

NHS AYRSHIRE AND ARRAN

Comments from Executive Director of Policy, Planning and Performance

Regulations: No material comment.

Statutory Guidance:

Section 5.3 Resources:

It is stated that resources are to include unpaid carers, family, friends work colleagues and community but there is no clear reference to how these groups are made aware of the expectations placed upon them arising from this.

Section 8 Role of the NHS and NHS Professional

General: It is recognised that this guidance was prepared before the Public Bodies (Joint Working) (Scotland) Bill was published in May 2013. However the opportunity could now be taken to reflect the impact of the integration of health and social care within the guidance.

Comments on this section as the guidance stands are:

- Para 87 2nd bullet point: It is noted that health funding can be used for social care provision which can then be self directed.
- Para 88: Joint assessment and delegated assessment: It is understood that this paragraph relates to SSA. It is not clear whether health professionals and managers are sighted that the 'the legal powers and associated duties with that assessment will transfer to the NHS professional.' Presumably there will be also associated care and clinical governance responsibilities.
- Para 90: More information would be helpful on how health professionals are to be assured that agency staff are competent to address health care needs.

Comments from Associate AHP Director

My understanding is that at the moment the impact is less focused on health but there will be an impact on AHPs and nursing - awareness in the first instance then change of practice and a very different approach for those in health. This needs training and will later mean systems and processes and a lot of work to understand the detail - particularly impact on budgets and accountability. How will this be monitored in a cost effective way - so that the cost of administration does not outweigh the benefit? How will people ensure that they are receiving services or equipment that is safe and effective? Who will be responsible/accountable for those services?

I support the principle which is clearly person centred but in a clinical world where services are heavily scrutinised for evidence base and cost v benefit I wonder how this will be balanced? My understanding of some of the pilots within health services is that people could not commission services that are available in health and could

not commission enhanced health services i.e. commission more of something already being delivered in health. How might that look in the future?

In summary - a good idea in principle which needs a number of small tests of change to understand the implications for individuals, governance and services.

Comments from Health Care Manager – Communities and Partnerships and CHP Facilitator

From the NHS perspective there are a lot of implications for NHS professional staff working in the community and for budget holders. However self directed support is very much in keeping with the strategic shift in focus within the NHS towards patients being more involved in their own long term care, including more active self management and anticipatory care planning, therefore these regulations should be welcomed.

The biggest challenge regarding SDS is around cultural and behavioural change across health and social care and, whilst the guidance has something about this and there is a strong statement of values, this is the bit that needs most emphasis

Self Directed Support is being led within the Local Authorities at present but it will be a key objective for the new Health and Social Care partnerships and already is a regular agenda item on CHP agendas.

The main section that we should focus on is the role of the NHS professional in SDS (section 7) The two case studies used to illustrate the role are useful but more clarity is needed on the financial dimension of this, especially when budgets will be pooled or integrated in future.

There are also significant training implications for the NHS clinicians and managers which has not started yet, although local authority staff are undergoing training at present.

SDS will also affect work in Children's services which will need to be carefully considered so that staff can be properly trained and informed.

In summary, the overall guidance is fine but implementation will require considerable time, training and operational effort.