## 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** [X]

   **No** [ ]

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

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

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   | Although overall respondents felt that his included many of the necessary groups for consultation, it was also felt that there was an additional need to have input from national bodies who have an overview and understand workforce implications of changes e.g. GMC to approve education environments, NES support for workforce education.<br><br>Respondents commented that this list needed to better reflect workforce diversity and that wished to ore detail in Schedule of standard Consultees was required – e.g. who are the commercial providers? How is the “lead’ of a certain group defined?<br><br>Finally, some concern was expressed by respondents in terms of the time required to undertake such an extensive and wide-based consultation. It was suggested that this might be ‘piloted’ in one location initially to refine the process before full roll out. |

## 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** [X]

**No** [ ]

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

Respondents felt strongly that the issue of non-voting members needed to be carefully considered. It was noted that not all health professionals or staff side representatives will have the scope to represent all of those affected and could potentially influence voting members. It was felt that having a Medical Director or equivalent present on behalf of the Health Board was necessary, as such persons are ultimately responsible for patient care and accountable to the GMC.

Finally, respondents expressed concern that there appears to be no facility to ensure that GP input will be included.

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

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

Although respondents felt that the proposed membership of the Joint Board appeared reasonable, concern was expressed that one body (whether Health Board or Local Authority) having a casting vote for 3 continuous years could lead to significant bias. It was proposed that rotation of the casting vote more frequently, for example on a 6-12 monthly basis, may be more appropriate.

## 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** [X]

**No** [ ] **N/A no Comment**

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

Overall, respondents felt that the membership of these committees and reason for existence seemed reasonable. Some SMASAC respondents again felt it was important that a Medical Director (or appropriate delegate) should be present for all committee workings.

Finally it was suggested that staff side representation should be present from both Health Board and Local Authorities if there are implications for either party regardless of which organisation is the "lead" on any particular topic.

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** [x]

**No** [ ]

2. If no, what changes would you propose?

Overall, respondents supported the proposed membership, however, again it was felt by some that a Medical Director (or delegate) should be present on all groups, and that staff side representation should be present from both Health Board and Local Authority perspectives, irrespective of the organisation "leading" on a specific topic.

Concern was expressed by one respondent about requirement of "the Integration Authority to prepare a strategic plan for the area of the Local Authority" as it was felt that this would have implications for multiple differing strategic plans over a single geographical Health Board region. This could enhance complexity and also lead to differing provisions for the same Health Board patients falling within different Local Authority areas. This is therefore felt to be an aspect needing consideration, including whether the Integration Authority is able/best placed to resolve these issues. Ultimately it may lead to the argument for boundary realignments for a Local Authority and/or Health Board.

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

Respondents commented that it would be useful to have more detail about the role of National Boards who will support the roll out of these models.

## ANNEX 5(D)

**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** [X]

**No** [ ]

2. If no, please explain why:

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

**Yes** [X]

**No** [ ]

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

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| Although there was broad support from respondents on the contents of this section it was again highlighted that many aims and outcomes are poorly defined (not "SMART") and therefore unsuitable for quantitative assessment. It was felt that there was a greater need for firm definitions in order to allow comparison between Authorities and that consistency across the different organisations was required, linked to better defined wellbeing outcomes.<br><br>One respondent commented on the proposed measurement of "The extent to which Integration Authorities have moved resources from institutional to community based care and support, by reference to changes in the proportion of the budget spent on each type of care and support." Although the principle behind this statement was supported, it was suggested that this would benefit from better definition for comparator purposes both within and between Authorities. Furthermore, it is vital to consider in each instance whether a move to community always necessary or indeed beneficial. |

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

**Yes** [X]

**No** [ ]

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

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| Respondents agreed that if comparisons are to me made, the annual performance report would need to be constructed in such a way as to facilitate quantitative comparison or benchmarking. It should also, however highlight efficiency and be a mechanism for sharing good practice.<br><br>It was also suggested that in addition to an annual performance report, a more structured annual review might be considered, at least for a selection of sites. |

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

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| One respondent felt that the document was extremely proscriptive and there would be little flexibility or opportunity for creative thinking in local responses to the rules.<br><br>One responded commented that the voice of secondary care is substantially remote from the joint board structure |