

Supporting Communities to tackle health inequalities



CHEX Policy Briefing

April 2014

Integration of health and social care – opportunities for community-led health

At the end of February 2014, the Scottish Parliament passed the Public Bodies (Joint Working) (Scotland) Bill, which sets out the legislative framework for integrating health and social care in Scotland. This CHEX briefing is intended to summarise the Bill and its implications for community-led health within the context of wider public service reform. Throughout, we highlight the potential interest and role for community-led health organisations.

Now that the Scottish Parliament has passed the Bill the legislative process is complete. The Bill receives Royal Assent in late March/early April 2014, becoming an Act of the Scottish Parliament. It is expected that local integration partnerships will be fully operational from April 2015.

The Scottish Government states that work has commenced on regulations relating to the Act and on underpinning statutory guidance. The Government will consult on the regulations over the summer with Parliament scrutinising the regulations around August 2014.

Transitional funding will be put in place for local authorities and health boards to implement their jointly agreed transitional/organisational plans.

Background and context

The Scottish Government has been progressing the integration of health and social care in Scotland since December 2011, when the then Cabinet Secretary for Health, Wellbeing and Cities Strategy announced her plans for integration to the Scottish Parliament. The stated objective of the reforms is to improve services for people who use health and social care services and to ensure that health and social care provision across Scotland is joined-up and seamless.¹

The Scottish Government's own information on the Bill does not make an explicit connection with other policies and legislation. However, the progress of the Bill should be seen in light of wider public service reform, which has prioritised improvement, joint working, participation, and a focus on outcomes and prevention.

Some of the most relevant policy developments that have embraced these ideas are: the (Christie) *Commission on the Future Delivery of Public Services*;² *Renewing Public Services*, the Scottish Government's response to Christie;³ the *Reshaping Care for Older People* programme; *Achieving a Sustainable Future*, the Scottish Government's Regeneration Strategy;⁴ *The Children and Young People Bill*;⁵ and the still to be finalised *Community Empowerment (Scotland) Bill*.⁶ The same principles lie behind the recent commitment to co-production and assets-based approaches to health. Assets-based health improvement has been consistently championed by Sir Harry Burns, former Chief Medical Officer for Scotland.⁷ Furthermore, Scotland's 2020 Vision for Health and Social Care⁸ commits to making a "vital contribution" to the above principles of Public Service Reform.

The Bill was passed by the Scottish Parliament on Monday 25th February, after an extended consultation period involving two stages of consultation. CHEX submitted a response⁹ to the first of these in September 2012, and has tracked the Bill's journey through Parliament since then.

In its early stages, the Bill was known as the Integration of Adult Health and Social Care. It was introduced in the Scottish Parliament as the Public Bodies (Joint Working) (Scotland) Bill on 28th May 2013.¹⁰ The Health and Sport Committee was

¹ <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

² <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

³ <http://www.scotland.gov.uk/Publications/2011/09/21104740/0>

⁴ <http://www.scotland.gov.uk/Topics/Built-Environment/regeneration/discussion>

⁵ <http://www.scotland.gov.uk/Topics/People/Young-People/legislation>

⁶ <http://www.scotland.gov.uk/Publications/2013/11/5740>

⁷ See Annual Report of the Chief Medical Officer 2012 - Population Health and Improvement Science

<http://www.scotland.gov.uk/Publications/2013/12/7881>

⁸ See NHS Scotland (2013) *A Route Map to the 2020 Vision for Health and Social Care*

<http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

⁹ <http://www.scdc.org.uk/media/resources/CHEX/Integration%20ofAdult%20Health%20%20and%20Social%20Care%20in%20Scotland%20Consultation%20-%20Questionnaire%20-%20CHEX%20Response.doc>

¹⁰ See article 'Integration of Health & Social Care – The Public Bodies (Joint Working Scotland) Bill – Update' in CHEX-Point Snippets issue 239, 15th August 2013

designated by the Parliament as the lead committee for this Bill, and duly began a second consultation process, receiving written and oral evidence as well as conducting site visits. A number of third sector organisations contributed to this discussion calling for greater third sector and service user participation, particularly with regard to their involvement in the planning and governance of health and social care. Third sector organisations were also amongst those who called for a rights-based approach to be adopted within the legislation.

On the 18th November 2013 The Scottish Parliament Health and Sport Committee published a report on the Bill's development up till then,¹¹ based on the evidence submitted to its consultation. This repeated the call for strengthening the commitment to the involvement of the third and independent sectors in the integration process. The Scottish Government published a response¹² to the committee's report. This took on board some of the third sectors concerns, supporting the broad thrust of greater third sector and service user involvement. It did not, however, give support to the idea of involving the sector in planning and governance.

The Bill's detail

The Bill sets out the legislative framework for integrating health and social care in Scotland. As those familiar with statutory service provision will know, the current arrangement is that health boards deliver health care and local authorities provide social care. Now, within each geographic area, health boards and local authorities will be required to establish integrated partnership arrangements. These new Integrated Health and Social Care Partnerships will replace the current system of Community Health Partnerships.

Local authorities and health boards must jointly prepare and submit an integration plan to the Scottish Government for approval. Third sector organisations continue to argue and make a case for their involvement in this planning stage. As part of this plan, the local bodies will be able to choose from two models of integration. The first option involves an agreement between the existing bodies as to how to transfer resources and functions between one another so that budgets and services become joined up. The second available option is for health boards and local authorities to create a new body to oversee integrated services.

Before submitting their integration plans, the local authority and the health board must consult with those who have an interest in what the plan sets out. Clearly, this is intended to cover users of services affected by integration, although the Scottish Government and/or local authorities and health boards will have the final say over who is deemed to have an interest.

<http://www.chex.org.uk/media/resources/publications/Snippets/CHEX-Point%20Snippets%20Issue%20239%20-%2015th%20August%202013.pdf>

¹¹ <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/70007.aspx>

¹² http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Public%20Bodies%20Joint%20Working%20Scotland%20Bill/SG_Response_Stage1_report_Public_Bodies_Joint_Working.pdf

Alongside this duty to consult, the Bill requires that integration plans “have regard” to integration principles and national health and wellbeing outcomes. National outcomes for health and wellbeing will be established via secondary legislation, and will be set in consultation with a range of professionals and service users.

Integration principles include, but are not limited to, that services should be planned in a way that:

- takes account of the participation by service-users in the community in which service-users live
- is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),

There will be some accompanying changes to previous legislation, including the Public Services Reform (Scotland) Act 2010, the National Health Service (Scotland) Act 1978, Local Government (Scotland) Act 1973 and Children and Young People (Scotland) Act 2014.

Implications for community-led health

Community-led health organisations should be watchful of how local structures are changing. Key contacts they have within current structures (such as Community Health Partnerships) may well change positions and new links may have to be made within the integrated body.

The legislation for third and community sector involvement in planning. Third sector organisations such as the Health and Social Care Alliance¹³ have voiced concerns that the Bill has insufficiently embedded the role of the third sector as a key strategic partner. Nevertheless, the sector made a strong case throughout the consultation process for increased involvement of people who use services and voluntary and community organisations, and this has led to the Bill being strengthened in this area.

On introducing the Bill, the Scottish Government has put further emphasis on partnership and participation, stating that NHS Scotland and local authorities will continue to work closely with third and independent sectors to implement the Bill. As described above, the Bill states that local authorities and health boards must consult with interested parties before submitting their integration plans. It identifies a range of groups that should be consulted, including health and social care users and their carers and all commercial and non-commercial providers of health and social care.

The legislation does not go into much detail about how consultation should be carried out. Once again, this is likely to be different in each local area, both in terms of the type and quality of involvement. Whatever the case locally, the Bill’s positive statements with regard to participation should provide good backup to community-led health organisations in making a case to be part of local discussions around

¹³ http://www.alliance-scotland.org.uk/download/library/lib_51e51dcf8c1e8/

integration. Of particular relevance here are the above mentioned integration planning principles and – still to be developed – national health and wellbeing outcomes. Third sector organisations have also been successful in getting a rights-based approach embedded into the legislation,¹⁴ and the integration planning principles include respecting rights and dignity of service users.

In the shorter term, the Scottish Government is planning to conduct further consultation with regard to regulations and guidance around the Bill, and this may provide more opportunities for those in community-led health to contribute to the integration process. More details are contained further on in this briefing under ‘what happens next?’

Community-led health’s place in the new health and social care landscape

CHEX contends that in order that the integration of health and social care properly aligns with the wider public reform agenda, it needs to give adequate consideration to the main tenets of public service reform – participation, prevention, partnership and improvement.

Community-led health, and affiliated fields such as community development, emphasise working *with* people and communities to develop their own solutions as opposed to tackling issues in a top-down way. The core values of community development approaches include: empowerment, participation, self-determination and partnership.¹⁵

Community-led health can work in partnership with NHS, and Local Authorities to work better with community members on the planning and delivery of services and create positive conditions for communities to be meaningfully involved and influential. Community-led health should be integral to policy and practice that is concerned with engaging communities in geographical neighbourhoods, or across communities of interest or identity to support them in the improvement of health outcomes.¹⁶

More generally, voluntary and community organisations promote health and wellbeing in a preventative, participatory way through peer support, organised activities, healthy eating projects, intergenerational work, community transport and support for vulnerable adults and their carers. It is important that such work is promoted and supported as part of health and social care integration.¹⁷

¹⁴ *Ibid*

¹⁵ For a more detailed position on this, read the CDAS discussion paper: *Towards a vision for community development in Scotland* <http://www.communitydevelopmentalliancescotland.org/cdas-news/towards-a-vision-for-community-development-in-scotland>

¹⁶ For example see *Healthy Communities: Meeting the Shared Challenge*.

<http://www.healthscotland.com/topics/settings/community-voluntary/community-ledhealth.aspx>

¹⁷ For more on this see SCVO website <http://www.scvo.org.uk/news-campaigns-and-policy/briefings-consultation-responses/public-bodies-bill-stage-3-debate/>

CHEX will continue to take forward this message to local and national government and NHS decision makers. We will provide opportunities for community-led health organisations to share information, ideas and practice on how they are working to help establish new relationships between service providers and service users – relationships which recognises that people and communities can bring experience, expertise and resources to bear on issues they face to complement and add value to the resources provided by service providers.¹⁸

We will continue to seek out opportunities to make the case for community-led health in the ongoing implementation of integrated partnerships and invite network members to keep us abreast of developments in their own area. Please contact: Janet Muir janet.muir@scdc.org.uk or Andrew Paterson andrew.paterson@scdc.org.uk. Ongoing developments will be featured on the CHEX Website and fortnightly e-bulletin CHEX-POINT Snippets <http://www.chex.org.uk/snippets-e-bulletin/>.

Further Resources

The Bill

- The Public Bodies (Joint Working) (Scotland) Bill and associated documents on the Scottish Parliament website <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>
- Integration of Health and Social Care webpage on Scottish Government website <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration>
- The Scottish Government's news story on the passing of the Bill <http://news.scotland.gov.uk/News/Joining-up-health-and-social-care-9c7.aspx>

Summaries and comment

- ISD Scotland's webpage *Health and Social Care Data Integration and Intelligence Project* contains an introduction to the Bill and its implications for NHS services <http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/>
- Scottish Transitions Forum summary of Bill from last year <http://scottishtransitions.org.uk/public-bodies-joint-working-scotland-bill-released-summary/>
- SCVO policy piece on Bill from last year <http://www.scvo.org.uk/news-campaigns-and-policy/briefings-consultation-responses/public-bodies-bill-stage-3-debate/>
- Health and Social Care Alliance Scotland briefing paper on the Bill (May 2013) http://www.alliance-scotland.org.uk/download/library/lib_51e51dcf8c1e8/

¹⁸ For more information on this read 'Co-Production of Health & Wellbeing in Scotland' (Joint Improvement Team & Governance International (2013) http://www.govint.org/fileadmin/user_upload/publications/Co-Production_of_Health_and_Wellbeing_in_Scotland.pdf).

Community-led health and community development

- CHEX (2013) *Getting the Message Across: Top tips for community-led health* <http://www.chex.org.uk/media/resources/CHEX%20Getting%20the%20Message%20Across.pdf>
- CHEX (2013) *Tackling Scotland's health inequalities: A time for radical change?* <http://www.chex.org.uk/news/article/chex-policy-briefing-time-radical-change/>
- *Healthy Communities: Meeting the Shared Challenge* – a programme that supported a shared understanding of, and strategic commitment to, a community-led approach to health improvement and addressing health inequalities <http://www.scdc.org.uk/what/community-ledhealth/>
- For a logic model of community-led health's impact on health inequalities see: <http://www.chex.org.uk/media/resources/what-we-do/Our-approach/Community-led%20Health%20Logic%20Model%28high%20res%29.pdf>
- CDAS (2014) *Towards a vision for community development in Scotland* <http://www.communitydevelopmentalliancescotland.org/cdas-news/towards-a-vision-for-community-development-in-scotland>

Other relevant policy

- NHS Scotland (2013) *A Route Map to the 2020 Vision for Health and Social Care* <http://www.scotland.gov.uk/Resource/0042/00423188.pdf>
- The Scottish Government (2014) *Equally Well Review 2013*, which argues that place-based approaches, community capacity-building and engagement and partnership with the third sector are all priorities with regard to tackling health inequalities <http://www.scotland.gov.uk/Resource/0044/00446171.pdf>
- *Commission on the Future Delivery of Public Services* <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>
- *Renewing Public Services*, the Scottish Government's response to Christie <http://www.scotland.gov.uk/Publications/2011/09/21104740/0>
- *Reshaping Care for Older People* programme <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>
- *Achieving a Sustainable Future*, the Scottish Government's Regeneration Strategy <http://www.scotland.gov.uk/Topics/Built-Environment/regeneration/discussion>
- *The Children and Young People Bill* <http://www.scotland.gov.uk/Topics/People/Young-People/legislation>
- *Community Empowerment (Scotland) Bill* <http://www.scotland.gov.uk/Publications/2013/11/5740>
- Scottish Co-production Network <http://www.coproductionscotland.org.uk/>
- For high level backing for assets-based approaches to health see *Annual Report of the Chief Medical Officer 2012 - Population Health and Improvement Science* <http://www.scotland.gov.uk/Publications/2013/12/7881>

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