

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:

The paragraph in the regulations which relates to the operational role of the Chief Officer should contain more explicit guidance in respect of the structures and processes that need to be in place to ensure there is adequate support from the constituent authorities to ensure successful delivery of the Strategic Plan for the integration authority.

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

It will be essential that the constituent authorities agree viable budgets to support delivery of the Strategic Plan. The regulations should provide greater clarity on the requirements for robust processes and structures to support clinical and care governance and professional advice.

The regulations should refer to the mandatory Staff Governance Standards for NHS employees and Integration Authorities.

It would be helpful to have an agreed national list of the specific HEAT and SOA indicators that will be used in performance monitoring by IJB's.

We note the specific reference to the CSWO and a single health professional as non-voting members of the IJB. If there is to be only one health professional represented at the IJB the regulations must provide guidance and clarity about robust structures and processes for professional advice and clinical and care governance so that the IJB is making decisions having been provided with a level of professional and clinical and care governance advice that minimises risk and promotes the delivery of high quality, safe and effective clinical and care services.

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. If no, please explain why:

We agree with the list of local authority functions listed to be delegated, but are disappointed that Criminal Justice Social Work is not a prescribed Adult SW Service for delegation in the draft regulations. It will be important in the new Integration Authorities to ensure that Public Protection issues are firmly connected so there is minimal risk of information relevant to child protection, adult protection and MAPPA cases not being shared. It will be necessary to establish structures and processes to ensure strong links particularly in those integration authorities where children's social work and criminal justice social work services are not included in the HSCP.

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

If Criminal Justice Social Work is not to be delegated to the IJB then clear governance and accountability structures and processes between the IJB and the Community Planning Partnership will be essential.

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:

However, regulations need to be absolutely clear about the list of services for which planning **and** delivery are delegated to the IJB and those services for which only planning is delegated e.g. Acute Services.

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:

The full range of primary care (independent contractor) services should be in the MUST list of delegated services. Where there are existing arrangements for acute mental health, learning disability and addictions inpatient services to be managed within CHP arrangements the regulations should allow for these inpatient services to be delegated to the IJB. Home dialysis services should remain an integral part of secondary care renal service provision. If the integration authority, through locality planning, is to influence the total use of resources for adult health and social care it would seem logical to include responsibility of planning for planned care in the delegated services list as it is GP referral that drives demand for planned care.

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.

Definition of AHPs needs to be made clear.
Further clarity in respect of the Public Health Functions of the IJB is required. The Health Improvement function is key to the work of the partnership with respect to improving population health.

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

Despite recent correspondence from the Cabinet Secretary and COSLA with respect to the role of integration authorities in unscheduled and inpatient care it would be helpful to have further clarity about the level of support from the constituent authorities that IJBs might expect in order for them to deliver this new and significant function.
If the integration authority is to drive and deliver change across the social care, primary care, acute care pathway then integration authorities require the expertise and resource to do this effectively.

**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?

The Outcomes are likely to be well understood by those planning and delivering services. Feedback from the CHP Public Partnership Forum indicates that they do not believe the general public will fully understand the 9 outcomes listed and how these can be monitored.

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

Local consultations indicated that these high level outcomes adequately reflect the policy direction of an outcome based approach to performance monitoring and are ambitious. We would wish to see the detail of the expected indicators to consider whether these indicators are deliverable at a time of increasing demand, limited funding growth and significant structural change.

We would like clarity on whether existing HEAT and Single Outcome Agreement targets and indicators will be expected to be reported by integration authorities in addition to the indicators agreed to support the 9 National Outcomes.

A number of these national outcomes centre on gathering information on patient/service user/carer experience. It would be helpful to have clarity about whether agreed, standardised tools will be developed to gather this qualitative information so that there is a consistency of approach and comparative data available across the HSCPs. We would also wish to counsel on ensuring that the number of indicators and measures recommended to monitor progress against the 9 national outcomes are proportionate and that integration authorities will have the resource and expertise available to them to develop and support effective performance monitoring on an ongoing basis.

**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?

Further clarification is required to ensure that the relationship between the Chief Officer, the CSWO and other professional advisers in respect of managerial accountabilities is well understood.

While the regulations are clear that the CSWO is a non voting number of the IJB, there needs to be clarity about the accountability of the CSWO to the Chief Officer, particularly in those partnerships where the CSWO remains Head of Children's Social Work services and retains a managerial accountability line through local authority management structures.

**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?

No.