

**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 surprising that professional nurse leadership is not prescribed as part of the core Integration Joint Board.

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

Yes

No

4. If yes, please suggest:

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?

There needs to be consistency across the delegation of services e.g. mental health – should be either both LA & NHS or not. Interesting that OT is specifically mentioned & not other AHPs – although these services will generally be led by NHS. I wonder about the fit with the CYP Act (Scotland) 2014 which embeds in legislation the right of Looked After CYP/Care Leavers to request help & support from LA up to 25 years. Many of these young people will theoretically be in children’s services & yet adult by virtue of their age.

**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:

- Health Visitors are included in the “*must*” list (as they apply to adults) however, these services are aimed primarily at children and families which are not in the “*must*” list?

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:

- We agree with the list of services as set out for the purposes of integrated strategic planning. However, it is critical that the clinical and financial management of **acute hospital services** remains a distinct and separate entity. If financial and clinical management of services within an acute hospital setting become confused or segregated, it is likely that clinical quality will be compromised.

The proposals would create a very complex costing and resource allocation process that would inevitably increase bureaucratic costs.

- Given the national workforce problems in **Health Visiting** & the additional responsibilities for HVs in relation to the CYP Act which embeds some aspects of GIRFEC in legislation I believe that HV services should be excluded unless CYP services as a whole are integrated.
- **Women's Health** (including family planning services) often engage with very young adults (11- 12 years & above) therefore this should be excluded unless CYP services as a whole are integrated. This is particularly important to note in the region that has the second highest under 16 years pregnancy rates in Scotland (prior to June 2014 the highest rate in Scotland).

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.

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



**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:

- Should outcome 3 read "...and have their ***individuality*** and dignity respected?

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?

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:

- The inclusion of SW students in this section is noted – are nursing, medical & AHP students also included?

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?

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