

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:

- When responding to this section cognisance has been given to the delegated NHS functions. Therefore the response provided takes this into consideration
- The schedule identifies the requirement for clinical and care governance in pursuance of integration functions. Whilst it is helpful that this is included it is essential that clinical and care governance is clearly defined as it is likely to have a different meaning within the NHS and Local Authorities. Clarity regarding this will be essential in the delivery of person centred safe, effective integrated care and the subsequent assurance and scrutiny processes required to assure the Integrated Joint Board, Local Authority and NHS Board that clinical and professional standards of care are embedded in practise and consistently delivered. Recent experience of scrutiny inspection within the NHS in Lanarkshire would suggest there needs to be an explicit focus on safe, effective and person centred care and that this is covered within the clinical and care governance schemes of delegation. This would need to be strongly aligned to strategic planning which requires Senior Nursing, Midwifery / Allied Health Professional input. This is also borne out by the recent Francis and Keogh report within NHS England.
- The governance arrangements under section 2(4) of the act as it stands is inadequate to provide the level of professional and clinical expertise, advice, scrutiny and assurance required in the delivery of complex health and social care services described in the Act providing the professional governance framework to enable consistency of practise within the Locality setting.

The draft Regulation prescribes the need to have an Associate Medical

Director or Clinical Director of the Health Board as a member of the Integrated Joint Board to the exclusion of all other clinical disciplines. Whilst there is a need for medical input it is essential that the Integrated Joint Board has the relevant professional, clinical and care governance expertise and scrutiny required to safely and effectively discharge its duties. It is essential that a Chief of Nursing, Midwives /Allied Health Professions with delegated powers from the NHS Boards Executive Director of Nurse's, Midwives/Allied Health Professions is a mandatory member of the Joint Integrated Board. Their role would include:

- Translation of national policy into the development and oversight of clinical models to meet the needs of people living in Lanarkshire enabling Localities to deliver local services within a clear clinical framework,
- Ensuring systems are in place to safeguard practise
- Establishment of care assurance/governance mechanisms providing assurance to the organisation that care delivery is person centred, safe and effective
- Workforce planning utilising the national workforce planning tools ensuring frontline services have the manpower capacity, skills and competencies to deliver care to patients as outlined in CEL 32(2011), Revised Workforce Planning Guidance.
- Proactive identification of where improvements are required undertaking corrective action by developing and implementing standards /, guidance to underpin contemporary care delivery
- Reinforce the importance of professional conduct and competence ensuring robust appraisal and development processes are in place
- Assisting Managers and Practitioners in ensuring appropriate professional attitudes and behaviours are identified taking supportive and remedial action when required
- Learning lessons from critical incidents, complaints and patient feedback ensuring practice is improved as a result
- Consistency of care delivery reducing unnecessary variation where possible
- Providing professional advice and support for Operational Managers
- Development and effective implementation of Adult Support and Protection policy and staff education to protect vulnerable people.

Furthermore it reflects the prescribed requirement of the NHS to have an Executive Director Of Nursing, Midwifery/ Allied Health Professions on the Board to ensure there is a clear focus on the delivery of safe, person centred, effective care and that the relevant scrutiny and governance is in place to assure consistent delivery on the front line of care.

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

Yes

No

4. If yes, please suggest:

- It is our view that the health membership of the Joint Integrated Board reflects that of the NHS Health Board to include mandatory representation from Medicine, Nursing and Public Health for the reasons identified above.
- In addition the local governance arrangement should include the local professional governance structures which clearly set out the lines of professional accountability.

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

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?

Section 87 is in relation to the recovery of charges for services and accommodation provided by the Local Authority. Whilst it will be necessary to include this it is essential that NHS staff are not utilised in this aspect of the work. As NHS care is free of charge utilising NHS staff to recover charges may cause confusion with regards to the public perception of a free NHS.

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:

The scope of this is extensive as reflected in the prescribed matters of the integration scheme and therefor from a care and clinical governance perspective could expose the organisation to additional risk if the integration scheme and professional leadership are not strengthened as reflected in our comments under this section prescribed information to be included in the integration scheme relating to the public bodies (Joint Working) 2014 (Scotland) Act .

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:

- Health Visiting should excluded as this group of staff focus on early years as outlined in CEL 13(2013) Future Focus Of Public Health Nursing. Whilst they could continue to be managed within the community setting.
- Home Dialysis should remain as part of an integrated specialist Renal Service.

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

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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.

The definitions are unclear particularly with regards to Unplanned In-Patients, Out Patient Accident and Emergency Services, Unscheduled Care; Care Of Older People. Further clarity is required.

The tables on pages 47 – 49 identify medical care in a number of the services identified. This is an inaccurate description and should be amended to reflect clinical care delivered by a range of clinical professions.

Of the 18 areas identified 15 are very dependent on nursing and supports the need for the clinical and care governance arrangements to be strengthened as previously described.

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?

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?

The NMAHP Community agree with the principles however would argue that a robust measurement framework would need to be developed in advanced of formulating the wellbeing outcome.

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:

Under Health Professions - Nursing, Midwifery, Allied Health Professions. Healthcare Support Workers and Student Nurses should be included for both these professional groups. Whilst they are not regulated healthcare staff they are governed by nationally agreed standards and are accountable to the registered professional for practice.

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?

It is currently difficult to assess this as set out in our comments in previous sections particularly as it relates to clinical and care governance and the list of services to be included.

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

In spreading the responsibilities of a Council Officer to health staff under the 2014 Act it is essential that the potential impact and consequences of spreading this responsibility is identified in relation to the delivery of health care provision.