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:

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

   Clarity will be required with regard to what must be explicitly included in the Integration Scheme and what should more appropriately be detailed within the underpinning Standing Orders so as to avoid duplication and improve the accessibility of the Scheme for our communities.

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 [X]

No [ ]

2. If no, please explain why:

However we would ask for more consideration with regard to Domestic Abuse. This sits within our Community Safety Partnership on the basis that by supporting community ownership and responsibility, we promote an ethos that DA is more of a cultural issue rather than a service issue. On that basis we would suggest that there should be an option for DA to be delegated to HSCPs rather than a requirement.

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

Adult sensory impairment services should be considered within the functions that must be delegated. There are clearly potential advantages to improving linkage between social work supports and clinical services in terms of improving referral pathways and service-user outcomes.

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:

The (optional) functions described within the schedule would be subject to further discussion between the Council and the Health Board, as we would need clarity on the potential implications for the HSCP if it was to accept responsibility for some of these functions, and in what context. The relationship between control, responsibility and accountability needs to be clear.

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:

We have moved away from "Women's Health Services" thinking and organising of services in a focused attempt to shift the emphasis of sexual health away from women and towards both partners. The emphasis on women also potentially creates a perception of excluding the MSM population (Men who have Sex with Men) from accessing services. Sexual Health Services are currently delivered on a Board-wide basis with local hubs which works well. Fragmenting existing arrangements runs a risk of services not having the necessary critical mass of patients to make them clinically sustainable at the HSCP level.

We also ask that the terminology between local authority and health board functions is harmonised in regard to Health Improvement/Health Promotion. We ask that these are recognised as being the same thing in principle, and that the more appropriate terminology of "Health Improvement" is used for both. This formal alignment would promote existing commonalities and highlight full integration as the logical progression.

Further to this, at section 3 below, we seek clarity regarding unscheduled care responsibilities.

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:
Unplanned inpatients: We assume that the reference to "emergency conditions" relates to illnesses. It might be helpful to make distinction regarding cases of trauma such as serious RTAs or other accidents. Given the level of specialism needed, it may not be possible to resource the required expertise at HSCP level. If this is not explicit, the regulations might raise unrealistic expectations.
Likewise for outpatient A & E – there might be an opportunity to clarify appropriate and inappropriate use of A & E through explicit reference to what should be the responsibility of HSCPs and what should remain within medical specialties.
Further, we would ask for confirmation that there is no expectation that HSCPs would take on operational management of hospital services. We seek assurance that the purpose of the regulations is to improve the interface between acute and community (and therefore improve patient pathways and ultimately patient outcomes), rather than to simply shift budget and performance responsibility for acute-sector services to HSCPs.

Women's Health Services: see earlier comments.

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

We believe that for some areas of service, community and inpatient care should be integrated, and on that basis propose that there should be a requirement for the following to be included in the partnership:

- Care of older people (medical care for older people when not covered by unplanned inpatients) and older people mental health community and inpatient services.
- Services provided by Community Mental Health Teams (services delivered in the community for those with mental health problems): should include inpatient services
- Services provided by Community Learning Disabilities Teams (services delivered in the community for those with learning disabilities): should include specialist services and beds.

- Services for persons with addictions: we presume includes specialist services and beds.
- Services delivered by allied health professionals, including community based rehabilitation.
- Dialysis services delivered in the home should not be included are an integral part of renal services.
- General Medical Services should also include all other contractors (optometrists, pharmacists; dentists etc)

ANNEX 4(D)

The Scottish Government
Riaghaltas na h-Alba

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?

The outcomes focus on improved experience and person-centred outcomes for service users. Many if not most of our existing performance requirements, targets and returns focus on systems, outputs and processes meaning that the two will be at odds with each other. National returns therefore need to be fully reviewed and revised to reflect delivery on the outcomes and not the systems.

We accept that a full review to replace HEAT; KPIs and the other extensive systems-based reports that we currently have to provide will take time, and that it is important to develop sensible measures that really do capture delivery of improved outcomes (rather than increased outputs). On that basis we also accept that there will be a responsibility for IJB to continue to deliver and report on the existing outputs targets.

However we urge that due cognisance is given to the resource required to meet the reporting of these, when they can at time conflict with the core principles of an outcomes focus. On that basis we ask that review of the full range of reporting and targets is undertaken as a matter of urgent priority, with a view to securing targets and reporting that reflect the difference that integration is making to the lives of people who use services, rather than counting the number of transactions disparate parts of the HSCPs are making with patients and service users.

ANNEX 5(D)

The Scottish Government
Riaghaltas na h-Alba

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 [X]

   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 [X]

   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?

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?