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

We agree with principles behind the prescribed matters to be included in the integration scheme and recognise that a successful integrated service will allow Health and Social Care Services to develop joint strategic plans, deploy resources more effectively, meet local need and priorities and improve outcomes for patients, carers, service users and their families.

### 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 V						
2.	If no, please explain why:						
	We agree that the majority of Local Authority functions listed should be included however there needs to be more clarity on what Housing Support Services must be delegated.						
	Housing support services should be removed from the must be delegated list to may be delegated. This allows for more flexibility and can be added in the future if local need identifies this.						
3.	Are there any further comments you would like to offer on these draft						

The Social Work 1968 Act listed as 'must be delegated' refers to housing support associated with care. This level of housing support generally requires a joint social work/health approach and we agree that this should remain on the list of delegated functions as housing support with a care element fits well within an integrated model and would be difficult and inappropriate to separate.

However a number of Housing Support Services are low level, short term tenancy support services and do not require any element of care. Therefore, housing support, as a whole, should not be included in the list of functions which must be delegated but instead placed in the list of functions which may be delegated. This will allow for more flexibility in the delivery of services and ensures that that the demand for a wide range (high, medium and low level) of housing support needs are met.

In relation to aids and adaptations the situation within Glasgow is very different.

Within the Wheatley Group we have 2 distinct funding streams for aids and adaptations. As a legacy of the stock transfer in 2003 our largest subsidiary, Glasgow Housing Association (GHA), are responsible for funding their own aids and adaptations. As a result of this we have developed excellent joint partnership arrangements to effectively plan and meet the needs of GHA customers. We will actively seek to develop joint partnership arrangements with the new Health and Social Care Integrated Services.

However aids and adaptations for the other 3 subsidiaries within the Wheatley Group are funded from Scottish Government central budget. We are therefore uncertain of the impact that the transfer of funding to an integrated Health and Social Care Service for aids and adaptations would have.

Although we acknowledge the principles behind delegating the authority for aids and adaptations to an integrated Health and Social Care Service we are not clear how or if the proposals are acknowledging the recommendations made by the Adaptations Working Group, a key recommendation being that the strategic leadership for a housing adaptations service should lie with the local housing authority.

The Joint Improvement Team has also called for submissions from local authorities who wish to participate in 'Adapting for Change' demonstration sites. This is a 2 year pilot and we would suggest that it would prudent to wait until this has been evaluated before any changes are made.

# 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**

<ol> <li>Do you agree with the list of functions (Schedule 1) that may be delegated</li> </ol>							
	Yes						
	No	$\sqrt{}$					
	If no, please explain why:						
198 72 auth outo deci prov	It is not clear why Sections 4,5 and 5a and Part II of the Housing (Scotland) Act 1987, Sections 1,2,5,6,8 and 92 of the Housing (Scotland) Act 2001 and Section 72 of the Housing (Scotland) Act 2006 are listed in the functions of local authorities which may be delegated. Information on the principles or expected outcomes behind this would need to be provided before we could make any decisions about whether we agree with this or not. Until further information is provided explaining why so many housing functions may be delegated our initial response would be to request them to be removed from the schedule.						
and and inco	social cal	In the definition of the integral part of achieving successful health are outcomes. It is therefore essential that Housing's role as a key artner, in terms of strategic planning and delivery of services is within the new structure of the integrated Health and Social Care					



# 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?						

	Do you think that the National Health and Wellbeing Outcomes will be understood users of services, as well as those planning and delivering them?
	Yes √ No
5.	If not , why not?
	Are there any further comments you would like to offer on those draft
	Are there any further comments you would like to offer on these draft egulations?
	We welcome the introduction of the health and wellbeing outcomes, in particular Outcome 2: People, including those with disabilities, long term conditions or who are frail are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community.
	Within the Wheatley Group we have and are continuing to develop services and housing products to meet the changing needs of our communities. We are committed to providing services which assist our customers remain in their own homes, where it is safe to do so. This outcome will allow for a clearer joint focus on priorities between health, social care and housing.

## PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### **CONSULTATION QUESTIONS**

1.	•	u believe on of the A	draft	Regulations	will	effectively	achieve	the	policy
	Yes								
	No	$\sqrt{}$							

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

On the whole we believe that the draft regulations will achieve the policy intentions of the Act. However we would request clarification on the delegation of Housing Support Services and further information in relation to the delegation of aids and adaptations and the housing functions, which may be delegated, outlined in schedule 1 before making a decision on whether the Regulations will effectively achieve the policy intentions.

Our main concern, given the scale of housing functions which must or may be delegated is that housing appears to play a minor role within the draft regulations. It has been recognised for many years that housing, health and social work must develop better working relationships to support improvements in the quality and consistency of health and social care services, as outlined in the draft regulations.

However we are concerned that Housing services and the contributions they make to achieving successful outcomes has not been acknowledged.

It is well recognised that good quality homes are important for health and well-being and for many years housing has been acknowledged as one of the main settings that affect health. There is also a wide range of research which clearly demonstrates the links between housing, health and wellbeing and we would ask that this is reflected in the draft regulations.

The draft regulations state that the rationale for integrating health and social care services is: to improve the quality and consistency of services for patients, carers, service users and their families: to provide seamless, joined up, high quality health and social care services in order to care for people in their homes or in a homely setting etc.

To make this rationale a reality it is imperative that housing is recognised as a critical partner within the Health and Social Care Integrated Service.