

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

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:

In relation to the operational role of the Chief Officer, there is one small paragraph which asks for information to be included on the structures and procedures that will help the Chief Officer to carry out their functions. This needs to be more explicit, without clear and unequivocal support from each of the constituent authorities; the Chief Officers and indeed the Partnership will struggle to achieve the objectives.

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

The Health Improvement function is crucial to the partnership work as whole, clarity on that function and its relationship with the Partnership is crucial.

Linked to that improving health role, the Partnerships should be a formal partner in the Community Planning arrangements.

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. If no, please explain why:

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

CONSULTATION QUESTIONS

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

Yes

No

If no, please explain why:

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

Yes

No

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

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

Yes

No

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.

AHPs are categorised differently across the country, so clarification what specifically what is defined centrally would be helpful. These defined differently are often radiography, orthotics and clinical psychology.

This is also true for women's health services which might/might not include breast screening, male sexual health services contraception and midwifery.

There is a lack of clarity in relation to the Public Health Functions and where they will sit corporately or as part of the Partnership arrangements. The role in relation to health protection is a clear corporate function but the role in relation to health services generally and health improvement specifically is central to the work of the Partnership, we would welcome further clarification.

It is unclear as to why GMS services are included but Dental, Pharmaceutical and Optometry services are not. The interdependency between the primary care independent contractors are crucial to the delivery of a total integrated primary care service.

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

There needs to be further clarification in relation to the role of the Partnership regarding inpatient care and unscheduled care. The letter from the Cabinet Secretary and COSLA spokesperson for health and wellbeing was helpful in making that differentiation between the commissioning and provision of services, therefore the Partnership can commission unscheduled care and inpatient care as required without disrupting the operational management arrangements in the hospital. What is not clear is how it is expected this will work in practice A more defined position in relation to the role of the Health Board and the Council in supporting this new and substantial function out would be helpful.

One of the original roles of the CHPs was to lead change across the system. This was referred to in the Audit Scotland Report on CHPs. We must learn from this to ensure that the Integrated partnerships have the capacity and support to meet the challenges of leading this change.

**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

No

If no, please explain why:

2. Do you agree that they cover the right areas?

Yes

No

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes

No

5. If not , why not?

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

We are keen to see detail on the expected indicators. The outcomes are rightly ambitious but we need to ensure they are deliverable and that there is clarity on the scale of expectations. There are high expectations on the partnerships at a time of significant change, a proportionate and measured approach to progress is essential.

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:

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 role of the Chief Social Worker is not clear in relation to the Partnership management arrangements. What if the CSWO (or indeed other professional adviser) with no operational accountability for service delivery gives 'advice' that is contradictory to the desired direction of travel for the Integration Joint Board? To avoid this, if the Chief Social Work Officer is not part of the HSCP management team, then he/she should delegate an agreed list of functions and responsibilities to an appropriately qualified manager within the HSCP to act on their behalf.

**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

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?