

**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?

East Ayrshire Council and Ayrshire and Arran Health Board (June 2013) agreed the model of partnership as Body Corporate model of integration. The Strategic Alliance Integration Sub Group (a Senior Officer Group established by the four Chief Executives to ensure that implementation takes cognisance of pan Ayrshire implications) have been working closely to develop the programme implementation on a pan Ayrshire basis utilising a draft model for the Integration Scheme. The prescribed matters as laid out in the regulations are in line with the draft integration scheme being utilised in East Ayrshire and being supported by eleven joint workstreams to support the production of the East Ayrshire Health and Social Care Partnership Integration Scheme in preparation for the submission date.

Whilst some level of prescription is necessary, allowing the maximum level of flexibility will ensure that local solutions can be put in place to take account of local challenges and priorities.

It is noted that additional clarification will be required to address freedom of information and complaints as progress is made towards integration consideration will need to be given to developing a clear and easily accessible process. The future role of the Social Work Review Committee will also require attention, it is noted that no reference is made to the continuation or otherwise within the regulations.

The final model integration scheme is awaited from Scottish Government it is recognised that there is risk should the content of the final version differ from the East Ayrshire draft Integration Scheme and may impact on the submission of the Integration Scheme.

**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?

Whilst some level of prescription is necessary, allowing the maximum level of flexibility will ensure that local solutions can be put in place to take account of local challenges and priorities.

NHS Ayrshire and Arran and East Ayrshire Council confirmed the services to be included within the partnership in September 2013 and October 2013, respectively. At that time East Ayrshire Council took the decision to include all Social Work Services within the partnership and to await the outcome of the review of Criminal Justice Services.

From an East Ayrshire perspective further clarity will be required in relation to the defining the range of services to be included within Health Improvement Services and Housing Support Services. Often these services are located in the universal services of leisure or education. Health Improvement Services are integral to the work of the Partnership in addressing the health inequalities prevalent in a number of our local communities. Housing Support Services through the provision of equipment and adaptations have contributed to the success of supporting older people and people with more complex support needs to maintain their independence at home for longer. The functions of adaptations is delivered through respective housing tenure, local authority, Registered Social Landlords and private landlords. Clarity is required in future arrangements. Housing support can also refer to other services such as homelessness support or domestic violence support, again clarity is required. A further review will be undertaken during 2014/15 once additional guidance has been received.

It is noted that the delegation of functions are in relation to people 18 years and over , however, the Adults with Incapacity (Scotland) Act 2000 (AWI) introduced arrangements to help people (age 16 and over) who lack capacity to act or make some or all decisions for themselves. It includes people whose incapacity is caused by a mental disorder, such as dementia, learning disability, acquired brain injury or severe mental illness. Further clarity on the minimum age in relation to these groups, would be required.

**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?

Whilst some level of prescription is necessary, allowing the maximum level of flexibility will ensure that local solutions can be put in place to take account of local challenges and priorities.

NHS Ayrshire and Arran and East Ayrshire Council confirmed the services to be included within the partnership in September 2013 and October 2013, respectively. Within Ayrshire there are a number of services which are not easily disaggregated to a partnership level and the decision has been reached that those services will be managed on a Lead Partnership basis across the Health Board area. There are also services which require further consideration and as such a review will be undertaken during 2014/15.

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

The range of services included within in Schedule 2 reflect the list of services identified by NHS Ayrshire and Arran for inclusion within the partnership. It is recognised that as the Health Board and Council do not have co-terminus boundary the pan Ayrshire arrangements through a Senior Officer Group with the close oversight of the Chief Executive Group (with North and South Ayrshire Councils and Ayrshire and Arran Health Board) are required to ensure that NHS Ayrshire and Arran are able to delegate their services to reflect both service deployment and location.

**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?

East Ayrshire HSCP welcomed the health and wellbeing outcomes and in particular the additional outcome 5: Health and social care services contribute to reducing health inequalities. This new outcome seeks to address the deep seated health inequalities and is closely aligned to the priorities of both parent organisations and the new partnership tackle the persistent inequalities within our communities. Health inequalities are highly localised and vary widely within individual NHS Board and Council areas. East Ayrshire recognises the negative impact of misuse of alcohol and drugs has on individuals, their children, their families and communities.

East Ayrshire Community Planning Partnership are currently engaged in the national Review of Community Planning and as such are working closely with the East Ayrshire Partnership to develop arrangements for the delivery and reporting on the national health and wellbeing outcomes.

It was noted that Outcome 7: People who use health and social care services are safe from harm, could be interpreted in the broadest sense with health and social care partnerships having responsibility for keeping the whole population safe. It was felt important to emphasise that partnerships will have a role to support and empower individuals through capacity building to ensure they are to keep safe from harm. It is recognised for people who are in receipt of direct services there is an additional responsibility to ensure they are kept safe from harm.

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**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?

Whilst some level of prescription is necessary, allowing the maximum level of flexibility will ensure that local solutions can be put in place to take account of local challenges and priorities.

The SIB on the whole agrees that the Groups listed in Section 2 of the draft Regulations prescribe what 'health professional' means for the purposes of the Act, but notes that Health Visitors are not listed.

The Board agrees that identifying Social Workers and Social Care 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.

The SIB agreed on 24 February 2014 agreed that the Clinical Care and Governance arrangements are in place to monitor and develop professional and clinical governance within the partnership. This includes Social Work, Clinical Leadership, Nursing and Allied Health Professionals.

The role of the Chief Social Work Officer (CSWO) was updated in Scottish Government guidance issued in 2009. Every local authority requires to appoint a professionally qualified CSWO in line with Section 3 of the Social Work (Scotland) Act 1968. In our proposed arrangements while they would report directly to the Director of the HSCP, they would also have a line of accountability to the Chief Executive of the local authority in relation to their CSWO function.

Within the NHS professional governance arrangements are also required for medicine, nursing and allied health professionals (AHPs). It was agreed that the partnership will appoint a Clinical Lead and similar to the arrangement for CSWO, will appoint a Senior Nurse and AHP to undertake professional leadership which they will discharge in addition to their substantive role. This professional leadership across the NHS Board area will be overseen by the Medical Director, the Nurse Director and Associate Director for Allied Health Professionals.

**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?

The authority to act and criteria for authorisation of a Council Officer is prescribed by the ASAP Act (Restriction on the Authorisation of Council Officers) Order 2008(b).

We agree this regulation is required to provide for the operational delivery of Adult Support and Protection legislation, particularly, when Social Workers or other relevant professionals are employed outwith Council structures.

## Set 2 Consultation Questions

### ANNEX 1(D)

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#### **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?

Within East Ayrshire there are well established engagement mechanisms in place and as such progress has been made in ensuring that Council and NHS employees, health, third sector and carers representatives are involved as non voting members of the Shadow Integration Board and are attending meetings.

In addition, within East Ayrshire Partnership Communication Plan and Organisational Development Plan will ensure that employee partners and wider representatives will be kept involved and engaged. To date regular employee Bulletins and organisational development events have been organised for Health and Social Work staff and for SIB members.

A successful bid to the Scottish Government for additional funds to support the Organisational Development Plan for East Ayrshire will provide financial support to ensure that all of the representatives can be fully involved.

In addition to the prescribed groups East Ayrshire Partnership are working closely with Vibrant Communities Division to reflect the Hub approach to work in localities and ensure that representation from localities will be included within the strategic planning and consultation process. It is recognised that formal processes for engagement may not be the most suitable approach to include wider community members (and residents) and alternative methods of engagement may be required to reflect thematic or geographical interests.

Given the range and number of stakeholders' consideration will be given to employing a range of methods of engagement to ensure as many people have an opportunity to engage that wish to do so.

**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?

The Board agrees with the minimum non voting membership for each Integration Joint Board.

Standing Orders have been developed for the Shadow Integration Board and there are a few points for consideration when revising the Standing Orders in preparation for the Integration Joint Board. These include;

- The term of appointment of chairperson and vice-chairperson, suggested three years while elected members, in usual circumstances, are four years term of office is there an opportunity for local flexibility
- The two thirds of membership as a quorum would require 6 of the 8 voting members in attendance at the meetings, this significantly exceeds our local arrangements and may prove challenging to adhere to
- It may be that local arrangements are established to provide substitutes for members to ensure representation.

Term of office in relation to elected members may require further clarity. As it reads an elected members is not be required to resign before the expiry of the term of office which may result in a Councillor remaining on the Board when they are no longer elected until a further appointment is made by Council, which could occur at a later date.

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**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?

An Integration Joint Monitoring Committee is to be established where the “lead agency” model of integration has been chosen. This was not the model adopted within East Ayrshire.

**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?

The SIB on the whole agrees with the prescribed membership proposed for the Strategic Planning Group. Within East Ayrshire working with the Community Health Partnership Forum members, which include representation from clinical and professional groups, employee representation, General Practitioners, Service Managers and third and independent sector to deliver the progress being made towards the Strategic Planning Group will provide a strong foundation to support the inclusion of wider members to be drawn for localities. In addition the local structure includes Officer Locality Groups for both Children services and Adult and Older People services who are tasked with supporting the Forum deliver on local priorities.

East Ayrshire have well established engagement mechanisms in place and work is ongoing with colleagues in the Vibrant Communities Division to ensure that the locality planning Hub approach will form the basis for the engagement with wider communities around localities.

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**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?

Whilst some level of prescription is necessary, allowing the maximum level of flexibility will ensure that local solutions can be put in place to take account of local challenges and priorities.

The SIB agrees with the prescribed matters to be included within the performance report. Within East Ayrshire there are two levels of reporting requirements, internally to the Integration Joint Board and externally to the parent bodies and Scottish Ministers.

It is recognised that both parent bodies have robust performance arrangements in place including Revenue Budget, Capital Programme Monitoring Report, Employee Statistics, Health and Safety, Key Operational Performance Statistics and Corporate Risk Register.

The national Review of Community Planning is underway and the East Ayrshire Partnership are working closely with the Community Planning Partnership Board to develop working arrangements on the delivery and reporting on the national health and wellbeing outcomes.