

Fife Shadow Integrated Joint Board - Response to Consultation on draft regulations – in relation to The Public Bodies (Joint Working) (Scotland) Act 2014 (set 1)

This response is on behalf of the above board.

Are we content that our response is made available? - Yes

Are we content for Scottish Government to contact us again in relation to this consultation exercise? - Yes

Annex 1.

Proposals for the prescribed matters to be included in the Integration Scheme Public Bodies (Joint Working) (Scotland) Regulations 2014

Yes -agreed on matters prescribed

Yes – additional matters

Comments

Additional matters that should be included;-

Finance - how the initial baseline budget for the new joint board is to be determined.

The schedule requires information to be included re exactly what is required to be set out in this connection on the “use of capital assets”. Partnerships may not include any assets initially.

Further comments:-

Information sharing and data handling - the Information Accord (SASPI)should include other partners, voluntary organisations and independent sector.

In relation to information sharing and dispute resolution there would be merit in common standards/procedure's being adopted nationally.

Dispute resolution needs to be considered if it was to occur involving the voluntary organisations and independent sector.

Annex 2 Proposals for the regulations prescribing functions that may or that must be delegated by a Local Authorities relating to The Public Bodies (Joint Working)(Scotland) Regulations 2014

Yes we agree with the list - No comments received

Annex 3. Proposals for the regulations prescribing functions that may or that must be delegated by a Health Board relating to The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Act 2014

1. Do we agree with the list of functions schedule 1 – yes
2. Do we agree with list of services Schedule 2 – no see comments below
3. Are we clear what is meant by services listed in schedule 2 – no
4. Further comments ?

Comments

Q2

Dialysis services delivered at home are part of an integrated wider acute service and to split this service would be inappropriate.

Pharmaceutical service and GP prescribing – this needs to be kept integrated with secondary care and should not be disaggregated. This could undermine existing integration within the health services, posing a risk to clinical effectiveness, cost effectiveness and safety.

Q3

It is not clear what is meant by the services listed in Schedule 2. In comparison to current arrangements there are several omissions.

We note the letters of clarification received, but there remains a lack of clarity/ understanding as to the planning function with regards to “unplanned inpatients/ outpatients”. At this stage it is unclear how this will work in practice. Further consideration needs to be given to the alignment of key contracts and commissioning powers, if the responsibility for strategic planning in this area is to be transferred to the IJB. The patient pathways for both planned and unplanned care utilise the same range of diagnostic and specialist services. Previous reforms that have failed to align these aspects have resulted in minimal change.

In addition, this appears to add confusion and blurs the lines of accountability in relation to where certain targets will sit – e.g. 4 hr A&E.

The regulations should reflect the current configurations of services provided within the CHP's, as variation exists across Scotland .

Q4

The schedule refers to General medical services to maintain integrated primary care services we consider the inclusion of independent contractor services and salaried services for Pharmacy Dental and ophthalmic services to be included.

Greater clarity required around situations where the population of one health board area receives acute/ unplanned care from a neighbouring Board. e.g. Tayside and Fife.

Annex 4. Proposal for National Health and Wellbeing Outcomes relating to The Public Bodies (Joint Working) (Scotland) Act 2014.

1. Do we agree with the prescribed outcomes? – yes
2. Do they cover the right areas Yes
4. Will they be understood by the users of services as well as those planning and delivering?
- yes
6. Further comments – below .

Q6 Comments

The outcomes as drafted are too general in nature to be effective.
The outcomes are aspirational and not directly measurable.

Outcome 4 – refers to “service users” whereas the other outcomes refer to “people” in the various contexts.

Outcome 7 refers to people being “safe from harm” but this is not limited in any way. This should be redrafted to read – “Health and Social Care Services should be designed to reduce harm to those that use them”.

Outcome 9 - it was thought that the words “without waste” should be removed. What is waste in service delivery can sometimes be difficult to define.

By giving the outcomes the status of regulations there is a risk of creating unrealistic and unreasonable expectations in the minds of the service users.

Outcome 3,4,5,7,8 and 9 would benefit from a specific reference to the integration of “housing, health and social care”

Annex 5. Proposals for interpretation of what is meant by the terms health and social care professionals relating to Public Bodies (Joint Working))(Scotland) Act 2014

1. Do we agree with the groups listed (health professionals) – yes
2. comments below
3. Do we agree identifying groups listed in SSC is most appropriate way – yes
4. No comments

Annex 6. Prescribed Functions conferred on a local authority officer relating to Public Bodies (Joint Working) (Scotland) Act 2014

1. Do we believe that the draft regulations will effectively achieve the policy intention of the Act? – yes
2. No comments
3. Further comments below

Comments

Q3

The draft regulations do not adequately reflect the requirements of SDS.