PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN Riaghaltas na 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

#### RESPONDENT INFORMATION FORM

1. Name/Organisation Organisation Name		
Down's Syndrome Scotland		
Title Mr 🗌 Ms 🗌 Mrs 🗌	Miss □ Dr 🗵	Please tick as appropriate
Surname		
Le Noan		
Forename		
Rachel		
2. Postal Address		
158-160 Balgreen Road		
Edinburgh		
Postcode EH11 3AU P	<b>hone</b> 01313137	452 Email Rachel@dsscotland.org.uk
3. Permissions - I am response	onding as	
Individual	/ Gre	oup/Organisation
Plea	ase tick as appro	priate
(a) Do you agree to your response being made available to the public (i Scottish Government like and/or on the Scottish Government web site)?  Please tick as appropring Yes No	orary	The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is no requested, we will make your responses available to the public on the following bas	our	Are you content for your response to be made available?			
	Please tick ONE of the following boxes		Please tick as appropri ☑ Yes ☐ No	ate		
	Yes, make my response, name and address all available					
		or				
	Yes, make my response available, but not my name and address					
		or				
	Yes, make my response and name available, but not my address					
(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?					
	Please tick as appropriat	e 🖂 `	∕es			
	dditional information – I a ase tick as appropriate	m respo	nding as: 6			
1.	NHS Health Board					
2.	Other NHS Organisation					
3.	General Practitioner					
4.	Local Authority					
5.	Other statutory organisation					
6.	Third sector care provider organisation					
7.	Independent / private care provider organisation					
8.	Representative organisation for professional group					
9.	· •	staff group e.g. trade union				
10	Education / academic group					

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

### 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?

### ANNEX 2(C)



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

#### RESPONDENT INFORMATION FORM

Name/Organisation Organisation Name		
Title Mr . Ms . Mrs . Miss	s 🗌 🛭	Dr  Please tick as appropriate
Surname		
Forename		
2. Postal Address		
Postcode Phone		Email
3. Permissions - I am respondin	g as	
Individual	1	Group/Organisation
Please tic	k as ap	ppropriate
(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?  Please tick as appropriate  Yes No		(c) The name and address of your organisation will be made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

(b)	Where confidentiality is no requested, we will make y responses available to the public on the following bases.	our e	Are you content for your response to be made available?			
	Please tick ONE of the following boxes		Please tick as appropri ☐ Yes ☐ No	ate		
	Yes, make my response, name and address all available					
	Yes, make my response available, but not my name and address	or				
	Yes, make my response and name available, but not my address	or				
(d)	policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?					
	Please tick as appropria	te 🗌 \	′es			
	dditional information – I a ase tick as appropriate	am respo	nding as:			
•	1. NHS Health Board					
2	2.Other NHS Organisation					
;	3.General Practitioner					
4	4.Local Authority					
į	5.Other statutory organisation					
(	6.Third sector care provid	er organ	isation			
-	7.Independent / private ca	re provid	ler organisation			
	B.Representative organisa		<u> </u>			
	•		staff group e.g. trade union			
	<ol><li>Education / acad</li></ol>	lemic ard	oup			

11.	Representative group for patients / care users
12.	Representative group for carers
13.	Patient / service user
14.	Carer
15. sp∈	Other – please ecify

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

## CO

ONSULTATION QUESTIONS
1. Are there any additional non-voting members who should be included in the Integration Joint Board?
Yes x
No
2. If you answered 'yes', please list those you feel should be included:
The list of representatives seems appropriate in terms of the variety of advisory members but Down's Syndrome Scotland believes that having only one carer representative is not enough given the diversity of needs users of services may have. We would suggest that each Integration Joint Board should be able to invite additional advisers to each of their meetings, depending on the topics to be discussed.
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?



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

#### RESPONDENT INFORMATION FORM

	me/Orga nisation		on							
Title	Mr 🗌 N	ls □	Mrs [	Miss		Dr 🗌	Pl	lease tick as	appropriate	
Surn	ame									
Fore	name									
2. Po	stal Addı	ess								
Pos	tcode			Phone				Email		
3. Pe	rmission	s-la	m res	ponding	as					
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Ì	Do you agresponse available Scottish Cand/or on Governm Please ti Yes	being to the Govern the Se ent we	made public ment cottish b site	i (in library n )?		(c)	org ava Sco and	ganisation <b>wi</b> l	public (in the nment library cottish	ır

(b)	Where confidentiality is no requested, we will make y responses available to the public on the following bases.	our e	Are you content for your response to be made available?			
	Please tick ONE of the following boxes		Please tick as appropri ☐ Yes ☐ No	ate		
	Yes, make my response, name and address all available					
	Yes, make my response available, but not my name and address	or				
		or				
	Yes, make my response and name available, but not my address					
(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?					
	Please tick as appropria	te	Yes □No			
	dditional information – I a ase tick as appropriate	am respo	nding as:			
1.	NHS Health Board					
2.	Other NHS Organisation					
3.	General Practitioner					
4.	Local Authority					
5.	Other statutory organisation					
6.	Third sector care provider organisation					
7.	Independent / private ca	re provid	ler organisation			
8.	Representative organisa	tion for	professional group			
9.	Representative organisa	ition for	staff group e.g. trade union			
10.	. Education / academic or	oup				

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

# 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?
	Further to our answer to Annex 2 (D), we would like to reiterate the importance for the joint monitoring committee to be able to invite additional advisers to their meetings depending on the agenda.

### ANNEX 4(C)



# PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

#### RESPONDENT INFORMATION FORM

	ame/Organisation anisation Name				
	e Mr □ Ms □ Mrs	☐ Miss ☐	Dr 🗌	Please tic	k as appropriate
Suri	name				
Fore	ename				
	ostal Address	Phone		Email	
2 D	armiccione I om re	onondina oo			
3. P	ermissions - I am re	•			
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(a)	Do you agree to your response being mad available to the publi Scottish Government and/or on the Scottish Government web site.  Please tick as appropriate to your response to the public state of the public state.	e c (in t library h e)?	(c)	organisation available to	

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis		Are you content for your response to be made available?		
	Please tick ONE of the following boxes		Please tick as appropriate ☐ Yes ☐ No		
	Yes, make my response, name and address all available				
		or			
	Yes, make my response available, but not my name and address				
		or			
	Yes, make my response and name available, but not my address				
(d)	(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?				
	Please tick as appropriate				
	dditional information – I a ase tick as appropriate	ım resp	onding as:		
1.	NHS Health Board				
2.	Other NHS Organisation				
3.	General Practitioner				
4.	Local Authority				
5.	Other statutory organisation				
6.	. Third sector care provider organisation				
7.	7. Independent / private care provider organisation				
8.	Representative organisa				
9.	•		staff group e.g. trade union		
10.	0. Education / academic group				

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	

## 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?

### ANNEX 5(C)



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

#### RESPONDENT INFORMATION FORM

	ame/Orgai anisation l							
	e Mr □ M	ls 🗌 Mrs	☐ Miss [	I	Dr 🗌	PI	ease tick as	appropriate
Juli	ilailie							
Fore	ename							
2. P	ostal Addr	ess						
Po	stcode		Phone				Email	
3. P	ermission	s - I am re	sponding	as				
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			Please tick	as a <sub>l</sub>	opropri	ate		
(a)	response available Scottish C and/or on Governme	gree to you being mad to the publication the Scottisent web site of No	le ic (in It library Sh e)?		(c)	org ava Sco and	anisation <b>wi</b> ailable to the	public (in the nment library cottish

(b)	Where confidentiality is not requested, we will make your responses available to the public on the following basis		Are you content for your response to be made available?			
	Please tick ONE of the following boxes		Please tick as appropri ☐ Yes ☐ No	iate		
	Yes, make my response, name and address all available					
		or				
	Yes, make my response available, but not my name and address					
		or				
	Yes, make my response and name available, but not my address					
(d)	We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?  Please tick as appropriate  Yes					
	4. Additional information – I am responding as: Please tick as appropriate					
1.	NHS Health Board					
2.	Other NHS Organisation					
3.	General Practitioner					
4.	Local Authority					
5.	. Other statutory organisation					
6.	6. Third sector care provider organisation					
7.	7. Independent / private care provider organisation					
8.	Representative organisa	tion for	professional group			
9.	Representative organisa	tion for	staff group e.g. trade union			
10.	10. Education / academic group					

11. Representative group for patients / care users	
12. Representative group for carers	
13. Patient / service user	
14. Carer	
15. Other – please specify	



# 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

o.	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?