### 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	x
No	

4. If yes, please suggest:

In addition to those offices already described, I think that a Public Health/health improvement professional should be included as a member of the joint board, given the proposed outcome of improved health for the population.

There needs to be specific statements about the management of those ring-fenced finding allocations currently provided for prevention

### 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	х
No	

2. If no, please explain why:

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

Somewhat concerned about the extension of the model for self-directed support into health care and its possible implications.

There should also be an explicit statement about the place of the Health Improvement officers in Local Authorities, where those posts still exist. It is important that the wider health improvement function of those organisations is maintained, which is the role of those postholders

# 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	x	

If no, please explain why:

Please see comments below	

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

Yes	
No	

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

Please see below			

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



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.

The definition relating to health improvement is very unclear. It makes reference to those health promotion functions undertaken by a number of community based clinicians, however, it says nothing about the small specialist function that provides leadership for health improvement across the whole local geographic area and its population.

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

It would be unhelpful to have the small specialist function for health improvement delegated to the HSCPs. This is a small resource that provides health protection, health service quality and governance support as well as leadership for public health and health improvement. The roles of this function extend beyond HSCPs to community planning, as well as working with the Acute sector. However, most importantly, this function requires to have independence and objectivity, which would be threatened if absorbed within an HSCP

Accordingly, the Public Health Act should be removed from schedule 1 and schedule 2 should read "preventative health & social care services"



# 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?



If no, please explain why:

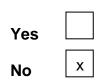
While being supportive of the notion of clear, nationally agreed outcomes, these are not outcomes. These are statements of intent. Clearer, more defined outcomes – with indicators – are required which will ensure that all the HSCPs are focussing on similar priorities. This will reduce the risk of further inequalities emerging.

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?



5. If not, why not?

Because they are so woolly that they are verging on meaningless and make it challenging for people to translate into objectives



# 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?



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	x
No	

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

### 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	х
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?