

ANNEX 3(D)

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:

due to the intrinsic links between community and acute care some of the services listed would not be appropriate for discussion within the scope of integrated strategic 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:

A small (e.g. island) Board would find it extremely difficult to disaggregate community elements of care pathways which are almost inextricably embedded in secondary care. E.g. in terms of mental health services the community and hospital care is all provided by a single team.

There is a need to ensure that services that cross the community acute divide, such as psychology, are still available to acute hospital inpatients.

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.

Services designed to promote public health' is unclear. This legislation is framed around 'the delivery of adult health and social care services'. The regulations give examples of health promotion practices carried out by a wide range of health professionals, as is appropriate. Perhaps it is better phrased as services to maximise the health of individuals since the single practitioners do not function on a population basis unlike the discipline of public health, and only a minority of public health practice relates to the delivery of adult health and social care services. Although GMS are included, it is unclear whether the wider GP services (whether these are DES/LES or additional items of service) are covered, including screening and immunisation services for the adult health and social care population.

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

In a small Board such as ours, it is impractical to select out specific threads of practice without destabilising the whole eg contraceptive care is provided in a hospital setting through the midwifery service and can't be separated out. This will present considerable challenges to ensure that the strategic plans for the health board and the integration authority align appropriately.

**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:

02. 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?

Outcome 8: should be aligned with the legislative requirements of the NHS Staff Governance Standard.

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?

Outcome 8: Not necessarily unless there is an explanation how they will be aligned to the Staff Governance Standards and the 2020 Workforce Strategy

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?

Clinical facing professionals noted on the list are extensive however we are concerned about the complete absence of managers which may or may not be linked to a professional body. Managers who are non-patient facing have an intrinsic role to play in the care of patients/clients and fulfil a valuable and essential role to health organisations. We strongly recommend that these groups are included.

**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?

Not very prescriptive further clarity required.

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