

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:

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

Yes

No

4. If yes, please suggest:

The publication of the “Implementation Provisions and Associated Requirements Flowchart” provides a clear framework for moving the integration agenda forward. This approach should be reflected in the revised regulations.

It is important that the regulations are enabling take account of local circumstances allow flexibility when developing models of care that meet local needs.

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

Under Section II, Liability and Indemnity there is no mention of the role of individual members of the Integrated Joint Board.

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 are a number of areas indicated within this section that are currently funded by both NHS and Local Authority organisations and are provided by the Third or Independent Sector.

We would also recommend that any reference to unpaid carers reflects National Carers Strategy definition and not the reference to 'carers who are users of health or social care services' as this immediately disenfranchises those carers who receive no support from service providers but may do so in the future.

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 considered that in respect of the overall Draft Regulations, the detail in Annexe 3(A) pages 45 to 56, in Set 1 is the most fundamental element which may have wide reaching consequences for Health Boards. The spirit of the Legislation is that it should enable local Partnerships to deliver the National Health and Wellbeing Outcomes. However, the current drafting may be overly prescriptive and, in actual fact, limit the ability of Health Boards to manage the planning and delivery of healthcare across a single system and deliver coherent transformational change in the structured way required. It is imperative that Legislation allows focus on the 9 Health and Wellbeing Outcomes permitting flexibility over time, for changes in the way that Partnerships are developed to reflect the needs of the local population.

There will be critical priorities for change and services that can be agreed with impact quickly to improve provision operationally, whilst the overall Strategic Plan is being developed. It is considered that the Strategic Plan should drive the services and resources that should be included in determining the timing of inclusion in the IJB budget i.e. phased over a period of time in line with the Strategic Plan. Based on the current draft Regulations and, in particular Schedule 2 Page 55, there is significant risk that the initial focus would be on defining the budget for Acute services rather than on improved outcomes and fully costed service change proposals, whose implications will bring benefit for the public /patients. Again, in respect of the current draft, there is further risk that services detailed in Schedules 1 and 2 for inclusion into the IJB resources from the outset, and the ensuing ring fencing, may significantly restrict flexibility for Boards to deliver national outcomes targets and guarantees. Challenges also exists with Boards where there is more than one Partnership but only one Acute site, the complexity of this carries additional risk and complication.

The explanatory policy notes make a distinction between what services must be in the integration scheme and those services that must be in the scope of the Strategic Plan. This is distinction is not clear in the SSI and requires further clarification. Also there should be further clarification about commissioning and operational responsibility for delivering services. As noted, NHS Boards will be left with no flexibility if all budgets related to the detail that is included in Schedules 1 and 2 pages 53 and 55 are included.

Additionally, it is unclear how this new approach to planning fits in to the current statutory planning frameworks in existence and how accountability for these different elements will operate. There are a number of legislative and statutory frameworks currently in place, for example delivering on waiting times, Local Delivery Plan, Single Outcome Agreement, Children Service Planning, Local and Regional Resilience Partnerships etc.

The functions as described in Schedule 1 state that all NHS Board functions under the key pieces of legislation should be delegated to the IJB. This requires further clarification especially in relation to other primary legislation and statutory functions delivered by NHS Boards

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:

In general terms we would agree with the inclusion of services in current CHP arrangements and adult primary and community care. However the use of functions, service headings and professional groupings on page 45, 46, 47 to 50 is inconsistent and requires further clarification.

Some illustrative examples of gaps, issues and inconsistencies are provided below:

- Services delivered by AHPs' cover a wide range of professions within scope e.g. ODPs radiographers, Clinical Scientists – all of whom would not appear obvious for inclusion. Flexibility for exclusion requires to be given.
- There is no mention of Healthcare Assistants within the scheme and the role they play in delivering care. Although Healthcare Assistants are not currently registered through a professional body, steps have been made to ensure that they comply with agreed overall standards and consideration should be given to inclusion.
- The definition used to describe health promotion excludes a whole range of activities that contribute to the health improvement agenda and should be widened. There a number of other initiatives and staff groups working in communities providing targeted support for health improvement. We should be looking at the totality of resources not just those delivered by groups of professionals in traditional settings. Also, there are a number of services that are either commissioned or delivered jointly through third party agencies working in communities.

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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.

The policy note describes what must be included in the integration scheme and then qualifies this by indicating what should be in the scope of the Strategic Plan.

Schedule 2 should reflect this with the statement 'That these services should be considered within the scope of the Integration Scheme.'

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

We welcome the clarity provided around timescales for establishing the new arrangements.

The Integration Schemes would benefit from articulating more formally the ongoing relationship between Health Boards / Local Authorities and the Integration Joint Board. This is particularly in respect of the clarity around the process for setting out the requirements that the transfer of service and budgets will support the Governance of IJB and the transfer of budgets back to Boards and Local Authorities for the purpose of service delivery.

Integration Schemes would benefit from articulating the ongoing relationships between the Integrated Joint Board and the Community Planning Partnerships in respect of agreement on and delivery of SOA outcomes that may sit within the governance of the Integrated Joint Board.

The change program outlined will require a phased approach and would recommend that these changes undergo a transitional program that is closely monitored as it is implemented, especially in terms of the impact on patient outcomes.

**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:

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?

These outcomes should form the basis for all NHS Planning in the future.

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:

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?

The term NHS Managers should be incorporated within the description to ensure parity with Social Work as you may be required to have further qualifications and membership of professional bodies for example Institute of Healthcare Management.

**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?

While recognising the important role in relation to Adult Protection there are a number of other statutory roles described in other legislation and SSIs for example Mental Health Officer, Chief Social Worker, Child Protection (overlap with other roles) etc.

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