

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:

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

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

However the legislation and draft regulations are very technical and there is very little focus on or specific mention of the people affected by integration of health and social care; participation and engagement must be a central part of integration schemes to make sure that co-production is part of the process from the beginning. The integration scheme must also detail how and who decides who should be on the list of those to be consulted and ensure that appropriate time is given for meaningful consultation.

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

With the addition of wheelchair services, or clarification that wheelchair services are considered to be within the local authority equipment service.

In addition, some of the functions prescribed in these regulations include services delivered by the third sector and other providers who have been commissioned by the local authority to provide a specific service. Further information about how services such as this would be affected by these regulations will be required. We are concerned that integrated budgets could mean that existing budgets will be reviewed and savings will be sought; this may have an impact on (for example) carer support services (i.e. local carers centres) who receive funding from both local authorities, health boards and /or partnerships. In order to realise the benefits of preventative spending and community-based services that help people to stay well and reduce need for care and support in the first place, these services will need increased focus and investment rather than further budget reductions.

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

With the addition of home oxygen services. We believe that home oxygen services should be included in this list as this service enables people to remain in or return to their homes rather than be in hospital. There is also explicit inclusion of telecare within local authority services to be delegated, but there is no mention of corresponding telehealth services such as home based health monitoring in this list of services.

Pharmaceutical services: *The only specified pharmaceutical service is GP prescribing; we would welcome further clarity on the extent of pharmaceutical services that will integrate. Pharmacies provide a wide range of services that are of benefit to carers and the people they care for, such as minor ailments services, independent prescribing and chronic medication services, and it would be useful to know whether these services are explicitly included in integrated functions.*

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.

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

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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

If these outcomes are to improve the experience of people who use health and social care services, they will need to be strengthened. Outcome 6 which focuses on unpaid carers is particularly negative and should be more empowering, rights-based and recognise carers as providers of care in the same way as health and social care professionals. We believe that the language and tone of the draft outcomes do not fully reflect the Christie vision of public service reform; in particular they seem to maintain the divide between health and social care, contravening the entire idea of the Public Bodies (Joint Working) Act. There is also no reference to principles of self-directed support such as choice and control, which is notably absent from Outcome 7.

Along with the other national carer organisations, we believe Outcome 6 is insufficient for carers and should be more aligned to outcomes specifically aimed at people who use services and to the health and social care workforce. Whilst the remaining outcomes that refer to people in general also apply to carers, we believe that there is a need for any outcome for carers to be specific to all parts of the journey through health and social care, to enable proper measurement of progress to improve carers' lives.

We propose that Outcome 6 should read "People who provide unpaid care have their rights respected and are supported to reduce the potential negative impact that their caring role has on their health and wellbeing and enable them to have a life outside of caring."

The concept of a life outside of caring is important in maintaining carers' position as an individual as well as a carer, and as someone who may require support with their caring role.

Additionally and in line with the wider third sector, we propose the remaining National Outcomes are changed to the following:

- **Outcome 1:** *People and their carers are able to look after and improve their own health and wellbeing and live in good health for longer, supported by accessible information and support.*
- **Outcome 2:** *People and their carers are able to live as far as reasonably practicable, independently and at home or in homely setting in their community and to have access to effective end of life care at home.*
- **Outcome 3:** *People and their carers who use health and social care services have positive experiences of those services, have their views listened to and acted on and their right to dignity respected.*
- **Outcome 4:** *Health and social care services respect the rights of individuals, are centred on helping to maintain or improve the quality of life of service users, and support them to contribute to their communities.*

- **Outcome 5:** Health and social care services contribute to preventing, reducing and undoing health inequalities.
- **Outcome 7:** People and their carers who use health and social care services are safe from harm, are not overprotected and are supported to achieve personal autonomy and choice.
- **Outcome 8:** People and their carers who work in health and social care services are supported to work in partnership to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do; this must include working closely with service users and carers.
- **Outcome 9:** Resources are used effectively in the provision of health and social care services to improve outcomes for people.

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

The outcomes are easy to understand but it is difficult to say whether users of services will feel they have any impact on their own experiences when using health and social care. Those who plan and deliver services, who are more used to working strategically and with reference to national frameworks, should be successful in using and achieving these outcomes; but service users will be more interested in whether the services deliver appropriate services for them and their families at the time of need. These outcomes will hopefully ensure this is the reality, but the relevance of, and the desire to understand, national frameworks to the typical service user is perhaps over-estimated. The key issue is that without knowledge of what will be used to judge whether the outcomes have been achieved for both services and individuals, it is difficult to tell what their likely impact will be.

No

5. If not , why not?

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

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

There are some health professionals not currently included in Annex 5 (A) that may need to be specifically mentioned within the draft regulations. These include:

- *audiologists who also provide services in the community*
- *ambulance care attendants (Scottish Ambulance Service) and others who provide patient transport services both to and from hospitals and other health settings and within the community.*
- *Where does the 'named person' responsible for every child fit in*

In addition, health promotion is specifically mentioned as a delegated function but there is no mention of the full range of professionals that undertake health promotion or work in public health. This could include many third sector professionals who work in commissioned services as well as a wider range of independent organisations that provide information, advice and support (including in social care as well as health promotion). The inclusion of 'Other social care professionals who are not regulated by the Scottish Social Services Council but provide care or support to users of social care services' in Annex 5 (A) is vague and indistinct, and the services provided by health and social care professionals in the third sector may be at risk of being devalued unless there is more clarity about whether they are included in these regulations.

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?

We remain concerned that creating partnerships that value the contribution of the third sector (such as that observed in Reshaping Care for Older People projects) is diminishing at the expense of prescribing functions, information and professionals that are to be integrated. Clarity around how third sector and independent sector organisations fit in here, particularly when they are funded or commissioned by statutory partners, would be welcomed.