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:

It is not clear why the only professionals who must be included in the IJB are Chief Social Work Officer and Clinical Director/Associate Medical Director. This ignores the role of the large NHS workforces in nursing and Allied Health Professionals and the contribution that a Chief Nurse or Allied Health Professional lead can make to governance decisions.

Clinical and Care Governance: It is not clear if there will be any guidance on the remit of clinical and care governance as it applies to the IJBs functions compared to the continuing responsibilities of Councils and Health Boards.

It is assumed that NHS Boards and Local Authorities will continue to have responsibility for their existing performance targets. It is not understood why the proposed content of integration schemes should go into detail in this area.

There is also a considerable risk of confusion and duplication of activities with regard to the role of integration joint boards under the Act, and the role of Community Planning Partnerships and community planning partners under the Bill.
In particular there needs to be clarity on:

- the setting of outcomes (health & wellbeing outcomes (Act) v national outcomes (Bill)
- The relationship between the integration joint board strategic plans (as developed in terms of the Act), and the local outcomes improvement plan which must be prepared by a community planning partnership (the Bill).
- The integration joint boards are to carry out the functions delegated to them, and have all the powers and duties to do so. However under the Community Empowerment Bill the health board and the local authority must facilitate community planning and take reasonable steps to ensure the community planning partnership carries out its functions effectively. The Bill does not require the integration joint boards to do so.

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

Yes	x
No	

4. If yes, please suggest:

Role of Chief Nurse on IJB

Role of an IJB in the civil contingencies and emergency planning

Role of the Chief Finance Officer on IJB

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

The presentation of prescribed matters should be simplified. Content and effect of integration scheme is vague and open to local interpretation. This in part welcome, however prescribed information should be more fully detailed. Recommend strengthening requirements and arrangements for inclusion of service users, carers, third sector, staff, plus arrangements for the involvement of professional advisors in the integrated board. In particular the relationship to Board Area Clinical Forums.

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 [x]

No [ ]

2. If no, please explain why:

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

The list does not mention home care. It may be implied in some of the defined functions e.g. Housing Support, but care at home is such a significant function it should be specified separately.

The list does not mention criminal justice social work services. Given the likelihood that councils will remain responsible and given the crucial links with mental health, addictions, adult protection and domestic violence services. Given also the risk of criminal justice social work being isolated if all the other functions are delegated. It is recommended that criminal justice social work should be on the list of prescribed functions.

Recommend reference to links to Children and Families, especially given complex issues of transition from children's to adult services.

Specific reference to Local Authority responsibilities under The Mental Health Act (Scotland), duty to ensure assessed needs for day activities, employability, and independent advocacy for carers are met.

ANNEX 3(D)

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 ☒ x

If no, please explain why:

It is felt that General Dental Services, General Ophthalmic Services and General Pharmaceutical Services should be on the MUST list. These are vital primary care services to which the local population requires access and which are core in maintaining the health of the population. They also work closely with many of the prescribed NHS and Social Care functions. It is recognised that the budgets are not easily disaggregated to partnership level, but that does not prevent the IJBs in multiple partnership Board areas having the delegated function, including these services in their strategic plans and agreeing that the NHS Board Primary Care Contractor Function will carry out the contractual and budgetary work on their behalf. If these services are not delegated these groups of independent contractors will remain disengaged from local planning.

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

Yes ☐

No ☒ X

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

The list includes Health Visiting only as it applies to adult services. However Health Visiting is now primarily a children's service and it is not practical to delegate the

adult part of Health Visiting and not the children's services part. The list itself is contradictory in that it states the purpose of Health Visiting as "assessment care and treatment of children and older people" but does not include the Children's element in the delegated functions.

This position also ignores the fact that many partnerships will agree or have already agreed to include the full range of children's services in the partnership. It is recommended that flexibility is built into the definition to allow for these local variations.

The list does not mention School Nursing. It may that this is implied in "Health Visiting", but it is a distinct service. School nursing should be listed separately. Also given the points about Health Visiting above it should be in the list of MUST functions with some flexibility built into the definition to allow for local variations.

It is not considered practical or safe to delegate the function of home dialysis. It is understood that by definition this is carried out in patients' homes, but it is delivered as part of a continuum of forms of dialysis most of which are hospital based. It depends on highly skilled staff who are small in number. There is no argument for delegating this to IJBs

AHP & Clinical Psychology in particular are professional groups integral to primary and secondary care. They are core members of specialist, national and regional services, consequently delegation of the full range of clinical psychology & AHP services has the potential to adversely impact on managed clinical networks, care pathways and integrated team models.

Similarly the proposed separation of small specialist services i.e. Learning Disability community from hospital services could adversely impact on the patient pathway, risking quality, safety of staff and patients, and loss of expertise through fragmentation of services.

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

Yes	
No	x

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.

Unplanned inpatients" it should be made clear if this definition is intended to exclude surgical care e.g. treatment for fractured neck of femur. Unplanned inpatients is not a term used commonly by NHS Management suggest replacing this with "unscheduled care". Consistency required in use of terminology throughout to avoid confusion.

Care of Older People should be replaced with scheduled medical care for older people. This differentiates this group from older people with functional mental illness & dementia. Clarify if these groups are included? Suggest in particular for dementia this is an artificial separation, within Lothian's acute services there are more people with cognitive deficits / dementia than are inpatients within Mental Health beds.

Clinical Psychology should be included within the list of professions integral to CMHTs/ CLDTs/ Substance Misuse

AHPs are also prescribers : physiotherapy & podiatry

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

In general the draft regulations seem to have arbitrary cut offs built in. It is appreciated that precise definitions are very difficult, especially in universal services. However, the draft as it stands may prevent some partnerships achieving agreed local arrangements. It is recommended that some flexibility is built in to the final version to allow for variation

The document in not accessible or an easy read unless very familiar with functions prescribed within Acts. Suggest the inclusion of links to enable the reader ease of access to inform response as required.

ANNEX 4(D)

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 ☒ x

If no, please explain why:

It is appreciated that there has been comprehensive work in developing the outcomes, but for some there is no national data collected e.g. on how "health and social care services contribute to reducing health inequalities" and how "people who use health and social care services are safe and protected from harm". There is a risk that these outcomes lead to additional burdens of data collection in addition to data already collected for reporting on other outcomes.

A balance must be achieved between national prescription and local flexibility, whilst reducing unwarranted variation. It is important excellence and innovation can thrive as local areas strive for improvements and achieve the outcomes. Cautionary note, targets should not distort clinical priorities, skew focus and frustrate models supporting primary & community integration. The emphasis on reaching waiting time guarantees has frustrated investment in shifting the balance of care and developing alternative community models.

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?

These outcomes appear to support the Act principles and aspirations; however without sight of relevant indicators it is difficult to agree they cover the correct areas. It is difficult to assess if omissions present, and if outcomes are likely to be achieved and be capable of meaningful measurement without relevant indicators underpinning national outcomes. At face value credible, supporting direction of travel, as are too broad, overlapping and are not measurable

Outcome 2; suggest adding to policy background inclusion of technological solutions.

Outcome 5: include specific reference to employment. Achieving work is proven to build resilient communities, reduce poverty, improve mental & physical wellbeing.

Research, monitoring, evaluation require to rebuilt into indicators.

Recommend Strategic Plans are explicitly linked to six dimensions of quality.

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 [x]

No [ ]

5. If not , why not?

Whilst they are not difficult to understand in principle and are important things to achieve, they are difficult to define and measure. Without indicators they are not specific enough to enable service users or carers to hold the Integrated Boards to account.

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

Explanatory notes would benefit from outlining Health Board & Local Authority Services excluded from integration schemes, to clarify for service users other services will continue to be in place.
Clarification on implications for single outcome agreements, National Delivery Plan HEAT targets should be included
Include reference to the role of other monitoring bodies i.e. Care Commission, Mental Welfare Commission.

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

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 [x]

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?

While technically correct, Occupational Therapists are employed as registered health professionals within Social Care and should be recognised as a significant and valued workforce. The AHP National Delivery Plan evidences this contribution, "occupational Therapist who comprise only 1% of the total social care workforce, addressed 35% of all adult referrals"

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

   The list of prescribed healthcare professionals includes dentists, optometrists and pharmacists but the primary care contractor elements of these professionals' services are excluded from the list of delegated functions. This is not consistent. As indicated in 3(D) we believe that these functions should be on the MUST list of delegated functions

ANNEX 6(D)

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 [x]

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?

It is acknowledged that additional regulations may be required through the course of the implementation and delivery of joint commissioning services.
The success of integration will be down to services, teams and individual practitioners being committed to improving services and not regulations alone.