

Ms Alison Beckett,
Scottish Government,
Area2E.R
St Andrew's House,
Regent Road,
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EH1 3DG.

DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014.

Thank you for the opportunity to comment on the two sets of draft regulations flowing from this Act. We have opted to respond in letter form, rather than comment on every individual draft regulation. A copy of the Respondent Information Form is attached.

Children in Scotland is the umbrella body for organisations who are engaged in improving outcomes for children and young people. Our current membership is around 400 organisations and individuals from voluntary, independent and statutory sectors.

We have a strong interest, however, in how services for adults link with those for children. You may be aware that we and our partners in the Centre for Excellence for Looked After Children in Scotland (CELCIS) have been commissioned by Social Work Scotland to examine the implications for children's services of the integration of adult health and social care services. Our comments in this letter reflect the initial findings from this project.

We welcome the steps being taken through the Act and the draft regulations to improve joint working and improved outcomes for adults. The intended improvements to community-based care and less reliance on hospital based support are also welcome. We have, therefore, no concerns about the overarching policy intentions which underpin the legislation. Our main issues are around links (or the lack of them) to planning, service delivery and outcomes for children and families.

There are several areas which require further consideration and clarification by the Scottish Government and these are set out below:

1. Complexity.

The health and social care legislation and supporting draft regulations are highly prescriptive and provide for a range of powers for approval and intervention by Scottish Ministers. Clearly these are matters which are primarily for negotiation between the Scottish Government, local government and the NHS. However, we are aware that most areas in Scotland are already well along the integration route at regional and locality levels. We hope that the Scottish Government will be flexible in reviewing new integration schemes so that disruption to well-established and successful local arrangements is avoided wherever possible.

The health and social care legislation needs to be considered alongside other key pieces of legislation and policy eg the Children and Young People Act, Self-Directed Support and Getting It Right for Every Child. We are concerned that the Scottish Government has not articulated in detail how these priorities fit together. For example, the health and social care legislation is very tightly prescribed, but this contrasts with the apparently open-ended local flexibility to include children's services in new health and social care partnerships.

From our contacts with local partnerships, it seems that we will end up with a variety of local models eg children's services fully integrated in the new health and social care partnerships, children's services partially integrated and children's services kept separate from the partnerships, particularly school education.

Clearly, some challenging and complex negotiations are under way at local level, particularly around resourcing on the new partnerships. However, we do see a risk of fragmentation of children's services and a risk to the "whole family" approach advocated in GIRFEC if services for adults and children are managed and funded by different local structures. There is also a potential threat to crucial links between children's services and adult services, particularly at critical transition points for young people – an area which is already fraught with difficulty.

Some of our local interviewees are also concerned that children's services will lose out in terms of priority and funding if adult services are regarded as having higher national priority.

Children in Scotland suggests that the Scottish Government needs to articulate and publicise how this suite of legislation and policy is intended to fit together – at the moment it seems to us that, in terms of scrutinising the legislative and policy landscape, the options around children's services look like an "add on" to the health and social care legislation and that the potential fragmentation of children's services is a risk which runs counter to the principles that underpin GIRFEC.

While we welcome the strong focus in the legislative planning principles on engaging with recipients of services, we suggest that

there should be stronger and pro-active representation from those who work with children and families, and those who use these services, on the boards and committees prescribed in the health and social care legislation. This could contribute to addressing our concerns around linkages outlined in this submission.

2. Planning.

Many of the officers we have met in recent weeks are somewhat daunted and confused by the new planning requirements imposed by the health and social care legislation. The Children and Young People Act imposes planning requirements for children's services and childcare. When we add Community Plans, Single Outcome Agreements and other required local plans in to the mix, the planning environment looks very complex, time consuming and bureaucratic.

If the very laudable aims of the various legislative and policy priorities are to be implemented successfully, it will take strong leadership and management at local level to ensure that desirable changes to frontline services are delivered.

We are concerned, as are several of the local officers we have interviewed, that too much management time will be devoted to preparing and negotiating plans within and across local agencies and with the Scottish Government, when that time should be spent supporting service redesign and improvement to outcomes for individuals and families in their communities.

Children in Scotland recommends that the Scottish Government, COSLA and the NHS in Scotland review the plethora of planning requirements imposed on local partnerships with a view to rationalisation and simplification of planning and associated performance measures to create space and time for supporting local providers. In particular, there would seem to be scope for condensing planning requirements in areas where services for adults and children are to be fully integrated.

We note that the Act adds Integrated Joint Boards to the list of "other service providers" in respect of the children's services planning requirements in the Children and Young People Act. This is certainly welcome, but we believe that this provision does not go far enough in respect of securing stronger links between planning for adult health and social care services and planning for children's services and indeed the transition of young people and their families from children's services to adult health and social care.

Children in Scotland recommends that there should be legal obligations, via the regulations, on new integration boards (and the

other models set out in the health and social care legislation) and those agencies responsible for children's services planning to engage with each other and to demonstrate in their respective plans how links and interactions between adult and children's services will be ensured, including the vital role played by schools.

Part of this process could include evidence that Children's Rights Impact Assessments have been undertaken.

3. Conclusion.

As indicated earlier, we have opted against commenting on the fine detail in both sets of draft regulations, but we hope that our comments are helpful.

One of the key messages from reviewing national and international literature on integration and from our work for Social Work Scotland is that it is not structures and processes that will make crucial improvements to outcomes for individuals and families, it is the quality of person-centred services provided by professionals who are confident about working together across professional boundaries and barriers. Strong, clear and concerted leadership and relationships within and across agencies will be crucial if this is to happen.

It is too early to say with any confidence that the very prescriptive and complex arrangements being put in place under the health and social care legislation will deliver the desirable outcomes on which the legislation is founded.

This reply has been agreed by Jackie Brock, our Chief Executive.

A handwritten signature in black ink, appearing to read 'Jim Stephen', with a horizontal line underneath.

Jim Stephen.

Policy Officer.