

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:

It is not clear why the only professionals who must be included in the IJB are Chief Social Work Officer and Clinical Director/Associate Medical Director. This ignores the role of the large NHS workforces in nursing and Allied Health Professionals and the contribution that a Chief Nurse or Allied Health Professional lead can make to governance decisions.

Clinical and Care Governance: It is not clear if there will be any guidance on the remit of clinical and care governance as it applies to the IJBs' functions compared to the continuing responsibilities of Councils and Health Boards. This can also be extended to Risk Management responsibilities of the IJB.

The prescribed matters should include reference to the role of the Section 95 officer to the IJB and the accountability of that role such as included in the recent guidance on the Chief Financial Officer published by IRAG.

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

Yes

No

4. If yes, please suggest:

Role of Chief Nurse on IJB

Role of an IJB in civil contingencies and emergency planning

Role of the Chief Finance Officer on IJB

It may be helpful for the IJB to have the ability to vary certain areas of the Scheme without the requirement to seek Ministerial approval, where the variation is within key parameters but would not result in a material change to the Scheme.

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

It would be helpful if there was some clarity on the accountability of the IJB and the expected role of the Scottish Ministers against the background of existing community planning arrangements and single outcome agreements.

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:

The list does not mention criminal justice social work services. Given:

- the likelihood that councils will remain responsible for these services;
- the crucial links with mental health, addictions, adult protection and domestic violence services;
- the risk of criminal justice social work being isolated if all the other functions are delegated; -

it is recommended that Councils are given the option to add criminal justice social work to the list of services delegated to the IJB.

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

No.

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:

It is welcomed that General Medical Services are on the MUST list but it is not accepted that other Independent Contractors functions are not (e.g. dentists, pharmacists etc). These are vital primary care services to which the local population requires access and which are core in maintaining the health of the population. They also work closely with many of the prescribed NHS and Social Care functions. It is recognised that the budgets are not easily disaggregated to partnership level, but that does not prevent the IJBs in multiple partnership Board areas having the delegated function, including these services in their strategic plans and agreeing that the NHS Board Primary Care Contractor Function will carry out the contractual and budgetary work on their behalf. If these services are not delegated these groups of independent contractors will remain disengaged from local strategic and community planning.

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 list includes Health Visiting only as it applies to adult services. However Health Visiting is now primarily a children's service and so it is not practical to delegate the adult part of Health Visiting and not the children's services part. The list itself is contradictory in that it states the purpose of Health Visiting as "assessment care and treatment of children and older people" but does not include the Children's element in the delegated functions.

This position also ignores the fact that many partnerships will agree or have already agreed to include the full range of social care and NHS children's services in the partnership. It is recommended that flexibility is built into the definition to allow for these local variations.

The list does not mention School Nursing. It may be that this is implied in "Health Visiting", but it is a distinct service. School nursing should be listed separately. Also given the points about Health Visiting above it should be in the list of MUST functions with some flexibility built into the definition to allow for local variations. Partnerships should indicate how School Nursing will work closely with Education services.

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.

See comments above in relation to health visiting.

"Care of older people" should be clear that this relates to inpatient care.

"Unplanned inpatients": it should be made clear that this definition is not intended to exclude surgical care e.g. treatment for fractured neck of femur. (This has been subsequently clarified in the joint letter from COSLA and the Cabinet Secretary and this should be included in the final regulations.)

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

In general the draft regulations seem to have arbitrary cut-offs built in. It is appreciated that precise definitions are very difficult, especially in universal services. However, the draft as it stands may prevent some partnerships achieving agreed local arrangements. It is recommended that some flexibility is built in to the final version to allow for variation.

East Lothian Council welcomes the intention to include hospital functions and budgets as set out in the draft regulations and as clarified in the joint COSLA/Cabinet Secretary letter.

ANNEX 4(D)
**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:

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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?

See above, it would be more effective if there were fewer outcomes that reduced the burden of measurement and which consumed less resource in data collection and reporting.

Our earlier response [Annex 3D] expressed the view that the arrangements should be more flexible with the ability to include children's services of health visiting within IJB, in which case there are existing indicators constituted in SHANARRI.

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?

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

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**The Scottish
Government**
Riaghaltas na h-Alba

**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:

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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?

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

The list of prescribed healthcare professionals includes dentists, optometrists and pharmacists but the primary care contractor elements of these professionals' services are excluded from the list of delegated functions. This is not consistent. As indicated in 3(D) we believe that these functions should be on the MUST list of delegated functions.

Adult and Children services employ staff such as community care assistants and Family Support Workers who are not registered but are an important part of the workforce.

ANNEX 6(D)

**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?

It is acknowledged that additional regulations may be required through the course of the implementation and delivery of joint commissioning services.