Health and Social Care Alliance Scotland

DRAFT: Consultation Response: Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2

18 August 2014

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. It brings together nearly 700 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

The ALLIANCE welcomes the opportunity to respond to the draft regulations underpinning the Public Bodies (Joint Working) (Scotland) Act 2014 and the opportunity to build on the ALLIANCE's previous responses to calls for evidence. Throughout this process, the ALLIANCE has held many wide ranging discussions with our members and others to establish our views on its impact for disabled people, people who live with long term conditions and unpaid carers and also on the vital role of communities and the third sector.

Fundamental to our response is a concern about the parity of esteem for people who use support and services, unpaid carers and the third sector in decision making processes, despite their inclusion as "prescribed" members or consultees in many of the groups outlined in the paper. Informal feedback from the emerging Health and Social Care Partnerships describes significant local diversity in the strength and quality of partnership arrangements. This is at odds with the repeated reassurances from Scottish Government Ministers that integration will not be an exercise relating only to the statutory sector, but that it must be taken forward as a partnership including people who use support and services, unpaid carers and the third sector.

Each of the groups outlined in the regulations must demonstrate how partnership activity has shaped strategy and future services. Demonstrating both "impact" and "outcome" of partnership will add credibility to this process.

Consultation Questions

1. Prescribed groups which must be consulted when:

- **preparing or revising Integration Schemes**
- **preparing draft Strategic Plans**
- **making decisions affecting localities**

In relation to prescribed groups for each of these areas, the draft regulations contain the welcome inclusion of people who use support and services, unpaid carers and "non-commercial" providers of health care/social care. We are, however, concerned that despite the language of co-production in the initial Policy Memorandum the draft regulations (and the Act) are weak on how they will ensure that these voices are heard, referring to 'consultation' throughout. This must be strengthened so that people affected by the plans have a direct role in shaping them. There is a growing bank of evidence[1] that co-production:

- Produces better outcomes
- Maximises the assets and contribution of individuals, communities and the third sector alongside statutory services
- Helps drive preventative approaches
- Enables solutions to be found that are sustainable in the face of economic constraints (by making best use of financial and statutory *and* non-financial and non-statutory resources and preventing waste associated with poor commissioning processes)

It is critical that those asked to play a representative role have support and a much wider network of experience to draw upon. This requires both resourcing and adequate capacity building to ensure that they have the skills and ability to carry out such a significant role. Guidance underpinning these arrangements must state that Health and Social Care Partnerships have to resource this role effectively.

"Third sector bodies carrying out activities related health or social care" must include organisations that may not be regarded as 'providers' but who form an essential part of the health and social care landscape. The underpinning guidance related to this must include organisations who, for example:

[1] Examples include: Evidence cited in 'Co-production of Health and Wellbeing in Scotland' (Joint Improvement Team/Governance International 2013) and RCOP case studies.The Business Case for People Powered Health, NESTA (April 2013) which suggests savings of around 7% of the commissioning budget through co-production in health, Evaluation of Year 1 of Reducing Reoffending Change Fund which found co-production was one of the most valuable elements of the Public Social Partnerships (Scottish Government, 2013), Carnegie UK Trust's Enabling State evidence review expected in 2013(led by Sir John Elvidge)

- Provide information and advice to disabled people, people who live with long term conditions and unpaid carers, raise awareness and fund research.

- Community-based peer support groups.

- Providers of support that contributes to health and wellbeing but may not be considered 'healthcare' or 'social care' e.g. volunteering-based activities, befriending services, advocacy organisations.

- Community support groups for different long term conditions that are attached to national bodies but are separately constituted. Many of these organisations do not provide services, but offer significant networks of support and opportunities for local campaigning and ensuring people's views are heard locally.

During a recent engagement event with ALLIANCE members delegates expressed concern about the difficulty in ensuring proportionality in representation and particularly around ethnic and cultural diversity. This reinforces the need for support for people who access services, and for the third sector, to enable them to undertake their roles as part of Health and Social Care Partnerships effectively.

Locality Planning

Strong locality planning arrangements offer a real opportunity, particularly for very local third sector organisations, to be much more involved in designing and developing services that meet the needs and requirements of people in their local communities. At present, many local third sector organisations can feel distant from the wider partnership-level processes, despite the significant contributions they can and do make to community capacity and resilience.

The third sector can also play an important role in engaging the public at large, making the most of community assets and moving towards planning processes that seek to improve outcomes – rather than organisations and structures "fighting their own corners".

There must also be an emphasis on engagement and involvement of General Practitioners (GPs) in the locality planning process. GPs can bring a great deal of knowledge and insight into the requirements of their local area. Their role is only directly referenced in the Strategic Planning Group regulations, however. There must be greater clarity about their role in locality planning.

2. Membership, powers and proceedings of Integration Joint Boards

The inclusion of people who use support and services, unpaid carers and the third sector in the minimum membership of integration joint boards is welcome, but they will require support to participate effectively, meaningfully and usefully in these processes. This does not appear to have been considered adequately to date and partnerships should be required to say how they will support community capacity building.

We understand that the Scottish Government is developing capacity building structures for "voting members" of the integration joint boards – local authority Councillors and Health Board representatives – but to date there has been a lack of clarity about such an approach will be taken for "non-voting members". During a recent engagement event with ALLIANCE members, concerns were expressed that if those with greater resources, or who require less support, are more able to make their voices heard then strategic commissioning may be shaped in a way that maintains or widens health inequalities. We call on the Scottish Government to clarify how "non-voting members" will be supported to engage effectively and meaningfully as valued and equal members of the Integration Joint Boards. This should include accessible information provided well in advance of meeting dates. "Accessible information" is the general term used to describe making information easier to understand. The provision of accessible information should be a supportive process of simplifying language and conveying information and messages in different formats, appropriate to the needs and requirements of the person with whom you are trying to communicate.

Participation and engagement in Integration Joint Board arrangements should not only be about representative models but must also be about participative approaches. This means fully co-productive processes that engage with a wide range of people, rather than only involving individuals in 'representative' roles. The Scottish Government should allow Boards to appoint people on a temporary "as needed" basis when addressing or considering specific areas of health and social care.

The process of integration and representation must be as person-centred and accessible as possible. We add our concerns to those of Alzheimer Scotland that the Standing Orders, as set out in the Statutory Instruments, allow for a meeting to be called with only a three day notice period. Whilst this is likely to only be used in exceptional circumstances, we consider this to be an insufficient notice period, particularly for people who use services and carers who may be unable to make arrangements on such short notice, thereby restricting their ability to participate in the meeting. The guidance must make clear that the maximum possible notice must be provided, with any notice period less than 21 days being subject to a published explanation and justification.

A strategic role for the third sector

The Reshaping Care for Older People (RCOP) Change Fund has demonstrated the value and impact of strategic partnership that includes the third sector. In many areas this has enabled more effective, person-centred and holistic pathways of provision to be developed. RCOP has enabled the capacity, quality and dynamism of the third sector to be better recognised by statutory partners who are demonstrating greater trust and a willingness to explore change of health and social care provision.

Anecdotal feedback from local third sector representatives has highlighted that in developing bids for transitional arrangements, many shadow partnerships have failed to involve the third sector in their strategies. This requires the sector to be a partner within strategic commissioning, not simply to deliver services once they have been planned by two statutory partners. We are concerned that this is initial evidence of the value and contribution of the sector being lost as the focus continues to be placed on the statutory bodies dominating the planning process. If implementation of the Act is to reflect the original aspirations (as spelt out in the Policy Memorandum[2]) including a shift to prevention and new models of health and social care, a strong strategic role is required for the third sector in each Health and Social Care Partnership.

3. Establishment, membership and proceedings of integration joint monitoring committees

The inclusion of people who use support and services, unpaid carers and the third sector in the minimum membership of integration joint monitoring committee is, as above, welcome but they will require support to participate effectively, meaningfully and usefully in this process. This does not appear to have been considered adequately to date and Health and Social Care Partnerships should be required to say how they will support community capacity building.

4. Prescribed membership of strategic planning groups

The Strategic Plans that will be developed by Health and Social Care Partnerships will be the engine for achieving health and social care integration. The quality of strategic commissioning processes and the effectiveness in terms of achieving outcomes will be the linchpin of how successfully this Act and wider policy translates into practice and into the lives of people who use support and services and unpaid carers.

People who use support and services and unpaid carers will require support to participate effectively, meaningfully and usefully in the strategic planning processes. This does not appear to have been considered adequately to date and partnerships

[2] http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32s4-introd-pm.pdf

should be required to say how they will support community capacity building. While there should not be a prescribed approach to how participation and engagement happens in each partnership, there should be principles and standards. It may be that the National Community Engagement Standard and NHS Participation Standard could be combined into one new integrated standard. Participation and engagement must engage with community and third sector led approaches, in addition to formal service-led structures such as Public Partnership Forums.

Participation and engagement should not only be about representative models but must also be about participative approaches, including the provision of accessible information in formats that meet the requirements of each participant.

There is an important equality and health inequalities dimension to participation and engagement. If people with greater resources are able to make their voices heard then strategic commissioning may be shaped in a way that maintains or widens health inequalities.

The third sector will also require adequate investment to enable the time and resources to engage with partners across a mounting number of policy areas. Delegates highlighted that the lack of voting rights on joint integration boards remains a key issue.

During a recent engagement event, many third sector representatives expressed concern that there may be little incentive to engage in strategic consultation if they have no direct ability to influence decisions.

5. Prescribed form and content of performance reports

People who use support and services, unpaid carers and the third sector should have access to all information relating to the provision and performance of services relevant to their interests. The regulations should ensure that integration authorities publish reports in a way that takes into consideration the accessibility requirements of people who use support and services and unpaid carers.

Performance reports should include information on:

- Structures for locality planning
- Membership of strategic planning groups
- Mechanisms used for consulting with people who use support and services, unpaid carers and the third sector
- Mechanisms for supporting people who use support and services, unpaid carers and third sector representatives on joint boards, such as induction, training and mentoring

Contact: Andrew Strong, Policy and Information Manager
E: Andrew.strong@alliance-scotland.org.uk
T: 0141 404 0231
W: http://www.alliance-scotland.org.uk/

About the ALLIANCE

The ALLIANCE vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.