

Consultations on Draft Regulations and Orders Relating to the Public Bodies (Joint Working) (Scotland) Act 2014

The Scottish Government has issued two consultations on its proposals for regulations and orders under the Public Bodies (Joint Working) (Scotland) Act 2014. The first consultation was issued on 12 May and has a 1 August deadline for comments; the second was issued on 27 May with a deadline of 18 August.

This response covers both sets of regulations.

Draft Regulations under section 1(3) (f) prescribing information to be included in an Integration Scheme.

This is largely satisfactory but in our view:-

- should be clear that Health Board and Local Authority are signing up to viable budgets which enable the IJB to deliver its objectives and prescribed outcomes;
- should include the required HEAT and related targets which the IJB will be responsible for;
- Should indicate how Staff governance standards will apply and how complaints will be dealt with;
- Should be required to set out arrangements for the full range of professional advice including for public health;

Draft Regulations under section 1(7) prescribing functions that must be delegated by a Local Authority.

We support this list but believe it must also include criminal justice social work which is an adult social care service requiring integrated delivery with the adult services for which the IJBs will be responsible. We support the inclusion of the full range of housing support recognising that to retain integration of housing delivery that may be delivered by a housing function through a service level agreement with the IJB.

The leadership of ADP and CJA planning should be required to be delegated by the Community Planning Partnership to the IJB.

Draft Regulations under sections 1(6) and 1(8) prescribing functions that may or that must be delegated by a Health Board.

Needs to be clear that there are two categories of services those for which planning and delivery must be delegated, which would be the proposed list with the suggested amendments below; and those for which the responsibility for planning must be delegated, albeit it with an obligation to work in concert with the health board.

We support the collective Board Chief Executives response that the requirement to plan for acute services should not be limited to the proposal below but should state that transparency in the plan is of all use of acute services and related costs by the adult population and articulation of planned changes.

- Unplanned inpatients (Medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital)
- Outpatient accident and emergency services (services provided within a hospital for the treatment of urgent or emergency conditions)

An important principle for next group of services is that community and inpatient care are integrated and therefore both must be included in the service delivery and planning delegation to 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 Difficulties Teams (services delivered in the community for those with learning difficulties): should include specialist services and beds
- Services for persons with addictions: presume includes specialist services and beds.

Other issues

- Women's health services (services providing the assessment, diagnosis care, planning and treatment of women's health, sexual health and contraception services). In our case these are integrated with GU services in that situation there should be flexibility.
- Services delivered by allied health professionals this should include 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

Draft Regulations under section 5(1) prescribing National Health and Wellbeing Outcomes.

Need to be clear that indicators for the NHS and social work apply to HSCP

Draft Regulations under section 68(1) to interpret the terms health professionals and social care professionals.

No comments

Draft Regulations under section 23(1) prescribing certain functions conferred on a Local Authority officer which may be exercised by an officer of the Health Board

No comments

Draft Regulations prescribing groups which must be consulted when preparing or revising an Integration Scheme under sections 6(2)(a) and 46(4)(a), when preparing a strategic plan under section 33(6), and when making decisions affecting localities under section 44(4).

No comment

Draft Order under section 12(1) regarding the membership, powers and proceedings of integration joint boards

- The IJB should include professional advisers for at least nursing, medical AHP and social work and with clear lines of advice for public health.
- Where the Council has retained social work functions not delegated to the IJB and the CSWO is not part of the IJB management team the professional social work advice needs to be able to come from another senior post within the IJB management team.
- The one staff member from each of the authorities who must be involved in the provision of the integrated services should be a representative of a recognised trade union.
- It is creating real issues that there is the option to have higher than minimum numbers of councillors by local agreement.
- The quorum is relatively high do we want to suggest lower.

Draft Regulations under section 32(2) prescribing membership of strategic planning groups.

No comment

Draft Regulations under section 42(3) prescribing form and content of performance reports

Performance reports should be required to include HEAT and related targets which lie within the responsibility of the IJB.

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