

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?

The partnership model agreed by Dundee City Council and NHS Tayside is the Body Corporate. The Dundee Health & Social Care Integration Joint Shadow Board (the Shadow Board) has been in operation since November 2013. Preparation for the production of the Integration Scheme is being taken forward through two local fora – one which brings a Tayside-wide perspective (Tayside Integration Joint Issues Group) and one which is concerned with Dundee (Dundee Integration Support Team). These groups are both multi-agency and multi-disciplinary. The areas included in the draft regulations are consistent with the areas under consideration through these groups. More specific comment which emerged through local consultation could be covered in guidance rather than regulation or would be for local determination. These comments were broadly to do with the relative emphasis given to different functions covered by the regulations rather than further areas for inclusion:

- It was noted that more detail is provided for an Integration Joint Board set up under section 2 (4) of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) than section 1 (3) or 1 (4);
- It was noted that there is no provision for the interaction between the local authority committee structure and the Integration Joint Board and that therefore, this would be a matter for local determination;
- How and with what authority the body corporate will seek and receive legal advice was raised as a question;
- Lines of accountability associated with governance matters that do not relate to financial or clinical and care governance got less emphasis;
- Human resource and employment matters seemed to get less emphasis than other aspects; and
- The role of the finance officer to which draft guidance attributes considerable formality does not appear to be referenced in the regulations.

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:

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

Dundee City Council and NHS Tayside have not confirmed the services that should be delegated to the partnership, but the Shadow Board has received a set of proposed services for inclusion within the partnership based upon local pathway analysis. The services included within the list of proposed services are broadly consistent with those outlined in the draft regulations. At this stage adult and older people services are to be included within the partnership. We will await the outcome of the consultation on criminal justice services before recommending a position in this area. In relation to children, although services are not proposed for inclusion at this stage, integration and locality planning approaches are being taken forward in ways that are consistent with the principles contained within the Act. In consideration of the detail of the regulations it has been noted that the Prescribed Local Authority Functions Regulations does not include the Chronically Sick and Disabled Persons (Scotland) Act 1972. It was also noted that the regulations apply to people 18 years and over and that in relation to the Adults with Incapacity (Scotland) Act 2000 arrangements were introduced to assist people who lack capacity to act or make decisions for themselves aged 16 and over (a different minimum age). A similar position applies with the Adult Support and Protection (Scotland) Act 2007. Clarification on both points would be welcome.

Locally further consideration will be required on housing support services and, to this end as with other service areas, work is being done to analyse pathways that would provide the best service delivery model for our local population. This involves housing support arrangements including homelessness and domestic violence. Experience to date suggests that equipment and adaptation functions delivered through the respective housing tenure of the local authority, Registered Social Landlords and private landlords would benefit from formal integration since these services are core to maintaining and supporting people at home. In addition, support arrangements for people with more complex needs are currently strategically and operationally integrated and should continue to be so and would function sensibly under proposed integration arrangements. Overall we would prefer flexibility to allow us to take account of local circumstances and priorities. Consideration has also been given locally to services which operate under the auspices of the Social Work (Scotland) Act like welfare rights arrangements which it has been concluded are for local determination.

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:

Dundee City Council and NHS Tayside have not confirmed the services that should be delegated to the partnership but the Shadow Board has received a set of proposed services for inclusion within the partnership based upon local pathway analysis. Based upon that analysis a proposed set of services for inclusion has been put forward. The functions included with the draft regulations are broadly consistent with the list.

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.

The different way the health functions are set out in the regulations raised questions in the local consultation with what was meant by 'functions' and how these differed from 'services' instigating debate and requiring considerable explanation. This emerged particularly around discussions about sexual health, addiction and mental health services where, for example, reference to what must be included in the table only includes Community Mental Health Teams.

It was implicitly understood that it is intended that the scope of the partnership should include integrated strategic planning for the pathway for the services concerned and that this is what must be delegated but as described in the table, the scope of what must be included within integrated strategic planning is tied to the list in the table which is being interpreted by some as restricting the definition to particular services.

These issues could be resolved in more detail in the statutory guidance what is meant be functions and how different service areas that contribute to these functions should be considered.

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

It was also noted that the principles behind the treatment of hosting arrangements were being given different interpretations with some interpreting the guidance to the regulations as meaning that it was the duty of the Health Board to host and delegate to Integration Joint Boards and others interpreting the guidance as meaning the functions should be delegated to Integration Joint Boards that could arrange to host. Clarification on this issue would be welcome.

**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?

The wording of the outcomes and associated issues between principles, outcomes and indicators were raised during the consultation by those involved in the planning and delivery of services. The issues behind the concerns were related to those involved in planning and service delivery wanting to ensure that key principles such as choice were guiding the outcomes and that outputs and indicators of outcomes would not be conflated with outcomes, particularly service user outcomes. In addition, some consultees felt outcomes were based upon a deficit rather than asset based approach. The requirement to refer to the principles contained in Part 1, section 5 of the Act when considering outcomes was noted.

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

The inclusion of health and wellbeing outcomes in the regulations was welcomed by the consultees. Outcome 5 was particularly welcomed given the population profile and the inequalities within and between communities in Dundee. It was noted that Section 3 of the Act only requires the Local Authority to 'have regard' to the outcomes in preparation of the Integration Scheme and that in so doing the legal duty will have been met.

Matters that were noted for further consideration locally were individual choice and building community capacity.

**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?

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

Work on Clinical and Care Governance arrangements is progressing locally with a Tayside-wide group established to develop a framework that will guide local arrangements. The considerations of the group range across clinical and care groupings including Social Work, Medical, Nursing and Allied Health Professionals, monitoring and reporting arrangements and professional leadership.

There was broad agreement with the groups listed in Section 2 of the draft regulations that describe what health professionals mean. Similarly, there was agreement that identifying Social Workers and Social Care Workers through registration with the Scottish Social Services Council is the most appropriate way of defining Social Care Professionals for the purposes of the Act. Questions arose in the consultation about posts that operated under different titles from those identified in the regulations. It was noted that these questions were covered by the inclusion of Section 3c of the regulations which provided a 'catch all'.

**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?

We agree that regulation should be included to provide for operation of the provision of the Adult Support and Protection (Scotland) Act 2007 and that in turn therefore, the function relating to the Adult Support and Protection (Scotland) Act 2007 that must be delegated would be restricted to specified persons before they can be authorised to perform the functions of a 'council officer' in the local consultation. This emerged as a particular concern of those performing the role of council officer who strongly endorsed the requirement to carry the restriction to specified persons over into the new arrangements.