

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:

In the schedule to these regulations, on page 16 of the Consultation Document, in the right-hand column, under the rubric "The membership of the integration joint board including in particular", in section (c) there is a reference to "representatives of staff, carers, service users and third sector". While it is clear from the draft Regulations dealing with Proceedings, Membership and General Powers of Integration Joint Boards that each of these categories will have its own specific representative, it would be helpful to make that point manifest in the present (ie the Integration Scheme) Regulations. As it stands, it is rather ambiguous and could be read on its own as indicating that there will be a single appointee responsible for representing staff, carers, service users, and the third sector.

3. Are there any additional matters that should be included within the regulations?

Yes

No

4. If yes, please suggest:

The same point occurs in relation to the membership of the integration joint monitoring committee on page 16, in the right-hand column half-way down the page.

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

In the section of the schedule dealing with “Participation and engagement (page 21 of the Consultation Document) there is a paragraph in the right-hand column beginning “The process for developing a strategy for engagement with members of the public, representative groups or other organisations ...” In view of the important role of the third sector in providing services, there should be specific reference to the third sector as one of the agencies with which the engagement strategy will have to deal.

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:

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

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:

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:

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.

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

A concern for this organisation is that as we have a number of Service Level Agreements with various Health Boards, can we be assured that those arrangements regarding funding and service provision would continue automatically as one of the functions that a Health Board would be able to delegate to an integration authority? It has taken many years of working with Boards to reach this stage and is fully supported by the Scottish Government as a way forward in the provision of chronic pain services.

**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:

One of the corner-stones of Government policy in relation to those living with long term conditions, such as chronic pain, is the promotion of self-management as an essential means of improving people's well-being and encouraging recognition of them as equal partners in their own care. It is therefore disappointing that the proposed National Health & Wellbeing Outcomes make specific reference to this issue.

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?

Outcome 1 appears to deal with the stage before people develop long-term conditions. While Outcome 2 makes specific reference to long-term conditions, these are bound up with issues relating to frailty and disability. The terms in Outcome 3 might therefore be extended by adding at the end, after the existing words "People who use health and social welfare care services have positive experiences of those services and have their dignity respected", the words " as well as having their ability to manage their own conditions recognised.

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?

Given the focus on integration of health and social care services, it seems regrettable that the language used in the Regulations does not actually promote the aim of integration. On the contrary : the constant reference to "health and social care services" serve only to emphasise that **two** distinct categories of services are simply being lumped together as a joint responsibility, rather than being fully integrated in a person centred way.

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

The overall outcome of integration ought to be that people no longer need to worry about which specific agency is providing the range of services they need. That being the so, it would surely be a better reflection of the overall integration aim if these existing references to "health and social care services" were replaced with a general definition of " services" as covering what are currently known as health and social care services. The simple term "services" could then be used throughout the Regulations as a clear pointer to the future, post-integration.

**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?

**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?