

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?

We broadly welcome the intent of the regulations.

However, the regulations are silent on palliative and end of life care and also on the role of the hospices.

Advances in medicine and public health mean that most people will die in old age. Soon 40% of Scotland's annual 54,000 deaths will be aged 85+. 1 in 3 acute hospital beds are occupied by people in their last year of life and nearly 1 in 10 people currently in hospital will die during that admission. A high proportion of health care costs and emergency admissions are incurred in the last 18 months of life. Thus to deliver safe, effective, person-centred care and to achieve the transformational shifts in resource use envisaged by the integration agenda requires improvements in how the health and social care system delivers palliative and end of life care. Good palliative care identifies and increases the chances of delivering patient and family preferences towards the end of life, which for some people will result in a reduction in avoidable admissions.

Scotland's voluntary (3rd sector) hospices are major providers of specialist palliative care. As well as the provision of inpatient and day services they also provide community services, carer and family support and are often the main provider of bereavement counselling. The hospices also provide education and advice to generalist providers and practitioners (all settings), including being the prime source of education and training for the care home sector.

The potential inclusion of a suite of palliative and end of life care standards within revised National Care Standards highlights the importance of referencing this area within the regulations.

ANNEX 2(D)

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:

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

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:

Hospice services should be included in the schedule of services which may be delegated.

It is important that the regulations trigger local consideration and discussion as to the most appropriate local solution for the commissioning and provision of services by the voluntary hospices.

This may result in different approaches being taken in different parts of the country. This will create challenges for national 3rd sector providers for example trying to interface effectively with every TSI in every local authority would be a real challenge for organisations such as CHAS.

TSI's need to engage effectively with 3rd sector providers of palliative care.

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:

Hospice services should be included in the schedule of services which may be delegated.

It is important that the regulations trigger local consideration and discussion as to the most appropriate local solution for the commissioning and provision of services by the voluntary hospices.

In relation to children's services the regulations define adult age as 18 but CHAS have an upper age limit of 21 – which may lead to potential complications.

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.

There could be more clarity if expanded definitions were provided.

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

**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:

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?

We are supportive of the outcomes as they stand. The emphasis on the maintenance of independence and quality of life in a homely setting for as long as possible is welcome, but the outcomes are silent on the final phase of life. We believe that a “good death” is an important outcome of universal relevance which should be reflected explicitly in some way within the outcomes which our health and social care system is trying to deliver.

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?

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

**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:

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?

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

**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

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?