

**PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME 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 Integration Scheme?

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

2. If no, please explain why

3. Are there any additional matters that should be included within the regulations

**Yes**

**No**

4. If yes, please suggest

While performance management arrangements for service delivery arrangements will be included in the scheme, there is a lack of clarity in the governance or oversight of the Integrated Joint Board. Consideration of this should help define the role of the Council and Health Board in those arrangements.

For clarification the final scope of the partnership should be included in the Integration scheme with clarity of what is managed and what is 'commissioned'.

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

**PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

2. Do you agree with the list of Local Authority functions included here which must be delegated?

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

2. If no, please explain why

Domestic abuse should be included in the 'may' as opposed to the 'must' list. This would ensure that there is enough flexibility to fit with local Community Planning/Safety arrangements. Adult protection should be considered as a 'may' as opposed to a "must".

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

**Yes**

**No**

Scottish Borders Council and NHS Borders welcome the formal Integration of Health and Social Care with the opportunity to provide better care for individuals, families and communities.

We would welcome clarity in relation to the definition of Housing in the scope. Housing support relating to adult social care seems appropriate and aids/ adaptations/ equipment services. Clarification of where this intends to cover care and repair/homelessness would be useful. There would be significant concerns about all of Housing being included.

We also look forward to clarification on the links between the partnership and the Criminal Justice service.

The Chief Social Worker has an accountability and oversight of adult support and protection so how this sits in the context of clinical and care governance requires clarification. Additionally, the autonomy, scrutiny and governance of the Chief Social Work Officer, Independent Chair of the Adult Protection Committee and the Chief Officer Group need to be considered.

Adult protection is currently co-terminus with other units and agencies – Child Protection and Police. There are clearly benefits from the current management and governance arrangements that need to be considered. Perhaps this needs to be considered in the "may" category rather than being overly prescriptive. There would be a risk to current partnership arrangements and the benefits currently accrued from these arrangements.

The governance of the Alcohol and Drug partnerships should be reviewed in the light of the new partnership arrangements, ensuring alignment at a local level.

The Health Improvement function is crucial to the partnership work as whole, clarity on that function and its relationship with the partnership as well as the acknowledged wider Community Planning arrangements would be welcome.

The position of the partnership in the context of the Community Planning partnership should be made explicit.

ANNEX 3 (D)

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**PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

3. Do you agree with the list of functions (Schedule 1) that may be delegated?

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

If no, please explain why

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in the regulations?

**Yes**

**No**

If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

Yes

No

If not, we would welcome your feedback below to ensure we can provide the best description possible of the services, where they may not be applied consistently in practice.

AHPs are managed differently across the country, so clarification what specifically what is defined centrally as a “must” or a “may” for AHPs would be helpful. These defined differently are often radiography, orthotics and clinical psychology.

This is also true for women’s health services which might/might not include breast screening, male sexual health services contraception and midwifery.

There is a lack of clarity in relation to the Public Health functions and where they will sit strategically or as part of the operational partnership arrangements.

It is unclear as to why GMS services are included but Dental, Pharmaceutical and Optometry services are not. The interdependency between the primary care independent contractors are crucial to the delivery of a total integrated primary care service.

4. Are there any further comments you would like to offer on these draft regulations?

The act refers to services for over 18s – it is not always possible to disaggregate these services – e.g. prescribing and health promotion.

Health services work in an integrated way – the inclusion of only some services in the integrated budget may lead to disintegration between health services and impact on patient flow.

Hospital budgets –scheduled and unscheduled care in acute hospitals are inter-dependent and staff work across both areas. Likewise Council Services, staffing and budgets are integrated and it would be difficult to separate these out – with this in mind, there needs to be some consideration of a notional separation both from a staffing and budgetary perspective.

We support the inclusion of Emergency Care Pathway but how this is managed will need to be clarified.

There is a lack of clarity on the services to be included in the strategic plan and the services to be delivered operationally by the board.

There is also a lack of clarity on how the integrated board will influence the services in the strategic plan.

**PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

4. Do you agree with the list prescribed National Health and Wellbeing Outcomes?

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

If no, please explain why

2. Do you agree that they cover the right areas?

**Yes**

**No**

3. If not, which additional areas do you think should be covered by the Outcomes?

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

**Yes**

**No**

5. If not, why not?

6. Are there any further comments you would like to offer on these draft regulations?

We are keen to see detail on the expected indicators. The outcomes are rightly ambitious but we need to ensure they are deliverable and that there is clarity on the scale of expectations. There are high expectations on the partnerships at a time of significant change, a proportionate and measured approach to progress is essential.

A definition of 'Safe from Harm' would be helpful. There are concerns that this will produce a risk-averse approach rather than promoting positive risk taking.

Through integration, we would expect partnerships to realise efficiencies and seek to eliminate waste.

ANNEX 5 (D)

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**PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

5. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purpose of the act?

**Yes**  **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

**No**

2. If you answered no, please explain why:

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Commission is the most appropriate way of defining Social Care Professionals, for the purpose of the act?

**Yes**

**No**

4. If you answered 'no' what other methods of identifying professional would you see as appropriate?

5. Are there any further comments you would like to offer on these draft regulations?

ANNEX 6 (D)

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**PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

6. Do you believe that the draft regulations will effectively achieve the policy intention of the act?

Yes  Please mark with X as appropriate (Right click on box and choose 'Add Text')

No

2. If not, which part of the draft regulations do you believe may not effectively achieve the policy intention of the act and why?

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

**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**

7. Do these draft regulations include the right groups of people?

**Yes**  **Please mark with X as appropriate (Right click on box and choose 'Add Text')**

**No**

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

Scottish Borders Council and NHS Borders welcome the breadth of input to the hugely significant planning process. Some consideration needs to be given to the support and development to the individuals from the various groups and the group as a collective in the light of the new responsibilities. In particular, there is a need to emphasise the importance of child carers (of adults) and how we can support this group so they don't fall between children and adult services.

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

Specific links between the Strategic plan and the Community Planning process would be helpful to ensure a truly joined up approach across the partner agencies.



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

**CONSULTATION QUESTIONS**

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

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

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

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

There is no guidance on who attends the Board in an advisory capacity e.g. – the views of the Chief Executives and role of the S95 officer and Health Board equivalent. The Chief Executives of the Council and NHS Board should be non-voting members.

It would be helpful to define the role of elected members on the Integrated Joint Board during the period prior to an election.

It should be clear that the meetings are in public and agreement on the process for record storage and access.

Quorum at two thirds is high and may cause difficulties. This should be considered in the light of the existing local arrangements for health boards and councils.

A Medical Director and Nurse Director should be included alongside Chief Social Work Officer as key professional advisors to the Board.

A job description has been circulated from the IRAG working group for a Chief Financial Officer for the partnership. This suggested role is at odds with the draft regulations which are explicit in the intention to ensure that support for the Partnership should come from existing corporate arrangements from the Health Board and the Council. This would be an additional expense and a duplication of existing responsibilities at a time of significant pressure on public finances.

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

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

**CONSULTATION QUESTIONS**

9. Do you agree with the proposed minimum membership of the Integration Joint Monitoring Committee, as set out in this draft order?

**Yes**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**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 cover 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**

10. 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**  Please mark with X as appropriate (Right click on box and choose 'Add Text')

**No**

2. If no, what changes would you propose?

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

This is a very large group, especially if there is also the expectation that each of the localities are represented. Local flexibility on membership would be of benefit to ensure the right 'fit' for local arrangements. The issue of some members being part of a commissioning group as well as a provider of services should be recognised and considered.

**PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

**CONSULTATION QUESTIONS**

11. Do you agree with the prescribed matters to be included in the performance report?

Yes

Please mark with X as appropriate (Right click on box and choose 'Add Text')

No

2. If no, please explain why:

The expectation in the performance report that we record shifts in resources will not necessarily reflect change in service delivery. There does need to be a match between resource and delivery but the recording of change over time in resources will not necessarily reflect the scale of service change. Sometimes a small resource change can effect substantial service change.

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?

Although there will be a great interest in monitoring the effectiveness of the Joint Boards the temptation to overburden them with performance reporting must be balanced against the size of change required over a period of time. There are significant challenges to be met in terms of demand and resources. The expectations on the Partnerships themselves may be unrealistic. The Christie commission recommendations for change across the public sector towards early intervention, prevention, increased self care and anticipatory care will take time. . However, we acknowledge some changes can be quick to drive delivery of improved outcomes.