

**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**

2. If no, please explain why:

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

**Yes**

4. If yes, please suggest:

The regulations outline functions of a local authority that must be delegated to the integration authority and those that must be delegated by Health Services. In detailing these functions, we are concerned that there are services that do not appear to be explicitly included. These are:

- Home oxygen services
- Wheelchair services

Whilst wheelchair services may be included in equipment services to be delegated by the local authority, this is unclear. However, home oxygen services should be seen as a service that enables people to remain in or return to their homes rather than remain in hospital and thus should be included.

- Telehealth

Whilst telecare is explicitly included within local authority services to be delegated, there is no mention of corresponding telehealth services providing by health services such as home based health monitoring.

- Pharmaceutical services

Again we believe that there is further clarity regarding the delegation of services that pharmacists provide in the community such as the minor ailments and general consulting services to individuals and where these “fit” in the wider holistic service to individuals and their carers.

5. Are there any further comments you would like to offer on these draft Regulations?: No

**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**

2. If no, please explain why:

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

Some of the functions prescribed in the regulations include services delivered by the third sector and other providers who have been commissioned by the local authority to provide a specific service. Further information about how services such as this would be affected by these regulations will be required.

We share the concerns of other third sector organisations that integrated budgets could mean that existing spending will be reviewed and savings will be sought; this may have an impact on (for example) carer support services who receive funding from both local authorities and health boards. In order to realise the benefits of preventative spending and community-based services that help people to stay well and reduce need for care and support in the first place, these services will need increased focus and investment rather than further cuts. It is vital that integration does not lead to a reduction in levels of support services for unpaid carers and their families.

## 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?

**No**

If no, please explain why:

We agree with the areas which the outcomes cover, but feel that the wording needs to be strengthened. At the moment the outcomes do not reflect the underpinning principles of the Act, or the positive and aspirational vision expressed within the Commission on the Future Delivery of Public Services

The outcomes must also clearly reflect a rights based approach and reflect legislation such as self-directed support which aim to empower people to have more choice and control, including being enabled to take risks.

We are pleased that there is a specific outcome relating to paid carers, however we believe the current wording is negative and does not encompass the personal outcomes which carers seek to achieve in their interactions with health and social care services. We believe it should mirror that of people who use services and the workforce.

Moreover, whilst it may be argued that the remaining outcomes that refer to “people” also apply to carers, we believe that there is a need for any outcome for carers to be specific to all parts of their journeys through health and social care to enable proper measurement of progress to improve their lives.

We propose that national outcome 6 is changed to the following:

Outcome 6 – People who provide unpaid care have their rights respected and are supported to reduce the potential negative impact that their caring role has on their health and wellbeing and enable them to maintain a life outside of caring
--

In addition, in line with the wider third sector, we propose that the remaining national outcomes are changed to the following:

- Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer, supported by accessible information and support'
- Outcome 2 – People are able to live as far as reasonably practicable, independently and at home or in homely setting in their community and to have access to effective end of life care at home
- Outcome 3 – People who use health and social care services have positive experiences of those services, have their views listened to and acted on and their right to dignity respected

- Outcome 4 – Health and social care services respect the rights of individuals, are centred on helping to maintain or improve the quality of life of service users, and support them to contribute to their communities
- Outcome 5 – Health and social care services contribute to preventing, reducing and undoing health inequalities
- Outcome 7 – People who use health and social care services are safe from harm, are not overprotected and are supported to achieve personal autonomy and choice
- Outcome 8 – People who work in health and social care services are supported to work in partnership to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do; this must include working closely with service users and carers.
- Outcome 9 – Resources are used effectively in the provision of health and social care services to improve outcomes for people

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

**Yes**

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**, the outcomes themselves will be understood, but how to embed an outcomes approach in delivering services and evidencing outcomes is not widely understood

6. If not, why not?

Many service providers are struggling to embed an outcomes approach within their work. This includes setting the right indicators and recording progress without slipping into the traditional approach of recording outputs.

There are many good examples of where this is working, particularly in the third sector where there is a long history of taking a personalised approach to service provision, starting with the premise of identifying the needs and priorities of the person using the service. This translates well into an outcomes approach. However, even these organisations can still struggle with how to evidence progress towards achieving high level outcomes.

Some organisations – such as VOCAL Carers Centre in Edinburgh – have started to make progress in this area, by building on best practice models such as Talking Points. This has required new ways of working, re-training for staff and a review of how people are assessed, their needs recorded and interventions are evaluated. This means moving towards a much more individual approach which does not rely on form filling and standardised recording systems, meaning it is much harder to achieve in larger organisations.

There are several key elements to ensuring an outcomes approach is understood and successfully implemented:

- involvement of service users and carers in developing processes, including establishing the right indicators towards progress
- linking national outcomes to personal outcomes
- ensuring staff are signed up to new ways of working and have received the appropriate training
- developing systems and processes which support this way of working, rather than continuing to require staff to focus on information that 'needs' to be recorded.

In terms of carers understanding the national outcomes and the outcomes approach, where there is a focus on supporting carers to identify their personal outcomes and what additional resources that need, then this approach makes sense to people and is welcomed

It is therefore essential that carers are involved in establishing the indicators which will evidence progress against the national outcomes and that these are clearly linked to progress against achieving personal outcomes.

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**

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?

No comment

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** If they are backed by strong guidance and implementation is monitored carefully.

**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?

If the wording of the outcomes are not changed then the Act is unlikely to achieve its aspirations, as the outcomes do not fully reflect them as they currently stand

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