



National Carer Organisations response to the Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1

The national carer organisations welcome the opportunity to respond to the above draft regulations. The following outlines our concerns and recommendations over specific sections of the regulations. We have confined our response to these.

Consultation Question: Annex 1(D)

Section 3 1 (3) Proposals for Prescribed Information to be included in the Integration Scheme

We shared the view of other third sector organisations that integration presents an opportunity to streamline complaint systems around health and social care and provide one clear route for carers and people who use services to raise concerns. The current system of differing routes for complaints is confusing, lengthy and often does not provide a satisfactory resolution for carers.

We also support the third sector view that there should also be scope for groups of people to raise concerns about care and support.

The Scottish Government consultation carried out in Winter 2011/Spring 2012¹ sought views on how social work complaints procedures could be improved to meet the needs of service users and to ensure they conform to the principles underpinning the reform of public service complaints.

This recommended that a new system² which provided the SPSO with a remit over social work decisions in line with its role in relation to NHS complaints, combined the possibility of increasing timescales in certain circumstances would be “most likely to create a fit-for-purpose complaints system for the future”. The report also focused on the need to ensure that “procedures need to be fair and transparent, with a person-centred approach, with consistency across all local authority

¹ Social Work Complaints: Consultation Report, Scottish Government, August 2012
<http://www.scotland.gov.uk/Publications/2012/08/9288/1>

² Option 4: The SPSO expanding its remit to take on a similar role to that of the CRCs. Option 2: Social work complaints to be dealt with in line with all other local authority complaints through the process set out in the SPSO model CHP for local government but with additional scope for increasing the working day timescale at stage 1 or 2 for social work complaints when circumstances require this.

areas, and accessible to people of all ages.” However, whilst stating that a working group would be set up to consider this, we are unclear of what progress has been made.

In developing a streamlined or improved system for complaints, people who use services and carers must be fully involved to ensure that it meets their needs. The third sector should also have an opportunity to become involved. Any system must be accessible and clearly communicated.

We welcome new opportunities for carers and people who use services to raise concerns more informally, for example, through Patient Opinion Scotland and the planned development of Care Opinion. This offers a straightforward way of resolving issues and indeed highlighting good practice without the need to enter into the formal complaints system.

Consultation Questions: Annex 2(D) and Annex 3(D)

Sections 2 & 3 – Prescribed Functions that must be delegated by local authorities and prescribed functions that must or may be delegated by health boards

The regulations outlined 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. A more detailed list of telehealth services currently being tested and/or rolled out in Scotland can be found at <http://www.sctt.scot.nhs.uk/programmes/>

- 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.

In addition, some of the functions prescribed in these 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.

Consultation Questions: Annex 4(D)

Section 4 – Proposals for National Health and Wellbeing Outcomes

The national carer organisations welcome the inclusion of national health and wellbeing outcomes to enable the Scottish Government and key stakeholders to measure the progress of integration in improving people's lives. However, we do not believe that the current outcomes go far enough and do not sufficiently reflect the underpinning principles of integration.

Along with third sector colleagues, we believe that the language and tone within the draft outcomes do not fully reflect the Christie Vision; that the outcomes should be more positive and aspirational.

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

The national carer organisations have specifically focused on outcome 6 which we believe is insufficient and must 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.

To this end, we propose that 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.

Indicators

The national carer organisations also propose the full involvement of carers and carers' organisations in developing the underlying indicators that support the national outcomes. Indicators must fully reflect the national outcomes and be specific, measurable, achievable, realistic and timely. In addition, indicators should be both quantitative and qualitative. For example, indicators should measure the reduction in the potential negative impacts for carers as well more issues such as ability of carers to sustain paid employment, enter further education or take part in leisure, social and community activities.

Consultation Questions: Annex 5 (D)

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

There are some health professionals not currently included in Annex 5 (A) that may need to be specifically mentioned within the draft regulations. These include:

- audiologists who also provide services in the community
- ambulance care attendants (Scottish Ambulance Service) and others who provide patient transport services both to and from hospitals and other health settings and within the community.

In addition, health promotion is specifically mentioned as a delegated function but there is no mention of the full range of professionals that undertake health promotion or work in public health. This could include many third sector professionals who work in commissioned services as well as a wider range of independent organisations that provide information, advice and support (including in social care as well as health promotion). The inclusion of 'Other social care professionals who are not regulated by the Scottish Social Services Council but provide care or support to users of social care services' in Annex 5 (A) is vague and indistinct, and the services provided by health and social care professionals in the third sector may be at risk of being devalued unless there is more clarity about whether they are included in these regulations.

Annex 6 (D)

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

We remain concerned that creating partnerships that value the contribution of the third sector (such as that observed in Reshaping Care for Older People projects) is diminishing at the expense of prescribing functions, information and professionals that are to be integrated. Clarity around how third sector and independent sector organisations fit in here, particularly when they are funded or commissioned by statutory partners, would be welcomed.

27th July 2014

Contacts

- **Fiona Collie**, Carers Scotland fiona.collie@carerscotland.org
- **Heather Noller**, Carers Trust Scotland hnoller@carers.org
- **Claire Cairns**, Coalition of Carers in Scotland coalition@carers.net
- **Suzanne Munday**, MECOPP suzanne@mecopp.org.uk

The National Carer Organisations

The National Carer Organisations are Carers Scotland, the Coalition of Carers in Scotland, Minority Ethnic Carers of Older People Project (MECOPP), Crossroads Caring Scotland, Shared Care Scotland, the Scottish Young Carers Services Alliance and Carers Trust Scotland.