

SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE

DATA PROTECTION FORM

Name:	Scottish Independent Advocacy Alliance
Date:	31/07/2018
Organisation: (if required)	Scottish Independent Advocacy Alliance
Topic of submission:	Health and care (Staffing) (Scotland) Bill

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HEALTH AND SPORT COMMITTEE

HEALTH AND CARE (STAFFING) (SCOTLAND) BILL

SUBMISSION FROM **Scottish Independent Advocacy Alliance**

The Scottish Independent Advocacy Alliance (SIAA) is Scotland's national membership body for advocacy organisations. The SIAA promotes, supports and defends independent advocacy in Scotland. It aims to ensure that independent advocacy is available to any person who needs it in Scotland.

1. Do you think the Bill will achieve its policy objectives?

Not sure

2. What are the key strengths of: Part 2 of the Bill?

SIAA supports the general principle of the bill, to ensure appropriate staffing within the NHS, and believe that staffing could be improved by the introduction of both an appropriate staffing tool as well as the resources required to make adhering to the tool possible.

SIAA also welcomes the emphasis places on the local context in which healthcare is provided.

Part 3 of the Bill?

SIAA welcomes the general principle of the bill, to ensure appropriate staffing of social care support and services.

3. What are the key weaknesses of: Part 2 of the Bill?

We believe a weakness of Part 2 of the Bill is that much of its effect will be left to secondary legislations and that much of the success of the Bill hinges on the use of 'appropriate' staffing arrangements, which will be defined by a tool outlined in future regulations. As such, assessing its potential impact on existing support and services is difficult.

Another concern is that, as introduced, there is no obligation in the Bill to consult directly with people who use support and services in advance of publishing guidance in relation to the staffing tool. Whilst we welcome the commitment the Bill makes to ensuring that consultation will be carried out with 'others; the Scottish Government considers appropriate, we believe a stronger commitment should be made to ensuring views of people who use NHS Support and services are heard. We would support the

Health and Social Care Alliance's (ALLIANCE) view that 'representative groups of people who use NHS support and services' should be added to section 121F (3).

Section 121C 9i) of the Bill identifies that mental health and learning disability units are subject to Part 2 of the Bill. It also notes that the location of this type of healthcare is 'mental health and learning disability units in hospitals' and relevant employees are 'registered nurses'. Mental health services are often provided in the community through a Community Psychiatric Nurse, and not in a hospital. Forensic mental health services also have an important role in supporting people with mental health problems. We would, again, support the ALLIANCE's view to encourage the Committee to make sure that these services are covered under Part 2 of the Bill.

Part 3 of the Bill?

We believe a key weakness of the Bill is that although Part 2 of the Bill makes reference to taking account of the local context for healthcare, this is not replicated in Part 3 with regards to social care and support services. We believe that this is just as, if not more, relevant to social care and therefore believe that the Bill should be amended to add a reference to the local context within which support and services operate at Section 6 92) in the Bill.

Part 3 outlines that Ministers may publish related guidance and outlines a range of consultees, however this does not currently include reference to Integration Authorities who plan, design and deliver social care services across Scotland. We support the ALLIANCE's view that the Bill should be amended to ensure they are appropriately consulted alongside people who use support and services.

We would also encourage the Committee to consider whether this Bill could have implications for people who manage their own Self-directed Support packages and may employ numerous paid carers to support them. We believe that the Scottish Government should closely consider the potential implications of this Bill in relation to the Social Care (Self-directed Support) (Scotland) Act 2013.

4. What differences, not covered above, might the Bill make? (for example: will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are 'safe and high quality' assured / guaranteed by the Bill?)

We believe the wording 'purpose of staffing health and care' used in the general principles is limited in its definition of the role health and social care staff can play in supporting people who use support and services. We agree that this should go further to make reference to staff as defenders and enablers of the rights of people who use support and services and/or in supporting people to achieve their personal outcomes (defined in the Self-Directed Support (Scotland) Act 2013).

We particularly welcome the explicit mention of rights in the Bill's general principles. Human rights based approaches are fundamental to the direction of travel of public service delivery in Scotland and embedding human rights explicitly within legislation, guidance and policy provides a powerful tool to drive improvement. We would encourage the Committee to explore with the Scottish Government how this development is aligned with Scotland's new Health and Care Standards. We believe that the rights of staff should also be acknowledged in the guiding principles.