

**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

X - but

No

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

The regulations do include the right groups of people; however we would suggest that there are some additional groups that could be considered for inclusion.

We note that the list of standard consultees includes a range of health and social care professionals, as well as providers of social housing, reflecting the focus on redesigning health and social care. However there are other key sectors which may be a useful addition to the consultation process. These are: police, justice and prison services, in terms of work around adult protection (the Adult Support and Protection Code of Practice establishes multi-agency arrangements including local authorities, health boards and the police); and education, which is involved in joint inspection activities relating to children's services (should these be delegated as part of the integration scheme).

We would also welcome the consideration of the inclusion of scrutiny inspectors and regulators in the list of consultees, as this may provide a useful opportunity for information sharing on relevant issues.

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

## ANNEX 2(D)

### 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:

As with Annex 1D above, we would suggest that, given the wider context of integration, wholly excluding sectors such as education, police and justice may be a missed opportunity. Further consideration should be given to the potential for informing and engaging with these sectors.

Consideration should also be given to how best to ensure that members (e.g. third sector, carer, service user) are truly representative of and engage with, the groups they are attending on behalf of, for example by making use of appropriate networks. This could be explored and set out through the development of terms of reference.

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

With regards to board membership, we advocate that the minimum non-voting advisory membership for each Integration Board should be 2 service user representatives, and 2 carer representatives (rather than one of each). This is regarded by the Scottish Health Council as standard good practice when involving users and carers on groups, boards or committees (and especially governance committees). It also ensures that users and carers have access to peer support. Experience shows that this will lead to more meaningful involvement and quality of experience.

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

The importance of meaningful engagement between Integration Joint Boards and Community Planning Partnerships, should be promoted where possible. The quality of liaison will be critical for effective planning and commissioning of services.

## ANNEX 3(D)

### 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

X - but

No

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

As with our response at Annex 2D above, we would suggest that consideration needs to be given to greater engagement with sectors outwith health and social care, although we note that the regulations allow for additional members as they see fit.

We would also echo the previous points regarding ensuring that members are truly representative.

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?

We note that the purpose of the joint monitoring committee is to hold to account and to provide the health board and local authority assurances that progress is being made to achieve the national health and wellbeing outcomes. It is worth highlighting that there continues to be an external, independent scrutiny / assurance role for Healthcare Improvement Scotland and the Care Inspectorate, as set out in the Public Bodies Act (section 55 of the Act extends inspection activities to those services provided under integrated health and social care; section 56 of the Act provides for the two organisations to jointly conduct those inspections).

## ANNEX 4(D)

### 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  X - but

No

2. If no, what changes would you propose?

The regulation lists a number of groups of persons to be represented, including 'health professionals'. The supporting document states that this should be 'an individual, representative of health professionals, including doctors, nurses, allied health professionals etc'. We would repeat earlier comments regarding the need to support individuals to ensure that they are truly representative, as well as noting that there is a definite challenge in ensuring consistency in representation of professional groups across these bodies.

We would also again highlight the potential for engagement with the public sector beyond health and social care (although note that providers of social housing are included in this instance).

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

**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:

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:

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

Yes

No

**(no view expressed)**

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

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

There should be a greater focus on the integration of IT systems, reflecting the commitment to the Scottish Wide Area Network (SWAN) Programme which is designed to deliver a single network for the use of public services organisations within Scotland. Generally the regulations appear fairly light on information sharing and information governance.

The language used in the consultation documents is, at times, inconsistent and not fully in keeping with a rights-based approach. On a number of occasions the term 'patients' is used, where this should more appropriately be 'people who use services'.