

Voluntary Health Scotland Consultation Response



Consultation on the Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 (Set 1 of 2)

Introduction

Voluntary Health Scotland is the national intermediary for a network of voluntary health organisations and workers. Our members range from large national health charities to small, local service providers, and members' interests span service planning and provision, prevention, early intervention, self-management, advocacy, and support for service users and carers.

We welcome the opportunity to respond to the consultation on the above regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014. Our comments reflect consultation with Voluntary Health Scotland members and the wider voluntary health sector.

While we support the intentions behind the regulations, there are some areas that should be strengthened to ensure that the integration of health and social care is person-centred, participative for people, service users and carers, and promotes equal partnership among statutory, independent and third sectors.

Person-centred and participative

Voluntary Health Scotland agrees with the principles that drive the rhetoric of the Public Bodies (Joint Working) (Scotland) Act 2014, which describe a framework for joined up care that delivers better outcomes for patients, services users and carers, focusing on a person-centred approach to effectively address the needs of individuals. We feel strongly that this rhetoric should be effectively translated into reality through the regulations and subsequent guidance. This should begin with a human rights and assets based approach, to protect dignity and quality of life, ensure individual needs are taken into account and ensure people, service users and carers are effectively involved in planning processes, including aspects such as shaping plans and their successive scrutiny and performance reporting.

Partnerships

The third sector contribution to achieving the policy objectives of the Public Bodies (Joint Working) (Scotland) Act 2014 is significant and cannot be underestimated. The third sector brings a range of resources and expertise to integration, including:

- Providing services
- Accessing and advocating for, people, service users and carers
- Supporting individuals, families and community capacity

The Reshaping Care for Older People (RCOP) programme has highlighted the role that the third sector can play within joint strategic commissioning processes and creating effective partnerships. This should be reflected within this legislation and further extended to include monitoring, evaluation and performance reporting.

The third sector can help drive the integration of health and social care and should be recognised and involved as an equal strategic partner.

The associated guidance will be paramount to how these regulations are applied and we hope to see these principles reflected in more detail.

Consultation Questions

Prescribed Information to be Included in the Integration Scheme

We broadly agree with the prescribed matters to be included in the Integration Scheme. However, there following are areas for consideration and inclusion within the regulations:

<p>Preparation of schemes</p>	<p>Provisions in this section contain inconsistencies in regards to the inclusion of staff, carers, third sector, service users. Where more than one local authority is in one Health Board area, the local authorities and the Health Board must jointly prepare an integration scheme including:</p> <ul style="list-style-type: none"> • Arrangements for representation on joint boards, including representatives of staff, carers, service users and the third sector <p>There is no such provision in the sections where the public bodies are in the same local authority and Health Board area. This should be amended to reflect the inclusion of staff, carers, third sector, and service users.</p>
<p>Workforce Development</p>	<p>The regulations specifically ensure the delegated health/local authority workforce has to be included in plans to develop and support staff. The third sector is not included in these plans – it is important that proposed workforce development plans consider the full workforce in its entirety rather than simply statutory bodies. Third sector professionals should be supported to take part in shaping integration, with opportunities for communication around changes, how this may affect them, and how they can be involved.</p>
<p>Participation & engagement</p>	<p>The consultation process laid out in the development of integration schemes is not sufficient - engagement and involvement in decision making should be included.</p> <p>The accountability mechanisms governing partnerships gives an opportunity to report openly on how people have been consulted. This could be through impact assessments.</p>
<p>Information Sharing</p>	<p>There may be potential difficulties regarding the flow and sharing of information across statutory bodies and also across all partners. This should include people who use support and services, the third sector and representative groups, and jointly-devised data protocols implemented.</p> <p>An apparent omission is that of criminal justice agencies, notably the Scottish Prison Service, which isn't included in this legislation.</p>

Complaints	We recognise that, due to differing legislation, a single complaints system isn't legally possible/practicable. However, partnerships should develop a single point of entry to the complaints systems and be required to set out how they will communicate this process to people who use support and services, and carers.
Additional Services	Provisions regarding additional services, that may be included in integration, should be considered. The regulations also do not appropriately address what is required for people in certain categories. For some of these areas, for example, where partnerships choose to integrate children's services, there should be a separate process, requirement for appropriate scrutiny, and regulations associated with this.

Prescribed Functions

Voluntary Health Scotland fundamentally agrees with the list of functions that may or must be delegated by a Local Authority or Health Board. However, we would recommend that consideration is given to how this will affect all partners across statutory, third and independent sectors. For example, this may impact upon pre-existing services provided by the third sector, which may now be covered within the list of functions and consequently expected to be subsumed within statutory sector services.

A full detail of these services in the associated guidance would also be beneficial. For example, further explanation is required for terms such as 'health visiting' – will this apply to all health visits, including those not prescribed for within the legislation?

The functions also list public health dental services and health promotion within the functions delegated by Health Boards. The changing global landscape of public health in recent decades has meant a significant shift towards reducing social and health inequalities and realising health-sustaining environments as key priority areas of public health. These social and health inequalities are caused by a complex combination of factors, which cannot be solved by health agencies alone. A number of factors, such as housing, education and employment (commonly referred to as social determinants) all impact on people's life chances and help shape individual opportunities and responses. At Voluntary Health Scotland, we are committed to working across all sectors to eliminate these inequalities and recognise the need for all agencies across all sectors need to work together to eliminate inequalities. Given this definition and focus, eliminating inequalities spans not only all aspects of health and social care, but is also at the heart of public sector reform focusing on person-centred care, co-production and preventative actions. Consideration should be given to delegating all public health functions under these prescribed functions.

Health and Wellbeing Outcomes

Voluntary Health Scotland welcomes the inclusion of health and wellbeing outcomes and is cognisant of the considerable work undertaken to develop the outcomes to date. However, the outcomes, as presented in the regulations, do not adequately reflect the principles of the Christie Commission. The outcomes need to be strengthened to include principles of prevention, participation and personalisation. We fully support our third sector colleagues in

advocating the use of a more human rights-based language to reflect a more person-focused and aspirational set of outcomes.

We understand that the intention is that the outcomes are to be considered holistically, rather than individually. However, this needs to be stated explicitly within the regulations and associated guidance and corresponding indicators need to be drafted to recognise this. As the outcomes stand, there is potential for significant variation in interpretation and application across Scotland, and scope for development of 'tick-box' targets. There are also concerns that the outcomes can be interpreted as contradictory, and do not adequately reflect the risk enablement agenda or the choice and control promoted through Self Directed Support.

There is consensus among third sector colleagues on the need to reword the draft outcomes with the following suggested wording:

Outcome 1	People 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 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 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 6	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 maintain a life outside of caring
Outcome 7	People 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 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

The terms Health and Social Care Professionals

Voluntary Health Scotland agrees with the groups listed in the draft regulations prescribing what 'health professional' and 'social care professional' means for the purposes of the Public Bodies (Joint Working) (Scotland) Act 2014.

However, while perhaps implied in some of the terms, third and independent sector workers are not explicitly referred to or referenced in this part of the regulations and the emphasis appears to be solely on statutory sector workers. As previously highlighted, the third sector play a vital role in providing both care and support for people, families, service users and carers. Inclusion of third sector professionals in this section will provide a much-needed opportunity to articulate the role of the sector in health and social care integration, facilitate equal priority for third sector professionals, promote equal partnership among statutory, independent and third sectors, and help to highlight third sector impact in achieving health and wellbeing outcomes.

We also note that there is significant reference on children and young people in the Social Care Professionals list. However, as the Public Bodies (Joint Working) (Scotland) Act 2014 and regulations do not automatically include children and young people, with this to be left to the discretion of each integration authority, should these professionals be included on this list within the regulations? Consideration should be given to an additional section in the regulations that articulates the requirements on integration authorities for the provision of children and young people's services, or other optional services, in areas where partnerships choose to integrate these services.

We also note that social work students are included under social care professionals, but medical or nursing students are not included in the health professionals list.

Policy Intentions

The regulations, as stated, provide a useful framework for the process of health and social care integration and how that can work at a local level. However, Voluntary Health Scotland does not feel that the regulations include a strong enough emphasis on the policy intentions and integration principles of the Public Bodies (Joint Working) (Scotland) Act 2014.

The regulations should be strengthened to ensure that the integration of health and social care is person-centred and participative for people, service users, families and carers. We must ensure that people are at the heart of integration and that they are supported to help shape the services that will impact on their lives. This should begin with a human rights and assets based approach, to protect dignity and quality of life, ensure individual needs are taken into account and ensure people, service users and carers are able to meaningfully engage with integration authorities throughout the integration process, from the preparation of integration schemes, to scrutiny and performance reporting. Without this engagement, how can integrated services improve people's health and wellbeing outcomes?

Likewise, involvement of the third sector is imperative to this process and the regulations should also reflect a strong emphasis on equal partnership among statutory, independent and third sectors, as discussed within this consultation response. The regulations and guidance must reflect the full range of resources and support available, especially with the

shift towards preventative and community based models. Ensuring people achieve the best possible health and wellbeing outcomes cannot be done through statutory services alone; the role of the third sector needs to be recognised and promoted within the integration process.

The policy intention and integration principles of the Public Bodies (Joint Working) (Scotland) Act 2014 should be well understood by everyone involved in the integration process, not only throughout all levels of health and social care, but also among the people who use support and services. The regulations and associated guidance are ideally positioned to do this and we feel that they should be produced in an easy to read and plain English format, which places significant emphasis on culture change in addition to process change.

Further Information

Thank you for considering the comments discussed in the above consultation response on the Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 (Set 1 of 2). Should you wish to contact Voluntary Health Scotland regarding the contents of this response, please direct any enquires to Susan Lowes, Policy and Engagement Officer at susan.lowes@vhscotland.org.uk, 0131 474 6190.

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