

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?

Whilst the groups of identified seem reasonable, the range of Health Care Professionals to be included is unclear, as is the proportion of Health Care Professionals to be included. This needs to be clarified to ensure consultation processes are meaningful and not just seen as a tick box exercise. In addition it is essential that the contribution of stakeholders to the content of the strategic plan is demonstrable.

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:

In line with our comments in regulation set one under proposal for prescribed information to be included in the integration scheme relating to the public bodies (Join Working) (Scotland) Act 2014, we suggest that clinical health representation mirrors that of the NHS Board and has Public Health, Medicine and Nursing Midwifery / NAMHP representation as non voting members ensuring the Integrated Joint Board has the appropriate clinical and professional expertise to deliver its core business.

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

The wording in Set One and Set Two of the draft regulations differ in relation to non-voting representation from Health. Set One identifies that an Associate Medical Director or Clinical Director would be a member whilst Set Two describes Health's representative as a registered Health Professional. Both documents need to tie up with the same set of wording.

Whilst Set Two of the regulations highlights the need for parity of membership across Health and Social Care this can't be at the expense of ensuring Integrated Joint Boards have the relevant professional advice and expertise at the table ensuring the delivery of safe, person centred care and that there is sufficient professional leadership, professional accountability and assurance in this regard. In deed parity can be defined in a number of ways such as parity in numbers which reflects the definition utilised in the draft regulations or parity across the key professional groups. The latter will ensure the Joint Integrated Boards have the relevant professional advice and expertise round the table to make a difference and

deliver safe person centred care in new and innovative ways.

Recent adverse incidents such as those experienced from the recent HIS review within NHS Lanarkshire highlight the need to ensure strong professional leadership and accountability at Board level ensuring the core business of delivering excellent health and social care to meet the needs of local people is at the heart of everything we do. Given the significant change agenda against the increasing health and social care needs of an ageing population it is essential that Nursing and Allied Health Professions being the largest contributor to the delivery of clinical care are members of the Integration Joint Board providing the Board with the necessary professional clinical advice and assurance required at this critical time. This approach would also ensure parity is achieved across the key clinical professions significantly contributing to care delivery.

In addition parity regarding the number of members with voting rights is maintained whilst ensuring they have the relevant professional expertise and advice immediately available to them strengthen the decision making process.

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

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

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?

Input from Nursing and Allied Health Professionals is essential to ensure contemporary clinical and care practise is linked with the strategic planning of the Service given the significant contribution to care delivery by these professions. In doing so this will ensure strategy is safe, effective, person centred and cost effective. It also creates ownership smoothing the implementation process thereafter. This reflects the intentions set out within the Joint Improvement Team Advice Note, (February 2014).

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

The draft regulation identifies that in preparing the strategic plan it must involve GPs and other clinicians at all stages. Given the ethos of the policy around parity and involvement of stakeholders no one discipline should be singled out at the expense of others. There is a need to ensure there is appropriate expertise utilised in the development of strategic plans linked to the needs of local communities at all stages of the preparation process. This is not the sole domain of General Practice and therefor essential that those delivering the vast proportion of clinical care; Nurses and Allied Health Professions are identified on a par with General Practitioners.

**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:

From a Nursing, Midwifery and Allied Health Profession perspective this section is light on detail. Careful consideration needs to be given to healthcare quality, improvement and assurance metrics to be utilised.

It is unclear whether this would include existing HEAT targets for example the 4 hour A&E target.

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?

It's essential that a standardised approach is utilised enabling some degree of benchmarking to occur across Health And Social Care Partnerships, particularly where there are similar population demographics. The performance reports should include performance against the Health and Social Care Outcomes, finance, Clinical and Care Governance measures providing assurance that the quality of care being provided is safe, person centred and effective.

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