Consultation response by the Society and College of Radiographers

Title of consultation:	Consultation on Integration of Adult Health and Social Care in Scotland		
Geographical scope:	Scotland		
Organisation:	The Scottish Government	**Date:**	07.09.12

THE SOCIETY AND COLLEGE OF RADIOGRAPHERS

Executive Summary

The Society and College of Radiographers welcomes the opportunity to respond to the consultation on the Integration of Adult Health and Social Care in Scotland. We welcome many aspects of the proposals but draw attention to:

- the key role which AHP Directors play in the planning and delivery of integrated services
- concerns over the flexible use of resources across the health and social care system
- concerns over workforce issues, in particular, staff governance and partnership working

Response to consultation

Question 1

Yes.

The proposal to focus initially on improving outcomes for older people is sensible and appropriate, given that the factors driving closer integration of planning and service arrangements are particularly relevant to care and support of older people. We note the significant amount of recent media reports which have highlighted serious shortcomings in the care of older people, particularly those in care homes. If it can be demonstrated that integration of health and social care delivers a better outcome for older people this can and should be used to extend integrated services into other areas.

Question 3

Yes.

Nationally agreed outcomes, like targets, have their place in ensuring improvements. Critical to their success, however, is the way in which outcomes are decided upon, defined and measured. We would encourage the involvement of service users in this process (e.g. Patient Reported Outcome Measures)

Question 4

Yes.

Inclusion of nationally agreed outcomes in all Single Outcome Agreements ensures that delivery of national strategic priorities for health and social care is consistent across Health Boards and Local Authorities. The proposed introduction of this statutory duty is welcomed, as it provides clear accountability for the delivery of outcomes. We do have concerns, however, that the outcomes listed on page 41 of the consultation document lack rigour: they do not fall into SMART categorisation (i.e. Specific, Measurable, Attainable, Relevant and Timely). We therefore question how the proposed outcomes which we assume include the added value return on investment by integrating services will be measured.

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Question 5

Yes.

We recognise the importance not only of achieving the right balance of accountability is transparent. Fundamental to this balance is the involvement of the Local Authority leaders and Health Board Chair.

Question 6

Yes.

Local Authority boundaries are not co-terminal with Board areas. Currently, Board areas do cover more than one Local Authority. Therefore, scope to establish Partnerships which cover more than one Local Authority should not be ruled out if it would make practical sense.

Question 7

Yes.

The Committee arrangements are generally appropriate to ensure governance but consideration should be given to the composition of the Committee. Non voting members who represent the professional perspective should not be confined to medical practitioners. The National Delivery Plan for AHPs, launched by the Scottish Government in June 2012 recognised AHPs as a key group of experts in the planning and delivery of services across health and social care. The National Delivery Plan contains a number of recommendations for AHP directors to drive and enable integration of health and social care services. We therefore propose that in para 4.18 the second bullet point should include the requirement of an AHP Director as well as Medical/Clinical Director and Chief Social Work Officer.

Question 8

Yes.

It is vital to ensure that integrated services are subject to the same scrutiny and inspection which apply to separate health and social care services. There should also be processes in place to allow services to be changed if they are proving to be ineffective.

Question 10

Yes.

In theory, the models described can deliver the objective but the question does not get to the heart of potential concerns about flexible use of resources across the health and social care system. Integrated budgets can achieve maximum benefit where need is greatest but there is significant concern that NHS resources could be used 'flexibly' to pay for services provided by commercial and voluntary organisations. This is perceived as privatisation of NHS services by the back door and would be vigorously opposed.

Question 15

No.

Ideally, locality planning groups will have the knowledge and expertise to reach decisions which are relevant and appropriate to their area. Central direction from Scottish Government to ensure that planning groups are inclusive and multi disciplinary is welcome, but direction on how planning is taken forward is probably not required.

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Question 16

Yes.

The proposed duty should ensure that all professionals who are involved in the patient pathway have the opportunity to take an active role in the decision making process.

Question 17

Practical steps/changes to enable involvement of professionals in locality planning include:

Improved links with analytic and research colleagues to ensure fuller access to evidence to support practice, development of leadership capacity and capability, understanding of quality improvement methodologies and time to attend meetings.

Further comments

We note that the consultation poses no questions in relation to Annex C – the section of the document which deals with workforce issues.

The integration of health and social care brings together two very different sets of industrial relations systems. If integration is to be implemented successfully a significant amount of work requires to be undertaken to deal with workforce issues.

Organisational Development

We note, once again, the focus on medical staff when referring to developing senior professional teams. AHP Directors and AHP leaders will be key to the successful joint planning and delivery of services. This must be recognised and the development of senior AHPs must be addressed.

Training and Education of Frontline Staff

NHS Scotland staff have benefitted enormously from the training and education opportunities provided by NES and also the support and guidance offered in relation to good practice. We are confident that NES, as one of the education stakeholders, is well placed to define education and training requirements within an integrated context.

Consideration should be given to the alignment of the Knowledge and Skills Framework of the NHS Scotland employment contract and the provisions of the Performance Development Planning PIN policy within an integrated context.

Similarly, opportunities to maintain Continuing Professional Development need to be ensured. Since 2003 AHP leaders have had responsibilities for supporting staff in reserving a minimum of a half day per month for dedicated CPD activity (Action Plan from NHS Scotland publication Building on Success 2002).This should be re-affirmed.

Staff governance and partnership working

There is no detailed information within the consultation document regarding transfer of staff between employers. Explicit information regarding transfer processes must be provided as soon as possible to allay fears around employment contracts and terms and conditions. In particular, staff need to be advised if they will remain with the same employer or if there will be a TUPE transfer.

There is significant confusion in relation to the definition of the word ‘partnership’ and ‘partners’ within the document.The partnership model of industrial relations is clearly defined and well understood within NHS

Scotland. It is based on inclusiveness and the involvement of all stakeholders in the formulation stage before any decision is taken. References within the document to partnership working e.g. para 1.7 "Despite a good track record of partnership working" refers to a working arrangement where a degree of sharing/cross over/collaboration has taken place. This is not partnership working as defined by NHS MEL (1999) and serious work needs to be undertaken to ensure clarity of understanding amongst all stakeholders.

The partnership model of industrial relations in NHS Scotland is regarded as a leading edge example of the extent to which innovative industrial relations arrangements may contribute towards improving public service delivery. There should, therefore, be a firm commitment to ensure that these exemplary partnership working structures and practices will be part of the integrated system. Ideally, this should be guaranteed by legislative underpinning i.e. a statutory requirement for Health and Social Care Partnerships to have a Staff Governance framework in place.

Background information

This response has been put together following consultation with elected members of the Scottish Council of the Society and College of Radiographers

I am responding on behalf of the Society and College of Radiographers and I would be happy to provide further support and information if required - my contact details are:

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The Society and College of Radiographers is the professional body and trade union for all members of the radiographic workforce in Scotland. Membership of the organisation includes radiography students, radiography assistant practitioners and radiographers as well as members of a number of other professions associated with the provision of diagnostic clinical imaging and radiation therapy/oncology services.

The Society and College of Radiographers exists to promote the science and practice of radiography in the interests of furtherance of the profession and in the public interest, to support and promote education and research in radiography and to represent the interests of members of the radiographic community. It is the only body representing the whole of the radiographic workforce.

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