

1st August 2014: Final Response to Consultation

The following comments represent the views of the Public Health Department in NHS Fife.

Comments on Part 1: General Comment

We welcome the opportunity to comment. The concern of the PH department is the health and wellbeing of the population of Fife. Our comments on these draft regulations are guided by their effect on the policy rationale for integrating health and social care services – and key groups within that - not least frail older people and people living with complex long term conditions and/or care needs who need good joined up health and social care services to enable them to live independently in the community for as long as practicable.

We fully endorse the Policy rationale (page 6 of Set 1) “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

Independent and voluntary sector and unpaid carers: 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.

Children: It is unclear that the situation with children has been thought through as many of the NHS staff groups have roles in relation to children yet it is unclear that children’s services will be part of integration and this group is not clearly part of the objectives which have been drawn up. Sexual health services are integrated as opposed to as described.

Prescribed information

We have no comments

Prescribed functions that must be delegated by Local Authorities

We note that the list of social care and housing related services that affect adults and 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.

Prescribed Functions that May or Must be delegated by Health Boards

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 adults and older people who need such services.

Much of the work of hospitals relates to unscheduled care. 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. However we also feel that the sustainability of acute hospital care as an integrated hospital organisation needs to be borne in mind in agreeing this boundary. At present the “may or must delegate” section is so broad that almost all unscheduled care may get delegated to the new body with little obvious oversight or consideration of the knock-on effects for the viability of services currently based in acute care.

We would therefore advise that more of the sections on hospital care should be moved to the “may” section coupled with a requirement for Integration Schemes to ensure the viability of acute hospital organizations if they wish to include such elements of acute hospital care within such Integration Schemes. Alongside that, the regulations could also state that, where relevant hospital services were not able to be entirely delegated to the Integration Authority, that there would be a requirement on the acute hospital organization and the Integration Authority to work jointly with each other to ensure the development of health and social care services to meet the main policy aim of the legislation – i.e. to ensure and assure the best joint health and social care services for those who need them, particularly frail older people and others with multiple and complex long term health conditions and care needs.

Health Promotion: The regulation states “Services designed to promote Public Health: We support the inclusion of health promotion services in the integrated arrangements – (page 50 of set 1). The day to day work of health promotion in Fife sits within the CHPs and we would envisage these services appropriately being in the integration arrangements. However it should be noted that strategic aspects of improving health and wellbeing and tackling health inequalities are and need to under the aegis of the wider Community Planning Partnership arrangements. Tackling inequalities in health for example requires action on life circumstances related to economy, employment, education/skills to name a few key areas. These are all outwith the direct control of health and social care services.

Proposals for Prescribed National Health and Wellbeing Outcomes

Link to main policy objective of Legislation: We support the proposed list of outcomes and particularly welcome the strong focus of the outcomes on the desired impact of this legislation on better health and social care *services*.

Overlap with Community Planning: We would also note that for two of the outcomes (1 and 5), though Health and Social care services can contribute to them, 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 wide and varied determinants of poor

health and wellbeing – many of which lie outwith the direct control of health and social care services. (Outcomes Number 1 health and wellbeing and Number 5 contributing to tackling health inequalities).

Main Outcome: We feel that in relation to the main policy objective of the legislation the main outcome of relevance is the second one – relating to independent living – and it is very welcome that this outcome is included for all relevant health and social care services to be judged against. We feel this outcome should in fact be the first one in the list – given the policy objective of the legislation. The other outcomes barring 1 and 5 also relate to health and social care services and we fully support them.

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 have no comments on this section.

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on behalf of the
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