

## PERTH AND KINROSS COUNCIL

7 May 2014

**PUBLIC SERVICE REFORM –  
BUILDING ON STRONG FOUNDATIONS****Joint Report by Executive Director (Housing and Community Care) and  
Executive Director (Education and Children's Services)****PURPOSE OF REPORT**

This report lays out proposals for the implementation of the Public Bodies (Joint Working) (Scotland) Act and the Children and Young People (Scotland) Act. The report proposes that we build on existing good practice of models of partnership working and we strategically align key legislative and policy issues to lead, direct and commission adult, children and family services focussed upon providing better outcomes for the individuals and communities of Perth and Kinross.

**1. BACKGROUND**

- 1.1 People are at the heart of everything we do. Our communities are unique, and their sense of place defines our work and our legacy, as a Council and collectively with our partners.
- 1.2 In Perth and Kinross, our Community Planning Partnership is well established, and over the last decade, partners have worked together to form strong relationships. Our collective ambition is to continue to achieve the best outcomes for the families and communities of Perth and Kinross.
- 1.3 The Scottish Government's Public Service Reform agenda is based upon '4 Pillars of Reform' – Place, Prevention, Performance and People. At the centre of this agenda is a reinvigorated focus on strengthening partnership across public services to ensure services are planned, delivered and monitored in ways which best meet the needs of individuals, families and communities.
- 1.4 Our commitment to the Public Service Reform agenda is articulated in our Community Plan / Single Outcome Agreement 2013-23, this sets out a vision of a confident and ambitious Perth and Kinross, to which everyone can contribute and in which all can share. Through our strategic objectives we aim to maximise the opportunities available to our citizens to achieve their potential, at every life stage. Our strategic objectives are:
  - Giving every child the best start in life
  - Developing educated, responsible and informed citizens
  - Promoting a prosperous, inclusive and sustainable economy
  - Supporting people to lead independent, healthy and active lives
  - Creating a safe and sustainable place for future generations

- 1.5 Across the partnership we have reconfigured our services, planned our financial position well, further improved our approach to strategic planning and performance management, strengthened community and customer engagement and developed a strong focus on the delivery of outcomes to make a real impact on local people's lives.
- 1.6 Our shared strategic objectives, are based on consensus of the specific local needs of our area and how we will work together to deliver real improvement for our communities.
- 1.7 Our performance in delivering local outcomes is strong, and significant progress continues to be made. We have many examples of where we have improved the services we provide to the public, as individual organisations and through joint working.
- 1.8 This is reflected in our performance, particularly in areas such as early years, child protection, educational attainment, youth offending, reduction in crime, health improvement, fire safety, homelessness, learning disabilities and older people's services.
- 1.9 We are extremely proud of the many high-quality services delivered on a daily basis across Perth and Kinross. The maturity of our partnership supports continual evolution and growth, and this ensures ongoing focus on improvement and innovation at strategic, and operational levels, and with a wide range of partners and stakeholders.
- 1.10 The Scottish Government published a Joint Resourcing Agreement with COSLA in September 2013. This agreement calls upon Community Planning Partners to make a 'step change' in their approach to sharing and aligning budgets to achieve Community Plan / Single Outcome Agreement objectives. The proposals within this report are an innovative response to the Joint Resourcing Agreement which builds upon the strong foundations of our existing partnership arrangements, putting in place a single integration process focussed upon better outcomes for individuals, families and communities.

## **2. LEGISLATIVE CONTEXT**

- 2.1 Public Service Reform is underpinned by a new legislative programme which legislates for partnership working in a way never seen before. The Public Bodies (Joint Working) (Scotland) Act places a duty upon Councils and Health Boards to share resources, budgets and decision making processes in relation to Health and Social Care Services. This approach is likely to be further strengthened through other new legislation such as the Children and Young People (Scotland) Act and Community Empowerment Bill.
- 2.2 The theme throughout all of this legislation is the need for strong, effective partnership approaches clearly focussed upon providing better outcomes through the collective efforts of Community Planning Partners. The Scottish Government's Statement of Ambition defines Community Planning as the key delivery mechanism for improved public services and better outcomes for communities.

2.3 Whilst our strategic approach to the legislative programme continues through our well established integrated approach, the challenge now is how we will further evolve our partnership arrangements in areas such as early years, reshaping the older people's care, child protection and youth and criminal justice.

### **3. DELIVERING BETTER OUTCOMES – THE PERTH AND KINROSS APPROACH**

3.1 In Perth and Kinross the wellbeing of individuals, families and our communities is paramount. The focus of our integrated working is to provide better outcomes for adults, children and their families.

3.2 Our partnership working is based upon strong leadership and integrated practice. Increasingly our joint working is informed by a strengthened evidence based approach. Evidence of where and what services are required and how they can be best delivered. Whether this evidence is data gathered through innovative and sector leading engagement processes such as Evidence2Success or through the detailed analysis of service provision such as the Integrated Resource Framework or by utilising our well established performance management and reporting framework, we are basing our priorities and integrated service delivery on robust evidence of what is needed and what works.

3.3 The breadth and scope of our integrated working stretches from the very earliest years to the care and support of the older people. By 2035 the number of older people over 75 in Perth and Kinross is projected to rise by 89%. This is mirrored by a significant increase in young people of school age over a similar period. This will dramatically increase demand for children's services and for health and social care services during a period of unprecedented financial constraint upon public service budgets.

3.4 Adults living with physical disability, learning disability, mental health problems or another long-term condition consistently tell us that they want to be independent, to have choice and control so they are able to live 'ordinary lives' as fully participating members of the wider community. In Perth and Kinross we are committed to improving the lives of these adults, helping them to meet their full potential including if they have children to be effective parents.

3.5 The next ten years will see increased demand for public services. This is already evident in the field of personal services for adults affected by homelessness, substance misuse, or mental ill-health. Where these adults have children the impact will be even greater as these parental issues are recognised as also having a significant impact on the life chances and well-being of children.

- 3.6 Improving the quality of life for adults, young people and children requiring support demands that services for children and young people and health and social care provision, will require to be expanded now and in the future. Personalisation is driving the shape of all public services, with a growing public expectation that services will be tailored to meet their needs, helping them achieve personal goals and aspirations. We need individuals, families and their communities to work together to shape more person-centred services that ensure people are safe-guarded from harm and have their dignity and human rights respected.
- 3.7 The broad range of services delivered for adults all impact upon the children, families and carers of these adults. In Perth and Kinross we work with and for people across all ages and communities with a shared focus upon achieving better outcomes.
- 3.8 Whilst striving to provide better outcomes for all individuals and families across all ages and all communities, our focus remains on a shared way of working which puts the needs and aspirations of the individual, the family and the community at the heart of our integrated partnership approach.

3.9



- 3.10 The Perth and Kinross approach to providing better outcomes as described above, clearly articulates an integrated response to the Public Service Reform agenda which is distinct to Perth and Kinross. A response which brings together the sum of the public service parts in Perth and Kinross to clearly focus on the needs and aspirations of our children, families and communities.

- 3.11 Strong collective leadership, effective and mature partnership relationships, a focus on self-evaluation, an engaged workforce and evidence based approaches all contribute to one clear aim – better outcomes.
- 3.12 A number of principles drive our approach to providing better outcomes. Our overall aims are that services are planned so that they
- are integrated from the point of view of individuals, families and communities
  - take account of the particular needs of individuals and families in the different localities across Perth & Kinross
  - are planned and led locally in a way which engages with the community and local professionals
  - best anticipate needs and prevent them arising, and;
  - make the best use of the available facilities, people and resources

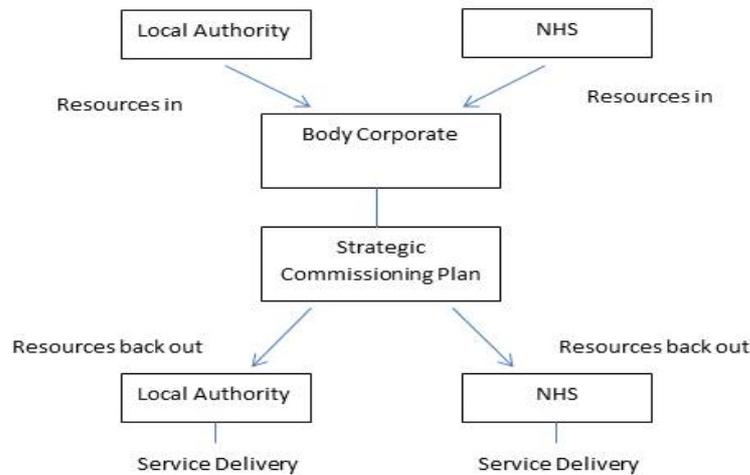
#### **4. BUILDING ON STRONG FOUNDATIONS**

- 4.1 Given the imperative and emphasis on building effective, legally constituted partnership arrangements within the Public Bodies (Joint Working) (Scotland) Act, we have a window of opportunity to implement a step change in our partnership arrangements, by re-energising our collective ambition and building upon the strong investment in partnership working which already exists.
- 4.2 We can evidence many outstanding achievements, and these are confirmed through robust self-evaluation, as well as positive recognition by external scrutiny bodies. Strong leadership of partnership arrangements by the Council is a key factor in this success.
- 4.3 As we continue to prepare for the implementation of the Public Bodies (Joint Working) (Scotland) Act and the Children and Young People (Scotland) Act, the time is right to clearly define the preferred model and scope for our partnership arrangements and also, importantly, define how we can utilise the opportunity afforded by the Acts and other legislation to ‘scale up’ collective leadership in terms of associated Adult and Family Health and Care integrated working.
- 4.4 The Community Empowerment Bill contributes to the legislative programme to implement public service reform by laying out a duty on all CPP Partners to participate in the Community Planning process. Alongside the Joint Resourcing Agreement, this Act offers another ‘lever’ to increase and build input, support and strategic buy in to partnership arrangements in Perth and Kinross.
- 4.5 **Appendix 1** outlines the main provisions of (a) the Public Bodies (Joint Working) (Scotland) Act, in terms of the available models for Health and Social Care Partnership bodies, and **Appendix 2** outlines the main provisions of (b) the Children and Young People (Scotland) Act.

(a) **Health and Social Care Integration**

- 4.6 The Public Bodies (Joint Working) (Scotland) Act requires partners to delegate Adult Health and Social Care functions and appropriate resources to ensure the effective delivery of these functions. Two possible models for the integration of Health and Social Care budgets and functions are outlined in the Act as follows:-
- (i) delegation to an integration joint board established as a **body corporate**, in which case the Health Board and the local authority agree the amount of resources to be committed by each partner for the delivery of services to support the functions delegated; and
  - (ii) **delegation between partners**, in which case the Health Board and/or local authority delegates functions and the corresponding amount of resource to the other partner, which then hosts the services and the integrated budget.
- 4.7 In Highland, the delegation between partners model has already been put in place. Whilst via this model responsibility for the delivery of agreed services is delegated to one of the partner organisations, it is important to note that the statutory accountability and legal responsibility for these services remains with the 'parent' organisation. For example, the local authority would remain accountable for the provision of Children's Social Work Services even if the delivery of these services was delegated to the NHS. Further descriptions of the two possible models is included in **Appendix 1**.
- 4.8 It is suggested that there are benefits to be realised from the clarity of roles and single accountability structure provided by the Body Corporate Model. This model has at its core a partnership approach focussing on shared leadership and decision making. The Body Corporate would seem to be a natural development and scaling up of our existing joint arrangements within a legislative framework which will support enhanced joint accountability, governance and, importantly, ownership of outcomes jointly with our NHS Partners.
- 4.9 It is proposed that the Body Corporate Model provides the model better suited to take forward the Perth and Kinross approach to evidence based delivery for better outcomes. An Interim Chief Officer has been appointed to oversee the transition towards the development of the substantive partnership arrangements by April 2015.
- 4.10 Guidance provided by the Joint Improvement Team, a strategic improvement partnership between Scottish Government, NHS, COSLA, 3<sup>rd</sup> and Independent Sectors, lays out a proposed Body Corporate Strategic Commissioning Model where agreed local authority and NHS resources are delegated to the Health and Social Care Partnership who then distribute the shared resources 'back out' to the local authority and the NHS for the purposes of service delivery. These resources are channelled to and allocated via the Strategic Commissioning Plan agreed by the Health and Social Care Partnership, the Council and the NHS.

4.11 The Body Corporate Strategic Commissioning Model is described below.



4.12 *Scope*

The prime drivers for the creation of Public Bodies (Joint Working) (Scotland) Act were the demographic and financial pressures facing public services in meeting the care needs of an ever increasing older population. Through the engagement with key stakeholders to inform the Act's content, the scope of Health and Social Care Partnerships has been widened to include a broader range of Adult and Health Care services.

4.13 The potential scope of adult care services has now been outlined within the recently published Scottish Government Policy Statement regarding functions of a Local Authority to be delegated to Health and Social Care Partnership arrangements.

The policy statement lists the following local government functions as 'must be delegated'.

- Social Work Services for adults and older people
- Adults with physical disabilities, learning disabilities
- Mental health problems
- Drug and alcohol problems
- Adult protection and domestic abuse (including carers) covering: community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Housing support services
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

- 4.14 The parallel Policy Statement in terms of Health Board functions to be delegated is less clear at this stage, further guidance is awaited which will clarify the NHS functions which must be delegated. However, defining the final scope of services from both the Council and the NHS to be delegated is of vital importance and will require attention, negotiation and agreement as soon as is practical to allow the appropriate partnership arrangements to be put in place and these reflected within the Integration and Strategic Commissioning Plans.
- 4.15 One key point which should be stressed is that all the adult services outlined above impact not only on adults but on children, families and the communities they live in. Therefore it is important to consider if these functions are to be delegated for planning and commissioning via the Health and Social Care Partnership, how can existing children and families partnership arrangements add value to the outcomes derived from delivering these services within an integrated partnership arrangement.

**(b) Children & Families**

- 4.16 The Children and Young People (Scotland) Act seeks to further the Scottish Government's ambition for Scotland to be the best place to grow up, by putting children and young people at the centre of planning all services and ensuring their rights are respected across the public sector. At the heart of the Act is the need for public agencies to work together to focus on better outcomes for children and young people.
- 4.17 Whilst the potential scope and available models for our Health and Social Care Partnership are outlined within the Public Bodies (Joint Working) (Scotland) Act, how we plan and deliver better outcomes for all individuals, children, adults and families alike, requires to be aligned to make best use of our collective resources, efforts and expertise.
- 4.18 At present the Children and Young People's Strategic Group (established in 2004) provides strategic leadership in terms of integrated working to improve outcomes for children and young people across Perth and Kinross. As one of four Outcome Delivery Groups within our CPP structures the Children and Young People's Strategic Group reports progress to the CPP Board.
- 4.19 The Strategic Group consists of representatives from all relevant CPP Partners. It is supported to deliver improved outcomes for children and young people by a multi-agency Early Years, Early Intervention Programme Board; the membership of this Programme Board mirrors, at an appropriate level, that of the Strategic Group and other sub groups as appropriate.
- 4.20 The Partnership maintains a high level overview of all joint working across services for children, young people and adults to deliver improvements in areas such as child protection, the early years, GIRFEC, youth justice, educational attainment and achievement and health and well-being. Its strategic approach is underpinned by a focus on prevention, early intervention and targeting support to those with the greatest need. This ensures that, where possible, children, young people and families receive the support and services they

require through universal services in their local community, delivered by committed staff using integrated and collaborative approaches to ensure needs are met and outcomes are improved.

- 4.21 The collective efforts of the integrated working led by the Children and Young People's Strategic Group and all of the staff involved in partner organisations has consistently delivered improved outcomes for children and families in Perth and Kinross. Year on year our Single Outcome Agreement Annual Reports and Standards & Quality Reports have documented the successes of the Partnership in demonstrating effective leadership of our integrated working.
- 4.22 The success of the partnership working to focus on and deliver better outcomes based on the needs and aspirations of children and families provides a strong foundation to build upon as we proactively interpret the Public Service Reform legislative programme into effective delivery and actions for the people of Perth and Kinross.
- 4.23 However, the challenges our communities face extend across traditional service planning boundaries such as adult or children's services. These challenges are multi-faceted, whether they be preventing homelessness, tackling the fear of crime, addressing drug and alcohol misuse or maintaining momentum in rises in educational attainment. We have learned in Perth and Kinross that an integrated approach focussed on the needs of the individual, family and community get the best results.
- 4.24 The opportunity now exists to build upon 'what works' for Perth and Kinross utilising the Public Service Reform legislative programme to instigate a 'step change' in our approach to integrating for better outcomes.

## 5. **STEP CHANGE; ONE INTEGRATION, TWO PARTNERSHIPS**

- 5.1 As outlined at 4.8, the **Body Corporate Model** for our Health and Social Care Partnership provides the most appropriate of the available models to take forward further integration in Perth and Kinross in terms of the range of adult health and social care services described at 4.13. The Body Corporate Model provides a clear model for the sharing of decision making, sharing resources and commissioning services which could be utilised across our partnership arrangements in Perth and Kinross.

### **Recommendation 1**

A Body Corporate Model as described in the Public Bodies (Joint Working) (Scotland) Act be adopted for the Perth & Kinross Health & Social Care Partnership from April 2015.

- 5.2 When established the scope for our Health and Social Care Partnership will include a range of adult and older people's health and social care services such as Learning Disabilities, Mental Health, and Substance Misuse Services that are all planned and delivered to various extents in partnership between the Council, NHS and the 3<sup>rd</sup> and Independent Sectors.

- 5.3 These services are not delivered in isolation to adults. Adult Care Services impact on the children and families of those adults engaged with these services. There are clear interdependencies between Adult and Children Services which make their planning and delivery inextricably linked. All children in families with adults receiving Adult Care Services are in turn beneficiaries of these services.
- 5.4 There are also complexities and linkages between service areas such as Drugs and Alcohol and Mental Health Services which make dealing with such challenges in isolation neither desirable nor effective.
- 5.5 At a recent Development Session of the Children and Young People's Strategic Group, group members proposed that the scope of the Group be extended to include integrated working in terms of Children and Families Services, given the clear linkages and interdependencies across all of these services. An approach where the provision of such services are centred within the context of the family would allow a more holistic focus on the outcomes across both Adult and Children's Services on how these affect the family as a whole.
- 5.6 In terms of the broad range of adult care services described above, there is no single strategic partnership, equivalent to the well-established Children and Young People's Strategic Group, overseeing the planning and delivery of joint working. Instead a somewhat fragmented approach exists, where various policy areas are overseen by different partnerships with different levels of authority and participation across the relevant agencies. For example there are clear connections between Drug and Alcohol, Criminal Justice and Mental Health partnership working but no recognised strategic partnership forum with a collective overview or leadership role, and therefore an opportunity exists to better coordinate and stimulate our joint working across all adult care services and, importantly, better align this joint working and planning with well-established children's services integrated arrangements.
- 5.7 The Children and Young People's Strategic Group is chaired by the Chief Executive and includes three Elected Members, the Executive Director, Education and Children's Services, the Executive Director of Housing and Community Care and a number of other senior Council officers. By extending the remit of the Partnership to include Adult and Family Services delivery, and making the Partnership the Children and Families Partnership many benefits could be achieved in terms of 'scaling up' joint commitment and activity in relation to an integrated approach to children and families.
- 5.8 NHS Tayside already aligns their activities in respect of Children's Health Care Services delivered through the Perth and Kinross Community Health Partnership within the scope of the Children and Young People's Strategic Group. Aligning integrated working in terms of Drug & Alcohol Services, Mental Health Services, Learning Disability Services and other associated 'families' joint working would be an incremental step that is wholly appropriate.

**Recommendation 2**

The scope and remit of the Children and Young People's Strategic Group be extended to include those services which impact on families as a whole.

- 5.9 Our proposed enhanced partnership arrangements as described above will further promote our integrated working and help develop our shared understanding and approach to Joint Resourcing as a Community Planning Partnership.
- 5.10 Bringing together significant Children, Families and Adult Services activity from the Council and NHS Tayside into the partnership arena for discussion and collective decision making, will strengthen our shared focus on prevention and working together towards better outcomes.

**Recommendation 3**

The Executive Director (Housing and Community Care) and the Executive Director (Education and Children’s Services) be requested to continue engagement with partner organisations in establishing the Health and Social Care Partnership and Children and Families Partnership.

- 5.11 A key aspect of the Body Corporate Model is the appointment of a Chief Officer to oversee the joint activity of the Health and Social Care Partnership on behalf of the Partnership Board come April 2015. Preparations for the implementation of the Public Bodies (Joint Working) (Scotland) Act have been gathering pace in recent months as the Act guidance continues to emerge. A significant amount of preparatory work needs to be completed over the next year. An Interim Chief Officer has been appointed to oversee these preparations.
- 5.12 A number of ‘key deliverables’ have already been agreed for health and social care integration partnership chief officers. These deliverables are listed at **Appendix 3**.
- 5.13 It is suggested that these deliverables could be used to inform discussions around proposals for the new Children and Families integrated arrangements.

**6. STANDARDS AND ASSURANCE**

- 6.1 As we move towards our new integrated approaches as described above, it is vital that we continue to ensure the highest standards of professional practice and assurance in terms of the quality and safety of our service delivery.
- 6.2 The role of Chief Social Work Officer (CSWO) was established by the Social Work (Scotland) Act 1969 as amended by Section 45 of the Local Government (Scotland) Act 1994. The Chief Social Work Officer promotes high values and standards of professional practice including relevant National Standards, and provides a clear statement of expectation of social services workers and employers (consistent with the SSSC Code of Practice) to be agreed with the Chief Executive and Elected Members. The specific responsibilities of the Chief Social Work Officer are attached in **Appendix 4**.
- 6.3 The Chief Social Work Officer reports to the Chief Executive – providing independent comments where necessary – on the findings of relevant performance reports, setting out;

- Implications for the local authority, for service user and carers, for individual teams/members of staff/partners as appropriate
  - Implications for delivery of national and local outcomes
  - Proposals for remedial actions
  - Means for sharing good practice and learning
  - Monitoring and reporting arrangements for identified improvement activity
- 6.4 The Chief Social Work Officer also prepares an annual report to the Council on all of the statutory, governance and leadership functions of the role.
- 6.5 It is vital that the key role of the Chief Social Work Officer, as described above, is continued, overseeing and providing assurance to the Council as our services are increasingly planned and delivered via partnership arrangements.

**Recommendation 4**

The Chief Social Work Officer sits as an advisor on both the Health & Social Care Partnership and the Children & Families Partnership providing advice and professional guidance in relation to the services overseen by both partnerships, and providing assurance to the Council that effective professional practice and values are being upheld.

**7. CONCLUSION AND RECOMMENDATIONS**

- 7.1 Much of the strength of the Council's Service structure arises from complementary and interdependent services being planned in an integrated single service approach for example, Education and Children's Services and Housing and Community Care Services. This report outlines proposals for a step change in our partnership arrangements by taking the principles and proven effectiveness of bringing together intrinsically linked strategic policy areas into shared partnership arrangements.
- 7.2 Current arrangements across the CPP are a source of strength, and this creates an opportunity to build upon these strong foundations by formalising the sharing of resources, prioritising together with our partners and ensuring that synergies are realised by planning the services that affect adults, children and families side by side within an inclusive framework.
- 7.3 The proposed 'step change' in our integrated arrangements reflects the direction of travel within the Scottish Government's Public Service Reform agenda but is not solely driven by legislation. Our proposals are driven by the need to support new ways of working to meet the needs and aspirations of our communities.
- 7.4 The development of a Children and Families Partnership offers a bold and ambitious interpretation of the Scottish Government's Public Service Reform agenda, Statement of Ambition and associated legislative programme. Working alongside the Health and Social Care Partnership, the Children and Families Partnership will ensure complementary approaches are planned and delivered in the 'Perth and Kinross way', integrated for better outcomes.

- 7.5 It is envisaged that this definitive approach will ensure that the Council and CPP continue to lead the way in terms of new ways of thinking and working, by going beyond simply what is required, to a new level of partnership which supports the achievement of the best outcomes for all, at every life stage.
- 7.6 Further reports will be submitted to Council to advise on progress in developing these new arrangements.
- 7.7 It is recommended that the Council agree to the recommendations as outlined in section 5 and 6.

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**Date:** 1 April 2014

**Approved**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
John Fyffe John Walker	Executive Director (Education and Children's Services) Executive Director (Housing and Community Care)	14 April 2014

**IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION**

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>None</b>
Workforce	<b>None</b>
Asset Management (land, property, IST)	<b>None</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>None</b>
Strategic Environmental Assessment	<b>None</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>None</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

**1. Strategic Implications****1.1 Community Plan/Single Outcome Agreement**

This report is central to the achievement of all the Community Plan/Single Outcome Agreement strategic objectives:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

**1.2 Corporate Plan**

This report does not specifically relate to one of the objectives, but assists with the delivery of all five.

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

**2. Resource Implications****Financial**

2.1 There are no direct financial implications arising from this report.

## 2.2 Workforce

There are no direct workforce implications arising from this report.

## 2.3. Asset Management (land, property, IT)

There are no direct asset management implications arising from this report.

## 3. **Assessments**

### 3.1 Equalities Impact Assessment

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

This report has been considered and assessed as not being relevant for the purposes of EqIA.

### 3.2 Strategic Environmental Assessment

The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only, and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

## 4. **Consultation**

4.1 The Executive Officer Team and the Head of Legal Services have been consulted in the preparation of this report.

## 5. **Background Papers**

There are no background papers.

## 6. **Appendices**

Appendix One – Public Bodies (Joint Working) (Scotland) Act – briefing

Appendix Two – Children & Young People (Scotland) Act – briefing

Appendix Three – Integrated Partnership Key Deliverables

Appendix Four – Responsibilities of Chief Social Work Officer



## APPENDIX 1

### Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act received Royal Assent on 1 April 2014. The Act is the culmination of an intense consultation process and seeks to legislate for the effective integration of Adult Health & Social Care planning and services.

In outline, the Act:

- Provides for nationally agreed health and social care outcomes for delivery of which Health Boards and local authorities are equally and jointly accountable to the Scottish Ministers and the public.
- Establishes integration authorities (integration joint boards, Health Boards and/or local authorities) as the partnership arrangements for the governance, planning and delivery of health and social care services. The Act will remove Community Health Partnerships from statute. Health Boards and local authorities will establish functions and resources to be integrated, for the improvement of person-centred care, in an integration plan (partnership agreement), which will set out the detail of their integrated arrangements.
- Requires partners to delegate functions and appropriate resources to ensure the effective delivery of those functions. The Act provides for two options for integrating budgets and functions:-
  - i. delegation to an integration joint board established as a body corporate, in which case the Health Board and the local authority agree the amount of resources to be committed by each partner for the delivery of services to support the functions delegated; and:-
  - ii. delegation between partners, in which case the Health Board and/or local authority delegates functions and the corresponding amount of resource, to the other partner, which then hosts the services and the integrated budget.
- Requires integration joint boards to appoint a chief officer (jointly accountable officer) who will be responsible for the management of the integrated budget and the delivery of services to meet the outcomes in the integration plan. The chief officer will lead the development and delivery of the strategic plan (Joint Commissioning Strategy) for the integration authority (partnership) area. Where delegation is between partners, these responsibilities fall to the Chief Executive of the host partner.
- Requires integration authorities (integration joint boards, health Boards and/or local authorities acting in the capacity of a 'lead agency'), to prepare a strategic plan (Joint Commissioning Strategy) for the area, which sets out how the partnership will meet both locally and nationally agreed outcomes. The integration authority will involve a range of partners in the development of the plan and will consult widely, taking into account any views expressed.

In addition, the integration authority (integration joint board, Health Board and/or local authority) will be required to make suitable arrangements to plan locally for the needs of its population, ensuring the involvement of a range of partners, including clinicians and care professionals, in the development and implementation of local planning arrangements.

### *Options for Integration*

The Bill permits a choice for local partners between the two models of integration:

- A body corporate model;
- A delegation between partners model or “lead agency arrangements” (already implemented by Highland Council and NHS Highland).
- 

The models are described and evaluated below:

#### A Body Corporate Model

Under this option, a Health and Social Care Partnership is established as a body corporate. Key features are:

- 1) Health and Social Care Partnership has its own functions and budgets which are delegated by the Local Authority and the Health Board to a Health and Social Care Partnership Board.
- 2) This Board would be an Executive Board which exercises its functions and uses its budget by arranging the provision of services by the Local Authority or Health Board.
- 3) The Partnership Board:
  - a) oversees the development of and agrees the Strategic Commissioning Plan following approval by the Local Authority and Health Board;
  - b) allocates resources to services within the overall budget and management remit of Health and Social Care Partnership in accordance with the Strategic Commissioning Plan and Partnership Agreement;
  - c) ensures the delivery of the agreed outcomes;
  - d) appoints a Chief Officer to lead the development and delivery of the Strategic Commissioning Plan and be accountable for service delivery, and who reports to the respective Chief Executives;
  - e) has its membership appointed by the full Council and Health Board in accordance with legislation. For Perth and Kinross, membership will be four elected members of the Council and four non-executive members of NHS Tayside Board;

- f) is accountable to the Local Authority and Health Board, jointly for the delivery of services delegated to the Health and Social Care Partnership.

The Local Authority and the Health Board remain statutorily responsible for the delegated functions although the Partnership Board is accountable for the discharge of functions delegated to it.

### Lead Agency

In this option, functions and budgets are delegated between the Local Authority and Health Board so that one or other becomes the lead agency responsible for delivery of the delegated functions using the delegated budgets (for instance in Highland the Local Authority is the lead agency for Children's Services and the Health Board for Older People's Services which involves functions being delegated in both directions).

Key features are:

- 1) The Health and Social Care Partnership becomes a Health and Social Care Partnership Joint Committee which scrutinises the effectiveness of the integrated arrangements on behalf of the Local Authority and the Board;
- 2) The Partnership Joint Committee:
  - a) oversees the development of and agrees the Strategic Commissioning Plan for the area covered by the Health and Social Care Partnership;
  - b) holds the lead agency to account for the agreed resources budgets on behalf of the Local Authority and the Health Board;
  - c) reports to the full Council and the Health Board accordingly using a mechanism which will be identified in the Integration Plan;
  - d) will not appoint a Chief Officer – rather the Chief Executive of the lead agency provides accountability to the Joint Committee and thence to the full Council and Health Board with management of delivery being achieved by delegation from the Chief Executive to other staff within the lead agency;
  - e) has its membership appointed by the full council and Health Board in accordance with legislation;
  - f) reports on its scrutiny function to the full Council and Health Board.

The Local Authority and the Health Board remain statutorily responsible for the delegated functions although the lead agency is accountable through the Joint Committee for the discharge of functions delegated to it.

In summary, the key differences between the two models are:

- 1) The key principle of joint and equal responsibility is preserved in the role of the Chief Officer in the body corporate model and in the “dual accountability” of the lead Chief Executive in delegation between partners model. Similarly in the former, the Chief Officer leads the process of producing the Strategic Commissioning Plan, in the latter it will be the Chief Executive of the lead partner;
- 2) In both models staff remain employed by the Local Authority and Health Board although in the delegation between partners model in Highland, staff have been TUPE transferred between agencies;
- 3) In body corporate, budgets associated with delegated functions are delegated to the Health and Social Care Partnership for the purpose of the creation of a Strategic Commissioning Plan. In delegation between partners, the delegated budgets are in effect combined with the lead agency’s own budget to form an integrated “hosted” budget managed by the Chief Executive of the lead agency.
- 4) The body corporate’s Partnership Board is an Executive Board which has the authority to take decisions in accordance with the powers given to it through the Integration Plan. In the delegation between partners model, the Joint Committee performs a scrutiny function.

It should be noted that even if the Council decided to delegate functions via the Lead Agency Model, the Council would still retain the legal responsibility for these functions.

## **APPENDIX 2**

### **Children and Young People (Scotland) Act 2014**

The Children and Young People (Scotland) Act received Royal Assent on 27 March 2014.

The Act will further the Scottish Government's ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

#### **Rights of children and young people**

To ensure that children's rights properly influence the design and delivery of policies and services, the Act will:

- Place a duty on the Scottish Ministers to keep under consideration and take steps to further the rights of children and young people, to promote and raise awareness and understanding of the United Nations Convention on the Rights of the Child (UNCRC), and to prepare reports describing this activity;
- Place a duty on the wider public sector to report on what they are doing to take forward realisation of the rights set out in the UNCRC; and
- Extend the powers of Scotland's Commissioner for Children and Young People, so that this office will be able to undertake investigations in relation to individual children and young people.

#### **Wellbeing and Getting it right for every child (GIRFEC)**

To improve the way services work to support children, young people and families, the Act will:

- Ensure that all children and young people from birth to 18 years old have access to a Named Person;
- Put in place a single planning process to support those children who require it;
- Place a definition of wellbeing in legislation; and
- Place duties on public bodies to coordinate the planning, design and delivery of services for children and young people with a focus on improving wellbeing outcomes, and report collectively on how they are improving those outcomes.

## **Early learning and childcare**

To strengthen the role of early years support in children's and families' lives, the Act will:

- Increase the amount and flexibility of free early learning and childcare from 475 hours a year to a minimum of 600 hours for 3 and 4 year olds, and 2 year olds who are, or have been at any time since turning 2, looked after or subject to a kinship care order.

## **Getting it right for looked after children**

To ensure better permanence planning for looked after children, the Act will:

- Provide for a clear definition of corporate parenting, and define the bodies to which it will apply;
- Place a duty on local authorities to assess a care leaver's request for assistance up to and including the age of 25;
- Provide for additional support to be given to kinship carers in relation to their parenting role through the kinship care order and provide families in distress with access to appropriate family counselling; and
- Put Scotland's Adoption Register on a statutory footing.

## **Other Proposals**

The Act will also:

- Strengthen existing legislation that affects children and young people by creating a new right to appeal a local authority decision to place a child in secure accommodation, and by making procedural changes in the areas of children's hearings support arrangements and school closures.

## APPENDIX 3

### Integrated Partnership Key Deliverables

- Develop Strategic Plans for agreement and approval of relevant committees / Board of Perth & Kinross Council and NHS Tayside.
- Further develop community capacity and prevention and early intervention approaches in conjunction with community planning partners. This will include volunteering, Carers strategies, and activity to improve health and wellbeing in order to support improvement described in the strategic plans.
- Ensure the work of the Partnerships is progressed within the parameters set out in Board and Council Corporate Plans and the Community Plan/Single Outcome Agreement.
- Ensure the efficient and effective development of new models of care at a local level which will better meet the needs of service users, carers and patients as well as be a more efficient use of resources and deliver against agreed national health and wellbeing outcomes
- Develop leadership and capability capacity for staff to work within new models of care and a new integrated context
- Support the development of financial frameworks across partnership arrangements
- Develop an integrated performance management framework which provides transparency and provide assurance in relation to performance.
- Support staff across all professions to ensure that professional and care governance pathways are developed between the emerging Partnerships and parent organisations.
- Ensure that professional colleagues, service providers, service users, third and independent sectors, carers, patients and communities are involved in the planning designing and delivery of new models of care for integrated services
- Ensure that robust engagement mechanisms are developed with service users, carers, patients, and communities as well as with staff, third and independent sectors

## **APPENDIX 4**

### **Responsibilities of Chief Social Work Officer**

The Chief Social Work Officer ensures that:-

- These values and standards are communicated on a regular basis, adhered to and reviewed periodically.
- There are effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with the professional standards. Where the Council's corporate policy on risk does not reflect this balance, the Chief Social Work Officer is required to bring this to the attention of the Chief Executive and to contribute to the development of appropriate governance arrangements.
- The appropriate systems are in place both to promote good practice and to identify and address weak and poor practice. The Chief Social Work Officer works with managers to ensure these systems are effective and where this is not the case, the Chief Social Work Officer has the responsibility for bringing this to the attention of the Chief Executive.
- The significant case reviews are undertaken into all critical incidents either resulting in – or which may have resulted in death or serious harm.
- Takes final decisions on behalf of the local authority in relation to a range of social work matters, including adoption, secure accommodation, guardianship and other statutory decisions required from time to time.