

Consultation on Regulations for Integration of Health & Social Care

1 Background

- 1.1 The first of two consultations on the draft regulations surrounding integration of health and social care (H&SC) was published recently: <http://www.scotland.gov.uk/Publications/2014/05/5284/0>
- 1.2 Most of it is not directly related to the work of ADPs but some of it very much is. Our Chair has asked that we offer an ADP view.
- 1.3 ADP members were previously invited to comment on an initial draft ADP response which was prepared by the ADP Lead Officer. The responses received have been incorporated into this document.

2 Aim

- 2.1 The purpose of this paper is to seek approval to submit an Aberdeenshire ADP response to the consultation on the draft regulations surrounding integration of health and social care.

3 Proposed consultation response

Prescribed information to be included in the Integration Scheme (Section 1(3)(f) of the Public Bodies (Joint Working) (Scotland) Act 2014)

- **Plans for workforce development.** We welcome the requirement to publish plans for workforce development. This could be strengthened by encouraging integrated workforce development across the full health and social care workforce.
- **Payments to the integration joint board.** We welcome the requirement to publish the process that constituent authorities will use to agree a schedule of amounts to be made to the joint board. This could be strengthened by Scottish Government issuing ring fenced ADP monies directly to the joint board rather than via NHS Boards.
- **Information sharing and data handling.** We welcome the requirement to publish an information sharing accord. This could be strengthened by it incorporating information sharing and data handling across all relevant partners, including relevant third sector organisations.

Prescribed functions that must be delegated by Local Authorities (Section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014)

Consultation on Regulations for Integration of Health & Social Care

- We welcome the inclusion of purchased and local authority provided drug and alcohol services for people aged at least 18 years. However, to enable consistency and seamless service provision with the NHS, we'd ask that Local Authorities be given the discretion to include addiction service provision for people less than 18 years old too.
- We welcome the inclusion of obligations under the self-directed support legislation.
- We'd welcome clarification that employability services are included within the banner of 'support services'.

Prescribed functions that must or may be delegated by Health Boards (Section 1(6) &1(8) of the Public Bodies (Joint Working) Scotland) Act 2014)

- We welcome the inclusion of inpatient and outpatient services for people with addictions but seek clarification whether maternal addictions, patients affected by foetal alcohol spectrum disorder (FASD) or alcohol related brain damage (ARBD) are included within this category.
- We welcome the inclusion of pharmaceutical services (GP prescribing) but would suggest that prescribing nurse and community pharmacists working out with GP practices also be explicitly included.
- We welcome the inclusion of services designed to promote public health.

Prescribed National Health and Wellbeing Outcomes (Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014)

We welcome the proposals for national health and wellbeing outcomes and recognise that these objectives have already been through a long process of development. However, we would suggest the following refinements:

Outcome 2 'People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.'

- We'd suggest that this be expanded beyond 'living' to include being treated or cared for out with a residential setting as far as possible. For example, community alcohol detoxification and rehabilitation should be preferred over residential provision except for those complex cases requiring it.

Outcome 4 'Health and social care services are centred on helping to maintain or improve the quality of life of service users.'

- We'd suggest that this outcome should relate to citizens rather than just service users. This is because, not all those in need are engaged with services. For example the proportion of dependent drinkers engaged with our specialist services is about 6% despite post-mortem examinations suggesting that 0.5% of UK adults have had changes to their brains due to alcohol consumption that have gone unrecognised during their lifetime. Also, citizens can derive great benefit from co-

Consultation on Regulations for Integration of Health & Social Care

production such as peer support and mutual aid. Whilst these are not NHS or LA services, it is essential that statutory care services actively work with and support such co-production.

Outcome 6 'People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.'

- We'd welcome clarification of the scope of citizen's ages included within this outcome given the age limitations elsewhere in the legislation. So for example, we'd hope the following would be within scope: adults caring for a vulnerable child (eg informal kinship carer looking after the child of a problematic drug user); a young person or child looking after an adult problematic alcohol user.

Outcome 7 'People who use health and social care services are safe from harm.'

- We'd suggest that this is a reasonable outcome if the source of harm is iatrogenic in nature. However, if the harm anticipated is not just iatrogenic, we'd suggest that the outcome be modified to include all vulnerable people, not just service users.

Outcome 8 'People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.'

- Given the co-production agenda and delivery role of staff out with NHS and LA settings, we'd suggest that this outcome be modified to refer to people delivering health and social care services.

Outcome 9 'Resources are used effectively in the provision of health and social care services, without waste.'

- Whilst we agree with the policy background that, 'If people's needs are not anticipated, and opportunities to prevent the need for institutional care are not met, people can find themselves in institutional care too early, and for too long', we'd suggest that this idea be extended to institutional care including prison. In an addictions context, preventative and anticipatory care can help people avoid offending and the risk of prison.

4 Recommendations

4.1 ADP Members are invited to:

- Suggest any final modifications to this response.
- Approve submission of this response in the name of the ADP.

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July 2014