

## **Collated views of the Older People Strategic Implementation Group (OPSIG) – a Partnership Group in Fife with wide representation.**

The OPSIG is a Partnership Group which aims to maintain a focus on the needs of the older population in Fife in relation to their health, wellbeing and independence and oversees progress on delivering the strategic intents detailed in the Joint Health & Social Care Strategy for Older People in Fife. The group membership includes of officers from Fife Council, NHS Fife and public representatives and partners from the care sector.

### **Comments on Part 1: General Comment**

We welcome the opportunity to comment. The concern of the OPSIG is to advocate for the interests and needs of Older People and to influence the strategic direction of services that meet the needs of the older population. Our comments on these draft regulations are guided by their effect on the policy rationale for integrating health and social care services – and their effect on older people who need good services. The Policy rationale (page 6 of Set 1) being *“to improve the quality and consistency of services for patients, carers, service users and their families, to provide seamless, joined up, high quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with longer term and often complex needs, many of whom are older.”* (This is as written on page 6 of the Introductory section.)

We feel it is vital to keep in mind the objective of this legislation at all times through its implementation.

### **Other general comments**

We also consider that integration of Health and Social care with an aim to provide seamless care really should have had provision for the other sectors that provide a large proportion of the care i.e. Independent and voluntary sector and unpaid carers. To provide seamless joined up care all sectors should be included/considered with, at a bare minimum, a reference to Independent and Voluntary sector roles, and joint working and communications between the public bodies and other sectors.

### **Prescribed information**

We have no comments

### **Prescribed functions Local Authority**

We note that the list of social care and housing related services that affect older people is included. We have no comments except that there is no section about any other functions that “may” be integrated as there is for the NHS services.

### **May or Must be delegated by Health Board**

We broadly agree with the thrust of the proposals as long as the overall aim of the legislation is kept in mind. I.e. better health and social care services for people who need such services.

Much of the work of hospitals relates to unscheduled care - but the appropriate boundary between NHS only and NHS as part of the integrated body should be

agreed locally taking account of the main purpose of the legislation. We have no other specific comments on the list.

### **Proposals for National Health and Wellbeing Outcomes**

We support the proposed list of outcomes and particularly welcome the strong focus of the outcomes on the desired objective of this legislation - better health and social care services for people who need them. We feel that, in relation to the main policy objective of the legislation, the main outcome is the second one – relating to independent living. It is very welcome that this and related outcomes are included for all relevant health and social care services to be judged against.

We would also note that two of the outcomes (Number 1 health and wellbeing and number 5 contributing to tackling health inequalities) cross over with the responsibilities of Community Planning Partnerships. Although Health and Social care services can contribute to these outcomes, much of the work to improve health and wellbeing and to tackle health inequalities is (and needs to be) led through Community Planning Partnerships to take account of the determinants of poor health and wellbeing – many of which lie outwith the direct control of health and social care services.

### **Proposals for interpretation of what is meant by the terms Health and Social Care Professionals**

We feel that the definitions are very specific for a health profession and very general for a social care professional. We feel that appropriate and robust definitions required to ensure that people who need health and social care services in future have appropriate input and care from professional staff. In particular, the legislation should ensure that all professional staff providing hands on care and support to people who need those services have appropriate qualifications and training – coupled with appropriate registration or other oversight mechanisms.

Currently the statements about social care professionals seem too general and too wide ranging. We feel that the definitions should cover those staff who provide or are trained and registered to provide “hands on” or “face to care” social care, which would exclude service managers for social care unless they were also registered for hands on care. This would also bring this section into line with the section for health care professionals.

We do not have any other comments on this section.

### **Prescribed Functions conferred on a Local Authority Officer**

We have no comments on this section

### **Comments on Part 2**

We do not have any specific comments on this part of the legislation

Gordon McLaren, NHS Fife

Submitted on behalf of the Older People Strategic Implementation Group, Fife

1<sup>st</sup> August 2014