

**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED
IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC
BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

1. Name/Organisation

Organisation Name

Social Work Scotland

Title Mr Ms Mrs Miss Dr **Please tick as appropriate**

Surname

Mills

Forename

Sophie

2. Postal Address

Verity House

19 Haymarket Yards

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Postcode EH12
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Phone 0131 474
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Email
sophie.mills@socialworkscotland.org

3. Permissions - I am responding as...

Individual

/

Group/Organisation

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

Yes No

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Yes, make my response and name available, but not my address

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Yes No

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Please tick as appropriate

Yes

No

4. Additional information – I am responding as:
Please tick as appropriate

1. NHS Health Board	
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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

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:

Social Work Scotland is generally supportive of the inclusion of information on audits, accounts and management of complaints. More clarification on audit arrangements and expectations will be welcome.

Ongoing monitoring, evaluation and shared learning is required to determine best integrated practice and this will, in turn, impact upon the information that is collated to evidence progress. It is important to make best use of existing good practices in this area- for example around quality assurance – and consider opportunities for integrating systems across health and social care. We would ask, therefore, that the regulations enable, rather than restrict this progression by not being too prescriptive.

There requires to be dual consideration, within the regulations, of the impact of implementing a Self-Directed Support approach and measuring outcomes in the context of integrated services.

Social Work Scotland is of the view that 'Plans for Workforce Development' should not be prescribed and does not fall within the remit of the Joint Board- rather this comes within the responsibilities of the employer.

We look forward to information on the relationship between the partnerships and criminal justice services and Community Planning activities.

Specific comments on the management of complaints are made under Annexe 6D.

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

Social Work Scotland welcomes the opportunity to respond to the draft regulations underpinning the Public Bodies (Joint Working) (Scotland) Act 2014.

As a matter of importance, we ask for further consideration of structural arrangements within the partnership to ensure CSWOs can effectively influence Partnership decision making on social welfare matters. The CSWO has an essential role and contribution to make that is defined in legislation and is central to ensuring the needs of the most vulnerable in society are given due cognisance at corporate decision making forums.. This crucial contribution must not be undermined or diluted as an unintended consequence of new arrangements. Issues around covering for the absence of the CSWO- given their specific professional duties- need to be a part of these considerations.

We are of the view that there is not parity of obligation on health and social care within the regulations in terms of what must be delegated- for example the Health Service can choose the degree of delegation whereas Council's do not.

We have some concern over the discharge of continuing liabilities- local authorities do not transfer their obligations to the integrated partnerships- rather they delegate them.

The terminology used when referring to residential care is at times negative and should be changed. Residential services will continue to play an essential role in the framework of support that we provide for communities. Staff support and care for some of the most vulnerable, challenging members of our society and it is essential that terminology reflects the value with which they are held.

The Adults with Incapacity section is inconsistent with legislation in terms of specified age (16: 18 years).

Social Work Scotland is of the view that, as 'integration' is the objective, it is inconsistent to distinguish within the regulations between carers of 'patients' and carers of 'social work clients'. This group should be referred to simply as 'carers'.

Review of the governance of Alcohol and Drug Partnerships would be advantageous in the light of new partnership arrangements to ensure best alignment at a local level.

Whilst the role of the third sector is recognised in the regulations at strategic planning level, we are of the view that this focus does not permeate adequately through other levels- for example within 'outcomes'.

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

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Yes

No

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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:

We would welcome further clarification of the roles of the Chief Officer and Chief Social Work Officer in relation to accountability for adult protection within the partnership and also the position and status of Adult Protection Committees and Chief Officer oversight groups for public protection.

Social Work Scotland is of the view, from discussions that have taken place with our members, that urgent consideration needs to be given to the implications for existing legislation and subsequent practice. The scope of the statutory guidance is wider than 'local authorities'- also covering Joint Boards/ Authorities- and this is not consistent with current legislation. For example, the 1968 Act (Section 5) states the '*duty to discharge functions in accordance with central government guidance*' and will require amendment; The Social Care (Self Directed Support) (Scotland) Act 2013: Section 1, 2 & 4 imposes obligations/ functions on the local authority; the Adult Support and Protection (Scotland) Act 2007; Section 12 & 48 refers to the '*local authority*' when, in the new partnership arrangement, the 'integration authority' may have that remit.

Social Work Scotland is concerned by the inclusion of 'housing support' in the list of functions that a local authority should delegate which is inconsistent with previous reassurances. It is currently unclear if homelessness services and supported accommodation- for example for people with mental health problems- is included.

Responsibility for grants for welfare agencies – e.g. CAB; debt advice does not sit within social work services in many local authorities and it is our view that it is not appropriate to disaggregate this. We have consulted across Councils and with COSLA on this issue and are of the view, given the different delivery structures that exist across Scotland, that this would only be manageable if restricted to the delegation of 'aids and adaptations' and not include homelessness, tenancy support and other wider housing support services.

Similarly, the inclusion of domestic abuse services in the list of functions that local authorities must delegate to the partnership is unhelpful as it fails to acknowledge the different structures for service delivery that exist and, more importantly, has the potential to create a disconnect between different services that must essentially work together in the interests of individuals in need of support. This may be better placed in the 'may be delegated' section.

The Health Improvement function is an essential element of effective partnership working and additional clarity would be welcome on its relationship with partnerships/wider community planning. We feel, however, that additional clarity in the governance arrangements of the Integrated Joint Board is required which, in turn, will better define the role of the partners within these arrangements.

Social Work Scotland is of the view that it would be beneficial to re-state, within the regulations, the position in terms of accountability for statutory Mental Health Officer functions and processes of delegation within integrated arrangements.

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

Social Work Scotland is of the view that the regulations extend beyond what is required for integration authorities to give 'strategic direction' and provide 'operational management' guidance.

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

RESPONDENT INFORMATION FORM

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Yes No

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Please tick as appropriate
Yes No



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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:

See below

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:

We are concerned that the lack of clarity in relation to strategic and / or operational activity leaves room for confusion.

We are supportive of the decision to include the emergency pathway within the regulations but clarification on what this actually means is required. Is this a commissioning role, operational management or both?

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.

Clarification required in respect of the term unplanned patients and outpatient services that 'must' be included would be helpful. Again, is this a strategic commissioning relationship or operational management role?

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

No.

ANNEX 4(C)
**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING
OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT
WORKING) (SCOTLAND) ACT 2014**



RESPONDENT INFORMATION FORM

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Please tick as appropriate

Yes

No

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**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:

Social Work Scotland supports the development of National Health and Wellbeing Outcomes which partners share responsibility for achieving. As they stand, the 'outcomes' will require considerable consideration across partners and with the Scottish Government to ensure that it is possible to measure progress over time whilst retaining local determination on how resources are best allocated to meet need.

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?

Social Work Scotland broadly agrees with the proposed national outcomes and the aim to improve quality, consistency and openness to scrutiny. However, given the importance of adult support and protection matters, we would like the definition of 'safe' in outcome 7 to be expanded. Currently, the notion of 'safe' could be interpreted narrowly to issues such as accidents or falls. We would like this to be expanded, with an explicit commitment to keeping people safe from abuse and mistreatment in keeping with the principles of the Adult Support and Protection legislation. The importance of positive risk taking is also an essential consideration (see further comments later in response).

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?

This will require a comprehensive and ongoing programme of engagement and information sharing at local and national level, focusing on personal outcomes as well as national outcomes and the relationship between the two.

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

We are of the view that some of the terminology used within the regulations should be changed to better reflect the principles that underpin the Self- Directed Support agenda (although we acknowledge statements are made throughout the guidance that are consistent with this policy priority). At times, the language reflects a more paternalistic approach –one of ‘gifting care’ – rather than being focused on supporting individuals to take power and control. For example- “ *Successful integration...will provide for more people to be cared for and supported at home or in a homely setting..*”(Outcome 2); “*..Health and social care services are centred on helping to maintain or improve the quality of life of service users.*”(Outcome 4).

Outcome 5 –this outcome relating to inequality and its impact upon wellbeing is welcomed- “ *Health and social care services contribute to reducing health inequalities..*” We feel, however, it could be further strengthened by emphasising the preventative role of services in working with communities to prevent social injustice- which in turn has a positive impact upon quality of life and health (consistent with the ‘*Equally Well*’ report on health inequalities; 2013).

Outcome 7 –“*People who use health and social care services are safe from harm..*” requires amendment to better reflect the ‘risk enablement’ agenda that is a central element in the goal of shifting power, choice and control to individuals (The Social Care (Self Directed Support) (Scotland) Act 2013.) There must be a balance between ‘duty of care’ and the rights of individuals to make quality of life choices that have inherent risk.

Outcome 9 – “*Resources are used effectively..without waste*”. We feel that the ‘co-production’ agenda and ‘asset – based’ approaches need to be given a higher profile within the outcomes. We acknowledge the statements within the regulations that support partnership approaches but feel that these are not adequately reflected within the stated outcomes and their supporting information. Generally, wording should be more aspirational and less passive; more about achieving and growing and less about maintenance.

**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**

RESPONDENT INFORMATION FORM

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Yes

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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:

Our understanding is that there is some concern within the Health Service regarding this issue which requires consideration.

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?

Local authorities also employ occupational therapists and this should be considered.

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

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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?**

Social Work Scotland notes that the regulations do not require complaints handling provisions, as covered by the Social Work (Scotland) Act 1968 (S5B), to be delegated and feel they do not, therefore, support the integration of complaint handling arrangements.

The potential separation of responsibility for service delivery and complaint management will likely add to complexity and confusion for the public wishing to complain. A person may for example, have an integrated service but have to navigate different systems, procedures and processes if wishing to complain about different elements of the service. We feel that this area requires further attention.

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

Social Work Scotland is committed to ensuring integration of Health and Social Care is achieved through support to staff and ensuring we truly achieve better outcomes for people requiring advice and support. We are therefore open to further discussion and making the best use of the opportunities the Act presents Scotland to improve services to the public.