

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

4. If yes, please suggest:

PAMIS welcomes the information within the regulation that stipulates the process in which statutory services must work in partnership to create a successful integration of health and social care services. However, PAMIS feels that there is a lack of third sector involvement. Third sector members are expected to adhere to the agreements set out by local authority integration schemes but are not necessarily included in all local authority consultation processes.

The inclusion of: users of services; third sector providers/voluntary group representation; other relevant organisations and unpaid carers would foster good relationships and promote acknowledgement of the value of their contribution in the overall care provided within the community by many, who are out-with statutory services. Partnership working will not be key in this initiative if a number of the partners are excluded from the table. This is particularly so when we consider that the third sector provides a third of all registered social care services.

Information sharing is an important aspect of any care carried out when more than one discipline/department within health and social care is involved. PAMIS is developing an information technology application, through the PAMIS Manage IT (MIT) Project, that will enable family carers to share relevant critical information quickly when necessary. Instances that require speed and accurate information are important when an emergency hospital admission is required. NHS Tayside has developed The Individual Care Pathway to address the particular problems people with PMLD and their family carers have associated with sharing information out-with normal working hours. PAMIS will incorporate NHS Tayside's Individual Care Pathway within the app. being developed through the MIT project. This will promote a more integrated approach toward care from both primary and acute services and in some cases enable third sector social care staff to offer the person continuity of care within the hospital setting. Similar developments should be promoted and, if already in existence, expanded to promote integration at all levels.

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

None

ANNEX 2(D)

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes

No

2. If no, please explain why:

No comment

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

One observation.....Does section 14 page 37 still hold given that services will be integrated?

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:

There is some confusion regarding health visitors and their remit. Will health visitors include both adult and child services? It appears to only include children in relation to assessment and care and protection of children. Does this mean that assessments only will be carried out with no actual action taken by a health visiting team?

RE - Community Learning Difficulties Team. Is this team the same as the Learning Disability Team? If this is in fact a different team there should be a separate section that addresses this. Can this be made more explicit? It is also necessary to clarify where these services will be delivered. i.e. Day Service provision, respite etc.

Re Allied Health section – PAMIS feels that allied health professionals should be responsible for the assessment **and provision of any required specialist equipment**. PAMIS families are adversely affected when specialised equipment is assessed as being necessary yet neither social care nor health are willing to take financial responsibility for the provision of any necessary equipment. Can we be assured that in instances such as this that under an integrated service this will be addressed?

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:

Until the above query is clarified re Learning Disability / Difficulties we feel the list of services set out in regulations that must be delegated is not complete.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes

x

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.

Again refer to previous discussions re equipment and learning disability/difficulty services.

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

Re Discharge Policies

There is no reference to hospital discharging policies which is critical when integrating health and social care.

Planned hospital admissions are not discussed in this section either. This is also critical as any hospital learning disability liaison staff must communicate with families and staff from the community learning disability team to enable a fully integrated service to be provided and deliver true quality of care.

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?

PAMIS believes the inclusion of National Health and Wellbeing Outcomes are important and welcomed.

Outcome 1 - People with profound and multiple learning disabilities (PMLD) and their family carers must be appropriately supported to achieve this outcome. This should strive to be a person centred approach that enables both the person with PMLD and their family carers to reach and participate in life fully.

Outcome 2 - Family carers of people with PMLD are key to achieving outcome 2 and should be adequately supported and represented as equal partners in care. To ensure delivery of effective community based services with a focus on prevention, family carers need to be key partners in any future discussion on service provision.

Outcome 3 – The family carers of people with PMLD should again be considered and included as central to the planning and delivery of appropriate services for people with PMLD. (Please see Equal Partners in Care) www.knowledge.scot.nhs.uk/equalpartnersincare

Outcome 4 – Family carers of people with PMLD often tell of difficulties in accessing appointments due to remote and rural geographical issues. Flexible appointment systems are helpful as are increased community satellite clinics that exist in some geographical areas. This would help improve the quality of life of those living in rural areas.

Outcome 5 – Health inequalities exist for people with PMLD due to their extreme level of disability and complex healthcare issues. Family carers often face economic hardship due to their 24 hour caring roles that exclude them from accessing paid employment.

Outcome 6 - PAMIS welcomes the recognition of the value of the unpaid carer. Family carers have an integral role in any package of care provided and should be consulted on all aspects of any care being considered. Carer rights should be observed and respected throughout the process. Steps should be routinely put in place to ensure that any decisions are beneficial to the physical and emotional health of the family carer.

Outcome 7 - PAMIS agrees with this outcome. However, acknowledgement and understanding of the rights of Legal Welfare Guardians **should always** be acknowledged and respected.

Outcome 8 – In order to ensure that the integration of services is successful, regular and continued training must be in place for all staff involved in service delivery for people with PMLD. The number of healthcare related procedures and resulting healthcare requirements must be acknowledged and funded appropriately.

Outcome 9 – Family carer knowledge understanding and expertise should be utilised within any training provided to ensure that appropriate and truly person centred care is promoted. Involving family carers in any training would optimise outcomes for people with PMLD and in the process would result in effective use of financial resources. An integrated funding approach would also enable relevant charities, such as PAMIS, to support people to address inequalities and financial constraints.

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?

Yes mostly but please see comments above.

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?

None

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

None

**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:

None

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?

As previously mentioned, statutory services are being discussed without consideration of other organisations and health/social care professionals out-with statutory service providers. The third sector workforce must be acknowledged for the quality of service that they provide. Clarification of the third sector professionals noted as social care professionals who are not regulated, should also be listed alongside SSSC workforce.

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

None

**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER
RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes

No

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

Throughout the draft regulations there are gaps which exclude third sector professionals and the services that the third sector already provide. In terms of making best use of resources the exclusion of the third sector and family carers is detrimental to the aim of achieving integrated health and social care. This could be improved by:

- Involvement of family carers in training where appropriate
- Involvement of third sector and support organisations
- Increased partnership working with third sector workforce
- Clarification of financial responsibility for assessment and purchase of health related equipment
- All partners inclusive of third sector and family carers adopting a human rights based approach to the integration agenda.

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

None