ANNEX 1(D)

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 [X]

   No [ ]

2. If no, please explain why:

3. Are there any additional matters that should be included within the regulations?

   Yes [X]

   No [ ]

4. If yes, please suggest:

Aberdeen City Council welcomes the opportunity to comment on the Public Bodies Act 2014 draft regulations. With respect to the prescribed matters that must be included in the Integration Scheme we would wish to highlight the following points.

The Chief Social Work Officer (CSWO) is required to ensure the provision of appropriate professional advice in the discharge of statutory social work duties. We acknowledge that the draft regulations have the CSWO as a non voting member of the Integration Joint Board and we welcome that the regulations require Integration Schemes to state how the statutory CSWO role (and that of other professional advisors) will be incorporated into the governance of the Health and Social Care Partnership and local operational delivery arrangements. We think this is particularly important in those circumstances where the CSWO's operational role is out with the scope of the Partnership.

The accountability of the Integration Joint Board to the local authority and health board is clear throughout the Act and these regulations. We would suggest that the Integration Scheme indicates how the performance of the Board should be evaluated so that it can take advantage of subsequent opportunities to develop its effectiveness as an executive decision making corporate body.

Given that the local authority and the health board are required to review the Integration Scheme within a five year timescale, we would suggest that direction on the process for agreeing change to the Integration Scheme is needed – arrangements won't necessarily be fixed over time.

It is important that the line management arrangements for the Chief Officer to ensure his/her accountability also include appropriate support mechanisms. We believe that it is critical that a role of such seniority and influence does not have any 'grey' operational or accountability areas.

We acknowledge the potential for disagreements between the local authority and the health board to undermine the effectiveness of the Integration Joint Board and the Chief Officer. It is crucial that a transparent and effective dispute resolution process is put in place to minimise the impact of such circumstances.

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

We recognise that the Integration Scheme is in effect a Partnership agreement between local authority and health board and believe that these regulations will be of valuable assistance as we craft a document that encapsulates our shared vision and commitment to deliver good quality health and care services to our residents and communities.

There is, understandably, a strong focus on establishing the operation and governance of Health and Social Care Partnerships. We believe the regulations must also be mindful of the need to review and develop the operation and governance of Partnerships over the course of time.

Given the magnitude of change and significance of the integration of health and care services we believe that it is imperative that the regulations find the right balance between outlining statutory obligations and supporting local discretion and agreement.

ANNEX 2(D)

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 ☒

2. If no, please explain why:

The Regulations as currently drafted include a number of housing related functions; we feel that the scope of these needs to be further refined to cover specific paragraphs not whole sections of legislation.

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

We are broadly comfortable with the range of functions outlined however we would suggest that some of the functions, in particular Support services, Housing Support services and Health Improvement services would benefit from more detail being listed.

We note the inclusion of Drugs and Alcohol services. These services are already integrated under the umbrella of Alcohol and Drugs Partnerships (ADPs) which commission evidence based, person centred and recovery focussed treatment to meet the needs of their residents. ADPs are accountable to Community Planning Partnerships (CPPs) and so we would wish the Integration Scheme to clarify the relationship between CPPs and Integration Authorities. Accountability relationships at all levels throughout the Partnership must be clear and transparent.

We acknowledge that mental health services are to be delegated and would emphasise the importance of the Mental Health Officer (MHO) role. However the powers to apply for Intervention Orders and Guardianship Orders do not seem to have been included. We assume this an oversight. It would be helpful if it were made clear that MHO functions remain the statutory responsibility of the local authority.

With respect to Adult Support and Protection we suggest that section 38 of the 2007 Act (duty to apply for a warrant of entry) should be included to ensure consistency with other delegated duties. Also, domestic abuse is listed alongside adult protection in the list of services but there is no reference to it in the delegated functions. What is meant by this/what is being delegated?

We believe that there is a positive case for including adult Criminal Justice Social Work into the scope of integration and CJ being a part of the seamless, joined up service delivery. The issues many adult offenders have in relation to physical and mental health and wellbeing and substance misuse may be better addressed through strengthening links between criminal justice services and adult health and social care.

In terms of Housing Support services, we feel that those related to tenancy sustainment and homelessness should be excluded from scope. We agree there is a stronger case for those who receive an integrated care at home and housing support service, for example, those living in sheltered and very sheltered housing and also those with complex needs living in the community where the care and housing support is often inextricably linked.

The Regulations, as written, currently include whole sections of housing legislation. This requires further refinement and definition/guidance to reflect specific areas. Guidance must reflect where statutory responsibilities will lie if all services are transferred to the Partnership Body.

We believe the inclusion of the whole of section 92 (2001 Act) appears to be too wide and encompasses functions that relate to the repair and maintenance of the building rather that the health and wellbeing of the individuals who live there [this includes the power to provide assistance to a Registered Social Landlord (RSLs), we are not aware that this legislation has been used locally].

We have similar concerns regarding the inclusion of the whole of section 71 of the 2006 Act which relates to the repair and maintenance of private buildings rather that the health and wellbeing of the individuals who live there. It would seem more appropriate for the Regulations to restrict the delegated functions to sections 2 (e), 2 (f) and 8, which deal with adaptation.

The issue of aids and adaptations is more complex due to the variation of funding streams across different tenures. The draft Regulations only appear to delegate the services delivered under section 71 with no reference to HRA or RSL services. The anomalies that this presents needs to be addressed.

RSL and Private Sector tenants/owners can access grant funding, whilst local authority adaptations are funding via the HRA and therefore via tenant's rental. RSLs can access Stage 3 Grant directly from Scottish Government to cover up to 100% of costs. Private sector owners/tenants can access 80%-100% grant funding from local authority via the Scheme of Assistance (as per section 71, of 2006 Act). It should be noted that if delegated HRA funding is subject to the restraints of the recent Scottish Government Guidance on the operation of HRA, specifically "that expenditure should demonstrably be seen to benefit council tenants".

Finally, we believe that there should be clear guidance that local eligibility criteria and charging policies may apply to any of these delegated local authority functions as there will clearly be a difference in relation to universal health services that are free at the point of access.

We would also note that adult health services apply to over 18s but that some local authority functions are applicable to 16 year olds.

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 [X]

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 [X]

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	X

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.

We believe that there needs to be greater clarity in the definition of some of the health functions.

- It is not clear what is included as AHP services.
- What does 'women's health services' cover? Does this include maternity?
- What does 'community specialist nurses' include?
- What does 'services designed to promote public health' cover?
- Pharmacy makes a significant contribution to community care but is not listed.
- Palliative care services are an essential community service but not listed.
- How are community hospitals covered?

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

We acknowledge the challenge in ensuring that appropriate health functions are delegated to the integration authority.

We have some reservations about operational delivery in hospitals where it would seem that some functions and specialities are to be included within the remit of integrated strategic planning but their operational management remains within health board management arrangements. We wonder whether the full potential of integrated health and care service provision will be realised with this arrangement.

We realise that functions and specialities may be operating across a number of partnerships and disaggregation or hosting would not be realistic. It will be crucial, therefore, to ensure that partnerships individually and collectively are able to influence the strategic direction of acute sector services, to achieve continuing shift in the balance of care.

Irrespective of what functions are or are not included, we acknowledge that good, effective communication and positive, professional relationships within and across all functions/services will be crucial determinants of successful integrated delivery.

ANNEX 4(D)

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 [x]

No [ ]

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes [ ]

No [X]

3. If not, which additional areas do you think should be covered by the Outcomes?

We believe that the outcomes cover broadly the right areas. However, we would suggest that a stronger emphasis is given to the personalisation agenda, the development of personal outcomes and the desire to maximise people's choice and control over the support they require. We do not think these outcomes adequately reflect the desired community capacity building/co-production, locality planning and joint commissioning emphasis of previous health and care integration conversations. The move towards outcome focused performance measures is welcomed. We acknowledge qualitative rather than the traditional quantitative nature of the outcome measures and the challenge in establishing a methodology for such measures. We would suggest that the housing sector needs to be engaged in the work being undertaken nationally to develop further guidance on performance measures will enable us to demonstrate progress towards the delivery of the housing contribution.

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?

It would be speculative to say whether or not users of services will understand the National Health and Wellbeing Outcomes. They have to be made aware of them and given opportunity to consider and understand as we consult and prepare for integration.

We do know, however, that it has taken a period of time for the health and social care sectors, including third and private sectors, to fully appreciate the significance of the outcomes discourse. We would anticipate that it will take a further period of time for all constituent elements of the new Health and Social Care Partnership to be fully aware of the new outcomes.

Communicating, in clear and unambiguous language, integration practicalities and the desired outcomes (local and national) will be a significant priority for the Health and Care Partnerships.

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

With respect to the following outcomes, we would suggest:

1) Remove ‘for longer’.

2) Revise to: ‘People are able to live, as far as is reasonably practicable, independently at home or in a homely setting in their community’.

3) Revise to: ‘People who use health and social care services have their dignity respected and have positive experiences of those services’.

4) The only outcome to mention ‘service users’ as opposed to ‘people’, amend to ensure consistency of language.

5) Revise to: “Health and social care services contribute to improving social inclusion.”

7) We welcome this outcome and believe that any interpretation should be fully inclusive of our statutory Adult Support and Protection responsibilities and not just have a narrow focus on the unintended consequences of any care and treatment delivered to the individual.
Revise to: “People who use health and social care services are safe from avoidable harm”.

ANNEX 5(D)

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 [X]

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 [x]

No [ ]

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

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

We support the use of existing professional regulatory and registration bodies to define what the Act means by the terms 'health professionals' and 'social care professionals'; it seems a very transparent and sensible approach to take.

ANNEX 6(D)

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 [X]

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?

Adult Support and Protection is a good example of inter agency co-operation to protect those adults who are at risk of harm and we strongly endorse the obligation of every professional (health or social care) to always act in the best interests of the individual and to report all concerns in an appropriate and timely manner.

The qualifying requirements of Council Officers are clearly set out in the 2007 Adult Support and Protection legislation however we have also put in place additional local measures for these Officers i.e. ASP specific CPD to ensure the robustness and efficacy of our arrangements.

We would wish these enhanced standards and existing inter agency agreements to be recognised in any future discussions that the integration authority has about its Adult Support and Protection obligations.

The wording of the Explanatory Note is not as clear as it might be and has the potential to cause confusion and uncertainty.