as over time, as long as it takes into account the local context of different population needs across Scotland.

Set 1 Annex 5 - Definition of Health and Social Care Professionals

We assume that this will be sufficiently flexible to ensure that it will encompass those professions likely to be included in planned extensions to the role and remit of the regulators .

Draft Regulations Set 2

Set 2 Annex 1 - Prescribed groups which must be consulted when preparing or revising Integration Schemes; preparing draft strategic plans; and when making decisions affecting localities

We assume that Public Health is included amongst the prescribed groups through the consultation / engagement process for health professionals, and that Public health representation is present as part of the clinical representation defined within the strategic planning process as set out in regulation and guidance.

The Directors of Public Health recognize the contribution that public health plays in bringing the population health perspective to the process of Strategic Planning and would welcome the detail of this being agreed through local negotiation rather than being prescribed in regulations or guidance.

We would want to ensure that Strategic Planning Groups take a population perspective in their strategic planning.

Set 2 Annex 2 - Membership, powers and proceedings of Integration Joint Boards.

We have no comments on this.

Set 2 Annex 3 - Establishment, Membership and Proceedings of Integration Joint Monitoring Committees

We have no comments on this.

Set 2 Annex 4 - Prescribed Membership of Strategic Planning Groups

See comments under Annex 1.

Set 2 Annex 5 – Prescribed Form and Content of Performance Reports

We would wish to advise regarding measurement but otherwise have no comments on this.