

## Public Bodies (Joint Working) (Scotland) Bill

### A Summary of the Policy Memorandum

#### Introduction

1. The Bill was introduced to the Scottish Parliament on 28<sup>th</sup> May 2013. This Voluntary Health Scotland paper summarises the Policy Memorandum, an important document that accompanies the Bill. The Policy Memorandum sets out what the Scottish Government hopes to achieve through the Bill. In our summary we highlight the Scottish Government's thinking about the role **the third and independent sectors** should play.

#### Policy Overview

2. The Bill provides the framework to integrate health and social care services. Existing legislation is designed to improve and ensure people get high quality care and have more control over their care. However, the Scottish Government, local government, NHS boards and **the third and independent sectors** agree that better integration of health and social care services is required to meet people's needs and expectations.
3. Progress has been made through the Joint Futures Policy, Community Health Partnerships and the Joint Improvement Team. However, there are still disconnects, notably between primary and secondary health care, and between health and social care. This means that there can be problems addressing people's needs holistically, especially at transition points, or for people with long term conditions or complex needs. The main problems to be addressed are:
  - An inconsistency of quality of care for people and support for carers across Scotland
  - Unnecessary delays in hospital discharges
  - Avoidable hospital admissions and insufficient preventative services, particularly for older people.
4. Reform is needed to address the structural, professional, governance and financial barriers in Scotland's system of health and social care, so as to deliver more joined-up, person-centred care and produce better outcomes for patients, service users and carers. Resources need to follow people's needs. Legislation alone will not achieve the scale of improvement needed – it will go hand in hand with good leadership to ensure changes in working practices, culture and behaviour.

## Scope of the Bill

5. The legislation enables Health Boards and local authorities to integrate *all* provision for health and social care. Regulations and statutory guidance will require them to integrate adult services as a minimum. National outcomes for health and social care will further support the shift towards integrated, preventative and anticipatory care.

## Partnership working

6. The Bill is designed to ensure locally implemented integration and joint accountability of Health Boards and local authorities.
7. Secondary legislation will “fully and appropriately involve **non-statutory providers** of health and social care with planning and decision-making within partnership arrangements” (Paragraph 20), to help ensure a co-production and person-centred approach. Secondary legislation will likewise involve and consult **carers and service users** in all aspects of integrated arrangements.
8. Paragraph 21 focuses on the role of the **third and independent sectors**. The role of housing and related services (e.g. handyperson services) in delivering better outcomes is also acknowledged. Paragraph 21 states that: “The **third and independent sectors**, including carers’ organisations, also provide significant levels of care and support and are crucial partners, with the statutory services, in the provision of a wide range of support”. It emphasises the importance of building on the principles of inter-agency working enshrined in the Reshaping Care for Older People Change Fund. It says that the reforms will not succeed if “the need to build upon the progress that has been made in bringing **third and independent sector** partners to the table when planning the delivery of services is overlooked”. It points out that the “contribution of the **third and independent sectors** in enabling delivery of better outcomes is a crucial factor in the Scottish Government’s wider public service reform plans”.

## Overview of the Bill

9. Health Boards and local authorities must form an integration authority and take joint and equal responsibility for the delivery of nationally agreed outcomes for health and wellbeing. Whatever integration model they adopt: “services are delivered via the Health Board and local authority, and **third and independent providers**”. The Bill places a duty on integration authorities “to work with local professionals, across extended multi-disciplinary teams and the **third and independent sectors**, to determine how best to put in place local arrangements for planning service provision”.

## Objectives of the Bill

10. The Policy Memorandum has a long and detailed section on Bill objectives. Here we highlight some key topics of interest to the voluntary sector.

Outcomes	National outcomes for health and wellbeing are to be introduced. Scottish Ministers will involve a range of key stakeholders, including the <b>third sector</b> , in developing outcomes and performance indicators.
Integration plans	The integration plan sets out the terms for a Health Board and local authority to establish their area's integration authority.
Models of integration	Scottish Ministers are aware that some partnerships have made good progress in terms of integration and want to ensure that these can continue within the framework with minimal adaptation, so different models of integration authority are allowed.  Community Health Partnerships will be removed from statute.
Body corporate model	With this model, the Health Board and local authority set up an integration joint board and delegate functions and resources to it. A chief officer must be appointed if using this model.
Delegation between partners model	With this model, the Health Board and local authority delegate functions and resources between themselves. They must set up an integration joint monitoring committee to oversee arrangements.
Governance	This will be through integration joint boards and integration joint monitoring committees, dependent on the model adopted for the integration authority. It will be mandatory to include representation from health and social care professionals, the <b>third sector</b> , service users, carers and the public.  Regulations will set out "matters relating to voting members allowable on the integration joint boards and similar terms for integration joint committees."
Scope of delegated functions	The legislation requires the integration of adult health and social care services. Statutory partners can agree locally whether to include other services in the arrangements, eg, children's or housing services.  Mental health social work functions and nationally delegated and funded NHS functions (e.g. national breast cancer screening) will not be delegated.
Integrated budgets and resourcing	Integrated budgets will be a key factor in improving integrated care by pooling resources and enabling service redesign in favour of preventative and anticipatory care.  Each integration authority will establish an integrated budget 'made up of the sum of operational budgets as follows: community health care; adult social care; and the budget for in-scope hospital services'.

<p>Strategic commissioning of health and social care services</p>	<p>The strategic commissioning process is a central aspect of these reforms and the key to shifting the balance of care.</p> <p>Integration authorities are required to produce a strategic plan (strategic commissioning plan) to set out how they will plan and deliver services. The role of clinicians and care professionals and “the full involvement of the <b>third and independent sectors</b>, service users and carers” will be embedded as a mandatory feature of the commissioning and planning process” (Paragraph 120). This will strengthen cross-sectoral arrangements established through the Change Fund.</p> <p>As part of the strategic commissioning process, integration authorities must treat <b>third and independent sectors</b> as key partners (Paragraph 121).</p>
<p>Locality planning</p>	<p>Locality planning should be led by and actively involve professionals such as GPs and social workers and take a co-production approach to planning activities. The <b>third and independent sectors</b>, carers and patient representatives must be directly involved in locality planning.</p>
<p>Scrutiny</p>	<p>Healthcare Improvement Scotland and the Care Inspectorate have a joint scrutiny role of integration authorities through joint inspections. However, each scrutiny body will retain their current functions in relation to health and social care services respectively.</p>

## Voluntary Health Scotland support and resources

11. This paper is one of a number of resources and activities that Voluntary Health Scotland is undertaking to assist voluntary health organisations understand the content and implications of the Bill.
12. For links to the VHS summary of the Bill, and for links to the Bill and accompanying documents, visit: <http://www.vhscotland.org.uk/integration-adult-healthd-social-care/>
13. Voluntary Health Scotland held an voluntary health sector engagement event on ‘health and social care in transition’ on 1<sup>st</sup> July 2013 with 40 participants. We have issued an open invitation to voluntary health organisations to participate in our Sounding Board on 22<sup>nd</sup> July, which will help shape our response to the Scottish Parliament’s Health and Sport Committee’s call for evidence as part of its scrutiny of the Bill.

10<sup>th</sup> July 2013