

SET 2

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 identified seem reasonable, the range of Health Care Professionals to be included is unclear. This requires 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?

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 to Regulation Set 1 under the proposal for prescribed information to be included in the integration scheme relating to the public bodies (Join Working) (Scotland) Act 2014; we recommend that it is essential for clinical representation to mirror that of the current NHS Board and have Public Health, Medicine and Nursing, Midwifery, AHP representation. This will ensure the Integrated Joint Board has the appropriate clinical and professional expertise required to deliver its core business.

These professional roles should be **voting** members in order to ensure the appropriate clear line of professional accountability and governance oversight. Non-voting membership is not robust enough in view of the service being delivered and the accountability required.

Currently CELs are in place which require the Nurse Directors to sign off on all Workforce plans in order to ensure accountability with regard to safe staffing numbers and skill mix. In order to continue with this essential governance assurance, a voting place is essential.

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

The wording in Set 1 and 2 of the draft regulations differ in relation to non-voting representation from health. Set 1 identifies that an Associate Medical Director or Clinical Director would be a member whilst Set 2 describes the health representative as a registered Health Professional. This needs to be consistent.

Set 2 of the regulations highlights the need for parity of membership across Health and Social Care from a *member* perspective but this cannot be at the expense of ensuring Integrated Joint Boards have the relevant professional advice and expertise at the table. There must be sufficient professional leadership, professional accountability and assurance. Joint Integrated Boards must have the relevant professional advice and expertise round the table to deliver quality, safe person centred care.

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 (as the largest contributor to the delivery of clinical care) are **voting** members of the Integration Joint Board; providing the Board with the necessary professional clinical advice and assurance required at this critical time. Maintaining a clear line from the patient/client to the Executive Nurse Director for assurance and professional accountability is paramount.

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 is linked with strategic planning 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.

- 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 single discipline should be singled out at the expense of others.

This is not the sole domain of General Practice and therefore 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.

It is unclear whether this would include existing HEAT targets

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.

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