



Committee Clerk
Health and Sport Committee,
T3.60, Scottish Parliament,
Edinburgh
EH99 1SP

Date: 2 March 2017

Dear Sirs,

Re: Call for evidence: Inquiry into Integration Authorities' (IAs) approach to engagement with stakeholders on Health and Social Care integration plans

I write in my capacity as Secretary to the Law Society of Scotland's Health and Medical Law Subcommittee (the Committee) and in relation to the above call for evidence.

The Committee has recently considered and discussed this and wishes to put forward the following comments.

What could be done to improve the communication from the IAs and what can be done to ensure greater collaboration and engagement in the decision making process of the IAs?

- We suggest that a 'coal face' up approach is needed with good use of link workers, Community Health & Social Care Workers and Third Sector workers.
- We further suggest that a stronger focus on communication with the work force in general is key. However there are some professions who are more instinctive than others when it comes to integration. For example, Occupational Therapists (OTs mostly Healthcare) and Social Workers (Social care) are "link workers" and are well placed to collaborate and communicate across Health and Social Care. For example, there was a fairly successful "Care Together" pilot scheme in Perthshire (2001–2004) when Hospital & Social Work OTs shared work space and integrated caseloads. It was relatively small scale but was a sensible approach as OT's are trained in both settings.
- We suggest that consideration be given to creating joint working spaces wherever possible - this will foster integration. There is an ongoing need to foster good relationships and promote transparency between stakeholders.
- In relation to IT Systems, this continues to be a big stumbling block. There is a need for effective linkage with data sharing and we suggest the aim should be for integrated intranet/internet portals, info and training platforms/portals. This may require consent to the sharing of information, some of which is already in place.



- In relation to IA Boards, we believe that there should be equal representation from Health & Social Care, but we are aware that there are many more HC professions, so this may result in more HC representation on Boards. We also suggest that it would be sensible to invite transparency on breakdown of the professional status of members of IA Boards, supplementing the aims of Gender Representation as proposed by the Scottish Government in the Draft Gender Representation on Public Boards (Scotland) Bill - which has the policy intent of achieving 50% female representation on public boards.
- We welcome the planned conference (March 2017) between the Scottish Government and a number of health care sector providers around the new model for Complaints Handling Procedures for the NHS and Social Work. This is due to be introduced in April 2017 alongside the social care complaints process and the new statutory Duty of Candour, which will come into force on 1 April 2018 and consider that planned sharing of complaints processes would seem a useful step forward to ensure the greatest degree of transparency

We hope these comments are helpful and we would welcome the opportunity to engage with the Health and Sport committee further on this and participate in any planned roundtable sessions.

If you have any questions, or wish to discuss further, please don't hesitate to contact me on the number below

Yours faithfully

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