

**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

- The regulations need to provide absolute clarity on where the accountability for service delivery and the attendant performance targets lies. There is potential for there to be a separation between the delegated authority to make decisions and deploy resources through the Integration Authority from the accountability for the delivery of safe and effective services at NHS Board level.
- It is also essential that there is absolute clarity on the difference between the services operationally delivered through the Integration Authority and their role in the overall strategic planning process.
- The guidance should make explicit the need for the existing staff governance standards operated within the NHS in Scotland to be included in the Integration Scheme.

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

- The Board welcomes the emphasis on robust performance management systems which enable measurement of H&SCP progress against a National Outcomes Framework. It would be helpful to agree a national set of key performance measures linked to these outcomes

which would enable incremental measurement of progress and allow H&SC Partnerships to benchmark these for improvement. The Scottish Community Care Benchmarking Network already exists to support such work. It will also be very important for absolute clarity within the performance framework of where accountability will lie between the Chief Executives and the Chief Officers.

- The schedule identifies the requirement for clinical and care governance to ensure that services are safe, effective and person centred and that staff involved in delivering treatment and care are appropriately regulated. Whilst it is helpful that this is included, it is essential that clinical and care governance is more clearly defined, as it is likely to have a different meaning within the NHS and Local Authorities. Such clarity will strengthen the governance and scrutiny roles that the Integration Joint Board, Local Authorities and NHS Board will have in ensuring that the clinical and professional standards of care are embedded in practice and are consistently delivered.
- With regard to the section on “the Operational Role of the Chief Officer” it would be helpful if the guidance was more explicit how the scheme of delegation from the parent organisations needs to specify what responsibilities the Chief Officer and their management teams will have in service planning, delivery and evaluation. This will remove any doubts that H&SCP’s are only strategic planning bodies and do not have accountability for service delivery.
- The guidance asks for information on the transfer of staff between constituent authorities. Given that changes to service models and attendant workforce plans will be dynamic in nature it will be difficult to state the numbers of staff expected to transfer as numbers will change over time.
- The Integration Scheme is expected to set out how complaints, risk management and claims will be addressed. This is essential but it would be helpful, given that there are different systems and procedures in place within the NHS and Local Authorities, if there was some national work to develop a framework that leads to a single integrated system for all three of these areas.

**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:**

Criminal Justice Social Work Services should be included. Given that there is a range of services including the management of prisoner healthcare and health and social care to people in police custody under the remit of the NHS there is an opportunity to strengthen partnership working with families and individuals who are involved with criminal justice services in terms of prevention and rehabilitation if they are managed as a single entity.

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

- Consideration of single systems around complaints, risk management and claims would be beneficial. See comment annex 1d.
- Strengthened guidance on how the legislative requirements for Local Authorities arising from e.g Social Work (Scotland) Act 1968; Adults with Incapacity (Scotland) Act 2000; and Social Care (Self Directed Support) (Scotland) Act 2013 need to be devolved to H&SCP's so that Social Work staff, operating as part of the integrated teams, within the new bodies can continue to meet these requirements would be helpful.

**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:

- Emergency Care Pathway- we agree it must be included within the scope of whole system strategic planning with transparency around use of services and resources but at this time it needs to continue to be managed within acute hospitals. Planned and unplanned aspects of care are delivered by the same teams of staff using the same equipment and facilities. This is also true of in-patient, day case and out-patient services. If these are to be split then the same staff will be accountable to different management teams for elements of the patients care journey. As the regulations stand an example would be; aortic aneurysm repairs conducted by the same team, in the same hospital could be the delegated responsibility of multiple Integration Authorities if the procedure is carried out as an emergency. However, if carried out on a planned basis following positive Aortic Aneurysm Screening, would be the responsibility of the Health Board. If there are new treatments or new technologies that required investment then this would require agreement from the multiple bodies before this development could be progressed. Consequent delays or failure to reach agreement would adversely affect patients.
- We recognise that H&SCPs have a pivotal role to play in creating a single vision for integrated strategic plans built around patients and service users with multi morbidities, however it is felt the guidance should more strongly state the importance of ensuring that the impact of the aggregation of strategic plans from different H&SCP's on the acute system should be co-ordinated so that any effect on capacity is planned and modelled. H&SCP's will have a key role to play in determining the most appropriate mix and volume of services, including within acute hospitals, that best meet the assessed needs of the communities they serve. However it is crucial that where strategic commissioning plans require changes to the pattern and level of acute hospital based services that these changes are only enacted in a way where capacity and costs within the acute sector can be adjusted to reflect requirements. Without this balanced approach there is a substantial risk that Acute Hospitals will be destabilised and resources will not be used in the most efficient manner resulting in a reduced level of service to patients. This is even more important where there are multiple H&SCP's linked to one NHS

Board area or where there are service level agreements in place between NHS Boards.

- There needs to be a clearer definition of services under “unplanned inpatients” as this could include coronary care; orthopaedics and trauma; general medicine; care of the elderly; mental health; paediatrics; and general surgery. Such movement in the management of services would dilute the focus of H&SCP’s on the key objectives of the integration process.
- Outpatients / Accident and Emergency- Outpatients are invariably linked to all service specialties and are part of an episode of acute care. These should remain within Acute hospital services. Similarly it is difficult to see why we would disaggregate A&E from general hospital provision.

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:

- Home dialysis treatment should remain as part of integrated renal services.
- Prisoner Healthcare is not mentioned
- Healthcare in Police Custody is not mentioned

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 it can provide the best description possible of these services, where they may not be applied consistently in practice.

- Require clarification on the term unplanned inpatients and the out-patient services referred to in the table of services that **must** be included in H&SCP’s.

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

No, as above

**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?

**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:

Health promotion specialists are not included in the list of recognised health professionals but are integral to the delivery of National outcomes.  
Health Students undertaking professional training have been excluded from the list.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Council 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?

Consideration needs to be given to other professions employed within Social Work Services, for example Occupational Therapists, who will be covered by the relevant professional body.

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

No

**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?

Whilst we consider that the regulations are designed to support the necessary shift in the balance of care between hospital and community there are concerns, that as they stand, there is potential for confusion between the strategic planning role and the operational delivery role of Integration Authorities. Day to day running of acute services will sit with acute hospitals where responsibility for making rapid responses to changing levels of demand, which includes decisions around resource utilisation, will be made to ensure safe and effective care and treatment is being provided. However if the delegation of responsibility for a range of acute services is passed to the Integration Bodies along with the resource envelope for these services there is a risk that decision making is delayed, if not paralysed, as decisions need to be approved by multiple Chief Officers.

Further clarity on where the lines are drawn between operational delivery and strategic planning is essential.

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

No, as above