ANNEX 1(D)

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

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

   Yes [X]

   No [ ]

2. If no, please explain why:

   [ ]

3. Are there any additional matters that should be included within the regulations?

   Yes [ ]

   No [X]

4. If yes, please suggest:

   It would be helpful to specify budget setting for HSCP – possibly expanding statement on “payments to integration joint board” – in Prescribed Matters.

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

   As an already fully integrated health and social care partnership, West Dunbartonshire Community Health & Care Partnership (CHCP) is particularly well-placed to comment on the national proposals, reflective of our actual experience of working to realise the benefits of integration in practice and our current status as a Shadow HSCP (overseen by a Shadow Integration Joint Board).

   We broadly support the draft regulations and look forward to final version being further refined. We would argue though that too much of the regulations are over-prescriptive in terms of rigid structures, process and procedures. This is particularly relevant for those HSCPs which are responsible for more that the de minimis/”must be delegated” services. The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who have to be invited to attend but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest.

We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

We particularly welcome the clarity provided in respect of the Chief Officer's role for financial governance, and the consequential support that other relevant senior officers from the "parent" organisations have to then provide the Chief Officer in order that they can transparently discharge that responsibility in a locally appropriate manner. In a similar vein, the regulations would be improved by clarifying the responsibilities and obligations on those individuals fulfilling specific professional functions (particularly in respect of clinical and care governance) to provide advice and support to the Chief Officer and the Integration Joint Board, alongside their traditional responsibilities in supporting either respective Chief Executives and Councils or the NHS Boards. So, for example, where the Chief Social Work Officer (CSWO) function is not being discharged by the Chief Officer, then the CSWO (whether they are a member of the HSCP management team or not) should support the Chief Officer and the Integration Joint Board in a similar fashion to how the legislation currently requires them to support local authority chief executives and Councils. A similar approach should sensibly be adopted by the relevant "corporate" executive directors of the NHS Board (i.e. Medical Director, Director of Nursing and Director of Public Health), either by those individuals directly or through some arrangement (agreed by the Integration Joint Board and Chief Officer) whereby they discharge their responsibilities to support the effective functioning of the HSCP through appropriately qualified and specified members of staff (who have a "dotted line" accountability to the Chief Officer at a local level to reflect their being seen to be part of the local HSCP team).

The list of prescribed functions to be delegated would be strengthened by:

1. Being clearer about functions (rather than ill-defined service headings).
2. Being clearer about those functions whereby the Chief Officer and Integration Joint Board have sole responsibility – e.g. homecare and district nursing – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. domestic violence). In respect of the latter, it may be clearer for all of those types of functions to be located in the "may be delegated" list rather than "must be delegated".
3. Differentiating where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those areas where other bodies will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. In respect of the latter, we would suggest that the wider housing support function of councils would be better articulated in this manner to mirror the relationship of the HSCP with the Acute Division of NHS Health Boards.

In respect of the health and wellbeing outcomes, the indicators currently drafted are too heavily weighted towards subjective/experiential ones; of limited value for on-going and in-year performance management by Integration Joint Boards (as data not readily and timeously available); and some are of questionable fairness in IJB holding Chief Officer solely accountable for (or indeed of Scottish Government, Council's or NHS Boards holding Integration Joint Boards to account for) given that they are wicked issues, e.g. health inequalities.

The Schedule within the draft regulations might be more straightforward to apply if it was worded in a manner that more clearly and consistently set out the requirements on all Integration Authorities; and then which requirements were then specific to either an integration joint board or to an integration joint monitoring committee.

ANNEX 2(D)

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

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

Yes ☐

No ☒

2.

The list of prescribed functions to be delegated ought to be:

1. Clearer about functions (rather than ill-defined service headings, e.g. local area co-ordination and health improvement services).
2. Clearer about those functions whereby the Chief Officer and Integration Joint Board have sole responsibility – e.g. homecare – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. domestic violence). In respect of the latter, it would be clearer for all of those types of functions to be located in the "may be delegated" list rather than "must be delegated", not least to underline the wider partnership approach to their delivery.
3. Differentiate where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those areas where other bodies will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. In respect of the latter, we would suggest that the wider housing support functions of councils would be better articulated in this manner to mirror the relationship of the HSCP with the Acute Division of NHS Health Boards.

Adult Sensory Impairment and Care at Home functions should be clearly incorporated into the "must delegate" list.

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

Strongly support the inclusion of drug and alcohol responsibilities as included here.

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

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

Yes ☐

No ☒

If no, please explain why:

The (optional) functions described within the schedule will be subject to further discussion between the Council and the Health Board, so as to clarify the potential implications for the Integration Joint Board and HSCP if it was to accept responsibility for some of these functions, and in what context.

There is a need to be:

1. Clearer about those functions whereby the Chief Officer and Integration Joint Board would have sole responsibility – e.g. district nursing – and those where it will likely be one of a number of bodies providing contributing attention and resources (e.g. services designed to promote public health). In respect of the latter, it would be clearer for all of those types of functions to be located in the "may be delegated" list rather than "must be delegated", not least to underline the wider partnership approach to their delivery.
2. Differentiate where the HSCP and Integration Joint Board are the lead for the strategic planning and accountable for the delivery of a function (either directly or via another body); and those where other the Acute Division of the NHS Health Board will be obliged to include the HSCP (and evidences how they have responded to its contribution) in their strategic planning processes. With respect to the latter, it is important that Integration Joint Boards and Chief Officers are not unfairly held disproportionately and unrealistically to account for the performance of NHS Acute Divisions (who are subject to separately managed to Board Chief Executives and subject to separate governance by the NHS Boards).

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

☐

Yes

No X

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

The national policy in respect of sexual health has moved away from the language of “Women’s Health Services” in a focused attempt to shift the emphasis of sexual health away from women and towards both genders and couples where appropriate. The emphasis on women also potentially creates a perception of excluding “men who have sex with men” from accessing services and would be at odds with the requirements of the Equalities Act.

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

Yes

No X

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

In relation to Schedule 2 of the Regulations, the following should be made clearer:

1. Unplanned inpatients

We assume that the reference to “emergency conditions” relates to illnesses but these need to be clarified.

2. Outpatient Accident & Emergency

There is a need to clarify what should be accountabilities of HSCPs and what are the accountabilities separately through the NHS Boards.

3. Women’s Health Services - see earlier comment above.

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

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ANNEX 4(D)

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

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes [X]

No [ ]

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?

We broadly support the suggested health and wellbeing outcomes. However, would argue that they are not and should not be presented as of equal importance or that the HSCP will have the same degree of direct control over improvements to them all, e.g.:

1. We would argue that outcome number 7 ("people who use health and social care services are safe from harm") should have pre-eminence.
2. We would argue that given that the fundamental determinants of health inequalities sit outwith the reasonable jurisdiction of HSCP (as they are social, economic and environmental), national prescribed outcomes in relation to health inequalities should instead be directed towards the wider local Community Planning Partnerships (of which the HSCP will be a key actor, but should not be mistaken as having the most powerful locus on said determinants).

We are concerned that the indicators currently drafted as an expression of the proposed outcomes are:

1. Too heavily weighted towards subjective experience of service users at the expense of more objective data on how their conditions or situations have been improved through their engagement with services.
2. Of limited value for on-going and in-year performance management by Integration Joint Boards, as much of the data would not be readily and timeously available).
3. Include a number that as currently framed it would be unfair for the Integration Joint Board to hold a Chief Officer solely accountable for (or indeed of Scottish Government, Council's or NHS Boards holding Integration Joint Boards to account for) given that they concern wicked issues outwith the sole locus of the HSCP.

It is important that performance is reported and can be robustly scrutinised, and we believe that the national outcomes should enable this. However, it is also important to recognise – which the regulations as drafted currently do not – that for those HSCPS that incorporate more than the minimum functions they will also have to demonstrate performance in relation to relevant outcomes for those portfolios in a manner that is accessible (and which does not encourage the creation or resourcing of a burdensome and complicated performance reporting "industry").

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

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

Yes ☐

No ☒

2. If you answered 'no', please explain why:

Allied Health Professionals – specifically Occupational Therapists - can be employed within both the NHS and local authorities (albeit currently to do different duties) so this ought to be recognised within the regulations.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

Yes ☒

No ☐

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

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

The regulations would be improved by clarifying the responsibilities and obligations on those individuals fulfilling specific professional functions (particularly in respect of clinical and care governance; and the regulation of professional staff groups) to provide advice, support and reassurance to the Chief Officer and the Integration Joint Board, alongside their traditional responsibilities in supporting either respective Chief Executives and Councils or the NHS Boards.

So, for example, where the Chief Social Work Officer (CSWO) function is not being discharged by the Chief Officer, then the CSWO (whether they are a member of the HSCP management team or not) should be obliged to support the Chief Officer and the Integration Joint Board in a similar fashion to how the legislation currently requires them to support local authority chief executives and Councils. A similar approach should sensibly be required of the relevant “corporate” executive directors of the NHS Board (i.e. Medical Director, Director of Nursing and Director of Public Health), either by those individuals directly or through some arrangement (agreed by the Integration Joint Board and Chief Officer) whereby they discharge their responsibilities to support the effective functioning of the HSCP through appropriately qualified and specified members of staff (who have a “dotted line” accountability to the Chief Officer at a local level to reflect their being seen to be part of the local HSCP team).

ANNEX 6(D)

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

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

Yes [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?

We broadly support the draft regulations and look forward to final version being further refined. We would argue though that too much of the regulations are over-prescriptive in terms of rigid structures, process and procedures. This is particularly relevant for those HSCP which are responsible for more that the de minimis/"must be delegated" services.

The new HSCPs need to be empowered to operate in a manner that is locally responsive and innovative, and not bogged-down in counter-productive and costly bureaucracy. So, for example, the requirement to establish a static strategic planning group is well intended but somewhat traditional and reductive given the volume of individuals who have to be invited to attend but who themselves are unlikely to (in practice) legitimately represent wider constituencies or communities of interest. We would suggest that in keeping with the parallel legislation being progressed in respect of community empowerment/engagement (that the HSCP will be obliged to comply with in any case), it would be more constructive to emphasise the standard consultees (already articulated within the draft regulations) who the HSCP are obliged to engage with as part of strategic or locality planning – and it is for the Integration Joint Board to hold the Chief Officer to account for how the HSCP does that within the context of local Community Planning arrangements.

The significance of delivering integrated governance and strategic management arrangements that represent a single “health and social care system” should not be under-estimated. However, it is important to also recognise that no organisational model can provide a convenient “magic bullet” nor act as a panacea for the complexity and scale of health and social care challenges - particularly within the extremely challenging financial climate that is anticipated to persist for some years to come. A key finding of Audit’s Scotland’s Review of Community Health Partnerships Report was that CHPs had inconsistently delivered on a joined-up service agenda across Scotland. Our view is that was an unfair criticism to level at CHPs themselves, as this was at least a part-consequence of the original legislation attempting to achieve too many different policy objectives; and Audit Scotland viewing all of the objectives set as having equivalent weight and priority. As such, it is important that the final regulations published are appropriately calibrated to avoid sowing the seeds of unfair expectations.