

**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

East Dunbartonshire Public Partnership Forum (EDPPF) facilitated in East Dunbartonshire(ED) Public Bodies (Joint Working) (Scotland) Act 2014Bill consultation event on the 24th of June 2014. Prior to the event each participant received a copy of the bill and the questions that we proposed to answer.

All in attendance were aware that there are 11 functions that “May” be delegated (P53 Schedule1) and 18 functions in the “Must” be delegated (P55 & P56 Schedule 2) but as with previous consultations that affect the people of Scotland, those present strenuously and collectively stated that these headings of “May”, “Must” and also “May Not” are confusing, unhelpful and vague. A major point raised and that we were aware of was why *children’s services* are not being integrated? But it states on P28, Paragraph 5 of the Bill – (“Local Authorities, with partner organisations, purchase and provide a wide range of social work and social care services in order to carry out their legal functions. These services include services to children, young people, adults and families, promoting empowerment, independence, safety and protection”).

People should not be disadvantaged by change and this is a seismic one, what plans are in place for this to be monitored effectively and when will the public be made aware of these changes? Added to this and with severe budget cuts having taken place and with more on the horizon (2014 – 2017), it was also queried that, “how would future budgets reflect the needs for all and how would this be fairly separated’?

East Dunbartonshire CPP SOA 2013 – 2016 - states

“Although the child population is predicted to fall over the coming years the last five years have seen a steady rise in the number of vulnerable children due to abuse, neglect, family breakdown, as well as risk taking and offending behaviour by the child/ young person. Therefore it is vital that vulnerable children can access the services and support they need”.

With the local councils budget predicted to decrease, what plans are in place for the increase in their costs, both in staff capacity and funding and for the extra child services they will be taking on? It will be important to support families and not exclude on the basis that it is children.

AS

**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.

In reply to your question (3) concerning schedule 2 (Page55) and the 18 functions that must be integrated in ED and based on the response of our members and services users ED PPF is aware that at present a number of specialist clinics which cover a wide range are currently delivered on behalf of EDCHP for example specialist children's services, sexual health services, physio and podiatry services. CHP itself host Oral Health services for the GGC Board as a whole.

There is insufficient clarity regarding hosted services. Will the current arrangement be able to be retained, whereby some H&SCPs will manage these services on behalf of neighbouring H&SCPs?

There is no specific mention of specialist health improvement staff currently located within the CHP as the key workforce that drives health improvement and addressing inequalities. There is also a shared health improvement/public health resource available on a GGC whole system basis. It is unclear as to how this will be retained?

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

Again we wish to stress the points that were raised at the consultation event:

- Again we must stress our disappointment that locally, children's services are not being included.
- We believe that the regulations are confusing, vague and unhelpful.
- A&E and acute services complaints? Who will be accountable? How will these be monitored?
- Acute services – we are unsure how this will work in complex and unplanned situations.

Given GP's and health improvement services plan and deliver interventions for the whole population, regardless of age, it will be challenging to artificially separate children's planning at a local level. By having an extended integration vision that encompasses the needs of all residents of ED, we need to ensure parity in service for children, young adults, adults, our older population and their carers –'people should not be disadvantaged by change'.

**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:

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?

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?

Based on the responses at the consultation event, the members of East Dunbartonshire PPF would agree with the principle and the content of the national health and wellbeing outcomes.

The 1st point raised is that they will help to strengthen legislation against inequalities that currently exist, but again it was raised, are they additional to our local CPP SOA's? Services users wish it to be noted that the following is also recognised and included when agreed outcomes are discussed;

'Importance of trust and that local need is monitored' / involving service users and carers in changes / consultations / implementations'.

We also agreed that the Scottish Government have put a great deal of thought into The9 outcomes but we are not convinced, and believe it would be very difficult for the 'Public' to understand the whole consultation bill never mind (ANNEX 4 (A) Pages 63, 64, 65, 66, 67, 68 & 69 ) and the outcomes listed. The main responses from those present is that the outcomes are:

- Not Additional to what we already have.
- Are these achievable?
- How will they be monitored?
- Will they be understood?

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

Based on the information presented within the consultation, and based on the responses of services users, the members of East Dunbartonshire PPF would like to stress their disappointment that a separate consultation was not carried out on the future of children's services, as our belief at the time was that only council run services would be separate, but we now believe it relates to all services, from cradle to 16 yrs of age.

East Dunbartonshire PPF's members consider that there was not sufficient detail contained within the document to make a positive response to these regulations. Service users responded that there would need to be clarity of which services are the responsibility of our Integrated board. Hosted services, acute services, children's services especially with the fear that an area without a local hospital or one within our area, that our local integrated CHP would be in a position of 'Blame' if for instance challenging admissions and/or acute admissions are unplanned? We believe regulations affecting our area should be flexible and reflect local need and as such may be in contrast to NHS priorities.

- Are these regulations affordable?
- Are these regulations attainable?
- Will they be effectively verified?

We also wish express our disappointment that Criminal Justice services are also excluded from integration of health and social care. This means that the responsibilities for supporting vulnerable adults, with learning disabilities, mental health or addiction problems, will be the responsibility of the integrated services up until the point they enter

the criminal justice system, when Criminal Justice will then have responsibility.

Where is the care pathway? Where is continuity of care? What happens to the trust built up with establishing good professional relationships with service users?

East Dunbartonshire PPF wishes to thank the Scottish Government for the opportunity to respond to this document.