

Royal National Institute of Blind People (RNIB) Scotland Response to Draft Regulations Relating to Public Bodies (Joint Working)(Scotland) Act 2014 – Set 1

RNIB Scotland welcomes the opportunity to respond to this consultation and to support the principle underpinning the integration of health and social care.

As the leading charity for blind and partially sighted people living in Scotland and a major partner with a range of integrated eye-care and sensory services, we support those living with a sensory impairment to live full and independent lives.

RNIB Scotland recognises that strong and effective partnership must be at the heart of driving better outcomes for the people of Scotland. We believe that the guidance which accompanies the regulations will be critical in how the regulations are interpreted and applied. The guidance must reflect the cultural shift being sought in relation to health and social care and begin from a strong rights and asset based perspective. This is key to driving forward health and social care that is; person-centred; based on assets within communities and that brings together an equal partnership among statutory, third and independent sectors, alongside those who use support and services.

ANNEX 1(D)

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:

Prescribe Information: Participant and Engagement

RNIB Scotland welcomes the inclusion of prescribed information on participant and engagement, particularly around the process of consultation in the development of the integration scheme. However, to extend this further, we feel it is important that Partnerships demonstrate both the impact and the outcomes of the consultation they undertake. This will allow for transparency during this process of development, ensuring the co-productive approach is engaged.

Prescribe Information: Plans for workforce development

RNIB Scotland welcomes the workforce development plans in relation to statutory services. The Public Bodies (Joint Working)(Integration Scheme)(Scotland) Regulations must also reflect the role which the third sector will play in the development of integration. The growing contribution of the third sector and the increasing reliance upon volunteers in service delivery means that the prescribed information on workforce development

Prescribed Information: Information sharing and data handling

RNIB Scotland is encouraged that there is prescribed information with regard to how information will be shared across and between statutory bodies. However, we believe it is critical that the prescribed information is extended to include consideration of how information will be shared across wider partners, including; the third sector, those who use support services and wider representative groups. To ensure the successful implementation of integration, there must be an equal partnership among the statutory, third and independent sectors, alongside people who use support and services. The processes of sharing information and data will be pivotal in this equal partnership.

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

Prescribed Information: Performance targets, improvement measures and reporting arrangements which relate to integration functions.

RNIB Scotland welcomes the prescribed information with regard to targets and improvement measures.

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?

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

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

RNIB Scotland welcomes the proposals for regulations prescribing functions that may or that must be delegated by a Health Board.

At the present time, Ophthalmic Services are only included on the 'may be delegated' list rather than the 'must be delegated' list. We appreciate the difficulties in identifying the resources used for these services that are used by local populations. However, we encourage the speedy disaggregation of Ophthalmic data to ensure that this function can be delegated at a local level and fully integrated within the Integration Scheme. We believe that the Integration Scheme must explicitly recognise the interests and needs of blind and partially sighted people in order to deliver seamless services and better outcomes.

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

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?

RNIB Scotland welcomes the intention to provide further guidance on the purpose of each outcome area and its indicators. However, to engage with users of services fully, it is critical that information is provided in a language that people can understand and in a way that is easy for them to access. Evidence has shown that participation can improve service quality (Scottish Health Council, 2011) for this to be realised fully, the language used within the outcomes and explanations must be accessible to service users, carers and public representatives. This includes the provision of information through websites which are accessible and information in alternative formats (such as large print, Braille or audio). Lay summaries of each outcome area would be beneficial to many.

At this stage, it is unclear how the Outcomes will be communicated to users of services so that they know what they should expect from Health and Social Care and what each outcome could potentially mean for them. The draft regulations should set out how Partnerships will address this communication issue.

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

General Comments:

RNIB Scotland welcomes the proposals for National Health and Wellbeing Outcomes. We have outlined some comments below:

To ensure that there is a strong focus upon improving the needs of people who use services, we feel that the outcomes need to be strengthened and should adopt a rights-based approach to the language and terminology used. The outcomes appear to be drafted from a 'deficit' perspective, beginning with the assumption that people lack capacity, rather than accepting the skills and assets which can be contributed by individuals and communities to health and social care.

The use of rights-based language would reflect a more person-centred and aspirational set of outcomes. This approach would ensure that choice is enabled and that co-production takes place. Accountability, and how people access these mechanisms, would also be ensured.

We feel that the language used in turn raises concerns about how the National Health and Wellbeing Outcomes will be interpreted by both Health and Social Care and how they will be applied.

For example, the outcomes will apply differently to those interacting with a service on a short-term basis in comparison to those with more long-term conditions which require on-going treatment.

At present, it is difficult to judge what the impact of the Outcomes may be or how they will be achieved without the knowledge of what measures will be in place.

We also feel that it is vital that the Regulations outline that the Outcomes should be considered as a whole, rather than as individual outcomes related to specific groups – this is currently unclear.

Outcome 1:

The support elements within outcome 1 need to be more explicit and the use of self-management within this outcome would be appropriate here. The reference to appropriate information is positive, but should be strengthened to 'accessible information and support'.

Outcome 2:

RNIB Scotland encourages independent living and self-management, however, the outcome is unclear about who will be delivering this support. Without further detail and discussion, outcome 2 may result in additional pressure being placed upon unpaid carers who may be expected to provide more care at home.

Outcome 3:

This outcome would be strengthened by including reference to participation of people who use health and social care services. It refers to positive experiences, but does not recognise the role of finding out what people want at an individual or collective level to ensure that this will happen. Individuals' views and experiences must be taken into account.

Outcome 7:

We have concerns that this outcome could potentially undermine the need for risk enablement as well as harm reduction. There needs to be a distinction within this outcome which reflects the importance of people being safe from harm (for example, in relation to hospital infections or elder abuse), but also a reflection that people have a right to choice, control and have personal autonomy – which can result in people choosing to take risks.

Risk enablement is a key part of personalisation, self-management and independent living, but is often undermined by risk-aversion with Health and Social Care services – this outcome as it stands, may create more difficulties.

Outcome 8:

Whilst the principles of this outcome are welcomed, it doesn't adequately reflect co-production and maintains a distinction between providers of a service and users of a service. This outcome would benefit from re-wording to reflect the importance of those who use services, ensuring that support staff work in a co-produced way.

**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?