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

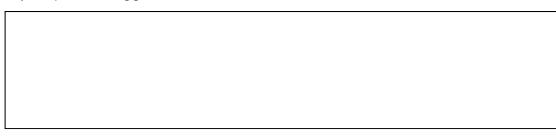
1. Do you agree with the prescribed matters to be included in the Integration Scheme?

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?

Workforce Development Plans – welcome the regulations specifically include plans to develop and support staff. The Third and Independent sectors are also providers of care should due consideration also be giving in order to ensure sufficient appropriate staff are prepared. **Public Health** – whilst in Schedule 2 should Public Health be more explicit within the regulations given the Act is to address inequalities.

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:

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

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	X
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	X

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

- Health and Care Chaplaincy possible inclusion
- ? Men's Health Service omitted

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.

- Where are admin, clerical, estates services staff included
- Health Visiting Services clarification if adult and child if children services are not included in the Integration Authority
- Public Health Dental Services? clarification if this includes Public Health inc Health Improvement Services
- 'Unplanned' inpatients definition is this just medical and surgical admissions or include other areas mental health, palliative and cancer care who maybe admitted due to sudden deterioration.
- 4. Are there any further comments you would like to offer on these draft regulations?

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?



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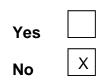
If no, please explain why:

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

Yes	Х
Na	
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?

Whilst the outcomes are welcome some further iteration to the wording of them would enhance application.

Specific outcomes – Outcomes 1.2 and 4 some dissonance between the outcomes wording and the descriptors

Outcome 4: Whilst 'reducing' is important should include 'prevention'

Outcome 6: the outcome appears very 'negative'

Outcome 8: interpretation of the outcome perhaps clearer statement – does it reflect that workers should support a co-produced, self managed asset-based way

Outcome 9: 'without waste' is it suitable term? Does not maximise the term 'resource' using effectively to prevent

- 6. Are there any further comments you would like to offer on these draft Regulations?
 - Whilst the outcomes are 'high level' are they more principle statements?
 - While it is possible to measure and attribute achievement of some of these aims to health or social care services, other, while measurable, maybe less easy to attribute e.g. A reduction in health inequalities achieved through salutogenic approach will also influenced by the distribution of power, influence and resource across society.

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	X

- 2. If you answered 'no', please explain why:
 - Should the list also include 'non' regulatory health workforce? This may include Health and Care Chaplains or those under 'Induction Standards Healthcare Support Workers
 - Medical Students, Student Nurses, Students AHP's are excluded however Social Work Students are included
- 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	Х	
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?

- The complexity of medical education with the need to continue high quality training in both hospital and community settings while meeting UK regulatory requirements of the General Medical Council, Nursing and Midwifery Council, Heath Care Professions Council should be considered. The responsibilities of the Integration Authorities or Joint Integration Boards should be clear.