

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:

1. It is suggested that the Integration Scheme should be, as far as possible, a “one-stop” document which narrates the entire agreement between the parties and states clearly which services/functions it covers and arrangements for the governance/delivery of these functions/services.
2. It would be important that the need for public reporting of performance was explicit in the Regulations. Accordingly it is proposed that the prescribed matter (column A) on page 17 is reworded to insert the word “public” before “reporting arrangements...”
3. The Regulations should provide clarity in relation to Government’s intentions in relation to financial management and the discretion available to partners. Ministers may wish to consider a mechanism with discretion to negotiate to address changing priorities and other pressures.
4. Further clarity is sought on proposed financial arrangements eg. Arrangements for transfer of debt; will IJB have separate bank account(s)?

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

No

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

Partly

2. If no, please explain why:

Officers of the Comhairle have had sight of and endorse the work of SOLAR in relation to the detail of these provisions. Decisions such as that under section 22 to set care home rates will require to be discussed and agreed by the IJB and addressed in the Strategic Plan and financial arrangements outlined in the Integration Scheme. There is also an issue in relation to Housing Support – see below.

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

It is proposed that only those elements of housing support which are wholly designed to support people with social care needs should be mandatory – which would essentially limit the mandatory list to the provision of aids and adaptations to people with social care needs. We consider it of high importance that the final regulations reflect this position. Other housing support functions should be retained within the local authority as many customers who receive housing support services may not necessarily receive social care assistance, an example of which is housing support for homeless households.

The Housing (Scotland) Act 2010 introduced a duty to assess the housing support needs of homeless people and provide housing support where required. Such housing support is provided to help meet the needs of the customer and help them sustain their tenancy. It would be unhelpful to move this type of support to the new integrated service as it is specifically linked to housing and homelessness legislation. The expertise, responsibility and regulation of homelessness services sits within local authority Housing services and this support is very different from social care support. (Iain Watson content with this text)

ANNEX 3(D)

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 Partly

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.

Further description would be helpful in subsequent Guidance.

Ministers are asked to explain the rationale for inclusion of health visitor services in the event that partnerships choose not to include children and families services. Similarly an outline of the anticipated interaction between community based mental health and associated acute services would be appreciated.

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

These areas of prescribed health service delegation reflect a major shift in the way that services are planned, organised and delivered, with substantial implications for Health Boards and embryonic HSCPs. Robust guidance will be essential which effectively describes these new relationships, accountabilities and commissioning / delivery mechanisms. How pressures are managed strategically and operationally, will be central to the success of integration.

**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 Partly

If no, please explain why:

We strongly support the principle of having agreed, shared outcomes. However, we have some concerns about ambiguous wording in places:

Outcome 6: The Carers outcome seems to send out the message that the “impact” of caring is wholly negative - that would be very unfortunate for all sorts of reasons. Suggest replacing the word “impact” with “pressure”, or insert the word “negative”. Alternatively a rewording to “People who provide unpaid care are supported to sustain their own health and wellbeing”

Outcome 7: The concept of “safe” derives from the Talking Points outcome “*people feel safe*”, but the wording of this outcome can confuse the reader regarding whether this means that services are to be clinically safe, or that people feel safe from crime, for example. In addition, the term “safe” is relative and may mean something different for an older person with mobility problems than it might for a younger adult who uses heroin. It is suggested that this outcome is reviewed in order that its intent is clearer.

Outcome 8: It is suggested that the term “feeling engaged” could be ambiguous and its intention is unclear. If employees are continuously improving the services they provide, then they clearly feel engaged with the work they do. It is recommended that “and feel engaged with the work they do” is therefore removed.

Outcome 9: The term “without waste” sits uncomfortably with these outcomes. Something can be effective but inefficient or conversely efficient but ineffective and balancing these is a major task, whereas “waste” is entirely negative from every perspective and oversimplifies the challenges faced. It also fails to take account of the strategic objectives of existing legislation, particularly that relating to Best Value. It is recommended that “without waste” is therefore removed.

02. 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?

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 Partly

5. If not , why not?

Users are not a homogenous group; some will understand these outcomes and some will not, for various reasons including the nature of their care needs and any associated cognitive capacity. Some of the wording is ambiguous, as explained at Q1, and some of the simplicity of the earlier iterations appears to have been lost - a few of the outcomes are now quite long and multi-faceted. It is acknowledged that this is necessary to achieve clarity in relation to some outcomes e.g. Outcome 2. This has resulted in the Outcomes losing some clarity and transparency in terms which are directly meaningful to service users.

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

No.

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?

It is suggested that transitional provisions may be required as the Regulation of Care (Scotland) Act 2002 provides for an incremental and phased approach to SSSC registration.

It is also suggested that consideration be given to those who provide personal assistance through Self Directed Support who are exempt from such registration.

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

Reference to health and social care professionals are mentioned in Regulations in the context of those who must be consulted in the preparation of Integration Schemes and Strategic Plans. It will be important that other professionals and non-professionals are included in these consultative processes, for example finance, planning, commissioning, performance, HR and employees involved in health and social care delivery who may not be registered

**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?

It is noted that the prescribed functions do not include mental health provisions nor those in relation to adults with incapacity. It is appreciated that Government may not see any need to transfer such functions (as CSWO will remain with local authorities) but confirmation is sought.