

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

Yes

No

2. If no, please explain why:

3. Are there any additional matters that should be included within the regulations?

Yes

No

4. If yes, please suggest:

5. Are there any further comments you would like to offer on these draft Regulations?

The committee respondents felt that overall these proposals seemed reasonable. It was, however, thought that some groups would benefit from being more explicit in terms of inclusion of Public Health and this inclusion should be repeated where appropriate throughout the document.

One respondent stated that it is not clear how the current system of professional advice from clinical groups to the Boards – e.g. the Area Clinical Forums, Area Medical Committees – would be re-provided: these are important sources of advice/checks/balances to the Boards.

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes

No

2. If no, please explain why:

There was a mixed response to this question from respondents, largely for the reasons outlined in answer to Question 3. below. Some respondents were content with the list whilst others were not.

3. Are there any further comments you would like to offer on these draft regulations?

Some committee respondents were not confident in terms of the structure of local authorities or the number of specific named services that are relevant here. They therefore felt unable to say if this list was comprehensive enough or took into account all aspects necessary to deliver the strategy. It was stated again by a number of respondents that the legal terminology and lack of working knowledge of the many acts mentioned in this section made interpretation of these aspects virtually impossible.

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes

No

If no, please explain why:

One respondent stated that they would support the inclusion of health care chaplaincy. They also expressed concern overall that there may be variation and inconsistency in services covered. This could create a workforce where unique skill sets could develop depending where they work and some skills may not be easily transferrable if the skill mix is different in different locations.

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes

No

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

Respondents felt that clarification was needed in terms of who is included in AHP services. It was also felt that clearer guidance was needed on the role of unplanned and unscheduled care. This has implications not only for training but also for recruitment to substantive posts in both primary and secondary care.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes
No

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

As in the answer given to Question 2. above, respondents requested further clarity on who is included in AHPs. Also see additional comments to Question 4. below.

4. Are there any further comments you would like to offer on these draft regulations?

Respondents stated that it would be helpful to a) know the strategy and b) see the structural relationships. It was unclear to respondents, for example, whether the HBs and CHPs were relinquishing these areas to the integrated Board. If so, then there was concern that this has the potential to be quite confusing and fragmented between health board regions, i.e. post code lotteries. A suggestion was therefore made by one respondent that perhaps this approach might be subject to 'pilot testing' first. Another question raised by respondents was whether NHS funded community dental practices and commercial pharmacies were covered in this list.

Respondents were very supportive of the suggestion that there should be integrated planning of services such as the emergency care pathway but that service operational management should be by people trained to manage such services. There will need to be clear arrangements for resolution of divided opinion over where resources might best be directed. Clearly if admission avoidance by better support of people at home and better care of long-term conditions can be achieved that will be very helpful but people will continue to have surgical emergencies, fractured hips, strokes, heart attacks etc. and the public expects high quality care of these emergencies.

Further specific comments received included the following:

“The table on page 47, 3rd line says ‘Care of Older People’ (formerly known as geriatric medicine) then lists the provision of this by a range of staff including dentists. Some confusion may have arisen. Geriatric medicine departments are known by many other terms but the specialty exists under that name and provides care for older people from their arrival in hospital until discharge, along with outpatient and day hospital functions. Perhaps better to call that line ‘departments specialising in care of older people’.”

“There is an unfortunate tendency for some politicians to assume that most older people in hospital do not need to be there when in fact older people are major users of almost all acute specialties – the problem is that some patients are delayed in hospital after recovery while services to support them at home are awaited. A key goal of integration should be avoidance of wastage of money on hospital care for that latter group but it is important to be clear that the majority of older people in hospital are not in that ‘waste of resources’ group.!

“Annex 3 does not mention rehabilitation provision for patients in hospital which is of course a key issue for maximising independence and expediting discharge. With integration there is a danger that AHP services will be reduced in hospital to support community services which would worsen outcomes for hospital patients and lengthen hospital stays – neither of which seems a good plan. I think some comment is required on the future provision of AHP services of all types within the integration plan.”

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING
OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT
WORKING) (SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes

No

If no, please explain why:

The aims within this section were thought to be fair and laudable.

2. Do you agree that they cover the right areas?

Yes

No

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes

No

5. If not , why not?

One respondent commented that there appeared to be a dissonance between the descriptors and the outcome statement e.g. "Health and social care services are centred on helping to maintain or improve the quality of life of service users". The associated descriptors talk about service only.

6. Are there any further comments you would like to offer on these draft Regulations?

It was commented upon by respondents that although the aims and outcomes were desirable, they were "too high level" and not "SMART". Aims were seen as being more aspirational than actual measurable outcomes and respondents expressed doubt that these should be 'enshrined in law'. The question was raised as to whether other more appropriate legislative instruments might be in place which should be used to cover these aims (e.g. human rights). Overall it was felt that this section needed more work if it was to have traction in practice. There is a need for more specific achievable and deliverable measurements against which Boards can be judged.

**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE
TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING
TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes

No

2. If you answered 'no', please explain why:

Although respondents felt that the list seemed an accurate description of 'health professions', it was felt that clarification was needed as to whether this term applies to regulated professions only. If so, large groups of workforce would not be included, for example, non-registered support staff.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes

No

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

Respondents did not comment on this question specifically.

5. Are there any further comments you would like to offer on these draft Regulations?

Respondents again felt limited in their response to this section by a lack of specialist knowledge of all the Acts mentioned and the detailed legal terminology. Although respondents were aware that the Medical Regulations were amended by statute for appraisal and revalidation there was uncertainty as to whether that replaced or added to the 1983 Act

**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes

No **No respondents were able to comment on this section**

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

3. Are there any further comments you would like to offer on these draft Regulations?

Respondents expressed concern over the following statements: "*The Act restricts the range of Local Authority functions that can be delegated to Integration Authorities to specific "social care" functions. This is set out in the Schedule in the Act.*" and "*Scottish Ministers can only require the delegation of social care functions insofar as they relate to adults*". Respondents felt that integration should apply to all members of society including children. Further, the point was raised that there may be council functions, for example housing, that will impact patient care and the availability of community care. These other local authority areas may be important for achieving the aspirational outcomes of Annex 4.

Further specific comments included the following:

"This is an important piece of legislation which rationalises the care of patients and the interface between health care and social work. The bill sets out how this could be achieved and seems satisfactory. From a secondary care clinician's perspective, however, the important measure will be how this is delivered at a local level which will be the responsibility of the local bodies. Whether this proves to be satisfactory will determine the effect it has on each patient."

"The aims and objectives are laudable, but there is little to suggest how exactly things are to be arranged. If the plan is to have an over-arching body overseeing health and social care there is a worry about the ability of any future government to exercise such widespread control. The lines of responsibility are not clear - is there to be a regional Integration Authority to call the two sides to heel and set out required action?"

The cost of this arrangement is not clear - will the oversight of each integration authority be an extension of role of a relevant CD AMD in each area? Will such individuals have time or training to amend such disparate organisations?

I think that having health and social care integrated and synergistic is important. Given the lack of specific information, I feel unable to comment as to whether this bill is the right way forward. "

One respondent felt that the document was extremely proscriptive and there would be little flexibility or opportunity for creative thinking in local responses to the rules.

One responded commented that the voice of secondary care is substantially remote from the joint board structure