

ANNEX 1(D)

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?

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

There is a risk of groups becoming too big to function effectively, and a danger that if the focus is on meeting the requirements of the legislation rather than getting the right local people together to address local issues, we could get caught up in bureaucracy and stymie creative or innovative thinking.

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:

Voting rights need to relate to accountability for delivery and spend. This should be restricted to elected members and non-executive NHS directors.

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

The draft Order directs that "*Where the Health Board is unable to fill all their places with non-executive directors they can then nominate other appropriate people, who must be members of the Health Board, to fill their spaces.*" We would not support that voting members should be present just to "fill spaces", and therefore ask for clarity about what is meant by "other appropriate people". The definition of appropriate person meaning "a member of the Health Board but not any person who is both a member of the Health Board and a Councillor" seems quite loose. Would this also exclude members of the Health Board who were Councillors but in different local authorities? We would also ask that there be a requirement that the Health Board-appointed Chair/Vice Chair must be a non-executive director. We ask this to remove the risk that a person appointed to "fill the space" does not become Chair/Vice Chair.

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

It is not clear from the guidance how the IJB will relate to the Council and the Health Board in terms of governance and accountability.

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

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately. **If you are responding to more than one set of regulations at the same time, you only need to complete this form once.**

This section relates to partnerships that have opted for a lead agency model, so is therefore not applicable to Inverclyde CHCP.

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

No

2. If no, what changes would you propose?

Having separate members representing health versus social care reinforces separation between health and social care rather than promoting integration. Given the complexity of health and social care we accept that in some dimensions one member may not be able to reflect the range of perspectives, so we propose:

- 2 x Health/Social Care professionals who operate within the local authority area
- 2 x Users of Health/Social Care who reside within the local authority area
- 2 x Carers of users of Health/Social Care who reside within the local authority area
- Commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of social housing within the local authority area
- Third sector bodies within the local authority carrying out activities related to health or social care

This suggestion is based on our recognition of the SG ambition for maximum involvement but we would caution that such a large group could become overly bureaucratic, and could potentially stymie meaningful decision-making rather than promote or support it.

Ideally we would wish to develop our own strategic planning arrangements, inclusive of the partners we describe, but shaping appropriate mechanisms locally and to suit local stakeholders, rather than by the formal structures prescribed.

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

In common with many other local authorities, we do not have commercial providers of (only) health care. Such providers will offer care under a social model of health which makes them difficult to distinguish from commercial providers of social care.

ANNEX 5(D)



**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:

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?

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

It is important that performance is reported and can be robustly scrutinised, and we believe that the draft prescribed content should enable this. We would ask however that the prescribed reports are also accepted by the Scottish Government as Statutory Performance Reports, and as such should **replace** rather than be in addition to the current returns required of local authorities and NHS Boards.

The range and volume of performance reporting required of NHS and Social Work by the Scottish Government is already very resource-intensive. The returns have been developed historically to reflect service activity and outputs rather than quality, user/carer experience or outcomes.

If the new performance reporting is in addition to rather than instead of the current returns, partnerships are at risk of focusing on delivering the service-focused targets rather than person-focused outcomes.