

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:

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

Yes

No

4. If yes, please suggest:

- i) arrangements for governing the performance of the IJB, (not the performance management of service delivery etc)
- ii) is the paragraph on Dispute Resolution enough. For example who can fire the Chief Officer?
- iii) Should the scope of service not be required?
- iv) How the scope could be renegotiated in future.
- v) Process for agreeing a change to the Integration Scheme including termination/move to the other model.
- vi) Staff governance standards

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

We felt the regulations reflected a static situation and should have a greater reflection on change over time.

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?

Some of the list lacked clarity, e.g. did support services include Care at Home? Is it all housing support services or only those that are co-incidental with Social Work Support? Is there a potential conflict of interest by delegating all the functions listed under the Adult Support and Protection (Scotland) Act?

A key principle is that by formal integration we will provide better joined up delivery meeting the needs of individuals within the context of their family and community. The potential to disaggregate social work services is therefore of concern. We therefore propose that the position of Criminal Justice Social Work services be reconsidered. We also suggest that the role and functions of Alcohol and Drug Partnerships be considered in the context of integration to ensure best alignment at a local level.

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:

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:

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

Yes

No

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.

- i) We assume that Schedule 2 excludes all services that are in the 'may not be delegated' category (regional and national health services). Should regional be defined? If a Board provides services for neighbouring boards (e.g. Island Boards) is that regional?
- ii) AHP services – is this all of them including radiography, orthoptics, orthotics and prosthetics? Is it community and inpatient? What about the AHPs that are a critical part of the planned care pathway in hospital e.g. the MSK service? Orthoptics is largely a service for children.
- iii) Additional clarity also requested around clinical psychology. Where this is an integral part of a multi-disciplinary team within a pathway e.g. neurology or acquired brain injury rehabilitation should it not be treated as part of that pathway rather than a stand alone service?
- iv) We think 'Women's Health Services' is an inappropriate label – does this mean that male sexual health and contraception services are excluded? List sexual health and contraception services. Did you intend to include other Women's services such as breast screening etc? Then what about male screening services which are on the increase? How does this fit with the public health role of health protection? We believe these would be best omitted at this stage.
- v) The issue of public health is open to interpretation. In Schedule 2 it states "Services designed to promote public health", but the table on page 50 does not include the health improvement workforce that has been working in CHPs and before that LHCCs (Public Health Practitioners/Co-ordinators, Health Improvement Officers, Community Health Workers etc). This would be a retrograde step and seriously undermine the ability of localities/clusters to improve health and wellbeing within their communities. Public Health Directorates frequently refer to the three domains of public health practice – health protection, health services and health improvement. A case can be made for a corporate public health function leading planning and delivery for health protection, including civil contingencies. The case for the other two domains is weaker. Health Services is predominantly health service planning – these skills must be available to support the development of strategic plans (this is not a bid for them to be delegated – but to ensure that the resource is available to IJBs to assist developing robust Strategic Plans that will meet assessed need). If not aligned – is there a potential for parallel planning at Board level? Health Improvement should be delegated if accountability for meeting targets is moving to the new partnerships. Without this the partnerships shall always be open to direction from outwith rather

- v) General Medical Services are in, but General Dental Services, Pharmaceutical Services and Optometry are out? Why? Planning public health dentistry provision will require consideration of GDS. Optometry is a key part of the eye health network established in Grampian and the new pharmacy strategy has huge potential to contribute to achieving the national health and wellbeing outcomes. Will guidance cover where primary care services are provided for people not resident within the local authority area? Are we assuming that minor surgery work is covered under GMS?
- vi) Where do maternity services sit?
- vii) There are some small services identified for inclusion where the rationale for including them but not others is unclear, e.g. home dialysis. Why list this, but not COPD outreach, stoma, heart failure or diabetes. This could be handled in one of two ways – they remain part of the specialist provision and pathway and as such are excluded, or if there is a requirement to see growth in these areas due to the demographic changes then a statement that the responsibility for planning provision of specialist services for long term conditions and end of life care is delegated to the IJB.
- viii) Specialist palliative care or pain services are not referenced. Should they be?
- ix) No mention of community hospitals? It is difficult to know whether or not they should be mentioned as they are a resource rather than a service – but it could be argued that in addition to unplanned admissions they provide planned, intermediate, clinical day treatment and are not exclusively for older people and palliative care. Perhaps this could be covered by a statement such as *“inpatient and day services that provide unplanned, planned, intermediate and palliative treatment and care in community settings (including community hospitals) for all adults”*?
- x) There are numerous variations on community specialist nurses – e.g. the nurse practitioners that deliver long term condition management/minor ailment/injury in the Healthy Hoose in Middlefield or other drop in clinics. Stoma nurses, primary care mental health workers (not part of community mental health teams). This would be covered by extending the statement above to include community/domiciliary services. Alternatively – you could extend District Nursing to include community specialist nurses.
- xi) What about Prison Health Services?

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

The regulations should include an article describing Civil Contingency responses. Within the regulations there should be clarity that NHS Boards can 'take over' directing clinical staff to respond to a civil contingency – especially when this is an issue that Public Health leads on.

Also the Local Authority response may require command and control of social work services to rest outwith the IJB.

What is the role of the Chief Officer in a civil contingencies situation – are they part of the NHS or Local Authority response?

**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:

Very difficult to disagree with them as they are very general. It will be important to have detailed guidance to explain how they can be meaningfully measured without adding to the burden of data collection and performance reporting.
In terms of people who use services it would be useful to undertake work with groups of service users to determine what would be helpful from their perspective.

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?

Although in agreement with the areas covered and the principle of a personal outcome approach, there is little to reflect whether or not people have been involved in the planning and decision making around provision of either their individual services or locality planning.
We are not sure how the community development/co-production element should be reflected, but feel this is very important.

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?

There are some terms that are poorly defined. For example the use of the word 'supported' in outcome 6, or the term 'effectively' in outcome 9. We also think that outcome 7 should be amended to read "People who use health and social care services as far as is reasonable or practicable are safe from avoidable harm". This would exempt the harm that is unavoidable during some treatments such as surgery or chemotherapy. We also feel that the phrase 'for longer' at the end of outcome 1 is unnecessary.

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

Outcome 5 could be reworded from the negative to the positive:-

"Health and social care services contribute to improving social inclusion."

We also look forward to discussing the national performance indicators that will be necessary to underpin this approach.

There is a risk associated with using language that is subject to interpretation. There is a recommendation that the term 'reasonable' should be included more often.

**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:

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?

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