ANN	EX 1	(D)
-----	------	-----

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

### CC

ONS	SULTATION QUESTIONS
1.	Do you agree with the prescribed matters to be included in the Integration Scheme?
	Yes X
	No
2.	If no, please explain why:
3.	Are there any additional matters that should be included within the regulations?
	Yes
	No
4.	If yes, please suggest:
5.	Are there any further comments you would like to offer on these draft Regulations?



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

#### RESPONDENT INFORMATION FORM

	ame/Orgai anisation I						
Title	e Mr 🗌 N	ls 🗌 Mrs	☐ Miss		Dr 🗌	Please tick as	appropriate
Suri	Surname						
Fore	ename						
2. P	ostal Addr	ess					
Po	stcode		Phone			Email	
3. P	ermissions	s - I am re	sponding	as			
		Individua	n <b>l</b>	1	Grou	p/Organisation	
			Please tick	as a	ppropri	iate 🔲	
(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?  Please tick as appropriate  Yes No			(c)	The name and a organisation will available to the Scottish Governand/or on the Scottish Government we	I be made public (in the ment library cottish		

(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 appropriate ☐ Yes ☐ 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)	policy teams who may be addrewish to contact you again in the	ternally with other Scottish Government essing the issues you discuss. They may e future, but we require your permission to do a Government to contact you again in relation
	Please tick as appropriate	☐ Yes ☐No
	dditional information – I am re se tick as appropriate NHS Health Board	sponding as:
2.	Other NHS Organisation	
3.	General Practitioner	
4.	Local Authority	
5.	Other statutory organisation	
6.	Third sector care provider or	ganisation
7.	Independent / private care pro	ovider organisation
8.	Representative organisation	for professional group
9.	Representative organisation	for staff group e.g. trade union
10.	Education / academic group	
11.	Representative group for pati	ients / care users

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

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

1.	Do you agree with the list of Local Authority functions included here which must be delegated?
	Yes X
2.	If no, please explain why:
	While The Moray Council acknowledges that housing has a significant role in terms of promoting positive health and wellbeing, we are nevertheless of the view that since only a minority of Housing Support Services recipients will receive a health and social care service, Housing and aids & adaptations should be entirely omitted from the scope of the Integrated Joint Board.
3.	Are there any further comments you would like to offer on these draft regulations?

# 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						
Title	e Mr□ N	ls 🗌 Mrs	☐ Miss [	I	Or 🗌	Pl	lease tick as appropriate
Sur	name						
Fore	ename						
2. P	ostal Addr	ess					
D.	-4l-		Dhana				Email
	stcode ermission	s - I am re	Phone sponding	as			Email
		Individua	d l	1	Grou	p/Or	ganisation
			Please tick a	as a <sub>l</sub>	opropr	iate	
(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?  Please tick as appropriate  Yes No			(c)	org ava Sco and	e name and address of your ganisation will be made ailable to the public (in the ottish Government library d/or on the Scottish overnment 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 appropriate ☐ Yes ☐ No			
	Yes, make my response, name and address all available				
	Yes, make my response available, but not my name and address				
	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 appropriate	☐ Yes			
Plea	dditional information – I am reasse tick as appropriate	sponding as:			
1. 2.	NHS Health Board Other NHS Organisation				
3.	General Practitioner				
4.	Local Authority				
5.	Other statutory organisation				
6.	Third sector care provider or	ganisation			
7.	Independent / private care pro	-			
8.	Representative organisation	· · · · · · · · · · · · · · · · · · ·			
9.		for staff group e.g. trade union			
	Education / academic group	ionto Logra vigara			
11.	. Representative group for pati	ents / care users			

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

## 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 X
	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:
L	

3. Are you clear what is meant by the services listed in Schedule 2 Annex A)?	2 (as described in
Yes X No	
If not, we would welcome your feedback below to ensure we can description possible of these services, where they may not be a consistently in practice.	
Are there any further comments you would like to offer on thes regulations?	se draft



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

#### RESPONDENT INFORMATION FORM

	ame/Orga anisation l						
	e Mr □ M name	ls 🗌 Mrs	☐ Miss		Dr 🗌	Please tick as	appropriate
Fore	ename						
2. P	ostal Addr	ess					
	stcode ermission:	s - I am re	Phone sponding	as		Email	
		Individua		1	Grou	p/Organisation	
(a)	response available Scottish ( and/or on Governme	gree to you being mad to the publication of the Scottistent web sitem No	e ic (in t library sh e)?		(c)	The name and a organisation will available to the p Scottish Government web	be made bublic (in the ment library ottish

(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 appropriate ☐ Yes ☐ 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)	policy teams who may be addrewish to contact you again in the	ternally with other Scottish Government essing the issues you discuss. They may e future, but we require your permission to do a Government to contact you again in relation
	Please tick as appropriate	☐ Yes ☐No
	dditional information – I am re se tick as appropriate NHS Health Board	sponding as:
2.	Other NHS Organisation	
3.	General Practitioner	
4.	Local Authority	
5.	Other statutory organisation	
6.	Third sector care provider or	ganisation
7.	Independent / private care pro	ovider organisation
8.	Representative organisation	for professional group
9.	Representative organisation	for staff group e.g. trade union
10.	Education / academic group	
11.	Representative group for pati	ients / care users

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



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

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?
Yes X
If no, please explain why:
2. Do you agree that they cover the right areas?
Yes X
No
3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?
Yes X No
5. If not , why not?
6. Are there any further comments you would like to offer on these draft Regulations?
While we have answered 'yes' to explaining personal outcomes to users, we do appreciate that there will be a degree of translation required.
Also, while we do consider that they cover the right areas, we would have expected more emphasis to be placed on localities and engaging with communities.



## 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/Orgai anisation l							
Title	Mr 🗌 N	ls 🗌 Mrs	☐ Miss [	I	Dr □	Pl	lease tick as	appropriate
Suri	name							
Fore	ename							
2. P	ostal Addr	ess						
Pos	stcode		Phone				Email	
3. P	ermission	s - I am re	sponding	as				
		Individua	ı	1	Group	p/Or	ganisation	
			Please tick	as aļ	opropri	ate		
(a)	response available Scottish C and/or on Governme	gree to you being mad to the publication the Scottisent web site ck as approper	e c (in t library h e)?		(c)	org ava Sco and	e name and a ganisation <b>wil</b> ailable to the ottish Govern d/or on the So vernment we	public (in the ment library cottish

(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 appropriate ☐ Yes ☐ 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)	policy teams who may be addrewish to contact you again in the	ternally with other Scottish Government essing the issues you discuss. They may e future, but we require your permission to do a Government to contact you again in relation
	Please tick as appropriate	☐ Yes ☐No
	dditional information – I am re se tick as appropriate NHS Health Board	sponding as:
2.	Other NHS Organisation	
3.	General Practitioner	
4.	Local Authority	
5.	Other statutory organisation	
6.	Third sector care provider or	ganisation
7.	Independent / private care pro	ovider organisation
8.	Representative organisation	for professional group
9.	Representative organisation	for staff group e.g. trade union
10.	Education / academic group	
11.	Representative group for pati	ients / care users

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



# 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.	Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?
	Yes No X
2.	If you answered 'no', please explain why:
	We consider that Health Care Assistants should be included as a health professional.
3.	Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?
	Yes No X
4.	If you answered 'no', what other methods of identifying professional would you see as appropriate?
	We consider that this would overlook the vital contribution made by home care colleagues. We would therefore propose that this demarcation is changed to include home care.

5.	there ulation	-	further	comments	you	would	like	to	offer	on	these	draft



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

#### RESPONDENT INFORMATION FORM

	ame/Orgar anisation I		1				
Title	Mr M	ls 🗌 N	∕Irs ☐ Miss [	I	Dr 🗌	Please tick as	s appropriate
Suri	name						
Fore	ename						
2. P	ostal Addr	ess					
Pos	stcode		Phone			Email	
3. P	ermissions	s -lam	n responding	as	•		_
		Indivi	dual	1	Group	o/Organisation	
			Please tick a	as ap	opropri	ate	
(a)	Do you ag response available Scottish G and/or on Governme	being notes to the powernment of the Scott	nade ublic (in nent library ottish		(c)	The name and organisation wi available to the Scottish Governand/or on the SGovernment we	public (in the nment library cottish
	Please tid	ck as a	ppropriate				
(b)	requested responses	d, we wi s availa	ality is not Il make your ble to the owing basis			Are you conten response to be available?	

	Please tick ONE of the following boxes		Please ☐ Yes	tick as approp ☐ No	riate
	Yes, make my response,				
	name and address all available	_			
	Yes, make my response available, but not my	or			
	name and address	or			
	Yes, make my response and name available, but not my address				
(d)	We will share your respon- policy teams who may be wish to contact you again so. Are you content for So to this consultation exercise	addressi in the fut cottish Go	ng the issues youre, but we requ	u discuss. They iire your permiss	may ion to do
	Please tick as appropria	te	☐ Yes	□No	
	Please tick as appropriate  dditional information – I alse tick as appropriate  NHS Health Board		_	□No	
Plea	dditional information – I a se tick as appropriate	am respo	_	□No	
Plea 1.	dditional information – I a ise tick as appropriate NHS Health Board	am respo	_	□No	
1. 2.	dditional information – I a ise tick as appropriate NHS Health Board Other NHS Organisation	am respo	_	□No	
1. 2. 3.	dditional information – I a ise tick as appropriate NHS Health Board Other NHS Organisation General Practitioner	am respo	_	□No	
1. 2. 3. 4.	dditional information – I a ise tick as appropriate NHS Health Board Other NHS Organisation General Practitioner Local Authority	am respo	ending as:	□No	
1. 2. 3. 4. 5.	dditional information – I a ise tick as appropriate NHS Health Board Other NHS Organisation General Practitioner Local Authority Other statutory organisa	am respo	isation		
1. 2. 3. 4. 5. 6.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner  Local Authority  Other statutory organisa  Third sector care provid	ation er organ	isation	n	
1. 2. 3. 4. 5. 6. 7.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner  Local Authority  Other statutory organisa  Third sector care provid	ation er organ re provid	isation der organisation professional gr	n	
Plea 1. 2. 3. 4. 5. 6. 7. 8.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation  General Practitioner  Local Authority  Other statutory organisa  Third sector care provid  Independent / private ca	ation er organ re provid	isation der organisation professional gr	n	
Plea 1. 2. 3. 4. 5. 6. 7. 8. 9.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation General Practitioner  Local Authority  Other statutory organisa  Third sector care provid Independent / private ca  Representative organisa	ation er organ re provid ation for oup	isation der organisation professional gr staff group e.g.	n	
Plea 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation General Practitioner  Local Authority  Other statutory organisa  Third sector care provid Independent / private ca Representative organisa Representative organisa Education / academic granisa Representative group for Representat	ation er organ re provio ation for oup or patient	isation der organisation professional gr staff group e.g.	n	
Plea 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	dditional information – I alse tick as appropriate  NHS Health Board  Other NHS Organisation General Practitioner  Local Authority  Other statutory organisa  Third sector care provid Independent / private ca  Representative organisa  Representative organisa  Education / academic granisa	ation er organ re provio ation for oup or patient	isation der organisation professional gr staff group e.g.	n	

15. Other – please specify

## 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 X 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?