

## 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?

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

The arrangements for consultation will need to take account of the timescales and other practical aspects of reaching people and groups where there is a large and diverse group of people. This applies to smaller care providers, including those which are run by people who get support and carers, and to patients/service users and carer/families.

The consultation arrangements will be easier and much more effective if there is capacity building among smaller voluntary organisations which provide care and among service users/patients and carers on effective participation. There are examples of good practice on which we can build, both for consultation arrangements and on building people's skills to help them take part.

## 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:

If there is going to be a commitment to a partnership with the voluntary sector this should be reflected in the leadership of the Board.

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

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

The work of the joint board and the role of the bodies and people taking part, including the voluntary sector, should be underpinned by principles of accountability and transparency and working to promote a human rights approach in what they do.

## 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?

## ANNEX 4(D)

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### **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?

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

There is a risk that the Third Sector, service user and/or carer roles become token or unrepresentative if the processes, including the timescales and ways in which the plans are resented, do not support real, inclusive participation. There should be a requirement on the partners to support the process:

- Processes that allow real participation, such as enough time to prepare for meetings.
- Support and resources for people who take on a service user or carer representative role to enable them to feed back to and check with other people.
- A requirement on the third sector person to consult with the range of organisations, including both smaller organisations and providers which work across several areas.
- Processes which take account of the diversity of people and their circumstances in that area and enable the committees to be aware of the equalities impacts.

**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:

The reports should include views fed in by the public on other matters in addition to decisions about localities. It should also include topics which the public – especially patients/service users and carers - have raised as well as matters on which there has been consultation.

There should be a statement of what action has been taken around prevention of the need or higher levels of care and promoting health and wellbeing.

There should also be a statement of what has been done to promote and achieve co-production in the planning, development and delivery of services.

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?

We were divided on our views about Ministers prescribing the form of reports. Some people have good experience of local authorities engaging with people in an inclusive and participative way when making reports of this sort, and we want to encourage this local flexibility and ownership. But there are also bad experiences where NHS Boards and local authorities write reports in ways that are not accessible even for the general public and especially not for people who have sensory impairments, or memory or communication difficulties.

We think the solution might be to take the time to work with people who use health and social care services to develop a good practice guide for these reports. This may take a year or so, and come in after the first round of reports, but the process of real participation and co-production would itself be setting a good example.