

ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do these draft Regulations include the right groups of people?

Yes

No

2. If no, what other groups should be included within the draft Regulations?

The AHPFS represents members of 12 Allied Health Professions, some of whom provide services and/or receive referrals for their services for people living and working in the island communities in their capacity as health or social care professionals, third and voluntary sector providers and commercial and non-commercial providers of health or social care.

In these instances, the island communities have their own Local Authorities but these authorities are not 'operating within the area of the area of the Health Board preparing the integration scheme' but have contractual arrangements with those Health Boards. Under the existing draft regulations, these AHP members will therefore not automatically be consulted on the integration scheme of the contracted Health Board area 'if it prevents or is likely to prevent either from carrying out their functions in a way which contributed to achieving the outcomes (section 38(2))' – (see Set 1, Annex 4(B); Explanatory Note, bullet point 5)

Similarly, patients referred under contract to other Health Boards sitting within a local authority area but not resident in that Health Board or Local Authority area will not be included in the 'Prescribed groups of persons to be consulted' as they will not be deemed to be 'residents of the locality' (5.d) and they do not 'reside within the local authority area' (6.a).

The AHPFS would suggest that the list of Standard Consultees include those members of staff and residents of Local Authority areas directly affected by any integration scheme drawn up by any lead or corporate body which has a direct or indirect impact on the provision or receipt of health and social care services.

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

Whilst it is reassuring to see 'Non-commercial providers of social housing' on the list of 'Standard Consultees', the AHPFS has members working in remote, rural and island communities where infrastructure and transport (commercial ferry and air services) play a vital role in accessing health and social care services / referral onwards to contracted health and social care services. We believe that these particular requirements should be reflected in the list of 'Standard Consultees'.

ANNEX 2(D)

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes See Comment

No

2. If you answered 'yes', please list those you feel should be included:

- a) AHPFS welcome the the fact draft regulations 3(1)(d) indicate membership of the joint integration board will include a registered health professional employed by, and chosen by, the health board. On the face of it it appears Allied Health Professionals stand an equal opportunity to be represented on the Board as any other health professional.

AHPFS are concerned however that in reality opportunity to represent health professional services on the board will be inequitable given that currently health boards only include medical and nursing directors and few, if any, include AHP Directors.

To ensure equity of representation among health professional services AHPFS request that the draft regulations are amended to read (or have the effect)

3(1)(d): a registered health professional employed by, and chosen by, the health board but not restricted to health professions statutorily currently represented on health boards.

Alternatively AHPFS call for regulation on Health Board membership to be amended to include statutory direct representation of AHPs on all Health Boards.

- b) AHPFS suggest that the list defining who is considered a registered health profession needs to be amended such that *Section 12 4(b)* should include term *'The Health and Care Professions Council'* as statutory regulator of Health, Psychological and Social Work Professionals – rather than current term "Registrar of Health Profession".

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

Under local democracy, the deciding vote should be retained by a local authority elected member of the integration board in order that the work of that board is independent of government and more importantly seen to be independent of government. Under the draft regulations 'Voting' 9.(2) when rotation of the Chair sits with the Health Board, balance is moved away from democratically locally elected and therefore accountable casting vote towards central government appointed control.

4. Are there any further comments you would like to offer on this draft Order?

ANNEX 3(D)

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes

No

2. If you answered 'no', please list those you feel should be included:

AHPFS welcome the the fact draft regulations 3(1)(d) indicate membership of the joint monitoring committee will include a registered health professional employed by, and chosen by, the health board. On the face of it it appears Allied Health Professionals stand an equal opportunity to be represented on the Board as any other health professional.

3(6) in reference to 3 (4)(b) however defines an “appropriate person” as a person who is a member of the Health Board.

The result of the “appropriate person” definition is inequity in opportunity to represent health professional services on the board for AHPs given that currently health boards only include medical and nursing directors and few, if any, include AHP Directors – none on a statutory basis.

To ensure equity of representation among health professional services AHPFS request that the draft regulations are amended to read (or have the effect)

3(6) “appropriate person” means a member of the Health Board or a registered health professional employed by, and chosen by, the health board but not restricted to health professions statutorily currently represented on health boards.

Alternatively AHPFS call for regulation on Health Board membership to be amended to include statutory direct representation of AHPs on all Health Boards.

AHPFS suggest that the list defining who is considered a registered health profession needs to be amended such that *Section 12 4(b) should include term ‘The Health and Care Professions Council’* as statutory regulator of Health, Psychological and Social Work Professionals – rather than current term “Registrar of Health Profession”.

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

4. Are there any further comments you would like to offer on this draft Order?

ANNEX 4(D)

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes

No

2. If no, what changes would you propose?

The Allied Health Professions Federation (AHPF) Scotland is concerned that there are limitations on the extent to which a 'single health professional' will offer the necessary breadth and depth of knowledge and experience sufficient for effective decision making on the use of health service resources. There are many instances in NHS decision making structures when it is assumed that a requirement for a registered nurse or medic cannot be substituted with another health professions registrant. As noted in response to related regulations (esp Annex 3 (B)), the current regulations all but exclude the prospect of an allied health professional nomination to a senior role in the joint authority for the integration of health and social care.

Where the draft regulations stipulate in the 'groups of persons to be represented in the membership of a strategic planning group' should include 'commercial providers of health care' / 'commercial providers of social care', the AHPFS would recommend that those providers are required to be registered and therefore regulated by bodies listed in Annex 2(B) section 12.4.b.

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

AHPF Scotland maintains the view that the unique perspective of allied health professions will be invaluable to the strategic planning of services and more must be done to ensure that this perspective is accommodated in the governing regulation.

See Annex 1(D) section 2 with regard to AHPs living and working in the island communities. To ensure that where contracted Health services are provided outwith Local Authority areas, that health and social care professionals are consulted regarding strategic planning to ensure their professional ability to meet the outcomes listed in Set 1.

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS
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 performance report?

Yes

No

2. If no, please explain why:

3. Are there any additional matters you think should be prescribed in the performance report?

Yes

No

4. If yes, please tell us which additional matters should be prescribed and why:

The Allied Health Professions Federation (AHPF) Scotland would add the need to provide workforce data, in addition to funding. This would allow for performance to be measured against capacity and skill mix in the provision of services. This is particularly important where services other than hospital inpatients.

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes

No

6. If you answered yes, what form should Scottish Ministers prescribe?

There should be agreement on the format so as to allow for comparable analysis between joint authorities both within and across health board areas.

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