

**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:

There is no mention of the handling of issues relating to Civil Contingencies and management of this at an Integrated Joint Board level. There are duties under the Civil Contingencies Act on both NHS Boards and Local Authorities and we would anticipate that some of these would impact or be impacted by the establishment of the Integrated Bodies.

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

We note the intention to produce a model scheme and welcome both this and the guidance that will also be published. We would suggest that the review of the scheme will enable flexibility in these as understanding and maturity within the Integrated Joint Bodies develops over time.

**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?

A key principle of integrating adult health and social care services is that, by formal integration we will deliver better joined up delivery on the ground with care and support services meeting people's needs as close to home as possible and in the context of people's family and community lives. Given this policy intent, NHS Grampian agrees the proposals for delegation of Local Authority functions. However we think there is potential merit considering the emerging Criminal Justice structures in their relationship to the emerging integrated joint board – particularly in light of related services such as Drug and Alcohol provision, Mental Health Services and Adult Protection functions being delegated to the integration bodies – we know and understand the interdependencies in these services with Criminal Justice and including CJ in these functions would enable better joined up planning. We need to ensure that other significant change across Scotland is aligned to integration to ensure that we do not, unintentionally, create new silo structures that we will struggle to achieve good outcomes from, in future. We would also suggest that a review of the role and functions of Alcohol and Drug partnerships, in the context of Integration, be considered to ensure the best alignment at a local level.

NHS Grampian recognises the important role of housing in delivering the policy intention behind the Act and the vital role that this sector plays in shaping healthy communities. As such we welcome the inclusion of housing support, and aids and adaptation functions in these regulations.

**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:

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:

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 regulations and orders provide clarity on the extent to which the Acute Sector is to be included in integration planning and in the development of the Integration Plan. Given the significant complexities, and interdependencies across acute hospitals and their partners, as well as within acute hospital departments, NHS Grampian would welcome the regulations and orders being clearer on how Integrated Joint Boards and Acute Services will work together. Further clarity on these points – i.e. that there is no expectation of the management and operational running of these elements of acute being devolved to IJBs and that the delegation of function is that of *planning* these services – set out within the formal regulations, orders and guidance would be necessary to ensure no unintended fragmentation or undermining of these vital services.

NHS Grampian would suggest a need for some further clarity regarding the extent to which some other services are to be delegated. While it is understood that not all NHS services are configured identically across Scotland, if further definitions on some of the functions is not developed, either under Regulation or Guidance, there is a risk that service fragmentation could occur. We believe that there is a need to either provide some clarity – or that IJBs and their partners in integration are enabled to develop pragmatic, local parameters around these services, predicated on delivering the best person centred services and within the intention of the legislation.

NHS Grampian would suggest that areas where more clarity is required include:

- 'Clinical Psychology Services' can and do include services to people whose care is not otherwise delegable (i.e. those in planned Acute – Neurology and Plastics among others) - giving IJBs flexibility to define parameters around this would ensure principles of integration achieved, and that the unintended consequences that may arise from fragmenting services based in acute, were minimised.
- Allied Health Professionals – in some parts of our system AHPs work across both the planned and unplanned acute pathway and across Children's services within a CHP context. We again would suggest clarity on flexibility around management, planning and managing the resource related to this group be made clear in the Regulations or its accompanying guidance

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:

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?

There is little to disagree with in the 9 Health and Wellbeing Outcomes however NHS Grampian would comment that none of them explicitly address outcomes expected through community engagement and participation. Given the significant role that locality planning will have in the operation and planning of the IJB, it might be opportune to ensure a clear outcome in this area to support IJBs in undertaking their role.

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?

In the course of this consultation feedback process NHS Grampian have been told by respondents that the Outcomes are aspirational but that they they appear quite 'high level' and will be potentially challenging to measure meaningfully across Scotland. Guidance will be welcome on how we ensure that we can measure ourselves effectively against these, allowing for useful comparison and that in doing so we do not over-burden people who use services in providing personal outcome information. In terms of whether they will be understood by people that use services – NHS Grampian believes that it will be vital that approaches to capturing information on people's personal outcomes, that we are supported in finding the right methods of aggregating that information in support of delivery against the 9 National Measures.

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:

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?

No

**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?