#### **DUNDEE CITY COUNCIL**

REPORT TO: POLICY AND RESOURCES COMMITTEE – 25<sup>TH</sup> AUGUST 2014

REPORT ON: RESPONSE TO THE DRAFT REGULATIONS RELATING TO THE PUBLIC

**BODIES (JOINT WORKING) (SCOTLAND) ACT 2014** 

REPORT BY: DIRECTOR OF SOCIAL WORK

**REPORT NO: 308-2014** 

### 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update members of the Committee on the Scottish Government's consultation on draft Regulations to support the Public Bodies (Joint Working) (Scotland) Act 2014, which provides details about the proposed arrangements for the integration of health and social care and to seek agreement on the proposed response to the consultation on the Regulations.

#### 2.0 RECOMMENDATIONS

It is recommended that members of the Recess Sub Committee:

- 2.1 Note the information contained within this report about the Scottish Government's consultation to support the Public Bodies (Joint Working) (Scotland) Act 2014.
- 2.2 Homologate the proposed response to the draft Regulations summarised within this report and included as Appendix 1 to this report.
- 2.3 Note as outlined in paragraph 4.3.1.1 that an Integration Scheme will require to be submitted for approval by Scottish Ministers by 1 April 2015.

#### 3.0 FINANCIAL IMPLICATIONS

There are no financial implications that arise as a direct consequence of this report.

#### 4.0 MAIN TEXT

#### 4.1 **Background**

- 4.1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) received Royal Assent on 1 April 2014. The Act puts in place provision for Regulations and Orders and commitment has been made to consult on the Regulations by the Scottish Government. Two sets of draft Regulations have now been issued for formal consultation, the first on 12 May 2014 with a consultation period to 1 August 2014 and the second on 27 May 2014 with a consultation period to 18 August 2014. It is anticipated that the final Regulations will be laid before the Scottish Parliament in September 2014. The Regulations will be followed by statutory guidance which will expand further on the Regulations and should be finalised by December 2014.
- 4.1.2 In developing the Regulations the Scottish Government has had the involvement of a wide range of stakeholders through the Integration Implementation Group which is co-chaired by COSLA's Health and Wellbeing spokesperson and the Cabinet Secretary for Health and Wellbeing. When the consultation on the Regulations is completed the results will be published. The Scottish Government and officials have committed themselves to continuing to work collaboratively with stakeholders in considering the responses which means the Regulations may be subject to amendment prior to final publication.

#### 4.2 The Scope of Regulations

- 4.2.1 The first set of draft Regulations cover:
  - Prescribed information to be included in the Integration Scheme;
  - Prescribed functions that must be delegated by Local Authorities;
  - Prescribed functions that may or must be delegated by a Health Board;
  - Prescribed National Health and Wellbeing Outcomes;
  - Interpretation of what is meant by the terms health & social care professionals; and
  - Prescribed functions conferred on a Local Authority Officer.
- 4.2.2 The second set of draft Regulations cover:
  - Prescribed groups which must be consulted when preparing or revising Integration Schemes, preparing draft strategic plans and when making decisions affecting localities;
  - Membership, powers and proceedings of Joint Integration Boards;
  - Establishment, membership and proceedings of Integration Joint Monitoring Committees:
  - Prescribed membership of strategic planning groups;
  - Prescribed form and content of performance reports.
- 4.2.3 In developing comments on the draft Regulations a consultation event was held for Local Authority staff and views were sought from the third sector through the local Interface Group and Dundee Carers Centre. The proposed response reflects the contributions that were received from those involved.
- 4.2.4 The Dundee City Council response to both sets of Regulations is included as Appendix 1 to this report on the prescribed format. It is anticipated that members of the local Interface Group and the Carers Centre will contribute separate responses through their own networks. NHS Tayside is also submitting a separate response. A brief description of the content of the Regulations and a summary of the proposed response follows below.
- 4.3 Response to the Regulations Set 1
- 4.3.1 Prescribed Information to be Included in the Integration Scheme
- 4.3.1.1 Every partnership will be required to have an Integration Scheme that establishes and describes the governance arrangements for the partnership. The Act makes provision for 'prescribed information' that is to be agreed between the Local Authority and Health Board. The draft Regulations put forward the detail of the information that is to be included within the Integration Scheme.
- 4.3.1.2 The Scottish Government provided an information timetable for the implementation of the provision of the Act in a letter to Chief Executives on 5 June 2014. In the letter Local Authorities and Health Boards were advised that Integration Schemes would have to be submitted for approval by Scottish Ministers prior to 1 April 2015. It is only on receiving the approval that the Integration Board can be formally established.

#### 4.3.2 **Proposed Response**

4.3.2.1 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 to do with the relative emphasis given to different functions covered by the Regulations rather than further areas for inclusion. These areas are included in the detailed response.

4.3.2.2 In conclusion, through the process of local consultation there was agreement with the prescribed information to be included in the Integration Scheme and further areas were not suggested for inclusion.

#### 4.4 Response to the Regulations – Set 1

## 4.4.1 Prescribed Functions that Must be Delegated by Local Authorities

4.4.1.1 The Regulations prescribe functions which <u>must</u> be transferred to the delegated arrangements and there is a schedule appended to the Act which describes those areas that <u>may</u> be delegated. The prescribed functions that must be included are all adult and older people services along with housing support services. Those that may be transferred include other social work services like children's services. The Regulations do not allow for those functions that may be delegated to be subsequently redefined as services that must be delegated. A summary of the Local Authority functions that must be transferred is included as Appendix 2 to this report.

### 4.4.2 **Proposed Response**

- 4.4.2.1 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. The delegated Local Authority services that would fall to be included on the basis of that exercise are included as Appendix 3 to this report.
- 4.4.2.2 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 these 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.
- 4.4.2.3 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.
- 4.4.2.4 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. For other aspects 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 1968 like welfare rights arrangements which it has been concluded are for local determination.

4.4.2.5 In conclusion, through the process of local consultation there was agreement with the Local Authority delegated functions with additional comments included about the preferred position on housing support services.

## 4.5 Response to the Regulations – Set 1

#### 4.5.1 Prescribed Services that Must be Delegated by Health Services

4.5.1.1 The Regulations list the services that must be included within the partnership in the form of a table and include most of the functions conferred by the 1978 NHS Act. These mostly relate to community health and primary care services but also include early intervention and prevention services like health promotion. Acute care is also included with the entire pathway for care of older people along with accident and emergency services and unplanned inpatients. These areas have been included because it is reasoned shifting the balance of care requires control, not just of individual community services, but the entire pathway across community primary and acute care.

#### 4.5.2 **Proposed Response**

- 4.5.2.1 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 proposed services are included as Appendix 3 to this report. The functions included within the draft Regulations are broadly consistent with the list. A summary of the Health Board functions that must be delegated is included as Appendix 2 to this report.
- 4.5.2.2 The different way the health functions are set out in the Regulations raised questions in the local consultation about 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.
- 4.5.2.3 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 <u>must</u> 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.
- 4.5.2.4 In conclusion, through the local consultation there was agreement with the proposed services for inclusion within the partnership. However, as described above there was not clarity about what is meant by these services. Hosting arrangements, circumstances where one partnership would carry responsibility on behalf of others, are covered in additional comments.

#### 4.6 Response to the Regulations – Set 1

### 4.6.1 National Health & Wellbeing Outcomes

- 4.6.1.1 The Regulations contain nine national health & wellbeing outcomes. The outcomes are concerned with improving outcomes for individuals, ensuring progress towards the key policy driver of shifting the balance of care towards community provision and on improving the efficiency and effectiveness of the system.
- 4.6.1.2 The outcomes provide the framework against which the Integration Authority will be assessed in relation to its planning and activities. The outcomes were developed consultatively with the involvement of service user representatives, carer organisations and the statutory sector.

#### 4.6.2 **Proposed Response**

- 4.6.2.1 The Council has consistently supported an outcome based approach to the planning and delivery of services to meet the care and health needs of the population and in progressing the health and wellbeing of the overall population. In this respect, given the population profile and the inequalities within and between communities in Dundee, the inclusion of outcome 5 'Health and social care services contribute to reducing health inequalities' is particularly welcome.
- 4.6.2.2 In conclusion, through the local consultation there was agreement with the health and wellbeing outcomes. However, there were comments about whether the outcomes would be understood which have been included in the proposed detailed response.

### 4.7 Response to the Regulations – Set 1

#### 4.7.1 Interpretation of Terms Health & Social Care Professional

4.7.1.1 The Regulations define what is meant by the terms 'health professionals' and 'social care professionals' which are used in the Act. The list of professionals and groups (including professional bodies) is extensive.

#### 4.7.2 **Proposed Response**

- 4.7.2.1 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.
- 4.7.2.2 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'.
- 4.7.2.3 In conclusion, through the local consultation there was agreement with the groups and that identifying Social Workers and Social Service Workers through the Social Services Council was the most appropriate way.

#### 4.8 Response to the Regulations – Set 1

## 4.8.1 Prescribed Functions Conferred on a Local Authority Officer

4.8.1.1 These Regulations prescribe certain functions of Local Authorities to the Integration Authority. The Adult Support and Protection (Scotland) Act 2007 makes provision that a person who is not an officer of the Council can only exercise their prescribed functions for their Local Authority area if they meet certain criteria. These Regulations ensure that the criteria for officers of the Council are followed when necessary by the Integration Authority.

#### 4.8.2 **Proposed Response**

- 4.8.2.1 The technical nature of the proposed provisions meant it was those with most experience of the role of the Council Officer in adult support and protection arrangements that had a view about this.
- 4.8.2.2 In conclusion, those consulted agreed that the Regulations would achieve the policy intention of the Act.

- 4.9 Response to the Regulations Set 2
- 4.9.1 Prescribed Groups Which Must be Consulted When Preparing or Revising Integration Schemes; Preparing Draft Strategic Plans; When Making Decisions Affecting Localities
- 4.9.1.1 The Regulations prescribe groups that must be consulted as above. The list of standard consultees is as follows:
  - Health professionals:
  - Users of health care;
  - Carers of users of health care;
  - Commercial providers of health care;
  - Non-commercial providers of health care;
  - Social care professionals;
  - Users of social care:
  - Carers of users of social care:
  - Commercial providers of social care;
  - Non-commercial providers of social care:
  - Non-commercial providers of social housing; and
  - Third sector bodies carrying out activities relate to health or social care.

## 4.9.2 **Proposed Response**

- 4.9.2.1 There was broad agreement with proposed groupings that should be consulted. Our Shadow Board arrangements include the involvement of health and local authority reps and the local Interface Group to provide our carer, user and community perspective. In addition, there are well developed engagement arrangements for strategic planning, service redesign and organisational and staff development which have been described in reports to the Shadow Board (1 - Current Joint Working Arrangements in Health and Social Care in Dundee (28 January 2014), 2 - Localities (28 May 2014) and 3 - Organisational Development Plan (28 January 2014)) which will be respected and enhanced through the development of our local engagement process as we progress. In addition, a Communication Plan has been developed through the Shadow Board that was agreed on 28 January 2014. It is recognised that a range of different approaches and communication methods will be required to ensure we respect both thematic and geographical interests and that there are adequate opportunities for those who wish to be involved. In relation to the specific proposals and distinct consultation requirements it is noted that whilst there will be a continuing requirement for community staff and professional engagement the arrangements for consultation on the Integration Scheme and localities will not be a continuing requirement.
- 4.9.2.2 In conclusion, through the process of local consultation there was agreement that the right group of people had been included for consultation.
- 4.10 Response to the Regulations Set 2
- 4.10.1 Membership, Powers and Proceedings of Integration Joint Boards
- 4.10.1.1 The Act requires Local Authorities and Health Boards to agree a model of integration. In circumstances where the Body Corporate is adopted an Integration Joint Board has to be established to discharge the agreed delegated functions. The Regulations are concerned with membership, powers and proceedings of the Integrated Joint Board.

#### 4.10.2 **Proposed Response**

4.10.2.1 Dundee City Council agreed in September 2013 (Policy and Resources Committee Report 351-2013) that the Body Corporate would be adopted as the model of integration. A Shadow Board has been in place since November 2013 with agreed Terms of Reference. Interim Chief Officer arrangements were put in place in December 2013. It is anticipated

that the current interim arrangements will remain in place until the Integration Scheme achieves ministerial approval after 1 April 2015. The current arrangements under which the Shadow Board operates are consistent with those proposed but not developed to the required detail.

4.10.2.2 In considering the powers and proceedings of the Integration Board those consulted, who were largely Local Authority employees, agreed with the proposed voting membership. The third sector Interface Group has indicated that consideration should be given to extending the voting membership but have not indicated the extent to which it should be extended.

#### 4.11 Response to the Regulations – Set 2

- 4.11.1 Establishment, Membership and Proceedings of Integration Joint Monitoring Committees
- 4.11.1.1 Establishment requirements for an Integration Joint Monitoring Committee only arise if the Lead Agency model of integration is being adopted. Dundee has adopted the Body Corporate so this does not apply.
- 4.12 Response to the Regulations Set 2
- 4.12.1 Prescribed Membership of Strategic Planning Groups
- 4.12.1.1 The Act requires each Integration Authority to establish a strategic planning group. Under the Act, the strategic planning group must be consulted during the preparation, review and amendment of the strategic plan. Strategic plans will cover a three year period and will follow a commissioning cycle that involves analysis and review. The draft Regulations describe the people that must be represented in the group. Broadly those on the group should include health and social care professionals, third and independent sector providers, service users and carers, representative groups and housing providers. The Regulations do not prevent the inclusion of others to suit local circumstances.

### 4.12.2 Proposed Response

- 4.12.2.1 In Dundee there are functioning strategic planning groups that operate for older people and adults. These groups have in their membership statutory, independent and third sector representatives along with user and carer representatives. They have experience of producing outcome based strategic commissioning plans and of using a range of engagement approaches. Dundee also has very well developed community planning arrangements. Work is being taken forward to ensure our strategic planning and locality planning arrangements are drawn on in developing the strategic planning requirements that arise as a consequence of the Act.
- 4.12.2.2 Health staff, including clinicians, are involved in the existing strategic planning arrangements but further work is being done to ensure that there is representation of clinicians and general practice through the strategic planning process.
- 4.12.2.3 In conclusion, through the local consultation there was agreement that the groups listed were the right set of people to be included in the strategic planning group.
- 4.13 Response to the Regulations Set 2
- 4.13.1 Prescribed Form and Content of Performance Reports
- 4.13.1.1 These Regulations will require the Integration Authority to report and account for their activities annually. This is included to ensure the public are able to assess the progress made to improve outcomes by the Integration Authority. The draft Regulations require the performance report to contain information about the following matters:

- Progress against the national health and wellbeing outcomes;
- Progress against a suite of key measures and indicators;
- Progress against the integration delivery principles with particular reference to strategic and locality planning;
- An overview of the integrated budget and the proportional changes within it; and
- The flexibility to allow reporting on local outcomes and priorities.

## 4.13.2 **Proposed Response**

- 4.13.2.1 In the local consultation it was noted that there are extensive performance reporting arrangements already in place which cover outcomes for the community, strategic performance, revenue and capital monitoring, operational services activity, standards and the quality of care and corporate risks. It was recognised, however, that the Integration Authority will have responsibility for a very substantial proportion of health and social care and that robust performance management reports would be required, therefore. As part of the preparation for change consideration has been given through the Tayside Joint Issues Group to the matter of performance reporting and recommendations have been made about how arrangements should be developed locally. The work of this group and the recommendations are consistent with the draft Regulations.
- 4.13.2.2 In conclusion, through local consultation there was agreement about the matters to be included in the performance report and suggestions were offered about the form any prescribed annual report should take.

# 5.0 POLICY IMPLICATIONS

5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

#### 6.0 CONSULTATIONS

The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services were consulted in the preparation of this report.

#### 7.0 BACKGROUND PAPERS

- 7.1 Draft Regulations Relating to the Public Bodies (Joint Working) (Scotland) Act 2014 Set 1:
- 7.2 Draft Regulations Relating to the Public Bodies (Joint Working) (Scotland) Act 2014 Set 2
- 7.3 Current Joint Working Arrangements in Health and Social Care in Dundee Health & Social Integration Shadow Board (28<sup>th</sup> January 2014)
- 7.4 Localities Health and Social Care Integration Shadow Board (28<sup>th</sup> May 2014)
- 7.5 Organisational Development Plan Health and Social Care Integration Shadow Board (28 January 2014)

Jennifer G Tocher Director of Social Work

# ANNEX 1(C)





# RESPONDENT INFORMATION FORM

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# 15. Other – please specify

# ANNEX 1(D)

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

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
4.	No  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.

# ANNEX 2(C)



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

## RESPONDENT INFORMATION FORM

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# ANNEX 2(D)

# 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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	ease 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.

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 1968 like welfare rights arrangements which it has been concluded are for local determination.

# ANNEX 3(C)



# 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

	ame/Orgai anisation l		on			
Title	e Mr 🗌 M	ls 🗌	Mrs  Miss [	I	Dr □	Please tick as appropriate
Sur	name					
Fore	ename					
2. P	ostal Addr	ess				
Ро	stcode		Phone			Email
3. P	ermissions	s-la	m responding	as		
		Indiv	ridual	1	Gre	oup/Organisation
			Please tick	as aj	pro	priate
(a)	and/or on Governme	being to the Govern the Se ent we	made public (in ment library cottish		(c)	The name and address of your organisation <b>will be</b> made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis			Are you content for your response to be made available?	
	Please tick ONE of the following boxes			Please tick as appropri ☐ Yes ☐ No	iate
	Yes, make my response, name and address all available				
		or			
	Yes, make my response available, but not my name and address				
		or _			
	Yes, make my response and name available, but not my address				
(d)	(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to d so. Are you content for Scottish Government to contact you again in relatio to this consultation exercise?				nay on to do
	Please tick as appropria	te		☐ Yes	
Plea	dditional information – I a ase tick as appropriate NHS Health Board	ım resį	por	nding as:	
1.					
2.	Other NHS Organisation  General Practitioner				
3. 4.	Local Authority				
<b>4. 5.</b>	Other statutory organisa	ntion			
6.	Third sector care provid		ani	sation	
7.	Independent / private ca				
8.	Representative organisa			<u> </u>	
9.	·			taff group e.g. trade union	
10.	. Education / academic gr			<u> </u>	
11.	. Representative group for patients / care users				

12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

# 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

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

'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 <u>must</u> 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 by describing in more detail in the statutory guidance what is meant by 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.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in

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

The different way the health functions are set out in the regulations raised questions in the

Annex A)?

Yes

No

in practice.

# ANNEX 4(C)



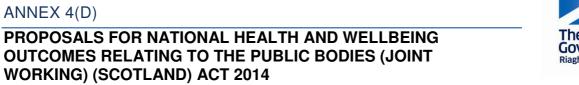
# PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

# RESPONDENT INFORMATION FORM

	ame/Organisation anisation Name			
Title	Mr Ms Ms Mrs	☐ Miss ☐	Dr 🗌 💮 Pl	ease tick as appropriate
Surr	name			
Fore	ename			
2. Po	ostal Address			
Pos	stcode	Phone		Email
3. P	ermissions - I am re	sponding as.		
	Individua	d /	Group/Or	ganisation
		Please tick as a	ppropriate	
(a)	Do you agree to you response being mad available to the published Scottish Government and/or on the Scottish Government web site.  Please tick as approved Yes No	e c (in t library sh e)?	org ava Sco and	e name and address of your panisation <b>will be</b> made allable to the public (in the ottish Government library d/or on the Scottish vernment web site).

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis			Are you content for your response to be made available?		
	Please tick ONE of the following boxes			Please tick as appropr ☐ Yes ☐ No	iate	
	Yes, make my response, name and address all available					
		or				
	Yes, make my response available, but not my name and address					
		or				
	Yes, make my response and name available, but not my address					
	,					
(d)	We will share your response internally with policy teams who may be addressing the is wish to contact you again in the future, but so. Are you content for Scottish Governme to this consultation exercise?			ng the issues you discuss. They rure, but we require your permission	nay on to do	
	Please tick as appropria	te		☐ Yes ☐ No		
Plea	dditional information – I a ase tick as appropriate NHS Health Board	ım res <sub>l</sub>	poi	nding as:		
1.						
2.	Other NHS Organisation  General Practitioner					
3.						
4. 5.	Local Authority  Other statutory organisa	tion				
6.	Third sector care provide		ani	eation		
7.	Independent / private ca					
8.	Representative organisa					
9.	<u> </u>			staff group e.g. trade union		
	. Education / academic gr			9 p 3-9		
	11. Representative group for patients / care users					

12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	





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 Outoby users of services, as well as those planning and delivering	
	Yes No	
5.	5. If not, why not?	
	The wording of the outcomes and associated issues between princindicators were raised during the consultation by those involved in the delivery of services. The issues behind the concerns were related planning and service delivery wanting to ensure that key principles guiding the outcomes and that outputs and indicators of outcomes with outcomes, particularly service user outcomes. In addition, some outcomes were based upon a deficit rather than asset based approto refer to the principles contained in Part 1, section 5 of the Act who outcomes was noted.	he planning and to those involved in such as choice were would not be conflated ne consultees felt ach. The requirement
6.	6. Are there any further comments you would like to offer or	n these draft Regulations?
	The inclusion of health and wellbeing outcomes in the regulations of consultees. Outcome 5 was particularly welcomed given the popular inequalities within and between communities in Dundee. It was not act only requires the Local Authority to 'have regard' to the outcom Integration Scheme and that in so doing the legal duty will have be Matters that were noted for further consideration locally were individually appreciate.	ation profile and the ted that Section 3 of the es in preparation of the en met.
	building community capacity.	

# ANNEX 5(C)



# 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

	ame/Organisation anisation Name								
Title Mr  Ms Mrs Miss Dr Please tick as appropriate									
Suri	name								
Fore	ename								
2. P	ostal Address								
Pos	stcode	Phone			Email				
J. P	ermissions - I am Individ		1	Grou	p/Organisation late				
(a)	Do you agree to your response being ma vailable to the pursue scottish Governmand/or on the Scottish Government web services as approximately approximately and the scottish Government web services as approximately approximatel	ade Iblic (in ent library Itish site)?		(c)	The name and a organisation will available to the p Scottish Government web	be made bublic (in the ment library bottish			
(b)	☐ Yes ☐ No Where confidential requested, we will responses availab public on the follow	make your le to the			Are you content response to be available?				
	Please tick ONE following boxes	of the			Please tick as a  ☐ Yes ☐ No	ppropriate			

	Yes, make my response, name and address all				
	available	or			
	Yes, make my response				
	available, but not my				
	name and address	or			
	Yes, make my response				
	and name available, but not my address				
(d)	We will share your respond policy teams who may be wish to contact you again so. Are you content for So to this consultation exercise.	addressir in the futu ottish Go	ng the issues you disc ure, but we require yo	cuss. They nour permission	nay on to do
	Please tick as appropria	te	☐ Yes	□No	
4. A	dditional information – I a	ım respo	nding as:		
	ase tick as appropriate	•-	3		
1.	NHS Health Board				
2.	Other NHS Organisation				
3.	General Practitioner				
4.					
	Local Authority				
5.	Cocal Authority Other statutory organisa	ntion			
5. 6.	•		sation		
	Other statutory organisa	er organi			
6.	Other statutory organisa Third sector care provid	er organi re provid	er organisation		
6. 7.	Other statutory organisa Third sector care provid Independent / private ca	er organi re provid ition for p	er organisation professional group	e union	
6. 7. 8. 9.	Other statutory organisa Third sector care provid Independent / private ca Representative organisa	er organi re provid Ition for p Ition for s	er organisation professional group	e union	
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6. 7. 8. 9. 10	Other statutory organisa Third sector care provid Independent / private ca Representative organisa Representative organisa . Education / academic gr	er organi re provid Ition for p Ition for s oup r patients	er organisation professional group staff group e.g. trad	e union	
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# 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

1.	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 V
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'.

# ANNEX 6(C)



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

## RESPONDENT INFORMATION FORM

	ame/Organisa anisation Nam							
Title	e Mr □ Ms □	Mrs	☐ Miss		Dr 🗌	P	lease tick as	s appropriate
Suri	name							
Fore	ename							
2. P	ostal Address							
Pos	stcode		Phone				Email	
3. P	3. Permissions - I am responding			as				
	Ind	lividual		1	Group	/Or	ganisation	
		P	lease tick a	as ap	opropria	ite		
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	Please tick as		priate					
(b)	Where confidence requested, we responses available on the fi	will ma ailable t	ike your o the			res	e you content sponse to be ailable?	

	Please tick ONE of the following boxes		Please tick ☐ Yes ☐	as appropriate No	
	Yes, make my response, name and address all available	or			
	Yes, make my response available, but not my name and address	or			
	Yes, make my response and name available, but not my address				
(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?				
	Please tick as appropria	te	Yes	□No	
Plea	dditional information – I a se tick as appropriate NHS Health Board	am respo			
Plea	se tick as appropriate				
Plea 1.	NHS Health Board				
1. 2.	se tick as appropriate  NHS Health Board  Other NHS Organisation				
1. 2. 3.	nse tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner				
1. 2. 3. 4.	ise tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner  Local Authority	ation	onding as:		
1. 2. 3. 4.	nse tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner  Local Authority  Other statutory organisa	ation er orgar	onding as:		
1. 2. 3. 4. 5.	NHS Health Board Other NHS Organisation General Practitioner Local Authority Other statutory organisation	ation er orgar re provi	nisation der organisation		
1. 2. 3. 4. 5. 6.	NHS Health Board Other NHS Organisation General Practitioner Local Authority Other statutory organisa Third sector care provid	ation er orgar re provi	nisation der organisation professional group		
1. 2. 3. 4. 5. 6. 7. 8.	NHS Health Board Other NHS Organisation General Practitioner Local Authority Other statutory organisa Third sector care provid Independent / private ca	ation er orgar re provi	nisation der organisation professional group		
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	NHS Health Board Other NHS Organisation General Practitioner Local Authority Other statutory organisa Third sector care provid Independent / private ca Representative organisa Representative organisa	ation er orgar re provi ation for ation for	nisation der organisation professional group staff group e.g. trad		
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15. Other – please specify

# ANNEX 6(D)

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

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.



PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

	me/Organis inisation Nai								
Dur	idee City Coι	uncil							
	<u> </u>	√☐ Mrs ☐	Miss 🗌	Dr 🗌	Ple	ase t	tick as appropr	iate	
Surn									
	nerman name								
Lau									
2 De	stal Addres								
		s partment, Dun	dee City Cou	ıncil					
	idee House	artinont, Ban	doo only ood	11011					
		, Stroot							
	North Lindsay	/ Street							
Dur	idee								
Pos	stcode DD1 1	1NF	Phone 013	82 43	2 433085 Email laura.bannerman@dundeecity.gov.			v.gov.ul	
3. Pe	rmissions -	· I am respon	ding as						
		Individual	- <b>3</b>	/	Group/	Orga	nisation		
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(a)	being made (in Scottish and/or on the web site)?	ee to your rese available to Government he Scottish Gox as appropri	the public library overnment		(c)	orga the libra	e name and addr anisation will be public (in the So ary and/or on the vernment web si	made available ottish Governme Scottish	
(b)	requested,	fidentiality is r we will make available to th g basis	your				you content for made available?		to

	Please tick ONE of the follow boxes	ving	Please tick as appropriate ☐ Yes ✓☐ No	
	Yes, make my response, name and address all available	or		
	Yes, make my response available, but not my name and address			
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(d)	may be addressing the issues	you discuss mission to c	n other Scottish Government policy tean s. They may wish to contact you again ir do so. Are you content for Scottish Gove sultation exercise?	n the
	Please tick as appropriate	☐ Yes	□No	
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16.	NHS Health Board			
17.	Other NHS Organisation			
18.	General Practitioner			
19.	Local Authority		✓	
20.	Other statutory organisation			
21.	Third sector care provider or	ganisation		
22.	Independent / private care pr	ovider org	anisation	
23.	Representative organisation	for profess	sional group	
24.	Representative organisation	for staff gi	oup e.g. trade union	
25.	Education / academic group			
26.	Representative group for pat	ients / care	users	
27.	Representative group for car	ers		
28.	Patient / service user			
29.	Carer			
	Other – please specify			

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### **CONSULTATION QUESTIONS**

INS	JETATION QUESTIONS
1	Do these draft Regulations include the right groups of people?  Yes  No
2	If no, what other groups should be included within the draft Regulations?
3	Are there any further comments you would like to offer on these draft Regulations?  There was broad agreement with proposed groupings that should be consulted. Our Shadow Board arrangements include the involvement of health and local authority reps and the local Interface Group to provide our carer, user and community perspective. In addition, there are well developed engagement arrangements for strategic planning, service redesign and organisational and staff development which have been described in reports to the Shadow Board (1 - Current Joint Working Arrangements in Health and Social Care in Dundee (28 January 2014), 2 – Localities (28 May 2014) and 3 – Organisational Development Plan (28 January 2014)) which will be respected and enhanced through the development of our local engagement process as we progress. In addition, a Communication Plan has been developed through the Shadow Board that was agreed on 28 January 2014. It is recognised that a range of different approaches and communication methods will be required to ensure we respect both thematic and geographical interests and that there are adequate opportunities for those who wish to be involved. In relation to the specific proposals and distinct consultation requirements it is noted that whilst there will be a continuing requirement for community staff and
	professional engagement the arrangements for consultation on the Integration Scheme and localities will not be a continuing requirement.  Other issues that emerged through local consultation were:  • A concern that the consultation should not become over complicated;  • That the overarching nature of the strategic plan against the more functionally ie client based planning arrangements already in place, will stretch our support and planning arrangements.



## MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

1. Na Orga	me/Organis nisation Na	ation me							
Title	Mr 🗌 Ms	M	Irs 🗌	Miss D	r 🗌	Please tid	ck as appropria	te	
Surn	ame								
Fore	name								
2. Po	stal Addres	s							
Pos	tcode			Phone			Email		
3. Pe	rmissions -	· I am ı	respon	ding as					
			/idual	. <b>.</b>	1	Group/Orga	anisation		
			F	Please tick	as a <sub>l</sub>	opropriate			
(0)	Do you oar	oo to v	OUR FOO	nonco		(a) The	e name and addr	roop of your	
(a)	Do you agree being made	e availa	able to t	he public		org	anisation will be	e made available cottish Governme	
	(in Scottish Government library and/or on the Scottish Government web site)?					libr	ary and/or on the vernment web si	e Scottish	111
	Please tick		propri	ate				,	
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(b)	Where conf	fidontic	ality io p	ot		۸۲۵	wou content for	your <b>response</b> to	0
(D)	requested, responses	we wil	l make	your			made available?		J
	the followin			c public off					

	Please tick ONE of the follow boxes	ring	Please tick as appropriate  Yes No	
	Yes, make my response, name and address all available  Yes, make my response available, but not my name and address	or		
	Yes, make my response and name available, but not my address	or		
4 B	147 111 1	. 11		
(d)	may be addressing the issues	you discuss mission to c	n other Scottish Government policy team s. They may wish to contact you again in lo so. Are you content for Scottish Gove sultation exercise?	n the
	Please tick as appropriate	Yes	No	
	dditional information – I am res	enonding a		
	se tick as appropriate	ponding a	s: 	
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1	se tick as appropriate  I. NHS Health Board  2. Other NHS Organisation	ponding a	s:	
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1 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	se tick as appropriate  I. NHS Health Board  2. Other NHS Organisation  3. General Practitioner  4. Local Authority  5. Other statutory organisation	ganisation		
1 2 3 3 4 4 5 5 6 6 7 7	se tick as appropriate  I. NHS Health Board  2. Other NHS Organisation  3. General Practitioner  4. Local Authority  5. Other statutory organisation  6. Third sector care provider or	ganisation ovider org	anisation	
1 2 3 3 4 4 5 5 6 6 7 7 8 8	se tick as appropriate  I. NHS Health Board  2. Other NHS Organisation  3. General Practitioner  4. Local Authority  5. Other statutory organisation  6. Third sector care provider or  7. Independent / private care pr	ganisation ovider org for profess	anisation sional group	
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### MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### **CONSULTATION QUESTIONS**

	Are there any additional non-voting members who should be included in the Integration Joint pard?
<b>No</b> 2.	Yes  If you answered 'yes', please list those you feel should be included:
	Are there any other areas related to the operation of the Integration Joint Board that also covered by this draft Order?
4.	Are there any further comments you would like to offer on this draft Order?
	There is broad agreement with the voting arrangements. These would be consistent with the current Shadow Board arrangements.
	We consider the areas covered in the regulations will allow us to develop governance arrangements that will be suitable to our local circumstances.
	<ul> <li>In the consultation some more detailed issues emerged – these included:</li> <li>The role of the finance officer as described in more recent guidance and whether this is consistent with the guidance in the regulations;</li> <li>Whether a code of conduct for Integration Joint Board members should be developed; and</li> <li>That it should be made clear that the inclusion of the independent sector is to represent user and carer collective interests rather than service provider sectoral interests.</li> </ul>



## ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

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Title	Mr Ms	M	rs	Miss D	r 🔃	Plea	se tic	ck as appr	opriat	te	
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Pos	tcode			Phone				Email			
3. Pe	rmissions -	· I am r	espon	ding as							
		Indiv	ridual		/	Group	/Orga	anisation			
			F	Please tick	as aj	propri	ate				
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	(in Scottish and/or on the							public (in t ary and/or (		ottish Governm Scottish	nent
	web site)?		_				Gov	vernment w	eb sit	e).	
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(b)	Where conf	fidontia	ility ie n	uot			Δra	vou conte	at for v	your <b>response</b>	to.
(D)	requested,	we will	make	your				made avail		your response	: 10
	responses the followin			e public on							
	Please tick	ONE	of the	following			Ple	ase tick as	annr	ronriate	
	boxes	ONE	or tile	. Chio Hillig				Yes N		Opi lato	

	Yes, make my response, name and address all available	or		
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	Yes, make my response and name available, but not my address			
(d)	may be addressing the issues	you discuss mission to d	other Scottish Government policy tear They may wish to contact you again in so so. Are you content for Scottish Gove cultation exercise?	n the
	Please tick as appropriate	Yes	No	
	lditional information – I am res se tick as appropriate	sponding a	s:	
1.	NHS Health Board			
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5.	Other statutory organisation			
6.	Third sector care provider or	ganisation		
7.	Independent / private care pr	ovider org	anisation	
8.	Representative organisation	for profess	ional group	
9.	Representative organisation	for staff gr	oup e.g. trade union	
10.	Education / academic group			
11.	Representative group for pat	tients / care	users	
12.	Representative group for car	ers		
13.	Patient / service user			
14.	Carer			
15.	Other – please specify			

# ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### **Consultation Questions**

	Do you agree with the proposed minimum membership of the integration joint monitoring mmittee, as set out in the draft Order?
	Yes No
2. If you ar	nswered 'no', please list those you feel should be included:
	e any other areas related to the operation of the integration joint monitoring committee that also covered by the draft Order?
4.	Are there any further comments you would like to offer on this draft Order?
	This question is not relevant to us since we have adopted the body corporate model.



## PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

	me/Organis Inisation Na								
		□ м	rs 🗌	Miss 🗌 D	r 🗌	Please ti	ck as appropria	ite	
Surn	ame								
Fore	name								
2. Po	estal Addres	s							
Pos	tcode			Phone			Email		
3. Pe	rmissions -	l am r	espon	ding as					
		Indiv	idual		/	Group/Org	anisation		
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(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)?				org the libr		e made available cottish Governme e Scottish		
	Please tick Yes			ate					
(b)	Where confrequested, responses a the followin	we will availab	make le to th	your			e you content for made available?	your <b>response</b> t	Ю.

	Please tick ONE of the following boxes	1	Please tick as appropriate  Yes No	
	Yes, make my response, name and address all available	r		
	Yes, make my response available, but not my name and address			
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	Please tick as appropriate	Yes	No	
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11.	Representative group for patien	ts / care	users	
12.	Representative group for carers	i		
13.	Patient / service user			
14.	Carer			
15	Other – please specify			

### PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. The draft Regulations prescribe the groups of people that should be represented on the

#### **CONSULTATION QUESTIONS**

	strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?
	Yes ✓ No
2.	If no, what changes would you propose?

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

There was broad agreement with the groups of people that should be represented in the strategic planning groups. We noted in 1D the pre-existing strategic planning and engagement arrangements.

In discussion some more specific issues emerged:

- We have planned functionally ie by client group and these arrangements should be respected;
- In the absence of a standard or template it would be helpful to have more information about what would represent an acceptable standard in relation to content for the first set of overarching strategic plans; and
- It was noted that we can enhance the prescribed membership of the strategic planning group to suit local circumstances.



### PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

	1. Name/Organisation Organisation Name								
Title	Mr Ms	M	rs 🗌	Miss D	r 🗌	Please tic	ck as approp	oriate	
Surn	ame								
Fore	name								
2. Po	stal Addres	s							
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1.	NHS Health Board			
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3.	General Practitioner			
4.	Local Authority			
5.	Other statutory organisation			
6.	Third sector care provider or	ganisation		
7.	Independent / private care pr	ovider org	anisation	
8.	Representative organisation	for profess	ional group	
9.	Representative organisation	for staff gr	oup e.g. trade union	
10.	Education / academic group			
11.	Representative group for pat	tients / care	users	
12.	Representative group for car	ers		
13.	Patient / service user			
14.	Carer			
15.	Other – please specify			



### PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1 Do you agree with the prescribed matters to be included in the performance report?

#### **CONSULTATION QUESTIONS**

••	be you agree with the processed mattere to be included in the performance report.
2.	Yes No If no, please explain why:
	The product of plant may.
3.	Are there any additional matters you think should be prescribed in the performance report?
	Yes No ✓
	140
4.	If yes, please tell us which additional matters should be prescribed and why:
5.	Should Scottish Ministers prescribe the form that annual performance reports should take?  Yes  No
6.	If you answered yes, what form should Scottish Ministers prescribe?
	The themes that emerged in the local discussion about the annual performance report included:  • A set of standard headings that should be covered in the report with an indication of the factors that an introduction should include to contextualise the report;  • The core set of areas that it is expected would be subject to consideration by the

The parameters of the analysis it would be useful to see against the core set of areas.

Integration Shadow Board either directly or elsewhere like for example, Revenue and Capital Budget Monitoring arrangements, Workforce Planning, Health & Safety, key indicators of operational performance, progress towards the performance improvement priorities, national benchmark indicators and corporate risk register, clinical and care governance including the Chief Social Work Officer

report;

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

In the detailed discussion some further areas for consideration emerged – these included:

- The requirement to link performance across the full scope of peoples' lives;
- The requirement for some pragmatism in the approach to avoid 'over' reporting;
- Links with Community Planning performance arrangements and that the key policy objectives like for example, of shifting the balance of care should be seen as a whole system measure and also be measured elsewhere.

#### **Scoping Recommendations – Dundee Partnership**

The following Table details the proposed alignment of adult and older people services when moving to the new Health and Social Care Arrangements.

Older People   Elderly Assessment, Rehabilitation and Transitional Service	Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside	
	People (Social Work, Health and Commissio ned	Elderly Assessment, Rehabilitation and Transitional Service  Older Peoples Nurse Consultant  Older People Advanced Nurse Practitioner  Psychiatry of Old Age Inpatient Service  Psychiatric Liaison Team  Continuing Care Services  Psychiatry of Old Age Peripatetic Team  Functional Continuing Care Service  Anticoagulation Service  Anticoagulation Service  Intermediate Care Facility (Riverside)  Community Mental Health Teams (Older People) — Health  Enhanced Locality	Team (7 day	Nurse Consultant  • Long Term Condition Specialist Nurses (Diabetes, Respiratory, Heart Failure,		<ul> <li>Services</li> <li>Health Services</li> </ul>

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	(pilot) – All services				•	Health
	Medicine for the Elderly Day Hospital Services				•	Services Health Services
	<ul> <li>Psychiatry of Old Age Day Hospital Services</li> </ul>				•	Health Services
	Falls Co-ordinator     (associated     resources linked to     Falls Pathway –     Health and Social     Work)					
					•	Local Authority Services
	<ul> <li>Residential Care Homes – Local Authority</li> </ul>				•	Local Authority Services
	Review Team				•	Local Authority Services
	Home Care –     Internal and external services				•	Local Authority Services
	Care & Assessment Teams				•	Local Authority Services
	Community Mental     Health Team –     Social Work				•	Local Authority Services
	Day Care Services –				•	Local Authority Services
	Internal and External				•	Local Authority Services
	<ul><li>Enablement Services/CMHT SCO</li></ul>				•	Local Authority
	Meals Service					Services
	Practical Support				•	Local Authority Services
	Social Care     Response Service				•	Local Authority Services
	Housing with Care –     Internal					

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	<ul> <li>Housing with Care External</li> <li>Respite at home</li> <li>Respite Budget - Residential/Nursing</li> </ul>				•	Procured/Commis -sioned Services Procured/Commis -sioned Services Procured/Commis -sioned services
	Residential/Nursing care  Placement Budget – Residential/Nursing Care Homes  Alzheimer's Post Diagnostic Support  Change Fund Projects  Social Care External Providers (8)  Short Breaks & Other Care Supports  Volunteer Drivers  Social Care End of Life provision – (Older People)  Food Train  OPEN  Celebrate Age					Procured/Commis -sioned Services  Procured/Commis -sioned Services
	<ul> <li>Network</li> <li>Lunch Clubs</li> <li>Housing Support</li> <li>Tayside Health and Arts Trust (THAT)</li> </ul>				•	Procured/Commis -sioned Services Procured/Commis -sioned Services Procured/Commis -sioned Services

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside	
Adult Mental Health (Social Work, Health and Commissio ned Services)	Community Rehab Home Treatment Team/Virtual beds and Crisis Home Treatment  Liaison Services  Community Rehab Services Tayside  Out-patient Services  Dundonald Day Services  Community Mental Health Teams (Health)  Volunteer Peer Support  Community Mental Health Teams (Social Work)  Social Work /Social Care Officers  Choose Life Budget  Respite Budget  Placement Budget — Residential/Nursing Care Homes  Care at Home services		General Adult Psychiatric Inpatient Beds     Intensive Psychiatric Care Unit Tayside Beds     Eating Disorder Services     MAPS     Psychology Service     Rehab beds	<ul> <li>AIS beds</li> <li>Private sector beds</li> <li>State Hospital</li> </ul>	<ul> <li>Health Services</li> <li>Local Authority Services</li> <li>Local Authority Services</li> <li>Local Authority Services</li> <li>Procured/Commis -sioned Services</li> <li>Procured/Commis -sioned Services</li> </ul>
	Dramatherapy				Procured/Commis

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	<ul> <li>SAMH</li> <li>Scottish Richmond Fellowship</li> <li>Carr Gomm</li> <li>Gowrie Care</li> <li>Penumbra -</li> <li>DAMH</li> <li>Support in Mind - Tayside Involvement Service</li> <li>DVA - Service user/Provider involvement</li> <li>Hope and Recovery</li> <li>Art Angel</li> <li>Chrysalis</li> <li>Hearing Voices Network</li> </ul>					-sioned Services Procured/Commis -sioned Services Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Commis -sioned Services  Procured/Comm-sioned Services  Procured/Comm-sioned Services  Procured/Comm-sioned Services  Procured/Comm-sioned Services
Drugs and Alcohol and Blood Bourne Virus (Social Work, Health and Commissio ned Services)	<ul> <li>TSMS Outpatient         Services (3         localities) Hospital         Liaison Nurses</li> <li>Harm Reduction         Services (Specialist         Nurses)</li> <li>Homeless Health         Outreach</li> </ul>	Hep C/HIV Specialist Nurses	In patient Unit  — TSMS (Alcohol & Drugs) Tayside Wide Unit		•	Health Services  Health Services  Health Services

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	SW DABBV Team –     Casist Washington				•	Local Authority Services
	Social Work;  • SW DABBV Team -				•	Local Authority Services
	Support Worker;  • SW DABBV Team –				•	Local Authority Services
	SCO Team;				•	Procured/Commis
	<ul> <li>Priory Court –         Supported         Accommodation     </li> </ul>					-sioned Services
	Residential rehabilitation – spot				•	Procured/Commis -sioned Services
	<ul><li>purchase</li><li>AddAction</li></ul>				•	Procured/Commis -sioned Services
	Jericho House				•	Procured/Commis -sioned Services Procured/Commis
	<ul><li>Vice Versa</li><li>Cairn Centre-</li></ul>				•	-sioned Services Procured/Commis -sioned Services
	Injecting Equipment Programme (Harm reduction)				•	Procured/Commis
	• TCA				•	-sioned Services Procured/Commis -sioned Services
	<ul><li>Positive Steps</li><li>Eclipse</li></ul>				•	Procured/Commis -sioned Services
	Axis Forward				•	Procured/Commis -sioned Services
	<ul> <li>Waverly Care Self Management Groups BBV</li> </ul>				•	Procured/Commis -sioned Services
Adults with a Physical Disability	Mackinnon Skills     Service				•	Local Authority Services
including Sensory services	Mackinnon Respite     Service				•	Local Authority Services
(Social Work, Health and Commissio	<ul> <li>Physical Disability         Care Management         Team     </li> </ul>				•	Local Authority Services
ned Services)	MS Specialist Care		58		•	Local Authority

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	Manager  Placement Budget — Residential/Nursing Care Homes  Respite Budget  Capability — Upper Springlands  Margaret Blackwood Housing Association — Housing Support Service  Care at Home  Care Management Service — Sight Impairment  Care management Service — Hearing Impairment  Scottish Hungtinton's	Partnerships		Tayside	Services  Procured/Com-sioned Services  Procured/Com-sioned Service  Procured/Com-sioned Service	nmis ces
Specialist Palliative Care (Health services only)  Working assumption that Steps to Better Health Care has already commenced a programme of improvement work to create a Tayside	Community Nursing     Overnight Service	<ul> <li>Roxburghe         House In-         Patient Unit</li> <li>Community         Macmillan         Nurses and         AHP's</li> <li>Hospital         Palliative         Care Team</li> <li>Lymphoede         ma Service</li> <li>Acute         Palliative</li> </ul>			<ul> <li>Health Service</li> <li>Health Service</li> <li>Health Service</li> <li>Health Service</li> <li>Health Service</li> </ul>	es es

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
Wide Specialist palliative care Service, however		Care Unit  • (3 Beds in Ninewells)			•	Health Services
expectations would be that this		Macmillan     Day Care			•	Health Services
delivers at a local level and close to		• Symptom Control			•	Health Services
patients		Clinic     Specialist     Palliative     Occupational			•	Health Services
		Therapist/Ph ysiotherapist  • Marie Curie			•	Health Services
		Nursing Service			•	Health Services
		Cancer Support				
		<ul> <li>Here4U         Volunteer         Service and         Volunteer         Support</li> </ul>			•	Health Services
		<ul><li>Bereavement Service</li></ul>			•	Health Services
Learning Disability (Social Work, Health and Commissio	Specialist LD AHPs (     OT, PT, SLT,     Dietetics, Art, Music,     Podiatry )		Area Wide In- Patient LD Services (including Nursing &		•	Health Services
ned Services)	Community LD     Nurses		AHPs)		•	Health Services
,	Weavers Burn     Nursing Staff		LD     Assessment     Unit		•	Health Services
	PMLD Nurse –     White Top Centre		Carseview     Behavioural     Cuppert 8		•	Health Services Health Services
	OT Employment Support Worker –		Support & Intervention Unit and BSI Outreach		•	HEART SELVICES

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	Forensic bridge		Team		•	Health Services
	<ul> <li>Hawkhill Nursing Staff</li> <li>PMLD Nurse – White Top Centre</li> <li>LD Nurse Seconded into LD Care Management</li> <li>Leisure/ Recreation Team - including Autism specific post.</li> <li>PMLD Nurse – White Top Centre</li> </ul>		<ul> <li>Craigowl Unit</li> <li>Autism Unit</li> <li>LD         Psychiatrists             and Clinical             Psychologists     </li> <li>LD Acute             Liaison Nurse</li> <li>RNIB –             Bridge to             Vision Project</li> </ul>		•	Health Services Health Services Health Services Health
	LD Nurse Seconded into LD Care Management				•	Health Services
	<ul> <li>White Top Day Support Service (PMLD)</li> </ul>				•	Local Authority Services Local Authority
	<ul> <li>White Top Respite (PMLD)</li> </ul>					Services
	Weavers Burn –     Care at Home /     Housing Support     Service (Complex     needs/ challenging     behaviour)				•	Local Authority Services
	Wellgate Day     Support Service				•	Local Authority Services
	SW Care     Management Team     (LD) – Social     Workers/     Nurses/Mental     Health     Officers/Social Care     Workers				•	Local Authority Services
					•	Local Authority

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
		-				Services
	Dundee Community     Living - Care at     Home/Housing     Support Service				•	Local Authority Services
	<ul> <li>Supported Living         Team - Care at         Home/Housing         Support Service     </li> </ul>				•	Local Authority Services
	Employment Support Service (generic Community Care service hosted within LD cost centre)					Procured/Commis
	25 3301 33111137				·	-sioned Services
	Sense Scotland -     Fleuchar Street Respit				•	Procured/Commis -sioned
	Service				•	Procured/Commis
	Day Opportunities—     Hillview Sense     Scotland				•	-sioned Procured/Commis -sioned
	Day     Opportunities/Enabli     ng–Sense Scotland				•	Procured/Commis -sioned
	Rose Lodge				•	Procured/Commis -sioned
	Dudhope Villa				•	Procured/Commis
	Westlands					Procured/Commis
	Cornerstone				•	-sioned
	Turning Point Scotland				•	Procured/Commis -sioned
	Scottish Autism				•	Procured/Commis
	Sense Scotland					-sioned
	Anton/Ogilvie—     Capability Scotland				•	Procured/Commis -sioned
	CLS/FSS -     Capability Scotland				•	Procured/Commis -sioned

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside	
	Cornerstone				Procured/Commis     -sioned
	<ul><li>The Inclusion Group</li><li>Jean Drummond</li></ul>				<ul><li>Procured/Commis</li><li>-sioned</li></ul>
	Centre				Procured/Commis
	North Lindsay St -     Scottish Autism				<ul><li>-sioned</li><li>• Procured/Commis</li></ul>
	Carr Gomm –     Rosefield Street				-sioned
	Cornerstone				<ul><li>Procured/Commis -sioned</li></ul>
	Gowrie Care				Procured/Commis     -sioned
	Care Home     Placements				<ul><li>Procured/Commis -sioned</li></ul>
	<ul> <li>Student Support Service – Gowrie Care</li> </ul>				Procured/Commis     -sioned
	Dundee Independent Advocacy Support				<ul><li>Procured/Commis -sioned</li></ul>
	Advocating Together				<ul><li>Procured/Commis -sioned</li></ul>
	Partners in     Advocacy				
Sexual and Reproductiv e Health (Health services only)		All     Sexual     and     Reproduc     tive     Health     Services:	_		Health Services
		Specialist     Sexual &     Reproduc     tive     Health     Service     (outpatie     nt)			Health Services
		Men Only			Health Services

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships  Tayside (service for Men who have sex with Men)  HIV specialist nurses  Condom by Post service  Condom Distributi on Scheme  Forensic medical service (sexual	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside	•	Health Services Health Services Health Services
Pharmacy (Health services only)  Current Primary and Secondary Care Pharmacy		assault)	Current     Primary     and     Secondary     Care     Pharmacy     Services		•	Health Services
Services working closely with community pharmacy colleagues within a locality service delivery model  Allied	All Health	Podiatry			•	Health Services
Health Professiona Is (Health Services Only)	Occupational Therapists - Community and	Services  • Nutrition and Dietetic			•	Health Services

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
Intake Services (Social Work Services Only)	<ul> <li>Hospital based</li> <li>All Health Physiotherapists - Community and Hospital based</li> <li>Community Rehabilitation Team</li> <li>First Contact Team</li> <li>Hospital Social Work team</li> <li>Mental Health Officer Service</li> <li>Occupational Therapy Service (Social Work)</li> <li>Joint Equipment Store</li> <li>Adult Support and Protection</li> <li>Moving and Handling Support</li> <li>Blue Badge Services</li> <li>Telecare Supports (all service care groups)</li> </ul>	Services  • Speech and Language Services			<ul> <li>Health Services</li> <li>Local Authori Services</li> </ul>	ty ty ty ty tty tty
Centre for Brain Injury Rehabilitati on (Health services only)		<ul> <li>Centre for Brain Injury Rehabilit ation</li> <li>Stroke Liaison Service</li> </ul>			<ul><li>Health Service</li><li>Health Service</li></ul>	
Carers Services (Social Work and Commissio ned	<ul> <li>Respite Care         Placements in a         Care Home</li> <li>Respite Care at</li> </ul>				<ul><li>Local Authori Services</li><li>Local Authori Services</li></ul>	

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
Services	Home	. artifoldinps				
only)	-				•	Local Authority
A	<ul> <li>Short break</li> </ul>					Services
An assumption	opportunities					
is made that						
any services	Examples of				•	Procured/Commis
commissione	Commissioned					-sioned Services
d and funded by	Services Include:					Progurad/Commis
Social Work	D 1 0				•	Procured/Commis -sioned Services
Community	Dundee Carers     Oantre and					5.554 55. 71000
Care Services will	Centre and					
be	Associated services					
transferred	Respite at Home –				•	Procured/Commis -sioned Services
to be	crossroads					SIGNICA GENVICES
managed through the	Penumbra Mental					
Dundee	Health Carers					
Partnership.	Support Workers				•	Procured/Commis
Examples	Service				•	-sioned Services
are listed.	PAMIS (PMLD)					
	Alzheimer Scotland     Carers Support				•	Procured/Commis -sioned Services
					•	Procured/Commis
	<ul> <li>Scottish</li> </ul>				•	-sioned Services
	Huntingdons					
	Association Carers					
	Support					
	SAMH Carers					
	Support Service				•	Procured/Commis
						-sioned Services
	Support in Mind     Sectional Courses					D 1/2
	Scotland Carers				•	Procured/Commis -sioned Services
	Support					-SIUTIEU SETVICES
	Hope and Recovery					
	,				•	Procured/Commis
Dades	0005 -					-sioned Services
Reducing Health	COPD Team				•	Health Services
Inequalities/	Dundee Keep Well					
Health	Community Team				•	Health Services
Improveme	2 3, 122					
nts	<ul> <li>Working Health</li> </ul>				_	Health Services
	Services				•	HEART SERVICES
	Dundee Healthy					
	Living Imitative				•	Health Services
	Living initiative					
		<u> </u>		<u> </u>		

Category	Partnership	Hosted by a single lead Partnership on behalf of the 3 Tayside Partnerships	Hosted by NHS Tayside	National Service – Hosted By NHS Tayside		
	Equally Well Social     Prescribing				•	Health Services
Homeopath y (Health Services Only)		Homeopa thy Services			•	Health Services
Homeless Services (Social Work Commissio ned Services Only)  Community Nursing	<ul> <li>Dundee Survival group</li> <li>Transform</li> <li>Women's Aid</li> <li>Positive Steps</li> <li>Salvation Army</li> <li>Community Nursing</li> <li>Keep Well Nurses</li> <li>Parish Nurses</li> </ul>				•	Procured/Commis -sioned Services  Health Services  Health Services  Health Services
Advocacy Services	All commissioned     Advocacy services				•	Local Authority Services
Universal Services/			<ul><li> GP</li><li> Dentist</li><li> Opticians</li><li> Community Pharmacists</li></ul>		•	Health Services Health Services Health Services Health Services

#### **Local Authority Functions That Must be Delegated**

In each case, integration must include all adult provision; inclusion of children's services is left to the discretion of local partners.

- Social work services for adults and older people;
- Services and support for adults with physical disabilities and learning disabilities;
- Mental health services:
- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- · Housing support services, aids and adaptations;
- · Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

#### **Health Board Functions That Must be Delegated**

In each case, integration must include all adult provision; inclusion of children's services is left to the discretion of local partners.

- Unplanned patients (medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital);
- Outpatient accident and emergency services (services provided within a hospital for the treatment of urgent or emergency conditions);
- Care of older people (medical care for older people when not covered by unplanned inpatients);
- District nursing;
- Health visiting services;
- Clinical psychology services;
- Services provided by Community Mental Health Teams (services delivered in the community for those with mental health problems);
- Services provided by Community Learning Difficulties Teams (services delivered in the community for this with learning difficulties);
- Services for persons with addictions;
- Women's health services (services providing the assessment, diagnosis care, planning and treatment of women's health, sexual health and contraception services);
- Services delivered by allied health professionals;
- GP out-of-hours services:
- Public Health Dental Services;
- Continence services (Assessment, investigation, diagnosis and treatment of those with continence problems);
- Dialysis services delivered at home;
- Services designed to promote public health;
- General Medical Services;
- GP pharmaceutical services (prescribing and dispensing of medicine and therapeutic agents by GPs, nurse prescribers and prescribing pharmacists working in GP practices).