

**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**

4. If yes, please suggest:

In addition to clear arrangements for the provision of a chief social worker, clinical director, finance director etc, we believe that the membership of the joint board should mandate the inclusion of a senior public health specialist to deputise for the Director of Public Health. This should be the case in both body corporate and lead agency models. Since prevention and health improvement are core tasks for integration authorities, the provision of specialist leadership and advice on public health matters would seem important.

In relation to the financial management of the IJB, specific information should make clear the arrangements for the management of devolved ringfenced budgets.

The advice in regulations relating to information governance and information sharing must cover not only individual level information sharing for the purpose of clinical and social care, but should also clarify aggregate information sharing for wider groups, making clear the advice from the ICO in this regard.

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

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## ANNEX 2(D)

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### **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?

We have concerns about the operation of the Social Care (Self Directed Support) (Scotland) Act 2013 and how the operation of this Act will be influenced by health and social care integration.

The lack of a clear definition of health care and social care combined with the drive to develop local social care markets may inadvertently result in local healthcare markets being created and funded from within core NHS resources where these are pooled within HSCP budgets. We do not think that this would result in improved health for the population or best value.

We recommend that the health improvement posts that were created a number of years ago remain in local authorities. By committing these posts to HSCP, we are stripping local authorities of a key resource that supports them in becoming health improving organisations.

**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:

The definition of services designed to promote public health is very unclear. This could be interpreted as health improvement activities being delivered insofar as they relate to clinical and social care within HSCPs, but it may otherwise be interpreted as including the small specialist leadership function which currently operates in all health boards.

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:

The definition of services designed to promote public health is very unclear. This could be interpreted as health improvement activities being delivered insofar as they relate to clinical and social care within HSCPs, but it may otherwise be interpreted as including the small specialist leadership function which currently operates in all health boards.

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.

The definition of services designed to promote public health is very unclear. This could be interpreted as health improvement activities being delivered insofar as they relate to clinical and social care within HSCPs, but it may otherwise be interpreted as including the small specialist leadership function which currently operates in all health boards.

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

We are concerned that the specialist public health function should not be delegated to HSCPs. This is a small resource which provides health service quality and governance support, health protection action and health promotion leadership. These elements are often provided by the same specialists who are able to respond to provide surge capacity in health protection and civil contingencies. Aside from the practical issues around critical mass and potential risks around disaggregating the specialist function across a number of HSCPs within a Board area, we are concerned that a key aspect of public health leadership and action relies upon independence and objectivity. Improving health and social care services is an important task which the specialist function has carried out through working across organisations. The specialist function's scope of practice is wider than that of HSCPs, reaching out to community planning partners and the acute health service. Therefore, arrangements which embed the management of the specialist leadership function within HSCPs threaten public health objectivity and independence.

We would recommend that the Public Health Act be removed from schedule 1 and that schedule 2 is revised to read 'preventative health and social care 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:

We are very supportive of the development of clear, nationally agreed outcomes and indicators for health and social care. Without these outcomes and indicators the purpose of integration will be lost and there is the potential that moving from 14 boards for healthcare to a larger number of integration authorities will increase inequalities.

The outcomes in their current form are merely general statements of intent. They are written in a way which blends a number of worthwhile, but disparate policy objectives, but in doing so, clarity is lost. It is difficult to see how SMART objectives could meaningfully be linked to these outcome statements.

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?

The outcomes in their current form are merely general statements of intent. They are written in a way which blends a number of worthwhile, but disparate policy objectives, but in doing so, clarity is lost.

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:

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?

We are unsure about this.

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