



Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act – Set 1

UNISON Scotland's Submission to the Scottish Government on their Consultation on the Draft Regulations relating to the Public Bodies (Joint Working) Scotland Act – Set 1

July 2014

Introduction

UNISON is Scotland's largest trade union representing over 155,000 members working in the public sector. We represent over 60,000 health staff as well as social workers, social care staff, who are part of adult health and social care workforce, many of whom will be affected by the Scottish Government's proposals. We also represent members working in care in the community and voluntary sector.

UNISON Scotland welcomes the opportunity to respond to the Scottish Government on their consultation.

Questions

1. 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

No

4. If yes, please suggest:

UNISON agrees broadly with the prescribed information to be included in each Integration Scheme but believes that there should be additional information about staff governance. We welcome the inclusion of plans for workforce development and information about staff transfers, but feel the omission of staff governance should be rectified.

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

We believe that sections covering information governance and information sharing should cover not only individual level information sharing for the purpose of health and social care but should also clarify aggregate information sharing for wider groups.

2. 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:

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

UNISON believes that the local authority functions which *must* be delegated should be kept to a minimum, and that these should not include children's and community justice services.

We would like clarification of what is meant by "housing support services" as some of these services, such as homelessness or warden services may not fall within the scope of the Act

3. 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:

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:

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

Yes

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.

With regard to hospital services, UNISON believes that the split between strategic planning and operational management could lead to confusion, and this also applies to Accident & Emergency Services.

Clarification is required in relation to what is meant by “Health Promotion”, in particular if this is intended to include what is often described as specialist health promotion services which are currently part of Public Health Departments in many NHS Boards?

Clarification is also required on what is meant by “Women’s Health Services”. For instance is the reference to “sexual health” meant to apply to all services rather than women only. In addition there is no mention of Pharmacists and yet the national pharmacy contract includes the provision of emergency hormonal contraception by Community Pharmacists.

The description “Pharmaceutical services – GP prescribing” requires clarification. Strictly speaking GP prescribing is not a “pharmaceutical service”. The dispensing of prescriptions written by GPs and others, unless from a dispensing GP practice, is a pharmaceutical service provided by Pharmacists under the terms of the pharmacy national contract.

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

The rationale for inclusion of Home Dialysis in the list of services which must be included requires explanation. This would normally be considered as part of an integrated renal service.

Independent pharmacy prescribers are only referred to in the regulations (Schedule 2) as working in GP practices, whereas independent pharmacy prescribing clinics are being provided in a range of settings including from community pharmacies. Recognition of the variety of primary healthcare professional services being provided from settings other than GP practices should be recognised.

4. 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?

Yes

No

If no, please explain why:

UNISON supports an outcomes based approach to the National Health and Wellbeing Outcomes, but believes that inputs and process are still important and one should complement the other.

We also believe that a correct balance should be struck between national outcomes and local flexibility.

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?

With regard to outcome 8 – referring to the staff who work in health and social care services, we believe that staff engagement should be part of the outcome, as staff are in day to day contact with service users, are aware of their needs and can have useful input into the best way to support them.

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?

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

The national outcomes will require to be supported by measurable indicators if they are to have the intended impact.

They need to be explained in plain language with no assumptions about prior knowledge.

It has to be acknowledged that it will take time for all parties to become familiar with the new system and its outcome focused objectives.

Several comments have been received that in general terms, the links between the Partnerships and acute hospital services could be strengthened. It may be worth considering a further outcome along the lines of, "People who require health services that are only available in the hospital setting are able to access these services timeously and are able to return to their home or homely setting safely, appropriately supported, and as quickly as possible." It is appreciated that this may blur lines of accountability but perhaps joint accountability in this area may be appropriate.

5. 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:

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?

UNISON accepts the list of defined professionals in Health and Social Care; however, we believe that the “catch-all” phrase at the end of the Social Care Professionals’ list requires further clarification. For example, are personal carers, who carry out functions for service users using Self-Directed Support included in the Act? There are no plans at present for them to register with the SSSC at all.

In addition, support workers who provide care at home services are not due to submit their applications to be included in the SSSC register until 2017, and not due to be compulsorily registered until 2020. We would also comment here on our concerns that many staff, particularly in the Community and Voluntary Sector who are usually low-paid women workers, are being charged £100 for the training leading to them obtaining SVQ 2 qualifications. We feel this is most unfair.

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

6. 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?

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

As far as we can see there is nothing in these regulations that refer to the Chief Officer of the Integration Joint Boards and we believe this must be addressed

In addition, although not related to this specific draft Regulation, we would offer two further general comments:

- It would be helpful to have a clearer link to expectations around tackling inequalities and the relationship between Health and Social Care Partnerships and Community Planning Partnerships; and
- The draft Regulations will not achieve the policy intention of the Act alone. They should form a framework within which there is room for local flexibility and exercising of effective local leadership at all levels.

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