



The British
Psychological Society
Promoting excellence in psychology

British Psychological Society response to the Scottish Government

Proposals for prescribed information to be included in the Integration Scheme relating to the Public Bodies (Joint Working) (Scotland) Act 2014

About the Society

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 50,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Scottish Government to contact us in the future in relation to this inquiry. Please direct all queries to:-

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About this Response

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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?

'Integration' presents an opportunity for much needed healthcare reform, towards a more holistic approach which takes account of a person's physical and psychological needs in the context of their personal and social circumstances. Such an approach is popular with users and leads to better outcomes and financial savings, e.g. by reducing hospital admissions, increasing time to relapse and improving self-management of long-term conditions. However, the proposed legislation runs the risk of simply providing a smoother interface between two systems addressing 'separate' needs. As it stands, the Joint Monitoring Committee is to include at least one person who is an associate medical director or clinical director as well as staff representatives. Proper integration will only be achieved if Integration Joint Boards have access to expertise from a range of healthcare professionals including psychologists who are well-placed to promote the crucially important psychological aspects of physical and mental healthcare.

The Society, therefore, recommends that the Scottish Government should stipulate that a wide range of healthcare professionals are appointed to the Integration Joint Monitoring Committee. We would also like to see arrangements for selecting members to be appointed to the Integration Joint Board and to the Integration Joint Monitoring Committee to be open, transparent and fair.

We welcome the emphasis on outcomes, prevention and anticipatory approaches. We would however recommend a stronger emphasis on the need for an assets based approach and understanding in designing and delivering services.

The Society also recommends a greater emphasis placed on steps taken to ensure the effective participation of service users, unpaid carers, the third sector and others, as their active involvement and support is critical to effective personal and system outcomes.

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:

The Society is concerned that children's services are not included in the list of functions, and believes that a move towards this should soon follow.

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:

The Society recommends that inpatient mental health services should be included in the list of functions, in order to improve transitions between inpatient and community care and to promote a 'biopsychosocial' approach to mental health at all levels of care.

We are aware of other services which are not listed, but where practitioner psychologists may be employed and which seem relevant to the Integration agenda, including Health Improvement services and Weight Management services. Whilst it might be problematic to create an exhaustive list, we believe that there could be a clause allowing for other relevant services to be included.

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.

In some areas, primary care mental health services are delivered separately to community mental health teams and should be listed or a more generic term used, e.g. "Community mental health services". This umbrella term would also ensure that services which address specific mental health issues, such as trauma or personality disorder, are covered.

"Clinical psychology services" should be changed to 'Psychology services' as these may include services provided by staff other than Clinical Psychologists (see response to Q2, Annex 5D, below).

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

Psychologists are not AHPs and the Society proposes that the term 'psychology staff' should be added in the column "Who provides the service", against all of the services where a range of practitioner psychologists and psychology staff who are not professionally registered, may be employed, including:

- Addiction Services
- Mental Health Services (community and inpatient)
- Psychology Services
- Community Learning Difficulties Teams
- Sexual Health Services
- Health Promotion

**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:

The Society welcomes an approach based on positive outcomes that will help to support services which help people's aspirations and hopes rather than simply keeping body and soul together. The outcomes are likely to have a significant impact on behaviours and how the system incentives impact. We would welcome a clearer focus on assets based working and in particular the importance of family and community support in delivering positive personal and system outcomes. The Carer outcome I rather limited, services and support can be designed to produce much more positive outcomes for carers, increasingly important given the changing demographic and the demands that will be made of future generations of carers.

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?

Outcome 1:

While the term 'health' may be intended to incorporate physical and mental health, in practice this may be misunderstood, leading to mental/psychological health being overlooked. The Society recommends a change to the wording of Outcome 1 to either:

1) **People are able to look after and improve their own physical and mental health and wellbeing and live in good health for longer.**

Or,

2) **People are able to look after and improve their own health and wellbeing and live in good physical and mental health for longer.**

Outcome 2:

The Society welcomes the emphasis on independent living but notes that in practice most of us who live 'independently' do so with support and care of others and public services. Genuine choice and empowerment are what matters and are a better focus. The Society hopes that plans will support people to make the best choices for them, and that might include to to leave their homes to live in supported accommodation, hospices, care homes, etc.

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

The Society recommends that the outcomes would need to be more specific to ensure that psychological/mental health and well-being are being properly considered. A change to the wording of Outcome 1, as mentioned above would help. Indicators relating specifically to mental health will also be important.

We also believe that the outcomes could be made more aspirational, focussing on promoting choice, empowerment and quality of life. The outcomes are also not focussed sufficiently on assets based approaches, a missed opportunity. Work by the Care Inspectorate in this area is having a significant impact on services and is a model to follow.

The Society welcomes an outcome focussed on combating inequalities.

The current Psychological Therapies HEAT target has been of great benefit in highlighting the importance of psychological therapies in mental health treatment, reducing waiting times for psychological therapies, increasing the availability of psychological therapies and improving the quality of psychological therapies provided in health services in Scotland. We believe that it is important that this momentum is maintained. The Society would, therefore, welcome an indicator similar to the 'Referral to Treatment Time' target; which ensures that people with physical and mental health problems have their psychological needs considered and evidence-based interventions offered in a reasonable time scale. In addition to this, an indicator aimed at promoting high quality psychological therapies, by ensuring that staff delivering therapies are appropriately trained and supervised, in line with the best practice guidance contained in 'The Matrix – A Guide to Delivering Evidence-based Psychological Therapies' document, is advocated. The Society would also welcome the inclusion of qualitative and quantitative measures to assess the general impact of psychological therapies and to take account of the personal needs and experiences of individuals. These recommendations are relevant to more than one outcome, e.g. Outcomes 1, 3 and 4.

In relation to Outcome 7, the Society recommends an indicator which looks at staff support and training in relation to compassionate care, given the considerable psychological research highlighting the importance of this for patient safety. The Society also points out that many staff will themselves be recipients of services and carers of people who do.

The Society recommends that the Scottish Government seek psychological expertise in selecting appropriate indicators and ways of measuring these. Locally, psychological expertise would be useful in both the selection of measures to look at aspects of psychological/mental health and in the interpretation of findings.

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:

The Health and Care Professions Council uses the term 'Practitioner psychologist' to cover Clinical Psychologists, Counselling Psychologists, Educational Psychologists, Forensic Psychologists, Health Psychologists, Occupational Psychologists, and, Sport and Exercise Psychologists. The term more accurately describes the range of regulated psychologists who provide Psychology Services. In addition, there are NHS staff members who are not professionally registered and who will provide services in pursuance of integrated functions, such as psychological interventions, and who should be included as health professionals for the purpose of the Act. This group includes, Assistant Psychologists, Clinical Associates in Applied Psychology, Research Psychologists and Mental Health Practitioners and other similar titles specific to individual Health Boards.

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?