

## ANNEX 1(D)

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### **PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

#### **CONSULTATION QUESTIONS**

1. Do these draft Regulations include the right groups of people?

Yes

No

2. If no, what other groups should be included within the draft Regulations?

This is very welcome. It may be important to provide support, development and opportunities so that these groups can bring their expertise effectively to the table.

We agree with the groups listed – but wondered whether or not the Community Planning Partnership should be a specific consultee?

We also wondered with regard to change at Locality Planning level whether or not there was a role for Community Councils?

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

## ANNEX 2(D)

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### MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes

No

2. If you answered 'yes', please list those you feel should be included:

No one else to include – but it would be helpful to have clarity if paragraph (2) (a) means one member of staff from each constituent authority or a single staff member. Also – should the staff member be described as being representative (either a recognised union representative or representing staff on a staff forum)?

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

Voting members – we felt that rounding up or down for 10% of elected members should be stated.  
We read section 3 paragraph (3) as stating that it is acceptable to exceed the 10% if the Health Board and local authority agree?  
Does Article 8(3) mean that local authority representatives do not have to stand down during election periods?  
Clarity is required regarding how often an IJB member can be reappointed for a further term of office.  
Is it a single reappointment to a maximum of three years – or is a third term of office possible?  
If a non-Executive Board member has done two terms of office on one IJB can they then be appointed to a different IJB within the same NHS Board area?  
Can a non-Executive Board member sit on more than one IJB simultaneously?  
If it is a maximum appointment of 6 years to IJBs NHS Boards shall find it difficult to fill all the posts as Non-Executive Directors are appointed to the Board for 4 years, therefore if they are appointed to the IJB for two terms they still have two years Board service when they cannot be on an IJB. We recommend that the term of office is reconsidered and potentially identified as a single term of office to be 4 years with a maximum of two terms.

4. Are there any further comments you would like to offer on this draft Order?

With regard to the appointment of chairperson and vice-chairperson there was concern about the period of three years.

The consultation paper had suggested annual rotation to ensure a balance of power was maintained. The format of co-chairs has been very successful in our Transitional Leadership Group, but the Group understood the necessity for a casting vote. It was therefore felt that perhaps a one year period of office for the chairperson would be more suitable and promote an atmosphere of “co-chairs”, but it was also accepted that a period of one year was very short for inexperienced or new members, and may not provide them with enough time to develop into the role. It was felt that a period of 2 years may be preferable to ensure a fair distribution and prevention of mid term new appointments.

Non-Executive Board members have a period of office of 4 years (with a maximum of 8) and local authority elections are every 5 years.

Three years seems a disproportionately long term.

The quorum seems high at two thirds of each constituent body membership but understandable if membership is three each. We suggest 50% with a minimum of 2 members from each agency.

Article 10 (4) – the word board is missing.

Schedule Article 19

It was felt that the meetings of the IJB should be public and as such Records should be public. Guidance on how long records should be retained is required.

We feel that the issue of personal liability of IJB members should be clarified.

## ANNEX 3(D)

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### ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes

No

2. If you answered 'no', please list those you feel should be included:

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

4. Are there any further comments you would like to offer on this draft Order?

**PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS  
ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND)  
ACT 2014**

**CONSULTATION QUESTIONS**

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes

No

2. If no, what changes would you propose?

This could potentially be a very large group, with challenges similar to the original very large CHP Committees.  
However – can one person represent both health and care e.g. commercial provider may be an employment agency that provides both nursing and social carers?

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

The requirement described in the Act Section 32 (7) (8) (9) to include representatives of the localities in the SPG does not seem to have been carried forward to the Regulations.  
Our preferred model would be to have preferred greater representation at Locality level, with the SPG being more an executive group consisting of the Chairs of locality planning groups and representatives of the partnership bodies – including third and commercial care sectors supported by our planning team.

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS  
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 performance report?

Yes

No

2. If no, please explain why:

Both yes and no. The general areas are acceptable. There are two key issues however:-

1. The extent of moving resources by references to change in budget will under report change. A very small investment in community care, can bring about a big change in capacity within home based services, and this could be significantly overwhelmed by the introduction of a single new drug within acute settings. The budget would therefore show a shift towards activity in the acute setting. The important issue is whether or not the IJB is delivering in line with the strategic plan, and how the strategic plan demonstrates an increasing proportion of care need is being delivered in community settings, (remembering the population changes will require rates not absolutes).
2. Whilst agreeing with the need for trend information the requirement to have an annual report that includes a comparison with the previous 5 years may provide significant challenge in years 1 – 4.

Although both of these issues are not actually in the regulations, but in the consultation paper – so this may not be relevant.

3. Are there any additional matters you think should be prescribed in the performance report?

Yes

No

4. If yes, please tell us which additional matters should be prescribed and why:

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes

No

6. If you answered yes, what form should Scottish Ministers prescribe?

The Scottish Ministers may like to direct ISD to prepare the statistical information for each partnership in a standard and therefore comparable format to facilitate read across both at national and Board level.

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

Although there will be great interest in monitoring the effectiveness of the IJBs the temptation to overburden them with performance reporting must be balanced against the size of change agenda that is being placed on them. The move towards the Christie Commission recommendations of early intervention, prevention, increased self care and anticipatory care will take time.