

Carers Trust Scotland: Response to set 1 of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014.

Annex 1(D)

Do you agree with the prescribed matters to be included in the integration scheme?

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. Our response to Set 2 of the draft regulations goes into further detail on carer engagement and inclusion of carer support services.

Annex 2 (D)

Do you agree with the list of local authority functions that must 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 share the concerns of other third sector organisations that integrated budgets could mean that existing spending will be reviewed and savings will be sought; this may have an impact on (for example) carer support services who receive funding from both local authorities and health boards. 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 cuts.

Annex 3 (D)

Do you agree with the list of services 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.

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.

Annex 4 (D)

Do you agree with the prescribed National Health and Wellbeing Outcomes?

No. 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. Along with other third sector organisations, 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 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 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.

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?

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 they are using are suitable for them and their families at the time of need. These outcomes will hopefully ensure this is the reality, but the relevance of 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, it is difficult to tell what their likely impact will be.

Annex 5 (D)

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 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.

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.

Annex 6 (D)

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.